, , , ,		Evampt Organ	nization Rus	sino	se Incomo T	av Bo	turo	OMB No 1545-00	247
Form 990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))								
•	For calendar year 2019 or other tax year beginning, and ending							2019	3
Department of the Treasury Internal Revenue Service		► Go to www.irs.gov/Form990T for instructions and the latest information. Open to Public Inspection for 501(c)(3). Open to Public Inspection for 501(c)(3) regarded to 101(c)(3).							ction for
A Check box if address changed		Name of organization (<u>_</u>
B Exempt under section	0-1-4								6
X 501(Q 3)	or	Print LUNG CANCER RESEARCH FOUNDATION 14 or Number, street, and room or suite no. If a P.O. box, see instructions.							
408(e) 220(e)	Туре	- 1 NUMBER, SHEEL, AND FORM OF SURE NO. 11 & F.O. DOX, SEE HISTOCHOUS.							
408A530(a)		City or town, state or province, country, and ZIP or foreign postal code							
529(a)		NEW YORK, NY 10022 900099							
C Book value of all assets at end of year		F Group exemption numb		<u> </u>			1 404	<u> </u>	1
3,971,9 H Enter the number of the							401(a) trust	Other	trust \
trade or business here	•	tion's unrelated trades or b	usiliesses.				first) unrelated arts I-V. If more		
-		ce at the end of the previou	is sentence, complete Pa	ets Land					
business, then complete		•	o outtones, complete i		s n, complets a sensual	W 101 022-11	additional tradi	,	
I Durling the tax year, was	the corp	oration a subsidiary in an a	iffillated group or a parei	it-subsi	diary controlled group?		▶ □ Y	es X Nu	
		ifying number of the paren							
J The books are in care of								588-1580	
		le or Business Inc	ome		(A) Income	(B) E	xpenses	(C) Net	
1 a Gross receipts or sale			c Balance	ا ا					
b Less returns and allow2 Cost of goods sold (S		Δ (ine 7)	c Darance	1c 2				 	
3 Gross profit. Subtract		•		3					
4a Capital gain net incom				4a					┐
· •	•	art II, line 17) (attach Form	4797)	4b			RECE	IVED	\mathbf{I}
c Capital loss deduction	for trus	ets		4c				7	
5 Income (loss) from a	partnors	thip or an S corporation (at	tach statoment)	5		12	JUL 0	6 2020	
6 Rent income (Schedu				6		8	JOL V	0 2020	
	lated debt-financed income (Schedule E)						000	N, UT	+
-		nd rents from a controlled o	•	8			ועוטט	14, 01	
9 Investment income of 10 Exploited exempt active		ın 501(c)(7), (9), or (17) oı me (Schedule I)	ganization (Schedule G)	10	1				
11 Advertising income (S	•	,		11			 ,		
• ,	Other income (See instructions; attach schedule)								
	3 Total. Combine lines 3 through 12								
		t Taken Elsewher e directly connected wi							
14 Compensation of off	icers, di	ectors, and trustees (Sche	dule K)			·	14		
15 Salaries and wages			-				15		
16 Repairs and mainten	ance						16		
17 Bad debts	ما داما دم						17	ļ	
18 Interest (attach sche19 Taxes and licenses	aule) (si	e instructions)				·	18		
20 Depreciation (attach	Form 4	i62)		•	_20 _		19		
•		Schedule A and elsewhere	e on return		21a		21b		
22 Depletion					(22		
23 Contributions to defe	erred co	mpensation plans					23		
24 Employee benefit pro	-						24		
25 Excess exempt exper	•						25		
26 Excess readership co		•					26		
27 Other deductions (at		•					27		0.
	and the same of						28 20		0.
		oss arising in tax years beg						 	
(see instructions)	· · · · · · · · · · · · · · · · · · ·		,g c.r o. a.tor barida	., .,	· -		30		0.
	axable ii	come Subtract line 30 fro	m line 29		<u> </u>		31		0.
								Farm 000mT	

	LUNG CANCER RESEARCH FOUNDATION	14-1935	5776 Page 2
Par	III Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unretated business taxable income before pre-2018 NOLs and specific deduction. Subtract kind 34 from the sum of kines 32 and 33	35	
38	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37, If line 38 is greater than line 37,	-	
	enter the smaller of zero or line 37	39	0.
Part	V Tax Computation	1. 33 1	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 39 from:	10	<u>_</u>
7.	Tax rate schedule or Schedule D (Form 1041)	1	
42		41	
	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
Pari	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies V Tax and Payments	45	0.
			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 48a	4	
_	Other credits (see instructions)	1 1	
C	General business credit. Attach Form 3800	}	
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)	1 1	
	Total credits. Add lines 46a through 46d	469	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax hability paid from Form 965-A or Form 965-B, Part II, column (k), bna 3	50	0.
51 a	Payments: A 2018 overpayment credited to 2019 51a		
b	2019 estimated tax payments 516 4, 600.		
c	Tax deposited with Form 8868 51c	i	
đ	Foreign organizations: Tax paid or withheld at source (see instructions) 51d		
•	Backup withholding (see instructions) 51e		
t	Credit for small employer health insurance premiums (attach Form 8941) 51f		
9	Other credits, adjustments, and payments: Form 2439		
•	Form 4136 Other Total > 51g		
52	Total payments. Add lines 51a through 51g	52	4,600.
58	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
54	Tax due. If line 52 is less than the total of knes 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	56	4,600.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax	58	4,600.
Part			-10001
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	•••••	Yes No
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to life		100
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts, If "Yes," enter the name of the foreign country		1 1
	here >		х
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		$\frac{1}{x}$
30	If Yes, see instructions for other forms the organization may have to file.		
59	Enter the amount of tax-exempt interest received or accrued during the tax year.		1
	Under penalties of payary I declare that I have examined this return, including accompanying schedulou and statements, and to the best of my knowled-	les and hobol also bus	
Sign	correct and complete Department of programs (other than taxpayor) is based on all information of which program has any knowledge	90 210 0000, 11 5 9 0	· · · · · · · · · · · · · · · · · · ·
Here	A COME E CANO A EXECUTIVE DIRECTOR	ly the IRS discuss the	
	LARGETON (No.	preparer shown bolo	
		iructions)? X Y	es No
	Print/Type preparer's name Preparer's signature Date Check if	Prin	
Paid	TOUTHER TO WE DESCRIPTION AND THE PROPERTY OF A SOCIAL AND INC.	1 200000	072
Prep		P00310	
Use	Only Firm's name ► CITRIN COOPERMAN & CO, LLP Firm's EIN ►	22-242	8965
	529 FIFTH AVENUE		
	Firm's address NEW YORK, NY 10017-4683 Phone no. (212) 697	-1000

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	raluation N/A					
1 Inventory at beginning of year 1			6	6 Inventory at end of year			6		
2 Purchases	2		_ 7	Cost of goods sold. St	ubtract l	ine 6			
3 Cost of labor	3		_	from line 5. Enter here	and in F	Part I,			
4 a Additional section 263A costs	1 1			line 2			7		γ
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to		Yes	No
b Other costs (attach schedule)	4b		_	property produced or a	cquired	for resale) apply to			- '
5 Total, Add lines 1 through 4b	5		<u> </u>	the organization?					L
Schedule C - Rent Income (see instructions)	(From Real	Property and	a Per 	sonal Property L	.ease	d With Real Prop	erty		
1. Description of property									
(1)	· · · · · · · · · · · · · · · · · · ·								
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued				0(-) 5			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	personal	conal property (if the percental property exceeds 50% or if led on profit or income)	ge	3(a) Deductions directly columns 2(a) a	y conne ind 2(b)	cted with the income in (attach schedule)	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total		<u> </u>	0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	., .,	iter . ▶			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Det	ot-Financed	Income (see	e instru	ictions)					
			2	2. Gross income from or allocable to debt-		3. Deductions directly cor to debt-finan	nected ced pro	perty	
Description of debt-financed property				financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	S
(1)			1				\top		
(2)									
(3)								·	
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) (attach schedule)		•	Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)			8. Allocable deducts (column 6 x total of col 3(a) and 3(b))	ons lumns	
(1)				%					
(2)				%%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (
Totals	_			•		0			0.
Total dividends-received deductions	ncluded in columi	n 8		- ,		<u> </u>	•		0.

Totals (carry to Part II, line (5))

0.

0.

0.

Form 990-T (2019)

Form 990-T (2019) LUNG CANCER RESEARCH FOUNDATION 14-19357

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	-					
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0.				0.

ochedule it - compensation of officers, birectors, and trustees (see instructions)								
1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business					
(1)		%						
(2)		%						
(3)		%						
(4)		%						
Total Enter here and on page 1 Part II line 14		•	0.					

Form 990-T (2019)