Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

021, and ending	. 20

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2021, or fiscal year beginning Do not send to the IRS. Keep for your records.

FOUNDER & TREASURER

2021

Name of filer

Part I

Go to www.irs.gov/Form8879TE for the latest information.

LUNG CANCER FOUNDATION OF AMERICA

EIN or SSN

Name and title of officer or person subject to tax DAVID STURGES

Type of Return and Return Information

20-8730839

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter 0.). But, if you entered 0 on the return, then enter 0 on the applicable line below. Do not complete more

than or	ne line in Part I.				
1a	Form 990 check here	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1	1ь 1,298,335.
2a	Form 990-EZ check here	b	Total revenue, if any (Form 990-EZ, line 9)		2b
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)		3b
4a	Form 990-PF check here	b	Tax based on investment income (Form 990-PF, Part V, line 5	5)	4b
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	arrowen serios	5b
6a	Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4)		6b
7a	Form 4720 check here		Total tax (Form 4720, Part III, line 1)		7b
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)		8b
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)		9b
10a	Form 8038-CP check here		Amount of credit payment requested (Form 8038-CP, Part III	ACCUPATION OF THE PARTY OF THE	10b
Part		_	e Authorization of Officer or Person Subject to T	Concession and Conces	
Under _I	penalties of perjury, I declare that 🔣	Ιa	m an officer of the above entity or 🔲 I am a person subject to	tax with respon	ect to (name
of entity	r) =		, (EIN) ar	nd that I have	examined a copy of the
comple interme	te. I further declare that the amount in diate service provider, transmitter, or o	Pa	ules and statements, and, to the best of my knowledge and belied to above is the amount shown on the copy of the electronic returnoric return originator (ERO) to send the return to the IRS and the	urn. I consent to receive from	to allow my the IRS (a) an

acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a

IN: check one box only	
X authorize WINDES, INC.	to enter my PIN 10441
ERO firm name	Enter five numbers, b do not enter all zeros
as my signature on the tax year 2021 electronically filed return. If I have in	ndicated within this return that a copy of the return is being filed
with a state agency(ies) regulating charities as part of the IRS Fed/State p	program. Lalso authorize the aforementioned EBO to enter my PIN

on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed

return. If I have indicated within this return that a dopy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will externy PIN on the sturn's disclosure consent screen.

Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification 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 2021 electronically filed return 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.

Date > 11/02/22

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

102521 01-11-22

** PUBLIC DISCLOSURE COPY **

Form **991**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ 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. A For the 2021 calendar year, or tax year beginning and ending

Open to Public

B Cr ap	neck if	C Name of organization		D Employer identific	cation number					
	Addres	LUNG CANCER FOUNDATION OF AMERICA								
	Name change		20-87308	39						
	Initial return	· ·	E Telephone numbe							
	Final return/	15 S. FRANKLIN STREET	Room/suite	(507)354-1361						
	terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,324,574.					
	Ameno return	INEW OLM, MIN 300/3		H(a) Is this a group re	eturn					
	Applic tion	F Name and address of principal officer: U IM DANAMONI	for subordinates? Yes X No							
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No					
I Ta	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions					
		e: ► N/A		H(c) Group exemptio						
		organization: X Corporation Trust Association Other	L Year	of formation: 2007 N	State of legal domicile: MN					
Pa		Summary								
8	1	Briefly describe the organization's mission or most significant activities: $\frac{ ext{THE } ext{ } ext{N}}{ ext{DRAM2}}$	MISSIC	N OF LUNG C	ANCER					
Governance										
e l		Check this box if the organization discontinued its operations or dispose		_	ssets.					
છે		Number of voting members of the governing body (Part VI, line 1a)			9					
ళ		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			4					
Ęį					121					
Activities &		Total number of volunteers (estimate if necessary)			0.					
₹		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.					
一十		Net difference business taxable income from 500 1,1 arti, inc 11		Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)		1,431,119.	1,297,921.					
ğ		Program service revenue (Part VIII, line 2g)		0.	0.					
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,720.	414.					
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,432,839.	1,298,335.					
一		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		600,000.	210,000.					
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
ဖွ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		254,370.	401,376.					
Su	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 215,01	13.							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		497,159.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,351,529.	1,089,710.					
	19	Revenue less expenses. Subtract line 18 from line 12		81,310.	208,625.					
t Assets or nd Balances			Ве	ginning of Current Year	End of Year					
Sset		Total assets (Part X, line 16)		1,558,916.	1,303,793.					
et A Ind E		Total liabilities (Part X, line 26)		908,094.	444,346.					
Ζ과		Net assets or fund balances. Subtract line 21 from line 20		650,822.	859,447.					
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and atatam	vente, and to the heat of m	v knowledge and holiaf it is					
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			y knowledge and belief, it is					
uuo,	COTTCC	t, and complete. Declaration of preparer (officer than officer) is based on an information of wife	ion proparci	ilas arry knowicuge.						
Sign		Signature of officer		Date						
Here		DAVID STURGES, FOUNDER & TREASURER								
		Type or print name and title								
		Print/Type preparer's name Preparer's signature	TI	Date Check	PTIN					
Paid		DONITA M. JOSEPH DONITA M. JOSEPH	1 1	.1/08/22 if self-employs	P00286656					
Prepa		Firm's name WINDES, INC.	<u> </u>	Firm's EIN 🛌	95-3001179					
Use (Firm's address P.O. BOX 87								
		LONG BEACH, CA 90801-0087		Phone no. (5	62)435-1191					
Мау	the IF	RS discuss this return with the preparer shown above? See instructions		·	X Yes No					

Form	n 990 (2021) 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:	
-	LCFA'S MISSION IS THE IMPROVEMENT IN SURVIVORSHIP OF LUNG CANCER	
	PATIENTS THROUGH THE FUNDING OF TRANSFORMATIVE SCIENCE. WHILE RAIS:	TNG
	FUNDS TO SUPPORT LUNG CANCER RESEARCH, LCFA WILL RAISE THE PUBLIC'S	
	AWARENESS AND SERVE AS A RESOURCE FOR PATIENTS OR ANYONE SEEKING	
2	Did the organization undertake any significant program services during the year which were not listed on the	X No
		L ∆ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a	and
	revenue, if any, for each program service reported.	
4a	010 000	Y
	YOUNG INVESTIGATOR LUNG CANCER RESEARCH GRANTS	
41-	75	
4b	(Code:) (Expenses \$ 303,215. Including grants of \$	
	LUNG CANCER PUBLIC AWARENESS	
4c)
	PATIENT EDUCATION	
	-	
4d	Other program services (Describe on Schedule O.)	
-t u		
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 816.429.	
	TOTAL DEPOSITE CONTROL OVER DECEMBER 10 10 10 10 10 10 10 10 10 10 10 10 10	

22561108 794084 10441

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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا ۔۔
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			٦,
	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,			\ _{3,7}
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		.
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			 ₩
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
_	• • • • • • • • • • • • • • • • • • • •			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		x
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
•	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	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	- 110		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		37	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	Λ	<u> </u>
19		40		X
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	got of the original or		1	

	1 990 (2021) LUNG CANCER FOUNDATION OF AMERICA 20-8730	839	Р	age '
Pai	rt 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		l	
	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			١
	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	1		
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l 🕶
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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?			l
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	1.	,,	
De	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Pal	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		<u> </u>
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6			

			_		Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	6				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?			1c	Х		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х						
b	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).									
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).			,						
а	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		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		37						
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		v						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		N/							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	N/							
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711	-17							
Ü	sponsoring organization have excess business holdings at any time during the year? N/A	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	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:									
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders N/A 11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	4-								
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.									
р	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	14a		X						
		14a 14b		 ^``						
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-10								
	excess parachute payment(s) during the year?	15		х						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х						
-	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17								
	If "Yes," complete Form 6069.									

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
•	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			x
	of officers, directors, trustees, or key employees to a management company or other person?	<u>3</u> 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
<i>1</i> a	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5		
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	۱.,	Х	
40	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	21	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
9	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►AL, AK, AR, AK, CA, CO, CT, DE, FI	, GA	,HI	,ID
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finai	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 books and records CTNA CRITE 507 354 1361			
	GINA CRUZ - 507-354-1361 15 S. FRANKLIN STREET, NEW ULM, MN 56073			
10000	15 S. FRANKLIN STREET, NEW ULM, MN 56073 SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2021)

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week	box.	(C) Position (do not check more the box, unless person is to officer and a director/to				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/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JIM BARANSKI	40.00	Х		Х				174 000	0.	16 110
EXECUTIVE DIRECTOR	40.00	Λ		^				174,000.	0.	16,110.
(2) KIM NORRIS	40.00	х		х				87,000.	0.	5,309.
PRESIDENT (3) DAVID STURGES	10.00	Λ		Δ				07,000.	0.	3,303.
TREASURER	10.00	Х		х				0.	0.	0.
(4) SUSAN MANDEL, MD	10.00	Λ		Δ				0.	0.	<u> </u>
SECRETARY	10.00	Х		х				0.	0.	0.
(5) MARTA KAUFFMAN	1.00	Λ		Δ				0.	0.	
DIRECTOR	1.00	х						0.	0.	0.
(6) ROBERT FIGLIN, MD FACP	1.00	21						0.	•	
DIRECTOR	<u> </u>	х						0.	0.	0.
(7) DAVID T. LEVINSON	1.00							0.0		
DIRECTOR		х						0.	0.	0.
(8) MARTIN EDELMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(9) CAROLYN ZAINER	1.00									
DIRECTOR		Х						0.	0.	0.
(10) MICHELLE SAYER	1.00									
DIRECTOR		Х						0.	0.	0.
(11) TRISH COURY	1.00									
DIRECTOR		Х						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B Avera	5)		(C Posi	C)			(D) Reportable	(E) Reportable		Fo	(F)	ad
Name and the	hours	per bo	do not c ox, unle fficer ar	ss per	rson i	is both	n an	compensation	compensation from related	on	an	nount of their	
	(list a hours relat organiz	s for sted ations	Institutional trustee		oyee	Highest compensated employee		the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	ns SC/	com fr org and	pensa om the anizati d relate	e ion ed
	belo	e) Individu	Institutio	Officer	Key employee	Highest (employe	Former				orga	anizatio	ons
	-												
1b Subtotal							<u> </u>	261,000.		0.	2	1,4	
c Total from continuation she								261,000.		0.	2	1,4	0.
d Total (add lines 1b and 1c) 2 Total number of individuals (i								<u> </u>	000 of roportab	_ • •		1,4	<u> </u>
compensation from the organ		u to trios	ie liste	ou ai	DOVE	<i>5)</i> WI	10 10	eceived more than \$100	,000 or reportab				1
												Yes	No
3 Did the organization list any t line 1a? If "Yes," complete So								hest compensated emp			3		Х
4 For any individual listed on lin	ne 1a, is the sum of rep	oortable o	comp	ensa	ation	and	otl	her compensation from	the organization			37	
and related organizations greDid any person listed on line											4	Х	
rendered to the organization		•			•						5		Х
Section B. Independent Contract	tors												
1 Complete this table for your t	•	•								npens	ation f	rom	
the organization. Report com	(A)	ndar year	r enai	ng w	VILI	or wi	ıtmır	the organization's tax (B)	year.		(0		
	and business address						\Box	Description of s		С		nsatio	n
M&C COMMUNICATION: #200, CENTENNIAL,		JEBEC	: ST	ľRE	ET:	ľ	- 1	COMMUNICATIO SERVICES	N		21	5,9	75.
							f					-,-	

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

Ра	rt v	Ш						
			Check if Schedule O contains a response	e or note to any lir				
					(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue		business revenue	f.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
								sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns1a	6,822.				
ara oui		b	Membership dues1b					
s, (Am		С	Fundraising events1c	23,823.				
Sift lar,			Related organizations 1d					
s, (mil		е	Government grants (contributions) 1e					
ion Si		f	All other contributions, gifts, grants, and					
but				,267,276.				
JĘĘ O		g	Noncash contributions included in lines 1a-1f	17,173.				
Col		_	Total. Add lines 1a-1f		1,297,921.			
_			Totally lad in loo 14 11	Business Code	, , ,			
ø	2	a						
vic		a b						
Ser								
Z S		C						
gra Re		d						
Program Service Revenue		e	All all all and an area and a second	<u> </u>				
			All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte	•	414.			414.
			other similar amounts)		414.			414.
	4		Income from investment of tax-exempt bond					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)	<u>,</u>				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
ne			and sales expenses					
Revenue		С	Gain or (loss) 7c					
Re			Net gain or (loss)	>				
Jer			Gross income from fundraising events (not					
Oth			including \$ 23,823. of					
			contributions reported on line 1c). See					
			Part IV, line 18	a 26,239.				
		h	Less: direct expenses 8					
			Net income or (loss) from fundraising events		0.			
			Gross income from gaming activities. See		3.0			
	3	u	Part IV, line 19	<u> </u>				
		h	Less: direct expenses 9					
			Net income or (loss) from gaming activities					
	IU	а	Gross sales of inventory, less returns					
			and allowances 10					
			Less: cost of goods sold10					
		С	Net income or (loss) from sales of inventory					
sn				Business Code				
ne or	11	а		<u> </u>				
Miscellaneous Revenue		b		<u> </u>				
Sel Sev		С		<u> </u>				
Mis			All other revenue					
		е	Total. Add lines 11a-11d					
	12		Total revenue. See instructions	>	1,298,335.	0.	0.	414.

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).

	Check if Schedule O contains a respon	se or note to any line in	this Part IX	, ,	X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			g	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	10,000.	10,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	200,000.	200,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	282,418.	141,462.	28,292.	112,664.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	93,210.	46,605.	9,321.	37,284.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	A = - : -	1.4		
10	Payroll taxes	25,748.	12,874.	2,575.	10,299.
11	Fees for services (nonemployees):				
	Management				
	Legal	20 644	16 400	2 224	10 000
	Accounting	32,644.	16,422.	3,284.	12,938.
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	400 440	200 270	670	20 202
	column (A), amount, list line 11g expenses on Sch 0.)	420,440.	380,378.	670.	39,392.
12	Advertising and promotion	8,018.	4 026	2 716	276.
13	Office expenses	0,010.	4,026.	3,716.	2/0.
14	Information technology				
15	Royalties	2,212.		2,212.	
16	Occupancy	1,002.	1,002.	2,212.	
17	Travel	1,002.	1,002.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	223.	223.		
19	Conferences, conventions, and meetings	223.	223 •		
20	Interest Payments to affiliates				
21 22	Payments to affiliates Depreciation, depletion, and amortization				
23	Insurance	2,114.		2,114.	
23 24	Other expenses. Itemize expenses not covered	-,1		=,===	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	OTHER EXPENSES	11,681.	3,437.	6,084.	2,160.
b		,	7 - 5 - 1	7,0021	
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,089,710.	816,429.	58,268.	215,013.
26	Joint costs. Complete this line only if the organization	-	-	•	-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
13201	0 12-09-21				Form 990 (2021)

Part X | Balance Sheet

<u>ra</u> r	TΧ	Balance Sheet					
		Check if Schedule O contains a response or	note to	any line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			328,269.	1	595,486
	2	Savings and temporary cash investments			644,392.	2	259,453
	3	Pledges and grants receivable, net			578,200.	3	444,132
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su	ubstant	al contributor, or 35%			
		controlled entity or family member of any of	these p	ersons		5	
	6	Loans and other receivables from other disq	qualified	persons (as defined			
		under section 4958(f)(1)), and persons descr	ribed in	section 4958(c)(3)(B)		6	
ş	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			8,055.	9	4,722
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		а			
	b	Less: accumulated depreciation				10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, li				12	
	13	Investments - program-related. See Part IV, I				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1 550 016	15	1 202 702
	16	Total assets. Add lines 1 through 15 (must e			1,558,916.	16	1,303,793
	17	Accounts payable and accrued expenses			33,094.	17	44,346
	18	Grants payable			875,000.	18	400,000
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
Liabilities	22	Loans and other payables to any current or					
		trustee, key employee, creator or founder, su					
Lia		controlled entity or family member of any of	-			22	
	23	Secured mortgages and notes payable to ur				23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on li	lines 17	24). Complete Part X		25	
	26	of Schedule D			908,094.	26	444,346
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958,			300,034.	20	111,510
se		and complete lines 27, 28, 32, and 33.	CHCCK				
anc	27	Net assets without donor restrictions			235,885.	27	229,716
Bal	28	Net assets with donor restrictions			414,937.	28	629,731
		Organizations that do not follow FASB AS			•		,
로		and complete lines 29 through 33.	, ,				
s o	29	Capital stock or trust principal, or current fur	nds			29	
Set	30	Paid-in or capital surplus, or land, building, o				30	
As	31	Retained earnings, endowment, accumulate				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			650,822.	32	859,447
-	33	Total liabilities and net assets/fund balances			1,558,916.	33	1,303,793

Pa	Tt 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)		.,29		
2	Total expenses (must equal Part IX, column (A), line 25)	2 1	.,08		
3	Revenue less expenses. Subtract line 2 from line 1	3			25.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	65	0,8	22.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	85	9,4	47.
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 on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?		2b	X	$oxed{oxed}$
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
За	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?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization LUNG CANCER FOUNDATION OF AMERICA 20-8730839 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization 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 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	` '	` ,	`,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	844,482.	1,359,997.	1,005,221.	1,431,119.	1,297,921.	5,938,740.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	844,482.	1,359,997.	1,005,221.	1,431,119.	1,297,921.	5,938,740.
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)						2,971,961.
	Public support. Subtract line 5 from line 4.						2,966,779.
	ction B. Total Support					,	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	844,482.	1,359,997.	1,005,221.	1,431,119.	1,297,921.	5,938,740.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1 200	2 117	6 202	1 720	414	11 042
	and income from similar sources	1,389.	2,117.	6,302.	1,720.	414.	11,942.
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.)						E 050 602
	Total support. Add lines 7 through 10	-1- (!11	1			40	5,950,682.
12	Gross receipts from related activities,	•				12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop			· · · · · · · · · · · · · · · · · · ·		001(0)(3)	ightharpoonup
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2021 (I		<u>-</u>	column (f))		14	49.86 %
	Public support percentage from 2020					15	49.51 %
	33 1/3% support test - 2021. If the o					<u> </u>	
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances to						
b	10% -facts-and-circumstances tes	_		*	-		
	more, and if the organization meets the	_					
	organization meets the facts-and-circle				-		>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	ı, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>

Schedule A (Form 990) 2021

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

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

qualify under the tests listed b Section A. Public Support	elow, please com	iplete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and	(a) 2017	(b) 2016	(6) 2019	(a) 2020	(e) 2021	(I) Total
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						_
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						_
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6		, ,	, ,	, ,		,,
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's f	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiza	tion,
check this box and stop here						>
Section C. Computation of Publ	ic Support Pe	ercentage				
15 Public support percentage for 2021 (15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves					1 1	
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from 2						<u>%</u>
19a 33 1/3% support tests - 2021. If the						17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2020. If the	· ·			•	•	
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	<u>n did not check a</u>	a box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u></u> ▶□

132023 01-04-22

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
та		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9c		
90		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization.	2		
Seci	ion C. Type II Supporting Organizations			
_			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
	ion D. All Type III Supporting Organizations			
-	Divin Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Oh		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations		
1	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 mu	ist complete	Sections A through E.		
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
e	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	on C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting ord	anization (see	

Schedule A (Form 990) 2021

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	ed)	i errerer i age i
	on D - Distributions		100	,	Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				

Schedule A (Form 990) 2021

c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule B (Form 990)

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

LUNG	CANCER	FOUNDATION	OF	AMERICA	20-8730839
Organization type (check one):					

Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
, ,	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1 contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; Z, line 1. Complete Parts I and II.					
contributor, durin	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
year, contribution is checked, enter purpose. Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the his exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is there the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ble, etc., contributions totaling \$5,000 or more during the year \bigsim \frac{\bigsim}{\bigsim} \frac{\bigsim}{\bigsim					
answer "No" on Part IV, lir	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify ing requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

LUNG CANCER FOUNDATION OF AMERICA

20-8730839

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 280,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 225,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 65,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 90,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 93,250.	Person X Payroll

Name of organization

Employer identification number

LUNG CANCER FOUNDATION OF AMERICA

20-8730839

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$ - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		-	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		-	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

LUNG CANCER FOUNDATION OF AMERICA

20-8730839

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
123453 11-11	01		Schedule B (Form 990) (2021)

Name of organization Employer identification number

	CANCER FOUNDATION OF AM			20-8/30839
Part III	from any one contributor. Complete columns (a) through (e) and the following line e	ntry For ord	1(c)(7), (8), or (10) that total more than \$1,000 for the yea
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 o	r less for the	year. (Enter this info. once.) \$
(a) No 1	Use duplicate copies of Part III if additional	space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	ift	
	Transferee's name, address, a	nd ZIP + 4	Rel	ationship of transferor to transferee
(-) NI-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
_		(e) Transfer of g	ift	
	Transferee's name, address, a	nd ZIP + 4	Rel	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		ift		
	Transferee's name, address, a	nd ZIP + 4	Rel	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	 ift	
	Transferee's name, address, a	nd ZIP + 4	Rel	ationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

LUNG CANCER FOUNDATION OF AMERICA

Employer identification number 20-8730839

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		or Accounts. Complete if the
	organization answered fes on Form 990, Part IV, III	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Deliei da lieca la liec	(2)
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	L	ad funde
3	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor of		
	• •		
Par		ganization answered "Yes" on Form 990. Pa	
1	Purpose(s) of conservation easements held by the organizat		
·	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year▶	,	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	ion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o		her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	·	
	of art, historical treasures, or other similar assets held for pul		•
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		' <u>-</u>
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

Pai	t III Organizations Maintaining Col	lections of A	rt, Histo	orical Tr	easures, d	or Other	Simila	r Asse	ts (continu	ed)
3	Using the organization's acquisition, accession,	, and other record	ds, check	any of the	following tha	at make sig	nificant u	ise of its		
	collection items (check all that apply):									
а	Public exhibition	d	ı 🗆 L	oan or exc	hange progra	am				
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's colle	ctions and explai	n how the	ey further t	he organizati	on's exem	pt purpos	se in Parl	XIII.	
5	During the year, did the organization solicit or re									
	to be sold to raise funds rather than to be main							\square	Yes	☐ No
Pai	t IV Escrow and Custodial Arrange							Part IV,	line 9, or	
	reported an amount on Form 990, Part X									
1a	Is the organization an agent, trustee, custodian	or other intermed	diary for c	ontribution	ns or other as	sets not ir	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Forn						y?		Yes	□ No
b	If "Yes," explain the arrangement in Part XIII. Ch	neck here if the ex	xplanation	n has been	provided on	Part XIII				
Pai).			
•	(1	a) Current year	(b) Pr	ior year	(c) Two year	rs back (c	1) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curren	t year end baland	e (line 1g	ı, column (a	a)) held as:					
а	Board designated or quasi-endowment	•	%	,, ("					
b	Permanent endowment	%								
С	Term endowment ▶ %									
	The percentages on lines 2a, 2b, and 2c should	l equal 100%.								
За	Are there endowment funds not in the possessi		ation that	t are held a	and administe	ered for the	e organiza	ation		
	by:								Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizatio									
4	Describe in Part XIII the intended uses of the or									
Pai	t VI Land, Buildings, and Equipmer	nt.								
	Complete if the organization answered "	Yes" on Form 990	0, Part IV,	, line 11a. S	See Form 990), Part X, li	ne 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	cumulated	t	(d) Book	value
		basis (investr	ment)	basis	(other)	depr	eciation			
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must equa		X, colum	n (B), line	10c.)					0.

Schedule D (Form 990) 2021

Part VII	Investments -	Other Securities.

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			<u> </u>
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Tart IX Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) tart IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15.	
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	- i
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) cart IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) cart IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	- i
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	11d. See Form 990, Part X, line 15.	- i
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) The art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	Description	11d. See Form 990, Part X, line 15.	
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description = 15.)		(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) The proof of the proof of the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes"	Description = 15.)		(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description = 15.)		(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) The organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes"	Description = 15.)		(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" (a) □ (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description = 15.)		(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description = 15.)		(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description = 15.)		(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description = 15.)		(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description = 15.)		(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) The art IX Other Assets. Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description = 15.)		(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Description = 15.)		(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description = 15.)		(b) Book value

Schedule D (Form 990) 2021

Par	t XI Reconciliation of Revenue per Audited Financial State	ments With Reven	ue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,298,335.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		•
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	1,298,335.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			0
C	Add lines 4a and 4b			1 200 225
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,298,335.
Par	rt XII Reconciliation of Expenses per Audited Financial Stat	-	nses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		1.1	1,089,710.
1	Total expenses and losses per audited financial statements		1	1,009,710.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)		0.	0.
e	Add lines 2a through 2d			1,089,710.
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			1,000,710
4		4a		
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)			
		•	4c	0.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		·····	1,089,710.
_	rt XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		Part V, line 4; Part	X, line 2; Part XI,
PAF	RT X, LINE 2:			
FIL	N 48:			
THE	E FOUNDATION HAS RECEIVED TAX-EXEMPT STA	TUS FROM THE	INTERNAL	REVENUE
SEF	RVICE UNDER SECTION 501(C)(3) OF THE INT	ERNAL REVENU	E CODE.	
THE	E FOUNDATION RECOGNIZES THE FINANCIAL ST	ATEMENT BENE	FIT OF TAX	ζ
POS	SITIONS, SUCH AS ITS POSITION OF BEING T	AX EXEMPT, O	NLY AFTER	
DET	PERMINING THAT THE RELEVANT TAX AUTHORIT	Y WOULD MORE	LIKELY TE	HAN NOT
	STAIN THE POSITION FOLLOWING AN AUDIT. T			
	PENTIAL INCOME TAX AUDITS ON OPEN TAX YE			
	WHICH IT OPERATES. THE STATUTE OF LIMIT			STATE
PUF	RPOSES IS GENERALLY THREE AND FOUR YEARS	, RESPECTIVE	LY.	

Schedule D (Form 990) 2021

Schedule D	(Form 990) 2021	LUNG	CANCER	FOUNDATION	OF	AMERICA	20-8730839 Page 5
Part XIII	(Form 990) 2021 Supplementa	Information (continued)				
_							

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

2021
Open to Public Inspection

Name of the organization

Employer identification number

	9					. ,				
נטב	NG CANCER FOU	NDATION	OF AMERI	CA		20-873083	39			
				tside the United States. Comple	ete if the organ					
	Form 990, Part I\									
1				ds to substantiate the amount of its gra						
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	stance? 🔼	Yes No			
2	For grantmakers Door	ribo in Dort V the	organization's	procedures for monitoring the use of its	o aranto and o	thar assistance out	side the			
2	United States.	inde in Fait V the	e organization s	procedures for monitoring the use of its	s grants and o	irier assistance out	side tile			
3		The following Part I, line 3 table can be duplicated if additional space is needed.)								
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total			
		offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and			
		in the region	independent contractors	gram services, investments, grants to recipients located in the region)		specific type (s) in the region	investments			
			in the region	recipients located in the region,	01 301 1100		in the region			
IOR!	TH AMERICA	0	0	PROGRAM SERVICES	GRANTMAKING	;	200,000.			
		_	-							
							 			
							 			
3 a	Subtotal	0	0				200,000.			
b	Total from continuation									
	sheets to Part I	0	0				0.			
С	Totals (add lines 3a		,				200 000			

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$

Schedule F (Form 990) 2021

	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.										
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)			

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax							
	exempt 501(c)(3) organ	nization by the IRS,	or for which the grantee	or counsel has provided a sec	tion 501(c)(3) eq	uivalency letter	> .	
3	Enter total number of	othor organizations	or optition					

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance YOUNG INVESTIGATOR LUNG 200,000.WIRE CANCER RESEARCH GRANT NORTH AMERICA 0.

	1		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of egion): Part II, line 1 (accounting method): Part III (accounting

(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
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.
- NIH BIOSKETCH OF THE APPLICANT(S) BUDGET, INCLUDING PERSONNEL,
SUPPLIES, PUBLICATION COSTS, TRAVEL, CLINICAL TRIAL COSTS, ANIMAL COSTS.
PART I, LINE 3:
THE ACCRUAL METHOD OF ACCOUNTING IS USED TO REPORT THESE EXPENDITURES.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization LUNG CANCER FOUNDATION OF AMERICA 20-8730839 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2021

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

		of fundraising event contributions and gro	oss income on Form 990	I-EZ, lines I and 60. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1 DAY AT THE	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			CHEF'S TABLE			col. (c)
e			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	50,062.			50,062.
	2	Less: Contributions	23,823.			23,823.
	3	Gross income (line 1 minus line 2)	26,239.			26,239.
	4	Cash prizes				
Ø	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	26,239.			26,239.
		Direct expense summary. Add lines 4 through			>	26,239.
Da		Net income summary. Subtract line 10 from li				0.
Pa	rt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
		\$15,000 0111 01111 990-LZ, line da.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve.						
ш_	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		,	, (-)			
		er the state(s) in which the organization condu				
		he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	lf "I	No," explain:				
102		re any of the organization's gaming licenses re	evoked suspended or to	erminated during the tax	vear?	Yes No
		Yes," explain:			<i>,</i> ·	00110
	_	· ·				

132082 10-21-21 Schedule G (Form 990) 2021

	edule G (Form 990) 2021		CANCER						730839	Page 3
11	Does the organization conduct g	aming activ	ities with non	members?					Yes	☐ No
12	Is the organization a grantor, ber	neficiary or t	rustee of a tru	ust, or a mem	ber of a par	tnership	or other entity fo	rmed		
	to administer charitable gaming?								Yes	☐ No
13	Indicate the percentage of gamir									
а	The organization's facility								13a	%
b	An outside facility								13b	%
14	Enter the name and address of t	he person w	ho prepares	the organizat	ion's gamin	g/specia	ıl events books ar	nd records:		
	Name ►									
	Address ►									
15a	Does the organization have a con	ntract with a	a third party fr	om whom the	e organizatio	on receiv	es gaming reven	ue?	Yes	☐ No
b	If "Yes," enter the amount of gar	nina revenu	e received by	the organiza	tion ▶\$		and t	the amount		
	of gaming revenue retained by the									
c	If "Yes," enter name and address				_					
	Name N									
	Name									
	Address >									
16	Gaming manager information:									
	Name									
	Coming management and the company of	•								
	Gaming manager compensation	D D		_						
	Description of services provided									
	Director/officer	Empl	oyee	Ind	ependent c	ontracto	or			
17	Mandatory distributions:									
	Is the organization required under	er state law	to make chari	table distribu	tions from t	he gamir	na proceeds to			
	retain the state gaming license?								Yes	☐ No
b	Enter the amount of distributions									
	organization's own exempt activi	ities during	the tax year 🕽	▶ \$						
Pa	rt IV Supplemental Info	rmation.	Provide the ex	xplanations re	equired by F	art I, lin	e 2b, columns (iii)	and (v); and Pa	rt III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, a	s applicable	e. Also provide	e any additior	nal informati	on. See	instructions.			

Schedule G	(Form 990)	LUNG	CANCER	FOUNDATION	OF	AMERICA	20-8730839 Page 4
Part IV	(Form 990) Supplemental In	formation (continued)				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organi	Employer identification number 20-8730839							
Part I Genera	I Information on Grants a	ınd Assistance						
criteria used	anization maintain records to award the grants or assi art IV the organization's pr	stance?						
Part II Grants	and Other Assistance to at that received more than	Domestic Organi	izations and Domest	ic Governments.	Complete if the org	anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
	l address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
-								
	mber of section 501(c)(3) a							<u> </u>

Page 2

LUNG CANCER FOUNDATION OF AMERICA

YOUNG INVESTIGATOR LUNG CANCER RESEARCH GRANT			cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	
YOUNG INVESTIGATOR LUNG CANCER RESEARCH GRANT					
	1	10,000.	0.		
		, -			
Part IV Supplemental Information. Provide the information required in I	Part I, line	2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
DESCRIBE THE ORGANIZATION'S PROCEDURES	FOR 1	MONITORIN	G THE USE	OF GRANT	
FUNDS IN THE UNITED STATES:					
GRANT RECIPIENTS MUST PROVIDE THE FOLL	OWING	INFORMAT	ION FOR CO	NSIDERATION:	
- PLANNED SPECIFIC AIMS.					
- RATIONALE FOR THE PROJECT TOGETHER W	ттн в	ACKGROUND	, SIGNIFIC	ANCE AND	
INNOVATION OF PROPOSAL.					
- BRIEF STATEMENT OF THE OVERALL EXPER	IMENT	AL APPROA	CH.		

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

Part IV Supplemental Information							
RESEARCH PROJECT WILL BE USED AND THE QUANTITATIVE PERFORMANCE THAT YOUR							
BIOMARKER SHOULD ACHIEVE TO SHOW CLINICAL UTILITY.							
- NIH BIOSKETCH OF THE APPLICANT(S) BUDGET, INCLUDING PERSONNEL, SUPPLIES,							
PUBLICATION COSTS, TRAVEL, CLINICAL TRIAL COSTS, ANIMAL COSTS.							

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

Open to Public

Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Questions Regarding Compensation

Department of the Treasury

LUNG CANCER FOUNDATION OF AMERICA

Employer identification number 20-8730839

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

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

Schedule J (Form 990) 2021

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

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

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

	(B) Breakdown of W	J-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	incentive reportable				reported as deferred on prior Form 990	
(1) JIM BARANSKI	(i)	174,000.	0.	0.	0.	16,110.	190,110.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	[(11)						1		

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 L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Employer identification number Name of the organization LUNG CANCER FOUNDATION OF AMERICA 20-8730839 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (d) Loan to or (i) Written (a) Name of (c) Purpose (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No Total **>** \$ **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of (e) Purpose of (d) Type of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990) 2021

	Complete if the organization answered	d "Yes" on Form 990, Part IV, line 28a, 2	28b, or 28c.			
(a) Name of interested person		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	zation's
		GIGHER OF BOARD WEN	10.000		Yes	No
OULTE	LEVINSON	SISTER OF BOARD MEM	18,000.	FREELANCE C		Х
Dort V	Complemental Information					
Part V	Supplemental Information. Provide additional information for resp	oonses to questions on Schedule L (see	instructions).			
SCH L	, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) N	AME OF PERSON: JULIE	LEVINSON				
(B) R	ELATIONSHIP BETWEEN	INTERESTED PERSON AN	D ORGANIZAT	'ION:		
SISTE	R OF BOARD MEMBER DA	VID T. LEVINSON.				
(D) D	ESCRIPTION OF TRANSA	CTION: FREELANCE COP	YWRITER			

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LUNG CANCER FOUNDATION OF AMERICA

Employer identification number 20-8730839

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: 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: ANSWERS, HOPE, AND ACCESS TO UPDATED TREATMENT INFORMATION, SCIENTIFIC INVESTIGATION, AND CLINICAL TRIALS.

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

DESCRIBE THE PROCESS USED BY THE ORGANIZATION TO REVIEW THIS FORM 990: 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:

DID THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITOR THE CONFLICT OF INTEREST POLICY?

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

132211 11-11-21

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** LUNG CANCER FOUNDATION OF AMERICA 20-8730839 EXERCISE UNDER SIMILAR CIRCUMSTANCES. FORM 990, PART VI, SECTION B, LINE 15: DID THE PROCESS TO DETERMINE COMPENSATION INCLUDE A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABLE DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION? LCFA IS REGULARLY AND CONSISTENTLY MONITORING THE PERFORMANCE AND SALARY OF THE EXECUTIVE DIRECTOR, OTHER OFFICERS, AND KEY EMPLOYEES. LCFA UTILIZED A COMPENSATION STUDY AND A COMPENSATION COMMITTEE. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AR,AK,CA,CO,CT,DE,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,MN,MD,MA,MI,MN,MS,MO MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY FORM 990, PART VI, SECTION C, LINE 19: DESCRIBE HOW THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMETHS AVAILABLE TO THE PUBLIC: LCFA MAKES ALL GOVERNING DOCUMENTS AND FINANCIAL INFORMATION AVAILABLE TO THE PUBLIC ON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: **EDUCATION AWARENESS:** PROGRAM SERVICE EXPENSES 331,776. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 331,776.

PATIENT EDUCATION:

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

Schedule O (Form 990) 2021	Page 2
Name of the organization LUNG CANCER FOUNDATION OF AMERICA	Employer identification number 20-8730839
PROGRAM SERVICE EXPENSES	23,690.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	23,690.
SPEAKERS BUREAU:	
PROGRAM SERVICE EXPENSES	18,174.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,174.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	490.
FUNDRAISING EXPENSES	21,600.
TOTAL EXPENSES	22,090.
PROFESSIONAL COMPLIANCE FEES:	
PROGRAM SERVICE EXPENSES	6,738.
MANAGEMENT AND GENERAL EXPENSES	180.
FUNDRAISING EXPENSES	17,792.
TOTAL EXPENSES	24,710.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	420,440.

132212 11-11-21 Schedule O (Form 990) 2021