** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

| ΑΙ | For the | e 2022 calendar year, or tax year beginning $$ JUL $1,$ 2022 $$ and e | ل nding | <u>UN 30, 2023</u> | |
|---------------|--------------------------------------|--|---------------|------------------------------|-----------------------------|
| В | Check if applicable | C Name of organization | | D Employer identific | ation number |
| | Addre | LUNGEVITY FOUNDATION, INC. | | | |
| | Name chang | Doing business as | | 36-443341 | LO |
| | Initial return Final return | 228 S. WABASH AVENUE, SUITE 700 | Room/suite | E Telephone number 312-407-6 | |
| | termin ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 14,871,062. |
| | Ameno return | CHICAGO, III 00004 | | H(a) Is this a group re | turn |
| | Application | F Name and address of principal officer: ANDREA STERN FERRIS | | for subordinates | ? Yes X No |
| | pendir | SAME AS C ABOVE | | H(b) Are all subordinates in | cluded? Yes No |
| 1 | Tax-exe | empt status: $oxed{X}$ 501(c)(3) $oxed{\Box}$ 501(c) () (insert no.) $oxed{\Box}$ 4947(a)(1) or | 527 | If "No," attach a | list. See instructions |
| | Websit | | | H(c) Group exemption | |
| | | organization: X Corporation Trust Association Other | L Year | of formation: 2001 N | State of legal domicile: IL |
| P | art I | Summary | CITEDII | T P O | |
| Governance | 1 | Briefly describe the organization's mission or most significant activities: SEE S | CHEDU | LE O | |
| nai | 2 | Check this box if the organization discontinued its operations or dispose | d of more | than 25% of its net ass | ets. |
| S e | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 15 |
| Ğ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 14 |
| Se | 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | | 5 | 72 |
| ζŧ | 6 | Total number of volunteers (estimate if necessary) | | 6 | 500 |
| Activities & | 7 a | | | 7a | 0. |
| _ | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | ····· | | 0. |
| | | | | Prior Year | Current Year |
| ē | 8 | Contributions and grants (Part VIII, line 1h) | | 14,845,849. | 14,661,126. |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 1 710 | 0. |
| Вè | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | -1,710. -300,706. | 2,569. -272,206. |
| | ויי | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 14,543,433. | 14,391,489. |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 3,024,136. | 4,650,172. |
| | 1 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | 45 | Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 5,571,837. | 7,333,731. |
| Expenses | 162 | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| oen Sen | h | Total fundraising expenses (Part IX, column (D), line 25) 1,458,19 | 5. | J. | <u> </u> |
| ă | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 5,067,178. | 6,419,507. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 13,663,151. | 18,403,410. |
| | 1 | Revenue less expenses. Subtract line 18 from line 12 | | 880,282. | -4,011,921. |
| or | 3 | · | Ве | ginning of Current Year | End of Year |
| Net Assets or | 20 | Total assets (Part X, line 16) | | 12,082,053. | 8,760,023. |
| ASS | 21 | Total liabilities (Part X, line 26) | | 388,843. | 1,078,734. |
| <u></u> | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 11,693,210. | 7,681,289. |
| | art II | Signature Block | | | |
| | | lties of perjury, I declare that I have examined this return, including accompanying schedules a | | · · · | knowledge and belief, it is |
| true | , correc | t, and complete. Declaration of preparer (other than officer) is based on all information of whic | ch preparer | has any knowledge. | |
| . | _ | Signature of officer | | I Date | |
| Sig | | ANDREA STERN FERRIS, PRESIDENT & CEO | | Duto | |
| Hei | e | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | 1 | Date Check | PTIN |
| Paid | d | JAMES G. QUAID JAMES G. QUAID | | 4/17/24 of self-employe | |
| | parer | Firm's name OSTROW REISIN BERK & ABRAMS, LTD. | | | 6-2938874 |
| | Only | Firm's address 455 N CITYFRONT PLAZA DR, SUITE 16 | 500 | THIN SERVE | |
| | • | CHICAGO, IL 60611 | | Phone no. 31 | 2-670-7444 |
| Ma | y the IF | RS discuss this return with the preparer shown above? See instructions | | | X Yes No |
| | | | | | |

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 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| - | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | х |
| 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 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | _ | | |
| Ū | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | ۳ | | |
| ' | | 7 | | х |
| | the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> | - | | -25 |
| 8 | , , | ا ا | | х |
| _ | Schedule D, Part III | 8 | | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | ₹. |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | ٦, |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | <u> </u> | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | 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 | | Х |
| 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 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| = | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | _ - |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| -1 | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | | x |
| | demostic government on Fairtix, column (-), interest per complete scriedule i. Paris Faird II | _ <u> </u> | | |

| | 1990 (2022) LUNGEVITY FOUNDATION, INC. 36-443 ort IV Checklist of Required Schedules (continued) | | | age 4 |
|---------|---|----------|-----|----------------|
| | , (and an | | 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 | | | |
| | 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 | | | l |
| | Schedule K. If "No," go to line 25a | | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | . 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | . 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | ,, |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | . 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | 3,7 |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | \ _V |
| | 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, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | 0.7 | | X |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | _ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | 200 | | X |
| h | "Yes," complete Schedule L, Part IV | | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | 1 |
| C | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | 28c | | x |
| 29 | "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | | Х | 122 |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 29 | 21 | |
| 30 | contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i> | 01 | | |
| 02 | Schedule N, Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | <u> </u> | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II, III, or IV, and | . 33 | | |
| | Part V, line 1 | 34 | | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | | Х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 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 | | х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| | | . 38 | Х | |
| Pa | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |

| | encer if conceded contains a response of note to any line in this rate v | | | | | |
|----|---|--------|-----------|----|-----|----|
| | | | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 19 | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and re | portab | le gaming | | | |
| | (gambling) winnings to prize winners? | | | 1c | X | |

LUNGEVITY FOUNDATION 36-4433410 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 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? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Х **14a** Did the organization receive any payments for indoor tanning services during the tax year? 14a 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 excess parachute payment(s) during the year? Х If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

Form **990** (2022)

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

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 15 | | | |
| | 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. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 14 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | Х | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | X |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| _ | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| | 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 | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | on Schedule O how this was done | 12c | 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 | Х | |
| 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? | | 77 | |
| | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | Х | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | Х |
| | taxable entity during the year? | 16a | | |
| 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 | 401 | | |
| Soc | exempt status with respect to such arrangements? tion C. Disclosure | 16b | | |
| | | | | |
| 17 10 | · · · · · · · · · · · · · · · · · · · | only) | ove:le! | alo. |
| 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 for public inspection. Indicate how you made these available. Check all that apply. | orlly) | avalidi | JIE |
| | | | | |
| 10 | X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | l finan | rial | |
| 19 | statements available to the public during the tax year. | ı ııı ıdı lü | Jal | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| 20 | ANISHA CRITE - 312-407-6100 | | | |
| | 228 G WARAGH AVENUE GUITTE 700 CHICAGO II. 60604 | | | |

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

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

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

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

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

| (A) | (B) | l | inzu | | <u> </u> | ipei | ioati | (D) | (E) | (F) |
|---|------------------------|---------------------|-----------------------|----------------|--------------|---------------------------------|--------|----------------------|---------------------------|------------------------------|
| Name and title | Average | (do | | Posi heck i | |) than o | one | Reportable | Reportable | Estimated |
| | hours per week | | | | | s both or/trus | | compensation from | compensation from related | amount of other |
| | (list any | ctor | | | | | | the | organizations | compensation |
| | hours for | trustee or director | a) | | | ited | | organization | (W-2/1099-MISC/ | from the |
| | related | ustee | truste | | e e | bens | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations below | lual tr | tional | | nploye | st com | _ | 1099-NEC) | | and related organizations |
| | line) | Individual t | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) ANDREA STERN FERRIS | 40.00 | | | | | | | | | |
| PRESIDENT & CEO | | Х | | Х | | | | 244,371. | 0. | 34,117. |
| (2) BARBARA NETTER | 40.00 | | | | | | | | | |
| COO & CFO - TERM | | | | Х | | | | 206,688. | 0. | 36,772. |
| (3) UPAL BASU ROY | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR OF RESEARCH | | | | | | X | | 208,612. | 0. | 24,555. |
| (4) REBECCA BULL | 40.00 | 1 | | | | | | | _ | |
| CHIEF DEVELOPMENT OFFICER | | | | Х | | | | 173,410. | 0. | 31,932. |
| (5) WENDY KLEIN | 40.00 | - | | | | | | 150 000 | | 00 001 |
| CHIEF STRATEGY OFFICER | 40.00 | | _ | Х | | | | 179,039. | 0. | 22,001. |
| (6) LINDA WENGER | 40.00 | - | | ., | | | | 170 407 | | 00 221 |
| CHIEF MARKETING OFFICER | 40.00 | | | Х | | | | 178,497. | 0. | 22,331. |
| (7) NICOLE MARTIN | 40.00 | - | | | | 7, | | 160 565 | _ | 20 676 |
| (8) AMY MOORE | 40.00 | | | | | X | | 162,565. | 0. | 32,676. |
| (8) AMY MOORE VP GLOBAL ENGAGEMENT & PATIENT PSHPS | 40.00 | 1 | | | | x | | 179,039. | 0. | 0. |
| (9) MERIAM DRISS | 40.00 | | | | | ^ | | 119,039. | 0. | <u> </u> |
| VP OF STRATEGIC PSHPS | 40.00 | 1 | | | | x | | 127,371. | 0. | 36,777. |
| (10) CAROL PERLINE | 40.00 | | | | | | | 127,371. | 0. | 30,1111 |
| VP OF PHILANTHROPY | 40.00 | 1 | | | | x | | 117,345. | 0. | 40,136. |
| (11) ALEX STERN | 2.00 | | | | | 1 | | 117,3131 | • | 10/1300 |
| CHAIRMAN | | Х | | х | | | | 0. | 0. | 0. |
| (12) NICHELLE STIGGER | 2.00 | | | | | | | | - | |
| SECRETARY | | Х | | х | | | | 0. | 0. | 0. |
| (13) TOM GALLI | 2.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (14) LYNNE DOUGHTIE | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (15) BJ JONES | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (16) JENNIFER KASHATUS | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (17) MICHAEL KOLODZIEJ | 2.00 | | | | | | | | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| 232007 12-13-22 | | | | | | | | | | Form 990 (2022) |

232007 12-13-22

| Name and title Average hours per Week (list any hours for related organizations below line) Director Reportable | Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | | |
|---|---|---------------------|----------|--------|-----------|------|---------------|----------|-------------------------------------|-------------------|-------|----------|----------|--------------|
| TOUR SET ON THE CONTRIBUTION OF THE CONTRIBUTI | (A) | (B) | | | (0 | C) | | | | | | | (F) | |
| Week and Other O | Name and title | 1 | | | | | | one | 1 | | | l . | | |
| Section Sect | | 1 | | | | | | | 1 ' | | n | l . | | of |
| Note Compensation | | | tor | | | | | Ĺ | | | 2 | l . | | tion |
| STATE Complete this table of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization and the organization. Apare of independent contractors Apare of independent cont | | 1 ' | direct | | | | 9 | | | | | l | • | |
| STATE Complete this table of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization and the organization. Apare of independent contractors Apare of independent cont | | related | ee or | stee | | | nsate | | 1 | 1 , | | l . | | |
| STATE Complete this table of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization and the organization. Apare of independent contractors Apare of independent cont | | organizations | trust | al tru | |)yee | ompe | | 1099-NEC) | ĺ | | and | d relate | ed |
| STATE Complete this table of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization and the organization. Apare of independent contractors Apare of independent cont | | | vidua | itutio | cer | empl | hest o | mer | | | | orga | anizatio | วทร |
| DERECTOR X 0 | | , | lnd | lust |)HI | Key | E E | For | | | | | | |
| Subtotal 1,776,937. 0. 281,297. 10 Total from continuation sheets to Part VII, Section A 1,776,937. 0. 281,297. 10 Total from continuation sheets to Part VII, Section A 1,776,937. 0. 281,297. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Report compensation from the organization reports and the organization from the organization of the calendar year ending with or within the organization services. X X X X X X X X X | _ | 2.00 | . | | | | | | | | Λ | | | Λ |
| DIRECTOR X 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 | | 2 00 | Λ | | | | \vdash | <u> </u> | 1 | | 0. | | | <u> </u> |
| Carl Michael Parties | | 2.00 | x | | | | | | 0. | | 0. | | | 0. |
| DIRECTOR (22) DR, CHARLES RUDIN DIRECTOR (22) ANDREW STERN 2.00 X 0.0.0.0. (23) PAUL G, STERN 2.00 X 0.0.0.0. (24) ROBERT WINN 2.00 DIRECTOR 1,776,937. 0.281,297. C Total from continuation sheets to Part VII, Section A 1,776,937. 0.281,297. 1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization and related organization is related on the quantization of the calcular of the calcu | | 2.00 | 25 | | | | \vdash | | | | • | | | • |
| IDENTIFICATION TO THE COMPANY OF THE PROPOSE STATE AND A STATE AND | | | х | | | | | | 0. | | 0. | | | 0. |
| Carrier Carr | (21) DR. CHARLES RUDIN | 2.00 | | | | | | | | | | | | |
| DIRECTOR X | DIRECTOR | | Х | | | | | | 0. | | 0. | | | 0. |
| DIRECTOR 2.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0 | (22) ANDREW STERN | 2.00 | | | | | | | | | | | | |
| DIRECTOR X 0 | | 0.00 | Х | | | | _ | | 0. | | 0. | | | 0. |
| ROBERT WINN 2.00 X 0.00 0.0 | | 2.00 | 3,7 | | | | | | | | ^ | | | ^ |
| 1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ilst any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) None 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization or individual for services 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. | | 2 00 | A | | | | \vdash | <u> </u> | 0. | | 0. | | | <u> </u> |
| 1b Subtotal | | 2.00 | x | | | | | | 0. | | 0. | | | 0. |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 15 Yes No | | | | | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 15 Yes No | | | | | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 15 Yes No | | | | | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 15 Yes No | | | | | | | | | 1 556 005 | | | 00 | 1 0/ | |
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 15 Yes No | *************************************** | | | | | | | | | | | 28 | 1,29 | |
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 15 | | | | | | | | | _ | | | 20 | 1 20 | |
| compensation from the organization Solid the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes "complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. A) (B) (C) Name and business address NONE Description of services Compensation | | | | | | | | | • | 000 of roportable | | | 1,23 | <i>,</i> , . |
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) None (B) (C) Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization of compensation from the organization of organization or higher organization or individual organization o | _ | ot illilited to til | USE | IISLE | ual | JOVE | <i>5)</i> VVI | 10 11 | eceived more than \$100, | ooo or reportable | | | | 15 |
| line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization of compensation from the organization from the organization from the organization from the organization of compensation from the organization from the organization of compensation from the organization of compensati | compondation from the organization | | | | | | | | | | | | Yes | |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 3 Did the organization list any former officer, | director, trust | ee, k | кеу е | empl | loye | e, or | hiç | ghest compensated emp | loyee on | | | | |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | | | | | | | | | | | 3 | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization from the organization from the organization or individual for services 5 | 4 For any individual listed on line 1a, is the su | ım of reportabl | e cc | mpe | ensa | tion | anc | otl | her compensation from t | he organization | | | | |
| rendered to the organization? If "Yes " complete Schedule J for such person | | | | | | | | | | | | 4 | X | |
| Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization | | | | | | | | elat | ed organization or individ | dual for services | | | | |
| 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None 1 Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0 | | plete Schedule | e J f | or st | ıch ı | oers | on | | | | | 5 | | <u> </u> |
| the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization | · | mnoneated inc | lono | ndo | ot co | ontr | acto | rc t | hat received more than ⁴ | 100 000 of comp | onco | tion fro | .m | |
| (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0 | | | | | | | | | | | Ciisa | lion iic | 7111 | |
| Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization | | | | | <u>.g</u> | | | | | | | (0 | ;) | |
| \$100,000 of compensation from the organization | | address | N | INC | <u> </u> | | | | Description of s | services | C | compe | nsatior | 1 |
| \$100,000 of compensation from the organization | | | | | | | | | | | | | | |
| \$100,000 of compensation from the organization | | | | | | | | | | | | | | |
| \$100,000 of compensation from the organization | | | | | | | | | | | | | | |
| \$100,000 of compensation from the organization | | | | | | | | | | | | | | |
| \$100,000 of compensation from the organization | | | | | | | | | | | | | | |
| \$100,000 of compensation from the organization | | | | | | | | | | | | | | |
| \$100,000 of compensation from the organization | 2 Total number of independent contractors fire | ncluding but p | ot lir | niter | d to | thos | se lie | ted | ahove) who received ma | ore than | | | | |
| | · | · · | J. III | | | | _ | | . 2500, 1110 10001100 111 | 5.5 trial 1 | | | | |

36-4433410

Form 990 (2022) LUNGEVI
Part VIII Statement of Revenue

| | | Check if Schedule O contains a response of | or note to any line | e in this Dart VIII | | | |
|--|------|---|---------------------|---------------------|--|--------------------------------------|--|
| | | Check if Schedule O Contains a response of | or note to any line | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| s, Grants | b | Federated campaigns 1a 1b 1c 1c | 2,096,277. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | e | Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and | | | | | |
| ontribund Oth | | similar amounts not included above If Noncash contributions included in lines 1a-1f Table Add lines 1a-1f | 12,564,849. | 14,661,126. | | | |
| OB | | Total. Add lines 1a-1f | Business Code | 11,001,120. | | | |
| | 2 a | | Business Code | | | | |
| /ice | z a | | | | | | |
| Ser | | | | | | | |
| m S | c | | | | | | |
| Program Service Revenue | 6 | | | | | | |
| Pro | f | All other program service revenue | | | | | |
| | | Total. Add lines 2a-2f | | | | | |
| | 3 | Investment income (including dividends, interes | | | | | |
| | | other similar amounts) | | 2,116. | | | 2,116. |
| | 4 | Income from investment of tax-exempt bond pr | oceeds | | | | |
| | 5 | Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents 6a | | | | | |
| | b | Less: rental expenses 6b | | | | | |
| | c | Rental income or (loss) 6c | l . | | | | |
| | c | Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | assets other than inventory 7a 112,994. | | | | | |
| | b | Less: cost or other basis | | | | | |
| nue | | and sales expenses 7b 112,541. | | | | | |
| Revenue | | Gain or (loss) 7c 453. | | 453 | | | 452 |
| | | Net gain or (loss) | | 453. | | | 453. |
| Other | 8 a | Gross income from fundraising events (not including \$ of contributions reported on line 1c). See | | | | | |
| | | Part IV, line 18 | 94,826. | | | | |
| | b | Less: direct expenses 8b | 367,032. | | | | |
| | | | | -272,206. | | | -272,206. |
| | 9 a | Gross income from gaming activities. See | | | | | |
| | | Part IV, line 199a | | | | | |
| | | Less: direct expenses 9b | | | | | |
| | | Net income or (loss) from gaming activities | | | | | |
| | 10 a | Gross sales of inventory, less returns | | | | | |
| | | and allowances10a | | | | | |
| | | Less: cost of goods sold 10b | | | | | |
| _ | | Net income or (loss) from sales of inventory | | | | | |
| SI | 44 | | Business Code | | | | |
| eol ne | 11 a | | | | | | |
| llar | b | | | | | | |
| Miscellaneous Revenue | 0 | l All other revenue | | | | | |
| Σ | _ | Total. Add lines 11a-11d | | | | | |
| | | Total revenue. See instructions | | 14,391,489. | 0. | 0. | -269,637. |

Form 990 (2022) LUNGEVITY FOUNDATION, INC. Part IX Statement of Functional Expenses

| Secti | ion 501(c)(3) and 501(c)(4) organizations must comp | elete all columns. All other | er organizations must com | nplete column (A). | |
|----------|---|------------------------------|------------------------------|-------------------------------------|-----------------------------------|
| 0001 | Check if Schedule O contains a respon | | | | X |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 4,650,172. | 4,650,172. | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 1,047,557. | 723,680. | 248,502. | 75,375. |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 4 010 050 | 2 554 262 | 455 404 | 0.50 |
| 7 | Other salaries and wages | 4,910,352. | 3,574,263. | 457,191. | 878,898. |
| 8 | Pension plan accruals and contributions (include | 102 041 | 125 400 | 12 226 | 22 22 |
| | section 401(k) and 403(b) employer contributions) | 183,241. | 135,428. | 13,826. | 33,987. |
| 9 | Other employee benefits | 766,677. | | 74,947. | 132,692. |
| 10 | Payroll taxes | 425,904. | 307,808. | 48,983. | 69,113. |
| 11 | Fees for services (nonemployees): | | | | |
| | Management | 26 024 | 20 121 | 2 700 | 2 002 |
| | | 36,834. 39,362. | 30,131. 28,448. | 2,780. 4,527. | 3,923. 6,387. |
| | Accounting | 39,302. | 20,440. | 4,547. | 0,30/. |
| | Lobbying | | | | |
| | , | 452. | | 452. | |
| f | Investment management fees | 454. | | 452. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | 2,589,155. | 2,562,963. | 7,818. | 18,374. |
| 40 | column (A), amount, list line 11g expenses on Sch 0.) | 1,659,188. | | 7,010. | 9,059. |
| 12 | Advertising and promotion | 422,581. | 343,081. | 31,022. | 48,478. |
| 13 14 | Office expenses | 114,766. | | 31,022. | 67,536. |
| 15 | Information technology | 114,700 | 47,2301 | | 07,330. |
| 16 | Royalties | 276,277. | 204,520. | 29,763. | 41,994. |
| 17 | Occupancy Travel | 232,173. | 212,759. | 4,468. | 14,946. |
| 18 | Payments of travel or entertainment expenses | 232/1734 | 21277331 | 1,1001 | 11/3100 |
| 10 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 1,010,961. | 957,175. | 2,480. | 51,306. |
| 20 | Interest | _, -,, | 20.,2.30 | =, = 0 0 0 | 22,000 |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 10,463. | 7,562. | 1,203. | 1,698. |
| 23 | Insurance | 27,295. | 19,727. | 3,139. | 4,429. |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | .,=== | | .,==== | -, |
| а | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 18,403,410. | 16,014,114. | 931,101. | 1,458,195. |
| 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) | | | | 000 |

| Par | t X | Balance Sheet | | | | | |
|-----------------------------|-----|---|------------|---|--------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or | note to a | ny line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 1,852,306. | 1 | 2,107,570. |
| | 2 | Savings and temporary cash investments | | | 7,489,920. | 2 | 3,140,478 |
| | 3 | Pledges and grants receivable, net | | | 791,579. | 3 | 1,881,879 |
| | 4 | Accounts receivable, net | | | 1,496,594. | 4 | 606,803 |
| | 5 | Loans and other receivables from any curren | | | | | |
| | | trustee, key employee, creator or founder, su | ıbstantial | contributor, or 35% | | | |
| | | controlled entity or family member of any of t | these per | sons | | 5 | |
| | 6 | Loans and other receivables from other disqu | ualified p | ersons (as defined | | | |
| | | under section 4958(f)(1)), and persons descri | | 6 | | | |
| ış | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| ۲ | 9 | Prepaid expenses and deferred charges | | | 409,484. | 9 | 453,402 |
| | 10a | Land, buildings, and equipment: cost or other | er | | | | |
| | | basis. Complete Part VI of Schedule D | | | | | |
| | b | Less: accumulated depreciation | 10b | 97,938. | 26,037. | 10c | 15,573 |
| | 11 | Investments - publicly traded securities | | 11 | | | |
| | 12 | Investments - other securities. See Part IV, lir | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, li | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | 16,133. | 15 | 554,318 | | |
| | 16 | Total assets. Add lines 1 through 15 (must e | | | 12,082,053. | 16 | 8,760,023 |
| | 17 | Accounts payable and accrued expenses | | | 371,796. | 17 | 527,649 |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Comple | | | | 21 | |
| es | 22 | Loans and other payables to any current or for | | | | | |
| Liabilities | | trustee, key employee, creator or founder, su | | · • • • • • • • • • • • • • • • • • • • | | | |
| iab | | controlled entity or family member of any of t | | | | 22 | |
| _ | 23 | Secured mortgages and notes payable to un | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrela | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, | | | | | |
| | | parties, and other liabilities not included on li | ines 17-2 | 4). Complete Part X | 17 047 | | FF1 00F |
| | | | | | 17,047. | 25 | 551,085 |
| - | 26 | Total liabilities. Add lines 17 through 25 | | v | 388,843. | 26 | 1,078,734 |
| ņ | | Organizations that follow FASB ASC 958, o | cneck ne | re X | | | |
| uce | 07 | and complete lines 27, 28, 32, and 33. | | | 4,800,497. | 07 | 2 527 779 |
| ala | 27 | | | | 6,892,713. | 27 | 3,537,778 4,143,511 |
| d B | 28 | | | | 0,032,713. | 28 | 4,143,311 |
| اج | | Organizations that do not follow FASB ASC | C 958, CI | ieck nere | | | |
| ᅙ | 00 | and complete lines 29 through 33. | a da | - | | 00 | |
| şt | 29 | Capital stock or trust principal, or current fun | | T T | | 29 | |
| SSE | 30 | Paid-in or capital surplus, or land, building, or | | | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated | | | 11,693,210. | 31 | 7 681 280 |
| ž | 32 | | | | 12,082,053. | 32 | 7,681,289. 8,760,023. |
| | 33 | Total liabilities and net assets/fund balances | | I | 14,004,003. | 33 | Form 990 (2023) |

| Par | t XI Reconciliation of Net Assets | | | | | | |
|---------------------------------|--|---------------------------------|------------|----------------------------------|------------|-------------------|--|
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | | | | |
| 2 3 4 5 6 7 8 | Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments | 1 2 3 4 5 6 7 | 18, -4, | , 391 , 403 , 011 , 693 | 3,4 L,9 | 10. 21. 10. | |
| | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | | 0. | |
| | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 7 | , 681 | L,2 | 89. | |
| Par | t XIII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | Yes | No | |
| 2a | | | | | | | |
| С | b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | | | | | |
| 3a b | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit | | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b Form | 990 | (2022) | |

232012 12-13-22

SCHEDULE A

(Form 990)

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

Name of the organization

IJINGEVITY FOUNDATION.

Employer identification number

| | | | | DATION, INC. | | | | | 6-4433410 | | |
|------|-----------|---|-----------------------------|---|------------------|----------------------------------|------------------|---------------|----------------------------|--|--|
| Pa | ırt I | Reason for Public (| Charity Status. | (All organizations must c | omplete th | nis part.) S | ee instruction: | S. | | | |
| The | organ | ization is not a private found | lation because it is: (| For lines 1 through 12, cl | neck only | one box.) | | | | | |
| 1 | | A church, convention of ch | urches, or association | on of churches described | in sectio | n 170(b)(1 | I)(A)(i). | | | | |
| 2 | | A school described in sect | ion 170(b)(1)(A)(ii). (| (Attach Schedule E (Form | n 990).) | | | | | | |
| 3 | | A hospital or a cooperative | hospital service orga | anization described in se | ection 170 | (b)(1)(A)(ii | i). | | | | |
| 4 | | A medical research organiz | ation operated in co | njunction with a hospital | described | in sectio | n 170(b)(1)(A) | (iii). Enter | the hospital's name, | | |
| | | city, and state: | | | | | | | | | |
| 5 | | An organization operated for | or the benefit of a co | llege or university owned | or operate | ed by a go | vernmental ur | nit describe | ed in | | |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | | | | |
| 6 | | 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). (C | omplete Part II.) | | | | | | | | |
| 8 | Ш | A community trust describe | ed in section 170(b) | (1)(A)(vi). (Complete Part | : II.) | | | | | | |
| 9 | | An agricultural research org | ganization described | in section 170(b)(1)(A)(i | x) operate | ed in conju | ınction with a | land-grant | college | | |
| | | or university or a non-land-g | grant college of agric | ulture (see instructions). | Enter the I | name, city | , and state of | the college | or | | |
| | | university: | | | | | | | | | |
| 10 | | An organization that norma | | | | | | | | | |
| | | activities related to its exen | • | • | | | | | - | | |
| | | income and unrelated busin | | (less section 511 tax) fro | m busines | ses acqui | red by the org | anization a | after June 30, 1975. | | |
| | | See section 509(a)(2). (Con | • | | | | | | | | |
| 11 | \square | An organization organized a | • | • | • | | | | | | |
| 12 | Ш | An organization organized a | • | • | - | | | - | | | |
| | | more publicly supported or | - | | | | | | check the box on | | |
| | | lines 12a through 12d that | * * | | | | | - | aivina | | |
| а | | Type I. A supporting orga the supported organization | • | • | | - | | | | | |
| | | organization. You must o | | | majority o | i the direc | itors or trustee | 55 01 1116 51 | ррогинд | | |
| b | | Type II. A supporting org | - | | ion with its | s sunnorte | nd organization | n(e) hy hay | vina | | |
| | | control or management o | • | | | | - | | - | | |
| | | organization(s). You mus | | | ario perso | 113 11141 00 | introl of manag | jo ti io oupi | Jortod | | |
| c | . [| ☐ Type III functionally inte | | | in connect | ion with. a | and functional | v integrate | ed with. | | |
| | | its supported organization | | | | | | ,eg. a | , | | |
| d | | Type III non-functionally | . , . | • | • | • | • | ted organiz | zation(s) | | |
| | | that is not functionally int | | | | | | • | * * | | |
| | | requirement (see instructi | - | | • | | - | | | | |
| е | | Check this box if the orga | anization received a | written determination from | n the IRS | that it is a | Type I, Type I | I, Type III | | | |
| | | functionally integrated, or | r Type III non-functio | nally integrated supporting | ng organiz | ation. | | | | | |
| f | Ente | er the number of supported o | organizations | | | | | | | | |
| | | vide the following information | | | (i) In the name | | | | | | |
| | (| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 | in your governi | inization listed ng document? | (v) Amount of | • | (vi) Amount of other | | |
| | | organization | | above (see instructions)) | Yes | No | support (see in | Structions) | support (see instructions) | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Tota | al | | | | | | | | | | |

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

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

| Sec | ction A. Public Support | 71 | | , | | | |
|------|--|-----------------------|----------------------|---------------------|----------------------------|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Gifts, grants, contributions, and | | • • | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 8411087. | 11507366. | 16238414. | 15131849. | 14661126. | 65949842. |
| 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 | 8411087. | 11507366. | 16238414. | 15131849. | 14661126. | 65949842. |
| 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) | | | | | | 18899791. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 47050051. |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 7 | Amounts from line 4 | 8411087. | 11507366. | 16238414. | 15131849. | 14661126. | 65949842. |
| | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 855. | 6,918. | 9,316. | 2,932. | 2,116. | 22,137. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 65971979. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | • | 12 | |
| | First 5 years. If the Form 990 is for th | | | | | 01(c)(3) | |
| | organization, check this box and stop | here | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | | |
| 14 | Public support percentage for 2022 (I | ine 6, column (f), d | ivided by line 11, o | column (f)) | | 14 | 71.32 % |
| 15 | Public support percentage from 2021 | Schedule A, Part | II, line 14 | | | 15 | 73.27 % |
| 16a | 33 1/3% support test - 2022. If the o | organization did no | t check the box o | n line 13, and line | 14 is 33 1/3% or m | ore, check this bo | x and |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | X |
| b | 33 1/3% support test - 2021. If the o | | | | | | |
| | and stop here. The organization qualifies as a publicly supported organization | | | | | | |
| 17a | 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, | | | | | | |
| | and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization | | | | | | |
| | meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | | | | |
| b | 10% -facts-and-circumstances test | - 2021. If the org | anization did not d | check a box on line | | | |
| | more, and if the organization meets th | ne facts-and-circum | nstances test, che | ck this box and s | top here. Explain i | n Part VI how the | |
| | organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | | | | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | o, check this box a | nd see instructions | s |
| | | | | | | Schedule A | (Form 990) 2022 |

232022 12-09-22

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.)

| Sec | tion A. Public Support | clow, picase comp | oicte i art ii.) | | | | |
|-------|--|----------------------|---------------------------|-----------------------|---------------------|------------------------|-----------|
| Caler | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 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 | | | | | | |
| | 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 | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) tion B. Total Support | | | | | | |
| Caler | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 6 | , , | | , , | | | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | 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 th | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) organization | on, |
| | check this box and stop here | | | | | | |
| Sec | tion C. Computation of Publi | c Support Per | rcentage | | | | |
| | Public support percentage for 2022 (I | | • | column (f)) | | 15 | % |
| | Public support percentage from 2021 | | | | | 16 | % |
| | tion D. Computation of Inves | | | | | T I | |
| | Investment income percentage for 20 | | | | | 17 | % |
| | Investment income percentage from | | | | | 18 | <u>%</u> |
| | 33 1/3% support tests - 2022. If the | | | | | | 7 is not |
| b | more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the | organization did r | not check a box or | line 14 or line 19a | a, and line 16 is m | ore than 33 1/3%, a | and |
| | line 18 is not more than 33 1/3%, che | ck this box and st | top here. The orga | anization qualifies a | as a publicly supp | orted organization | |
| 20 | Private foundation. If the organization | n did not check a | hox on line 14 19 | a or 19h check th | nis hox and see in | structions | 1 7 |

232023 12-09-22

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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 | | |
| | | |
| Зс | | |
| | | |
| 4a | | |
| | | |
| 4b | | |
| | | |
| 4c | | |
| | | |
| 5a | | |
| | | |
| 5b | | |
| 5c | | |
| | | |
| 6 | | |
| | | |
| 7 | | |
| | | |
| 8 | | |
| | | |
| 9a | | |
| | | |
| 9b | | |
| | | |
| 9c | | |
| | | |
| 10a | | |
| | | |
| 10b | | |

| Par | t IV | Supporting Organizations (continued) | | | ., |
|-----|---------|--|----------|-----|----|
| | | The state of the s | | Yes | No |
| 11 | Has th | ne organization accepted a gift or contribution from any of the following persons? | | | |
| | | son who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | • | elow, the governing body of a supported organization? | 11a | | |
| b | | ily member of a person described on line 11a above? | 11b | | |
| | | 6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | | in Part VI. | 11c | | |
| Sec | tion E | 3. Type I Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Did th | e governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | | supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | | ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | | ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | | rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | | e organization operate for the benefit of any supported organization other than the supported | | | |
| | organi | ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part V | N how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | | vised, or controlled the supporting organization. | 2 | | |
| Sec | tion C | C. Type II Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Were | a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trus | stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or mai | nagement of the supporting organization was vested in the same persons that controlled or managed | | | |
| _ | the su | pported organization(s). | 1 | | |
| Sec | tion D | D. All Type III Supporting Organizations | | | |
| | | , | | Yes | No |
| 1 | Did th | e organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organi | ization'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 | | | |
| | organi | ization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organi | ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the or | ganization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By rea | ason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | - | cant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | | e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| 800 | suppo | orted organizations played in this regard. | 3 | | |
| Sec | | . Type III Functionally Integrated Supporting Organizations | | | |
| 1 | | the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a | | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| C | | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins | truction | | |
| 2 | | ties Test. Answer lines 2a and 2b below. | | Yes | No |
| а | | ubstantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | | apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | | supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | | he organization was responsive to those supported organizations, and how the organization determined | 20 | | |
| h | | nese activities constituted substantially all of its activities. e activities described on line 2a, above, constitute activities that, but for the organization's involvement, | 2a | | |
| D | | · · · · · · · · · · · · · · · · · · · | | | |
| | | r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | | If the reasons for the organization's position that its supported organization(s) would have engaged in | 2b | | |
| 3 | | activities but for the organization's involvement. t of Supported Organizations. Answer lines 3a and 3b below. | Ž.U | | |
| | | e organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| а | | es of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| b | | e organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | | | | | |

| Pai | t V Type III Non-Functionally Integrated 509(a)(3) Supportir | ng Organi | zations | |
|------|--|----------------|----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyir | ng trust on N | ov. 20, 1970 (explain in | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mus | | · | |
| 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 | | |
| Sect | 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): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | 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-functiona | lly integrated | d Type III supporting orga | nization (see |
| | instructions). | | | • |

Schedule A (Form 990) 2022

| | Schedule A (Form 990) 2022 LUNGEVITY FOUNDATION, INC. 36-4433410 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | |
|----------|--|-------------------------------|---------------------------------|--------|--------------------------------------|-----|
| | The state of the s | | | | | |
| | ion D - Distributions | | | | Current Ye | ear |
| 1 | Amounts paid to supported organizations to accomplish exer | | | 1 | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | | |
| | organizations, in excess of income from activity | | _ | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | S | 3 | | |
| _4_ | Amounts paid to acquire exempt-use assets | | | 4 | | |
| _5_ | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | | |
| 6_ | Other distributions (describe in Part VI). See instructions. | | | 6 7 | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | - | | |
| 8 | Distributions to attentive supported organizations to which the | ie organization is responsive | ! | | | |
| | (provide details in Part VI). See instructions. | | | 8 | | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | | |
| 10 | Line 8 amount divided by line 9 amount | (:) | /::\ | 10 | /:::\ | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2022 | าร | (iii) Distributat Amount for 2 | |
| | | | 110 2022 | | Amount for 2 | |
| _1_ | Distributable amount for 2022 from Section C, line 6 | | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | | |
| _3_ | Excess distributions carryover, if any, to 2022 | | | | | |
| <u>a</u> | From 2017 | | | | | |
| <u>b</u> | From 2018 | | | | | |
| c | From 2019 | | | | | |
| <u>d</u> | From 2020 | | | | | |
| <u> </u> | From 2021 | | | | | |
| f | Total of lines 3a through 3e | | | | | |
| g | Applied to underdistributions of prior years | | | | | |
| h | Applied to 2022 distributable amount | | | | | |
| i_ | Carryover from 2017 not applied (see instructions) | | | | | |
| j_ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | |
| 4 | Distributions for 2022 from Section D, | | | | | |
| | line 7: \$ | | | | | |
| a | Applied to underdistributions of prior years | | | | | |
| b | Applied to 2022 distributable amount | | | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | | | |
| 5 | Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h | | | | | |

7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7:

a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021

Schedule A (Form 990) 2022

Part VI. See instructions.

e Excess from 2022

and 4b from line 1. For result greater than zero, explain in

Schedule B

Schedule of Contributors

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Employer identification number

36-4433410 LUNGEVITY FOUNDATION INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 contributor, during 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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. 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 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 that it doesn't meet the filing requirements of Schedule B (Form 990).

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page 2

Name of organization Employer identification number

LUNGEVITY FOUNDATION, INC.

36-4433410

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed. | |
|------------|---|------------------------------------|-----------------------------|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$ <u>1,500,000</u> . | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$545,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$\$25,000. | Person X Payroll |
| (a) | (b) | (c) | (d) |
| No4_ | Name, address, and ZIP + 4 | Total contributions \$ 1,835,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$840,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$855,000. | Person X Payroll |

Schedule B (Form 990) (2022) Page

Name of organization Employer identification number

LUNGEVITY FOUNDATION, INC.

36-4433410

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | 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 |
| 8 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 10 | | \$600,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 11 | | \$388,361. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions.) |

Name of organization Employer identification number

LUNGEVITY FOUNDATION, INC.

36-4433410

| Part II | Noncash Property (see instructions). Use duplicate copies of Part I | I 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 |
| | | | |
| (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 |
| | | | |

Schedule B (Form 990) (2022) Page **4**

Name of organization **Employer identification number** LUNGEVITY FOUNDATION, 36-4433410 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship 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

LUNGEVITY FOUNDATION, INC.

Employer identification number 36-4433410

| Total number at end of year 2 Aggregate value of grants from (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of and of year 5 Did the organization in property, subject to the organization's exclusive legal control? 6 Did the organization in property, subject to the organization's exclusive legal control? 7 Organization inform all dinors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 8 Did the organization inform all grantess, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermental private benefit? 9 Part III Conservation Easements. Scomplete if the organization have very or for my other purpose conferring impermental private benefit? 1 Purposely of conservation assarsmants held by the organization funds. all that apply. 1 Purposely of conservation assarsmants held by the organization funds. If the organization is the organization of a conservation of a conservation assessment on the last day of the tax year. 2 Total number of conservation easements on a certified historic structure included in (a) 2 Total number of conservation easements included in (a) acquired after July 25,2006, and not on a historic structure included in (a) 3 Number of conservation have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l) and section 170(h)(4)(B)(l) 9 In Part XIII, describe how the organization reports conservatio | Par | rt I Organizations Maintaining Donor Advise | ed Funds or Other Similar Funds | or Accounts. Complete if the |
|--|------|--|---|------------------------------------|
| 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of prants from (during year) 4 Aggregate value of and of year 5 Did the organization informal grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization is properly, subject to the organization's exclusive legal control? 6 Did the organization informal grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring importance in the property of the propose of the property of the property of the propose of the property of the property of the property of the property of the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that appy). 1 Preservation of Land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat 1 Preservation of Land Property or public use (for example, recreation or education) Preservation of a certified historic structure 2 Compete lines 2 at through 2 di the organization held a qualified conservation contribution in the form of a conservation easements 3 Total number of conservation easements 4 Number of conservation easements in an eartified historic structure included in (a) 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in an eartified historic structure included in (a) 8 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easements is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation eas | | organization answered "Yes" on Form 990, Part IV, lir | ne 6. | |
| 2 Aggregate value of contributions to (during year) 3 Aggregate value of a rent from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advisor funds are the organization inform all grantees, denors, and donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor of donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor or donor advisor, or any other purpose conferring impormassible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purposelg) of conservation easements held by the organization check all that apply). Preservation of a natural habitat Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on a conservation easements. 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on a certified historic structure included in (a) a 2c conservation easements. 5 Total acreage restricted by conservation easements. 6 Number of conservation easements included in (c) acquired after July 25,2008, and not on a historic structure listed in the National Register 7 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 8 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements and balance | | | (a) Donor advised funds | (b) Funds and other accounts |
| 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable purvate benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a nistorically important land area | 1 | Total number at end of year | | |
| 4 Aggregate value at end of year | 2 | Aggregate value of contributions to (during year) | | |
| 5 Did the organization informal idonors and donor advisors in writing that the assets held in donor advised funds are the organization is reportly, subject to the organizations requirely, subject to the organizations in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors or writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors or writing that grant funds can be used only for the purpose conferring. Part II Conservation Easements. Complete if the organization nawwerd "Yes" on Form 990, Part IV, line 7. Purpose(9) of conservation easements. Complete if the organization check all that apply). Preservation of land for public use (for example, recreation or education) preservation of a historically important land area preservation of open space. 2 Complete lines 2 attrough 2 df if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements. 2 D Total acreage restricted by conservation easements. 2 D Total acreage restricted by conservation easements. 2 D Total number of conservation easements in control or a historic structure listed in the National Register. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easements is located. 5 Dees the organization seasement modified, transferred, released, extinguished, or terminated by the organization during the | 3 | Aggregate value of grants from (during year) | | |
| are the organization's property, subject to the organization's exclusive legal control? | 4 | Aggregate value at end of year | | |
| 6 Did the organization inform all grantees, denors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring in permissible private benefit? Part III Conservation Easements held by the organization answered "Yes" on Form 990, Part IV, line 7. Perservation of land for public use (for example, recreation or education) Preservation of a historically important tand area Protection of natural habitat Preservation of the preservation of a the historically important tand area Preservation of a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements Preservation easements Preservation Preservation easements Preservation easements Preservation easements Preservation easements Preservation easements Preservation Preservation easements Preservation Preservation Preservation easements Preservation Preservation Preservation easements Preservation Preservation Preservation easements Preservation Pre | 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advise | ed funds |
| for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imporemisable private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Protection or natural habitat Protection or natural habitat Protection or natural habitat Protection or natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year A Total number of conservation easements 2a Held at the End of the Tax Year A Total acreage restricted by conservation easements 2a 2b Conservation easements 2a Description 2a Descripti | | are the organization's property, subject to the organization's | exclusive legal control? | Yes No |
| Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). | 6 | Did the organization inform all grantees, donors, and donor a | advisors in writing that grant funds can be ι | used only |
| Part II Conservation Easements Complete if the organization answered "vs" or Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an fistorically important land area Protection of natural habitat Protection of natural habitat Protection of open space Preservation of open space Preservation of open space Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year A Total number of conservation easements 2a Preservation of conservation easements 2b Preservation easements 2b Preservation easements Preservation Prese | | for charitable purposes and not for the benefit of the donor of | or donor advisor, or for any other purpose o | conferring |
| Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2 Total number of conservation easements 3 Total number of conservation easements 4 Total number of conservation easements 5 Total acreage restricted by conservation easements 5 Total acreage restricted by conservation easements 6 Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 7 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 8 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(6) 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization accounting for conservation easements in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these letms: 1 If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other simila | | | | |
| Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Protection of natural habitat Protection of natural habitat Protection of natural habitat Protection of on perspace 2 Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on certified historic structure included in (a) d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Dear XIII, describe how the organization answered 'Yes' on Form 990, Part IV, line 8. If If the organization elected, as permitted under FASB ASC 956, not to report in its revenue state | Par | rt II Conservation Easements. Complete if the or | ganization answered "Yes" on Form 990, F | Part IV, line 7. |
| Protection of natural habitat Preservation of a certified historic structure Preservation of open space Preservation | 1 | Purpose(s) of conservation easements held by the organization | ion (check all that apply). | |
| Preservation of open space | | Preservation of land for public use (for example, recrea | ation or education) Preservation of | a historically important land area |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement day of the tax year. 1 Total number of conservation easements 2 D 1 Total acreage restricted by conservation easements 2 D 2 D 2 D 2 D 2 D 2 D 2 D 2 | | Protection of natural habitat | Preservation of | a certified historic structure |
| a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (6) acquired after July 25,2006, and not on a historic structure instead in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year | | Preservation of open space | | |
| a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Valuable of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year No In Part XIII, describe how the organization reports conservation easements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Part III Organization accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets | 2 | Complete lines 2a through 2d if the organization held a quali | ified conservation contribution in the form o | |
| b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or r | | day of the tax year. | | Held at the End of the Tax Year |
| c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(li) and section 170(h)(4)(B)(lii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. b If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X \$ 1 If the organization received or held works of art, historical treasures, or other similar assets held for public exhibition, education, or research in | а | Total number of conservation easements | | 2a |
| d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located by the conservation easement of the conservation easement is located violations, and enforcement of the conservation easements thotolog? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements aduring the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Part III of part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following am | b | Total acreage restricted by conservation easements | | 2b |
| historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? The staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Poes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? Period In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibit | С | Number of conservation easements on a certified historic str | ructure included in (a) | 2c |
| Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year | d | | | |
| Vear | | | | |
| Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Monitor of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Monitor of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Monitor of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year No of the part XIII, describe how the organization reports conservation easements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide | 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or terminated by the | organization during the tax |
| Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes | | year | | |
| violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii) I Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X S If the organization received or held works of art, | 4 | Number of states where property subject to conservation ea | sement is located | |
| Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Ia If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X B Assets included in Form 990, Part X B Assets included in Form 990, Part X B Assets included in Form 990, Part X | 5 | Does the organization have a written policy regarding the pe | riodic monitoring, inspection, handling of | |
| Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Boes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: i) Revenue included on Form 990, Part XIII, line 1 (ii) Assets included in Form 990, Part XIII, line 1 \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part XIII, line 1 \$ b Assets included in Form 990, Part XIII, line 1 \$ B Assets included in Form 990, Part XIII, line 1 \$ B Assets included in Form 990, Part XIII, line 1 | | • | | |
| Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part XIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part XIII, line 1 \$ Assets included in Form 990, Part XIII, line 1 \$ Assets included in Form 990, Part XIIII line 1 \$ Assets included in Form 990, Part XIIII line 1 | 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing conse | ervation easements during the year |
| Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part XIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part XIII, line 1 \$ Assets included in Form 990, Part XIII, line 1 \$ Assets included in Form 990, Part XIIII line 1 \$ Assets included in Form 990, Part XIIII line 1 | | | | |
| and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part XIII, line 1 \$ Assets included in Form 990, Part XIII, line 1 \$ Assets included in Form 990, Part XIII, line 1 \$ Assets included in Form 990, Part XIII line 1 \$ Assets included in Form 990, Part XIII line 1 | 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conservat | ion easements during the year |
| and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part XIII, line 1 \$ Assets included in Form 990, Part XIII, line 1 \$ Assets included in Form 990, Part XIII, line 1 \$ Assets included in Form 990, Part XIII line 1 \$ Assets included in Form 990, Part XIII line 1 | | | | |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X \$ | 8 | | | |
| balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X | | | | |
| organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X \$ b Assets included in Form 990, Part X \$ | 9 | | · | |
| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X \$ Assets included in Form 990, Part X | | | note to the organization's financial stateme | ents that describes the |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X \$ b Assets included in Form 990, Part X \$ | Dai | | f Art Historical Treasures or Oth | har Similar Assats |
| If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X | ı aı | | | nei olillidi Assets. |
| of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ B Assets included in Form 990, Part X \$ S S | | | | ad balanca abaada wada |
| service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X | па | | • | |
| b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X | | | · · · · · · · · · · · · · · · · · · · | • |
| art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | | | |
| provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ | D | | • | |
| (i) Revenue included on Form 990, Part VIII, line 1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | • | c exhibition, education, or research in furth | erance of public service, |
| (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$ | | | | Φ. |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ | | and the second s | | |
| the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$ | ^ | | | |
| a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$ | 2 | - | | gain, provide |
| b Assets included in Form 990, Part X \$ | | | _ | Φ. |
| | | | | Φ. |
| | | | | |

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

Schedule D (Form 990) 2022

5,433

10.140

e Other

35,026.

78,485.

c Leasehold improvements

d Equipment

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

29,593.

68,345.

| Schedule D (Form 990) 2022 LUNGEVITY F | OUNDATION, IN | C. 36 | 5-4433410 Page |
|--|----------------------------|-------------------------------------|-------------------------|
| 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 or en | id-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or en | id-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11d. See Form 990, Part X, line 15. | |
| (a) | Description | | (b) Book value |
| (1) SECURITY DEPOSITS | | | 16,133. |
| (2) OPERATING LEASE RIGHT-OF- | USE ASSETS | | 538,185. |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |

| | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
|--|---------------------------------------|
| (1) SECURITY DEPOSITS | 16,133. |
| (2) OPERATING LEASE RIGHT-OF-USE ASSETS | 538,185. |
| (3) | |
| <u>(4)</u> | |
| <u>(5)</u> | |
| <u>(6)</u> | |
| | |
| | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 554,318. |

Part X | Other Liabilities.

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

| 1. | (a) Description of liability | (b) Book value |
|--------|---|----------------|
| (1) | Federal income taxes | |
| (2) | OPERATING LEASE LIABILITIES | 551,085. |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. | (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 551,085. |

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

Schedule D (Form 990) 2022

| or ledule D | (1 01111 330) 2022 | | 1 001101111011 | , | 9 |
|-------------|--------------------|-----------------|--------------------|----------------|----------------------|
| | | | | | |
| Dart VI | Daganailiation | of Dovonijo nor | Audited Einaneial | Statomonto Wit | h Revenue per Retu |
| raii Ai | neconcination | OI DEVELUE DEL | AUGILEG FILIALIGIA | olatements wit | II nevellue bei nelu |

| Pai | rt XI Reconciliation of Revenue per Audited Financial St | atements With I | • | | |
|-----------------------|---|---|------------------|------------|---|
| | Complete if the organization answered "Yes" on Form 990, Part IV, | line 12a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 14,672,387. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | 281,350. | | |
| С | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 281,350. |
| 3 | Subtract line 2e from line 1 | | | 3 | 14,391,037. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 452. | | |
| | Other (Describe in Part XIII.) | 4b | | | |
| b | / | | | | |
| - | Add lines 4a and 4b | | | 4c | 452. |
| с 5 | Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 . | 2.) | | 5 | 14,391,489. |
| с 5 | Add lines 4a and 4b | 2.) | | 5 | 14,391,489. |
| с 5 | Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 . | 2) tatements With | | 5 Retur | 14,391,489. n. |
| с 5 | Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S | 2.) tatements With line 12a. | Expenses per F | 5 | 14,391,489. |
| c 5 Pa | Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1. rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, | 2) tatements With line 12a. | Expenses per F | 5 Retur | 14,391,489. n. |
| c 5 Pa | Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1. IT XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | 2) tatements With line 12a. | Expenses per F | 5 Retur | 14,391,489. n. |
| 2 c 5 | Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1. IT XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | 2) tatements With line 12a. | Expenses per F | 5 Retur | 14,391,489. n. |
| 7 Pa 1 2 a | Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | tatements With | Expenses per F | 5 Retur | 14,391,489. n. |
| 7 Pa 1 2 a | Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses | 2.) tatements With line 12a. 2a 2b 2c | Expenses per F | 5 Retur | 14,391,489. n. 18,684,308. |
| 1 2 a b c d | Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses | 2) tatements With line 12a. 2a 2b 2c 2d | 281,350. | 5 Retur | 14,391,489. n. 18,684,308. 281,350. |
| 1 2 a b c d | Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2) tatements With line 12a. 2a 2b 2c 2d | 281,350. | 5 Retur | 14,391,489. n. 18,684,308. |
| Pa 1 2 a b c d e | Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1 IT XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2) tatements With line 12a. 2a 2b 2c 2d | Expenses per F | 5 Retur | 14,391,489. n. 18,684,308. 281,350. |
| 1 2 a b c d e 3 | Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 2) tatements With line 12a. 2a 2b 2c 2d | 281,350. | 5 Retur | 14,391,489. n. 18,684,308. 281,350. |
| Pa 1 2 a b c d e 3 4 | Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 2) tatements With line 12a. 2a 2b 2c 2d | Expenses per F | 5 Retur | 14,391,489. n. 18,684,308. 281,350. 18,402,958. |
| Pa 1 2 a b c d e 3 4 | Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2) tatements With line 12a. 2a 2b 2c 2d 4a 4b | 281,350. 452. | 5 Retur | 14,391,489. n. 18,684,308. 281,350. |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION IS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND IS EXEMPT FROM

FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE

CODE. IN ADDITION, THE INTERNAL REVENUE SERVICE (IRS) HAS DETERMINED THAT

THE FOUNDATION IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION

509(A) OF THE CODE. MANAGEMENT HAS DETERMINED THAT THE FOUNDATION WAS NOT

REQUIRED TO RECORD A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS AS OF

JUNE 30, 2023.

Schedule D (Form 990) 2022

| Schedule D | (Form 990) 2022 | LUNGEVITY | FOUNDATION, | INC. | 36-4433410 | Page 5 |
|------------|---------------------------------------|-------------------|-------------|------|------------|--------|
| Part XIII | (Form 990) 2022 Supplemental Infor | mation (continued |) | | | |
| | | (oonanaoa) | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| - | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| _ | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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

2022

Open to Public Inspection

| Name of the organization | | | | | | | ntification number |
|---|--|---|--|---|---------|---|---|
| | TY FOUNDATION, INC | | | | | 36-4433 | |
| Part I Fundraising Activities. required to complete this part | Complete if the organization answet. | ered "Y | es" on | Form 990, Part IV, I | ine 17 | 7. Form 990-EZ | filers are not |
| Indicate whether the organization rais | ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p | tion of tion of fundra (includ | non-governising of onal fu | overnment grants nment grants events ficers, directors, trus undraising services? | | Yes | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have cr or con contribu | Did aiser ustody trol of utions? | (iv) Gross receipts from activity | to (c | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | <u> </u> | | | | | | |
| Sample of the organization or licensing. | n is registered or licensed to solicit o | | utions | or has been notified | it is e | exempt from re | l gistration |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | · · | | | | | |
| | | | | | | | |

232081 10-27-22

Schedule G (Form 990) 2022

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

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

| | | of fundraising event contributions and gro | oss income on Form 990- | EZ, lines 1 and 6b. List e | vents with gross receipt | s greater than \$5,000. |
|-----------------|--------|--|------------------------------|--|--------------------------|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | CELEBRATION | BREATHE DEEP | | (add col. (a) through |
| | | | OF HOPE GALA | ANYWHERE | 20 | col. (c)) |
| | | | (event type) | (event type) | (total number) | coi. (c)) |
| Revenue | | | | | | |
| e e | 1 | Gross receipts | 375,466. | 707,507. | 1,108,130. | 2,191,103. |
| ď | | | · | | | |
| | 2 | Less: Contributions | 303,036. | 699,343. | 1,093,898. | 2,096,277. |
| | | | • | | | |
| | 3 | Gross income (line 1 minus line 2) | 72,430. | 8,164. | 14,232. | 94,826. |
| | | | | | | |
| | 4 | Cash prizes | | | | |
| | | | | | | |
| | 5 | Noncash prizes | | | | |
| ses | | | | | | |
| ens | 6 | Rent/facility costs | 61,015. | 64,142. | 6,806. | 131,963. |
| Direct Expenses | | | | | | |
| Sct | 7 | Food and beverages | 85,040. | 3,829. | 12,662. | 101,531. |
| Ë | | | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 36,885. | 7,904. | 88,749. | 133,538. |
| | 10 | Direct expense summary. Add lines 4 through | | | | 367,032. |
| <u> </u> | 11 | Net income summary. Subtract line 10 from li | | | | -272,206. |
| Pā | art I | | answered "Yes" on Form | 990, Part IV, line 19, or r | eported more than | |
| | _ | \$15,000 on Form 990-EZ, line 6a. | I | # > Doll to be Constant | | (n = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| ě | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Revenue | | | | billigo/progressive billigo | | coi. (a) through coi. (c) |
| Re | ١. | | | | | |
| | | Gross revenue | | | | |
| | , | Cash prizes | | | | |
| ses | - | Oasii piizes | | | | |
| Sens | ٦ | Noncash prizes | | | | |
| Direct Expenses | | 110/1045/1 ph/205 | | | | |
| ect | 4 | Rent/facility costs | | | | |
| ä | ١. | | | | | |
| | 5 | Other direct expenses | | | | |
| | | | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | No No | No | No | |
| | | | | | | |
| | 7 | Direct expense summary. Add lines 2 through | 5 in column (d) | | | |
| | | | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | |
| | | | | | | |
| | | ter the state(s) in which the organization condu | | | | |
| а | | the organization licensed to conduct gaming ac | ctivities in each of these s | states? | | Yes No |
| | ı Is t | | | | | |
| b | | No," explain: | | | | |
| b | | No," explain: | | | | |
| | If " | | | | | |
| 10a | If " | ere any of the organization's gaming licenses re | evoked, suspended, or te | rminated during the tax y | rear? | Yes No |
| 10a | If " | | evoked, suspended, or te | rminated during the tax y | ear? | Yes No |
| 10a | If " | ere any of the organization's gaming licenses re | evoked, suspended, or te | rminated during the tax y | rear? | Yes No |

Schedule G (Form 990) 2022

232082 10-27-22

| Sch | edule G (Form 990) 2022 LUNGEVITY FOUNDATION, INC. | <u>6-44</u> . | 334 | 410 | Page 3 |
|-----|--|---------------|------------|-------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | | , | Yes | ☐ No |
| | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | | | |
| | to administer charitable gaming? | Г | — , | Yes | No |
| 12 | Indicate the percentage of gaming activity conducted in: | ∟ | | | |
| | | ۔ ا | ا ۔ د | | 0/ |
| | The organization's facility | | 3a | | <u>%</u> |
| | An outside facility | 1 | 3b | | <u>%</u> |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | | |
| | Name | | | | |
| | Address | | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | C | , | Yes | ☐ No |
| b | If "Yes," enter the amount of gaming revenue received by the organization \$ and the amour | nt | | | |
| | of gaming revenue retained by the third party \$ | | | | |
| | If "Yes," enter name and address of the third party: | | | | |
| ٠ | The state thank and address of the tillid party. | | | | |
| | Name | | | | |
| | Address | | | | |
| | | | | | |
| 16 | Gaming manager information: | | | | |
| | Name | | | | |
| | Gaming manager compensation \$ | | | | |
| | | | | | |
| | Description of convices provided | | | | |
| | Description of services provided | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Director/officer Employee Independent contractor | | | | |
| | | | | | |
| 17 | Mandatory distributions: | | | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | | |
| | retain the state gaming license? | | — , | Yes | ☐ No |
| h | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | — | | | |
| | · · · · · · · · · · · · · · · · · · · | C | | | |
| Da | organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and | -I D III | P | 0 | 01- 40I- |
| ıa | | a Part III | , iine | es 9, | ob, Tub, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

2022Open to Public OMB No. 1545-0047

Inspection

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

| Conset the organization maintain records to substantine and the substantine of constant and the substantine of constant and the substantian records to substantian records the substantian records to substantian records the substantian records and the substantian records and records of control or records and records a | Name of the organization LUNGEVITY FOUNDATION | ION, INC. | | | | | Employer identification number $36-4433410$ |
|--|---|--|------------------------------------|----------------------------------|---|---------------------------------------|---|
| s to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection societaes or monitoring the use of grant funds in the United States. Do mestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 15, 5000. Part II can be duplicated if additional space is needed. (If applicable) (a) Amount of noncash assistance (a) Amount of noncash assistance (b) EMM (a) Applicable) (a) Amount of noncash assistance (b) EMM (a) Applicable) (b) Amount of noncash assistance (b) EMM (a) Applicable) (b) Amount of noncash assistance (b) EMM (a) Applicable) (c) Amount of noncash assistance (b) EMM (a) Applicable) (c) Amount of noncash assistance (c) Amount of noncash | General Information on Grants and Assistance | | | | | | |
| Procedures for monitoring the use of grant funds in the United States. Shows that I can be duplicated if additional space is needed. (if applicable) (if app | in records to substantiate the | | or assistance, the | grantees' eligibility | for the grants or assis | stance, and the selectic | × |
| o Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, III can be duplicated if additional space is needed. (if) Method of (if) Amount of (if) Method of (if) Amount of (if) Method of (if) Description of If (if) Method of (if) Amount of (if) Method of (if) Description of If (if) Method of | zation's procedures for mon | itoring the use of grant | funds in the United | States. | | | |
| (b) EIN (c) IRC section (d) Amount of noncash classistance (f) applicable) cash grant noncash grant assistance assistance (f) applicable) cash grant noncash grant assistance (f) applicable) cash grant noncash assistance assistance (f) applicable (f) (g) Description of noncash assistance assistance (f) (g) Description of noncash assistance (f) (g) Description of noncash assistance (g) Description of noncash assistance assistance (g) Description of noncash assistance (g) De | stance to Domestic Orgar nore than \$5,000. Part II ca | izations and Domestic n be duplicated if additii | : Governments. Conal space is need | complete if the orgaled. | anization answered "Y | 'es" on Form 990, Part | IV, line 21, for any |
| | (b) EIN or government | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, EMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | 501(c)(3) and government o | rganizations listed in the | e line 1 table | | | | |
| | ganizations listed in the line | 1 table | | | | | |

36-4433410

Schedule I (Form 990) 2022 LUNGEVITY FOUNDATION, INC.

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

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
| LUNG CANCER RESEARCH | 46 | 4,650,172. | .0 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | luired in Part I, line | e 2; Part III, column | (b); and any other ad | ditional information. | |
| PART I, LINE 2: | | | | | |
| FUNDS ARE DISTRIBUTED TO LUNGEVITY'S | | MEDICAL INVESTIGATORS | FOR | STUDIES THAT | |
| HAVE BEEN PRE-APPROVED BY THE ORGANIZAT | NIZATION. | ION. LUNGEVITY RECEIVES | | PROGRESS | |
| REPORTS FOR STUDIES AT THE MID-POINT OF | NT OF THE | | STUDY TERM (IF TERM IS MORE | IS MORE | |
| THAN ONE YEAR) AND AT THE COMPLETION OF | ON OF THE | STUDY. | FOR MULTI-YEAR STUDIES | AR STUDIES, | |
| LUNGEVITY DECIDES WHETHER TO FUND S | SUBSEQUEN | QUENT YEARS, B | BASED ON THE | [FT] | |
| PERFORMANCE OF MEDICAL INVESTIGATOR. | R. | | | | |
| | | | | | |

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number

LUNGEVITY FOUNDATION, INC.

36-4433410

| Pa | art I Questions Regarding Compensation | | | |
|----|--|-----------|-----|-----|
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | 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 | | Ĺ |
| 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 | | Ĺ |
| | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation committee Written employment contract | | | |
| | Independent compensation consultant X Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | | | | |
| 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 | | Х |
| С | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| | 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: | | | 177 |
| а | The organization? | <u>5a</u> | | X |
| b | Any related organization? | 5b | | X |
| | 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: | | | 37 |
| | 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 | | | 37 |
| | 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 | | | 37 |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | l | l |

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

Schedule J (Form 990) 2022

LUNGEVITY FOUNDATION, Schedule J (Form 990) 2022

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

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

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

| | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | -2 and/or 1099-MISC compensation | and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|--------------------------------------|----------|--|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------|---------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) ANDREA STERN FERRIS | (i) | 244,371. | 0 | 0 | 0 | 34,117. | 278,488. | 0 |
| PRESIDENT & CEO | (ii) | 0. | 0. | 0 | • 0 | | • 0 | 0 |
| (2) BARBARA NETTER | <u>:</u> | 206,688. | 0. | 0. | 13,097. | 23,675. | 243,460. | 0 |
| COO & CFO - TERM | (ii) | • 0 | • 0 | 0 | • 0 | 0. | •0 | 0 |
| (3) UPAL BASU ROY | <u>:</u> | 208,612. | 0. | 0. | 12,680. | 11,875. | 233,167. | 0 |
| EXECUTIVE DIRECTOR OF RESEARCH | (ii) | 0. | 0. | 0 | • 0 | 0 • | • 0 | 0 |
| (4) REBECCA BULL | <u>:</u> | 173,410. | 0. | 0. | 10,006. | 21,926. | 205,342. | 0 |
| CHIEF DEVELOPMENT OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | | 0. |
| (5) WENDY KLEIN | (i) | 179,039. | 0. | 0. | 10,767. | 11,234. | 201,040. | 0. |
| CHIEF STRATEGY OFFICER | (ii) | | • 0 | 0 | • 0 | 0. | •0 | 0 |
| (6) LINDA WENGER | <u>:</u> | 178,497. | 0. | 0. | 10,456. | 11,875. | 200,828. | 0 |
| CHIEF MARKETING OFFICER | (ii) | • 0 | • 0 | 0 | • 0 | 0. | •0 | 0 |
| (7) NICOLE MARTIN | Ξ | 162,565. | 0 | 0 | 9,001. | 23,675. | 195,241. | 0 |
| DIR OF PRECISION MEDICINE | (ii) | | 0. | 0. | 0. | 0. | | 0. |
| (8) AMY MOORE | Ξ | 179,039. | 0. | 0. | 0. | 0. | 179,039. | 0. |
| VP GLOBAL ENGAGEMENT & PATIENT PSHPS | _ | | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) MERIAM DRISS | (i) | 127,37 | 0. | 0. | 2,660. | 34,117. | 164,148. | 0. |
| VP OF STRATEGIC PSHPS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0 |
| (10) CAROL PERLINE | <u>:</u> | 117,345. | 0. | 0. | 6,019. | 34,117. | 157,481. | 0 |
| VP OF PHILANTHROPY | ⊞ | 0 | 0 | 0 | 0 | 0. | 0 | 0 |
| | Ξ | | | | | | | |
| | <u></u> | | | | | | | |
| | Ξ | | | | | | | |
| | Œ. | | | | | | | |
| | Ξ | | | | | | | |
| | ⊞ | | | | | | | |
| | Ξ | | | | | | | |
| | ⊞ | | | | | | | |
| | Ξ | | | | | | | |
| | Œ | | | | | | | |
| | Ξ | | | | | | | |
| | Œ | | | | | | | |

38

| <u>-</u> : |
|-----------------|
| 뎙 |
| ma |
| ģ |
| .⊑ |
| ons |
| ij |
| ag |
| ک |
| 교 |
| ē |
| part |
| is S |
| ŧ |
| ete |
| mpl |
| |
| 000 |
| Als |
| = |
| art |
| or P |
| d for |
| anc, |
| ώ |
| р |
| <u>,</u> |
| b, 7 |
| 9 |
| 6a |
| 5b, |
| ď |
| , , |
| 4 |
| 4 b, |
| ά, |
| 3,4 |
| b, |
| _ |
| <u>a</u> |
| Jes |
| , line |
| art |
| Ъа |
| ģ |
| 9 |
| Ę |
| <u>6</u> |
| US |
| ţ |
| ř |
| esc |
| or d |
| ō, |
| ţį |
| ınat |
| pla |
| ě |
| on, |
| 蓑 |
| ormi |
| info |
| hei |
| e |
| Νį |
| Pro |
| _ |

| PART I, LINE 3: |
|---|
| THE FINANCE AND GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS OF THE |
| LUNGEVITY FOUNDATION DETERMINED THE COMPENSATION OF THE PRESIDENT / CEO. AT |
| THE TIME, THE COMPENSATION WAS SET, THE MEMBERS OF THE COMMITTEES WERE FREE |
| OF CONFLICTS OF INTEREST AND THE MEMBERS CONSISTED OF ACCOMPLISHED BUSINESS |
| LEADERS WHO WERE CAPABLE OF DETERMINING COMPENSATION FOR A SENIOR |
| ORGANIZATION OFFICIAL. THEY USE A NUMBER OF FACTORS IN ORDER TO DETERMINE |
| COMPENSATION, INCLUDING (1)THEIR UNDERSTANDING OF RELEVANT COMPENSATION |
| PROGRAMS IN BOTH THE FOR-PROFIT AND NONPROFIT SECTORS, (2) COMPENSATION |
| SURVEYS FOR NONPROFIT EXECUTIVES MANAGING SIMILAR SIZED ORGANIZATION |
| PROVIDED BY INDUSTRY EMPLOYMENT AND BENEFITS CONSULTANTS AND (3) EVALUATION |
| AND PERFORMANCE METRICS TO JUDGE THE PERFORMANCE OF THE FOUNDATION. |
| |
| |
| |
| |
| |
| |

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection Employer identification number

| | LUNGEVITY FOUNDATION, INC. | | | | | 36-4433410 | | | |
|-----|--|-------------------------------|---|---|--------------------------------|------------|-----|----|--|
| Par | rt I Types of Property | | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Method of c noncash contrib | determin | • | s | |
| 1 | Art - Works of art | | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | | |
| 4 | Books and publications | | | | | | | | |
| 5 | Clothing and household goods | | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | | |
| 7 | Boats and planes | | | | | | | | |
| 8 | Intellectual property | | | | | | | | |
| 9 | Securities - Publicly traded | X | 4 | 112,994. | | | | | |
| 10 | Securities - Closely held stock | | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | | |
| | trust interests | | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | | |
| | Historic structures | | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | | |
| 15 | Real estate - Residential | | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | | |
| 17 | Real estate - Other | | | | | | | | |
| 18 | Collectibles | | | | | | | | |
| 19 | Food inventory | | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | | |
| 21 | Taxidermy | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | |
| 23 | Scientific specimens | | | | | | | | |
| 24 | Archeological artifacts | | | | | | | | |
| 25 | Other (FUNDRAISING EVE) | X | 3 | 17,099. | FMV | | | | |
| 26 | Other (SUPPLIES) | X | 1 | 150. | FMV | | | | |
| 27 | Other () | | | | | | | | |
| 28 | Other (| | | | | | | | |
| 29 | Number of Forms 8283 received by the organization during the tax year for contributions | | | | | | | | |
| | for which the organization completed Form 82 | 83, Part V, D | onee Acknowledg | ement 29 | | | | | |
| | | | | | | | Yes | No | |
| 30a | During the year, did the organization receive by | y contributio | n any property rep | orted in Part I, lines 1 throug | h 28, that it | | | | |
| | must hold for at least 3 years from the date of | the initial co | ntribution, and whi | ch isn't required to be used | for | | | | |
| | exempt purposes for the entire holding period? | ? | | | | 30a | | X | |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | | |
| 31 | Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | | | | | | | | |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash | | | | | | | | |
| | contributions? 32a X | | | | | | | | |
| b | If "Yes," describe in Part II. | | | | | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) fo | r a type of property | for which column (a) is chec | cked, | | | | |
| | describe in Part II. | | | | | | | | |
| LHA | For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022 | | | | | | | | |

232141 09-09-22

232142 09-09-22

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

LUNGEVITY FOUNDATION, INC.

Employer identification number 36-4433410

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

LUNGEVITY FOUNDATION IS FIRMLY COMMITTED TO MAKING AN IMMEDIATE IMPACT

ON INCREASING QUALITY-OF-LIFE AND SURVIVORSHIP OF PEOPLE WITH LUNG

CANCER BY ACCELERATING RESEARCH INTO EARLY DETECTION AND MORE EFFECTIVE

TREATMENTS, AS WELL AS PROVIDING COMMUNITY, SUPPORT AND EDUCATION FOR

ALL THOSE AFFECTED BY THE DISEASE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LUNGEVITY'S VISION IS A WORLD WHERE NO ONE DIES OF LUNG CANCER.

LUNGEVITY FOUNDATION IS FIRMLY COMMITTED TO MAKING AN IMMEDIATE IMPACT

ON INCREASING QUALITY-OF-LIFE AND SURVIVORSHIP OF PEOPLE WITH LUNG

CANCER BY ACCELERATING RESEARCH INTO EARLY DETECTION AND MORE EFFECTIVE

TREATMENTS, AS WELL AS PROVIDING COMMUNITY, SUPPORT AND EDUCATION FOR

ALL THOSE AFFECTED BY THE DISEASE. BY KEEPING PATIENTS AT THE CENTER

OF ALL WE DO, WE ARE TRANSFORMING LUNG CANCER AND MAKING PROGRESS EVERY

SINGLE DAY.

LUNGEVITY MOVES FORWARD FIRMLY RESOLVED TO PROVIDE THE ENERGY,

INSPIRATION, AND RESOURCES THAT ARE CRITICAL TO MAKING LUNG CANCER A

NATIONAL PRIORITY. LUNGEVITY IS A RESPONSIBLE STEWARD OF YOUR DONATION,

SPENDING IT TO ACHIEVE OUR GOAL TO STOP LUNG CANCER NOW.

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

SUPPORT SERVICES - OFFERS THE LARGEST ONLINE NETWORK OF SUPPORT AND

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

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

Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization LUNGEVITY FOUNDATION, INC.

Employer identification number 36-4433410

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

NATIONAL SURVIVOR SUMMITS.

EXPENSES \$ 1,374,830. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

ANDREA STERN FERRIS, ANDREW STERN, ALEXANDER STERN AND PAUL G. STERN -

FAMILY RELATIONSHIP

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

FORM 990 IS REVIEWED BY THE ORGANIZATION'S CEO AND THEN SHARED WITH THE

BOARD TREASURER FOR REVIEW AND ANY REVISIONS. AN APPPROVED COPY OF FORM

990 IS THEN CIRCULATED TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR THEIR

FILES.

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

THE CONFLICT OF INTEREST POLICY IS REGULARLY AND CONSISTENTLY MONITORED AND ENFORCED THROUGH PERIODIC REVIEW OF THE POLICY WITH BOARD AND STAFF, AS WELL AS VETTING OF ANY POTENTIAL NEW VENDORS AND CONTRACTORS.

FORM 990, PART VI, SECTION B, LINE 15:

THE FINANCE COMMITTEE AND GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS OF
THE LUNGEVITY FOUNDATION DETERMINED THE COMPENSATION OF THE CHAIRMAN / CEO
SEVERAL YEARS AGO AND THERE HAS BEEN NO CHANGE SINCE. ALL MEMBERS OF THESE
TWO COMMITTEES WERE FREE OF CONFLICTS OF INTEREST AND THE GROUP CONSISTED

232212 10-28-2

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** 36-4433410 LUNGEVITY FOUNDATION, INC. OF A NUMBER OF ACCOMPLISHED BUSINESS LEADERS WHO ARE QUITE CAPABLE TO INDEPENDENTLY DETERMINE COMPENSATION FOR A SENIOR ORGANIZATION OFFICIAL. THEY USED A NUMBER OF FACTORS IN ORDER TO DETERMINE COMPENSATION, INCLUDING (1) THEIR UNDERSTANDING OF RELEVANT COMPENSATION PROGRAMS IN BOTH THE FOR-PROFIT AND NONPROFIT SECTORS, (2) COMPENSATION SURVEYS FOR NONPROFIT EXECUTIVES MANAGING SIMILAR SIZED ORGANIZATION PROVIDED BY INDUSTRY EMPLOYMENT AND BENEFITS CONSULTANTS AND (3) EVALUATION AND PERFORMANCE METRICS TO JUDGE THE PERFORMANCE OF THE FOUNDATION. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: CA, CO, FL, ME, MD, IL, MA, MS, NH, NJ, NY, NC, ND, OH, OK, OR, RI, SC, UT, VA, WA, WI FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FINANCIAL STATEMENTS ARE AVAIALBLE ON THE ORGANIZATION'S WEBSITE OR UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: **EVENT MANAGEMENT:** PROGRAM SERVICE EXPENSES 63,425. MANAGEMENT AND GENERAL EXPENSES 5,568. FUNDRAISING EXPENSES 15,200. TOTAL EXPENSES 84,193. RECRUITING: 2,907. PROGRAM SERVICE EXPENSES 463. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 653.

<u>Schedule O (Form 990) 2022</u> Page **2**

| Schedule O (Form 990) 2022 | Page 2 |
|--|---|
| Name of the organization LUNGEVITY FOUNDATION, INC. | Employer identification number 36-4433410 |
| TOTAL EXPENSES | 4,023. |
| PROGRAM SERVICES: | _ |
| PROGRAM SERVICE EXPENSES | 1,808,852. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 1,808,852. |
| CONTENT DEVELOPMENT: | |
| PROGRAM SERVICE EXPENSES | 676,550. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 676,550. |
| PAYROLL SERVICES: | |
| PROGRAM SERVICE EXPENSES | 11,229. |
| MANAGEMENT AND GENERAL EXPENSES | 1,787. |
| FUNDRAISING EXPENSES | 2,521. |
| TOTAL EXPENSES | 15,537. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 2,589,155. |
| | |
| | |
| | |
| | |
| | |
| | |