

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
LUNG CANCER RESEARCH FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
155 EAST 55TH STREET SUITE 6E

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10022

D Employer identification number
14-1935776

E Telephone number
(212) 588-1580

F Name and address of principal officer:
DENNIS CHILLEMI
155 EAST 55TH STREET SUITE 6E
NEW YORK, NY 10022

G Gross receipts \$ 5,501,752

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

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.LCRF.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2005 **M** State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE MISSION OF THE LUNG CANCER RESEARCH FOUNDATION IS TO IMPROVE LUNG CANCER OUTCOMES BY FUNDING RESEARCH FOR THE PREVENTION, DIAGNOSIS, TREATMENT AND CURE OF LUNG CANCER.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	26
6 Total number of volunteers (estimate if necessary)	6	10
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	5,916,763	5,465,693
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,178	1,357
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-582,235	-154,610
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,337,706	5,312,440
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,199,510	1,189,629
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,040,657	2,615,442
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	127,772
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 846,314		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,298,607	1,095,176
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,538,774	5,028,019
19 Revenue less expenses. Subtract line 18 from line 12	-201,068	284,421

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	3,971,966	4,581,958
21 Total liabilities (Part X, line 26)	1,562,153	1,887,724
22 Net assets or fund balances. Subtract line 21 from line 20	2,409,813	2,694,234

Part II Signature Block

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

Sign Here

Signature of officer
Date 2021-05-15

DENNIS CHILLEMI EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2021-05-15 Check if self-employed PTIN P00310073

Firm's name ▶ CITRIN COOPERMAN & CO LLP Firm's EIN ▶ 22-2428965

Firm's address ▶ 529 FIFTH AVENUE
NEW YORK, NY 100174683 Phone no. (212) 697-1000

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF THE LUNG CANCER RESEARCH FOUNDATION IS TO IMPROVE LUNG CANCER OUTCOMES BY FUNDING RESEARCH FOR THE PREVENTION, DIAGNOSIS, TREATMENT AND CURE OF LUNG CANCER.

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

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

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

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

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

4a (Code:) (Expenses \$ 1,636,812 including grants of \$ 1,189,629) (Revenue \$ 0)
See Additional Data

4b (Code:) (Expenses \$ 2,223,159 including grants of \$ 0) (Revenue \$ 0)
See Additional Data

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 3,859,971

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
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		No
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		No
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
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.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	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		No
11c	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		No
11d	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		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
11f	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
12b	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	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	Yes	
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	Yes	
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		No
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)	Yes	
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
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	Yes
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 Schedule K. If "No," go to line 25a	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	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	No
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 Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
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	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	12
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed NY, AL, AR, FL, GA, KS, KY, ME, MD, MA, MI, MN, HI, NH, NJ, NC, TN, UT, VA, SC, OR, ND, WA, WV, WI, MS, AK, CA, CO, CT, IL, NM, OH, OK, PA, RI 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website, Another's website, Upon request, Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: MICHAEL NIEKAMP 155 EAST 55TH ST SUITE 6E NEW YORK, NY 10022 (212) 588-1580

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRENDON M STILES MD CHAIRMAN	5.00	X		X			0	0	0	
(2) KIMBERLY KRAVIS VICE CHAIR	3.00	X		X			0	0	0	
(3) MARY ANN TIGHE VICE CHAIR	3.00	X		X			0	0	0	
(4) AARON M TIGHE TREASURER	3.00	X					0	0	0	
(5) JAMES B DAUGHERTY MD DIRECTOR	1.00	X					0	0	0	
(6) JOAN H SCHILLER MD DIRECTOR	1.00	X					0	0	0	
(7) RAY E CHALME DIRECTOR	1.00	X					0	0	0	
(8) PETER FRY DIRECTOR	1.00	X					0	0	0	
(9) JILL FURMAN DIRECTOR	1.00	X					0	0	0	
(10) REINA HONTS DIRECTOR	1.00	X					0	0	0	
(11) ALAN G MNUCHIN DIRECTOR	1.00	X					0	0	0	
(12) KATERINA POLITI PHD DIRECTOR	1.00	X					0	0	0	
(13) RONALD D SERNAU DIRECTOR	1.00	X					0	0	0	
(14) SCOTT L STACKMAN DIRECTOR	1.00	X					0	0	0	
(15) ROSE ANN WEINSTEIN DIRECTOR	1.00	X					0	0	0	
(16) DENNIS CHILLEMI EXECUTIVE DIRECTOR	40.00			X			255,385	0	8,507	
(17) DELIA NAUGHTON DIR, INDUSTRY PART (THRU 10/31/20)	40.00				X		176,078	0	18,456	

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	2,227,148				
	d Related organizations	1d					
	e Government grants (contributions)	1e	442,500				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,796,045				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f			5,465,693			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f.						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,357			1,357	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6b Less: rental expenses					
		6c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7b Less: cost or other basis and sales expenses					
		7c Gain or (loss)					
		d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 2,227,148 of contributions reported on line 1c). See Part IV, line 18	8a	0				
		b Less: direct expenses	8b	189,312			
		c Net income or (loss) from fundraising events			-189,312		-189,312
	9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses		9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a RETURNED GRANTS		900099	33,306	33,306			
b MISCELLANEOUS REVENUE		900099	1,396	1,396			
c							
d All other revenue							
e Total. Add lines 11a-11d			34,702				
12 Total revenue. See instructions			5,312,440	34,702	0	-187,955	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 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	750,000	750,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	439,629	439,629		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	255,385	191,538	51,077	12,770
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,842,919	1,280,798	151,123	410,998
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	75,398	52,905	7,266	15,227
9 Other employee benefits	284,100	199,348	27,377	57,375
10 Payroll taxes	157,640	106,061	16,661	34,918
11 Fees for services (non-employees):				
a Management				
b Legal	42,133	37,076	1,633	3,424
c Accounting	32,242	16,121	8,061	8,060
d Lobbying				
e Professional fundraising services. See Part IV, line 17	127,772			127,772
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	82,410	57,843	7,815	16,752
12 Advertising and promotion				
13 Office expenses	85,026	45,446	3,297	36,283
14 Information technology	209,050	147,000	17,926	44,124
15 Royalties				
16 Occupancy	216,751	152,415	18,587	45,749
17 Travel	10,492	9,981	511	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	61,434	43,199	5,268	12,967
23 Insurance	23,878	16,790	2,048	5,040
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM MATERIALS	299,793	299,793	0	0
b PUBLIC RELATIONS	14,028	14,028	0	0
c STATE FILING FEES	12,064	0	0	12,064
d BANK FEES	3,084	0	3,084	0
e All other expenses	2,791			2,791
25 Total functional expenses. Add lines 1 through 24e	5,028,019	3,859,971	321,734	846,314
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	46,822	18,729	0	28,093

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	436,994	1	132,232
	2 Savings and temporary cash investments	3,074,732	2	3,778,569
	3 Pledges and grants receivable, net	288,557	3	551,477
	4 Accounts receivable, net	243	4	0
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	21,730	9	28,801
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	340,522		
	b Less: accumulated depreciation	260,643		
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	11,196	15	11,000
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,971,966	16	4,581,958	
Liabilities	17 Accounts payable and accrued expenses	243,531	17	330,585
	18 Grants payable	874,447	18	1,164,139
	19 Deferred revenue	325,000	19	393,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	119,175	25	0
	26 Total liabilities. Add lines 17 through 25	1,562,153	26	1,887,724
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,334,813	27	2,607,323
	28 Net assets with donor restrictions	75,000	28	86,911
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	2,409,813	32	2,694,234	
33 Total liabilities and net assets/fund balances	3,971,966	33	4,581,958	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,312,440
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,028,019
3	Revenue less expenses. Subtract line 2 from line 1	3	284,421
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,409,813
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,694,234

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 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?
 If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?
- 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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Software ID:**Software Version:****EIN:** 14-1935776**Name:** LUNG CANCER RESEARCH FOUNDATION

Form 990 (2020)

Form 990, Part III, Line 4a:

RESEARCH: DESPITE BEING THE LEADING CAUSE OF CANCER MORTALITY, LUNG CANCER RECEIVES FAR LESS RESEARCH FUNDING PER DEATH. LUNG CANCER RECEIVES \$2,462 PER DEATH COMPARED TO BREAST CANCER AT \$16,405, PROSTATE CANCER AT \$7,469, AND PANCREATIC CANCER AT \$4,326. THAT IS WHY FUNDING FROM NON-GOVERNMENTAL ORGANIZATIONS IS SO CRITICAL. THE LUNG CANCER RESEARCH FOUNDATION (LCRF) PLAYS A PIVOTAL ROLE IN THIS FUNDING LANDSCAPE, SUPPORTING EARLY-CAREER INVESTIGATORS WHO, IF NOT FOR OUR FUNDING, MAY NOT RECEIVE FUNDING AT ALL. SINCE 2005, THE LUNG CANCER RESEARCH FOUNDATION, AND ITS PROGENITOR ORGANIZATIONS, HAS BEEN COMMITTED TO FUNDING CUTTING EDGE RESEARCH THAT TRANSFORMS THE LUNG CANCER TREATMENT LANDSCAPE. WHEN WE FIRST OPENED OUR DOORS, OUR MISSION WAS SIMPLE: PROVIDE HOPE BY FUNDING THE BEST RESEARCH AND HELP BRING IT TO PEOPLE. WE HAVE BEEN WILDLY SUCCESSFUL. IN 15 YEARS, WE HAVE BECOME ONE OF THE LARGEST PRIVATE FUNDERS OF LUNG CANCER RESEARCH ENABLING EARLIER DETECTION, DEEPER UNDERSTANDING OF THE MECHANISMS THAT ALLOW LUNG CANCER TO FORM, AND NEW AND EXPANDED TREATMENT OPTIONS THAT HAVE SAVED MANY LIVES. SIMULTANEOUSLY, OUR SCIENTIFIC ADVISORY BOARD HAS BECOME ONE OF THE PREEMINENT BODIES IN THE LUNG CANCER RESEARCH COMMUNITY. FURTHERMORE, OUR INVESTMENT IN EARLY CAREER INVESTIGATORS CONTINUES TO ALLOW NEW TALENT TO THRIVE AND GROW IN THE SPACE AS IS DEMONSTRATED THROUGH FOLLOW-ON FUNDING MANY HAVE RECEIVED SINCE RECEIVING THEIR LCRF GRANT. TO DATE, LCRF HAS PROVIDED 383 RESEARCH GRANTS TOTALING NEARLY \$36 MILLION, THE LARGEST AMOUNT PROVIDED BY A NON-GOVERNMENTAL ORGANIZATION DEDICATED TO FUNDING LUNG CANCER RESEARCH. THE SUPPORT WITHIN THE PATIENT COMMUNITY, RESEARCHERS, STRATEGIC PARTNERS, AND INDUSTRY PARTNERS IS KEY TO OUR PRESENT SUCCESSSES AS WELL AS ACHIEVING OUR FUTURE VISION TO FIND AN EVENTUAL CURE FOR LUNG CANCER. DURING 2020 WE FUNDED EIGHT (8) RESEARCH GRANTS FOR TWO YEARS AT \$150,000 EACH. FOUR (4) RESEARCH GRANTS WERE FUNDED THROUGH THE LCRF PILOT GRANT PROGRAM WHICH FUNDS INNOVATIVE PROJECTS ACROSS THE FULL SPECTRUM OF BASIC, TRANSLATIONAL, CLINICAL, EPIDEMIOLOGICAL, HEALTH SERVICES, AND RESEARCH FOCUSED ON A MYRIAD OF TOPICS. THE PROJECTS FUNDED SPAN THREE COUNTRIES AND TOPICS INCLUDING:-- IDENTIFYING RISK FACTORS FOR LUNG CANCER PREDISPOSITION THROUGH SYSTEMATIC EVALUATION OF ENVIRONMENTAL CARCINOGENS' ACTIVATION BY THE RESPIRATORY TRACT MICROBIOTA-- SNF2 HISTONE LINKER PHD RING HELICASE AS A NOVEL TUMOR SUPPRESSOR GENE AND RISK FACTOR IN LUNG ADENOCARCINOMA DEVELOPMENT-- TARGETING THE IL-1BETA PATHWAY FOR LUNG CANCER TREATMENT-- TARGETING APOBEC3A INDUCTION AS A NEW THERAPEUTIC STRATEGY TO PREVENT ACQUIRED DRUG RESISTANCE IN NON-SMALL CELL LUNG CANCER. AN ADDITIONAL FOUR (4) RESEARCH GRANTS WERE FUNDED THROUGH THE LCRF DISPARITIES IN LUNG CANCER PROGRAM WHICH FUNDS RESEARCH THAT ADDRESSES CERTAIN DISPARITIES THAT INCLUDE BUT ARE NOT LIMITED TO RACE AND GENDER-DEPENDENT DIFFERENCES; SOCIAL AND BIOLOGICAL RISK FACTORS; NEVER SMOKERS; EQUITY AND ACCESS TO HEALTH CARE; AND IMPACTS OF GEOGRAPHY, AGE, AND SOCIOECONOMIC STATUS ON OUTCOMES. THE PROJECTS FUNDED SPAN TWO COUNTRIES AND TOPICS INCLUDING:-- DEVELOPMENT OF RISK PREDICTION MODELS TO ENSURE EQUITABLE ELIGIBILITY FOR LUNG CANCER SCREENING IN MINORITY POPULATIONS-- UNDERSTANDING THE IMMUNE LANDSCAPE OF NON-SMALL CELL LUNG CANCER IN AFRICAN AMERICANS-- CONTRIBUTIONS OF TOBACCO EXPOSURE, NNK, AND STRESS TO LUNG CANCER RISK DISPARITIES BETWEEN AA AND CA MALE SMOKERS-- DETERMINING DIFFERENCES IN IMMUNOTHERAPY OUTCOMES AND IMMUNOBIOLOGY IN AFRICAN AMERICAN PATIENTS WITH NSCLC. IN ADDITION TO THE DIRECT RESEARCH FUNDING PROVIDED THROUGH THE LCRF PILOT AND LCRF DISPARITIES GRANT TRACKS, THE FOUNDATION IS CURRENTLY ADMINSTRATING RESEARCH PARTNERSHIPS WITH PFIZER GLOBAL MEDICAL GRANTS AND THE LUNG CANCER MUTATION CONSORTIUM. THE LCRF AND PFIZER GLOBAL MEDICAL COLLABORATION TO FUND OVER \$1 MILLION IN RESEARCH GRANTS THROUGH A COMPETITIVE RESEARCH GRANT PROGRAM WAS STARTED IN 2019 AND WILL CONTINUE THROUGH 2021. THE RESEARCH GRANT OPPORTUNITY FOCUSED ON UNDERSTANDING WAYS TO IMPROVE CLINICAL PRACTICES FOR SIDE EFFECT MANAGEMENT FOR NON-SMALL CELL LUNG CANCER (NSCLC) PATIENTS RECEIVING TARGETED THERAPIES. THIS IS THE FIRST COLLABORATION OF ITS KIND IN LUNG CANCER AND COULD HAVE AN IMPACT ON PATIENT CARE. THE COLLABORATION BETWEEN LCRF AND PFIZER FUNDED FOUR (4) RESEARCH GRANTS COVERING TOPICS SUCH AS: -- REAL-TIME MONITORING AND MODELING OF SYMPTOMS AND ADVERSE EVENTS IN LUNG CANCER PATIENTS RECEIVING ORAL TARGETED THERAPIES FOR TUMORS WITH ONCOGENIC DRIVER MUTATIONS-- DEVELOPMENT AND IMPLEMENTATION OF 4R CARE SEQUENCES IN PATIENTS WITH NSCLC RECEIVING TARGETED THERAPIES-- IMPLEMENTATION STRATEGIES FOR MONITORING ADHERENCE IN REAL-TIME (ISMART)-- PROACTIVE MONITORING OF TREATMENT-RELATED ADVERSE EVENTS THROUGH A MOBILE APPLICATION IN NSCLC PATIENTS TREATED WITH TYROSINE KINASE INHIBITORS: THE "EMPOWER ME" DIGITAL THERAPEUTIC STUDY. LCRF'S PARTNERSHIP WITH THE LUNG CANCER MUTATION CONSORTIUM (LCMC) DATES BACK TO 2011 COVERING THREE CLINICAL TRIALS. THE LCMC2 CLINICAL TRIAL ENROLLED 1,000 PATIENTS VIA A NETWORK OF FOURTEEN (14) NOTABLE DOMESTIC CLINICAL RESEARCH SITES. THE CLINICAL TRIAL STUDIED THE IMPACT OF SMOKING AND TP53 MUTATIONS IN LUNG ADENOCARCINOMA PATIENTS WITH TARGETABLE MUTATIONS. THE LCMC3 CLINICAL TRIAL BEGAN IN 2017 AND HAS ENROLLED 1,000 PATIENTS VIA A NETWORK OF FIVE (5) DOMESTIC CLINICAL RESEARCH SITES. LCMC3 IS DESIGNED AS A NEOADJUVANT AND ADJUVANT TRIAL OF IMMUNE CHECKPOINT BLOCKADE FOR STAGE IB-IIIa NON-SMALL CELL LUNG CANCER. FINAL REPORTING FROM THIS CLINICAL TRIAL SHOULD BE COMPLETED IN ALTER 2021 OR EARLY 2022. LAUNCHED IN LATE 2020, LCMC4 WILL BE A STUDY OF 1,000 PATIENTS VIA A NETWORK OF 25+ DOMESTIC CLINICAL RESEARCH SITES. THE GOAL OF THE CLINICAL TRIAL IS TO DETERMINE THE FEASIBILITY OF COMPREHENSIVE MOLECULAR PROFILING TO DETECT ACTIONABLE ONCOGENIC DRIVERS IN PATIENTS WITH SUSPECTED EARLY-STAGE LUNG CANCERS SCHEDULED TO UNDERGO BIOPSIES TO ESTABLISH THE DIAGNOSIS OF LUNG CANCER. IN 2020, OUR RESEARCH INVESTMENT WAS FUNDED WITHOUT THE NEED FOR DEFICIT SPENDING, AND WE ARE POISED TO GROW OUR RESEARCH INVESTMENT IN THE COMING YEARS.

Form 990, Part III, Line 4b:

PATIENT EDUCATION & OUTREACH: PATIENT EDUCATIONAL PORTFOLIO THE OVERALL GOAL OF THE LUNG CANCER RESEARCH FOUNDATION (LCRF)'S PATIENT EDUCATIONAL PORTFOLIO IS TO PROVIDE RELEVANT AND ACCURATE INFORMATION ON LUNG CANCER USING PATIENT-FRIENDLY LANGUAGE. PATIENTS AND CAREGIVERS NEED INFORMATION AT ALL STEPS IN THE CONTINUUM OF CARE, FROM DIAGNOSIS THROUGH TREATMENT AND BEYOND. THE LUNG CANCER RESEARCH FOUNDATION HAS A PORTFOLIO OF EDUCATIONAL RESOURCES TO HELP PATIENTS AND THEIR FAMILIES BETTER UNDERSTAND LUNG CANCER AND LEARN ABOUT THEIR TREATMENT OPTIONS. HELPING PATIENTS TO UNDERSTAND NEW TREATMENTS AND THE HOPE OFFERED BY THESE TREATMENT ADVANCES ARE KEY OBJECTIVES OF OUR EDUCATIONAL MATERIALS. WE ALSO HAVE MATERIALS DESIGNED TO EDUCATE THE PUBLIC ABOUT THE MAGNITUDE OF LUNG CANCER AS A HEALTH CARE PROBLEM AND WAYS TO IDENTIFY SYMPTOMS OF THE DISEASE. IN 2020, LCRF DISTRIBUTED OVER 70,000 EDUCATIONAL MATERIALS TO LUNG CANCER PATIENTS, CAREGIVERS, ADVOCATES AND HEALTHCARE PROFESSIONALS ACROSS THE NATION IN BOTH PRINT AND DIGITAL FORMAT. OUR WEBSITE ALSO CONTAINS LINKS TO INFORMATION AND RESOURCES, WHICH RECEIVES ON AVERAGE OVER 10,000 UNIQUE IMPRESSIONS ANNUALLY. OUR CONTINUED GOAL IS TO STEADILY INCREASE OUR MATERIALS DISTRIBUTED, PARTICULARLY WITH DIGITAL DOWNLOADS AS THERE HAS BEEN A SURGE IN DEMAND FOR READILY AVAILABLE INFORMATION. THE KEY OBJECTIVES OF THE PORTFOLIO ARE TO: -- INCREASE AWARENESS IN THE GENERAL PUBLIC ON THE RISKS OF LUNG CANCER AND LUNG CANCER SCREENING-- INCREASE PATIENT AND CAREGIVER EDUCATION ON LUNG CANCER TREATMENT OPTIONS FOR NSCLC AND SCLC-- ENGAGE PATIENTS AND CAREGIVERS IN DISCUSSION OF LUNG CANCER RESEARCH AND ITS INFLUENCE ON SCREENING, TREATMENT ADVANCES, AND HEALTH OUTCOMES THE PATIENT EDUCATIONAL PROGRAMS REVIEW COMMITTEE (PEPRC) ASSISTS IN THE EVALUATION OF MATERIALS USED FOR LCRF'S PATIENT SUPPORT AND EDUCATIONAL PROGRAMS, AWARENESS CAMPAIGNS, AND OTHER PATIENT-FACING INITIATIVES. THE PEPRC CONSISTS OF MULTIDISCIPLINARY EXPERTS SUCH AS ONCOLOGISTS, RESEARCHERS, NURSES, SOCIAL WORKERS, AND LUNG CANCER PATIENTS/SURVIVORS. PEPRC ALSO AIDS IN SHAPING THE OVERALL STRATEGY BY LENDING THEIR RESPECTIVE EXPERTISE IN THE FIELD. THE PATIENT EDUCATIONAL PORTFOLIO IS ALSO CRAFTED WITH ASSISTANCE FROM THE FEEDBACK WE RECEIVE FROM OUR COMMUNITY. OUR MATERIALS ARE RATED ON AVERAGE A 4.6/5 ACCORDING TO THE FEEDBACK COLLECTED FROM INDIVIDUALS WHO DOWNLOAD OR ORDER OUR PRINT MATERIALS ON OUR WEBSITE. SAMPLE FEEDBACK INCLUDES:-- THANK YOU FOR PROVIDING FREE EDUCATIONAL RESOURCES. I AM A THORACIC NURSE NAVIGATOR AND PROVIDE THESE TO ALL OF MY LUNG CANCER PATIENTS. MY PATIENTS LIKE AND APPRECIATE THEM VERY MUCH.-- THANK YOU SO MUCH FOR PROVIDING INFORMATION TO PEOPLE TRYING TO NAVIGATE A LUNG CANCER DIAGNOSIS AND ALL THE STRESS RELATED TO THE ENTIRE PROCESS.-- MY MOTHER WAS RECENTLY DIAGNOSED WITH LUNG CANCER. VERY HEARTBREAKING AND A SURPRISE TO US ALL. HEARD NOTHING BUT GOOD REVIEWS ABOUT LCRF SO I LOOK FORWARD TO LEARNING ABOUT EVERYTHING AND I APPRECIATE WHAT YOU ALL DO. LUNG CANCER SUPPORT LINE OUR LUNG CANCER SUPPORT LINE IS A TOLL-FREE NUMBER (844)-835-4325, IS AVAILABLE TO ANYONE AFFECTED BY LUNG CANCER, PRIMARILY LUNG CANCER PATIENTS AND CAREGIVERS. THE SUPPORT LINE OPERATES MONDAY-FRIDAY 9AM-5PM ET AND IS EQUIPPED WITH EXTENSIVE AND UP-TO-DATE RESOURCE GUIDES FOR COMMON NEEDS AND SERVICES FOR LUNG CANCER PATIENTS SUCH AS FINANCIAL ASSISTANCE, TRANSPORTATION OR LODGING TO/FROM MEDICAL APPOINTMENTS, SUPPORT GROUPS, AND MUCH MORE. LUNG CANCER PATIENTS AND THEIR CAREGIVERS MAY CALL OR EMAIL THE PROGRAM AS OFTEN AS THEY WISH, AND THE SERVICE IS OFFERED FREE OF CHARGE. THE LUNG CANCER SUPPORT LINE HELPS FILL AN UNMET NEED BY PROVIDING PERSONALIZED, ONE-ON-ONE SUPPORT TO CALLERS WHO ARE FACING THE CHALLENGES OF LUNG CANCER. IN 2020, WE ASSISTED OVER 400 LUNG CANCER PATIENTS AND CAREGIVERS THROUGH THE SUPPORT LINE. APPROXIMATELY HALF OF WHICH ARE NEWLY DIAGNOSED PATIENTS OR CAREGIVERS OF THOSE WHO ARE RECENTLY DIAGNOSED, PROVING THAT THE SUPPORT LINE PROVIDES A TIMELY SERVICE FOR THOSE SEEKING SUPPORT. THE REMAINDER OF SUPPORT LINE INQUIRIES COME IN FROM HEALTHCARE INSTITUTIONS OR COMMUNITY-BASED INSTITUTIONS LOOKING FOR RESOURCES FOR THEIR PATIENTS. OUR CONTINUED GOAL FOR THE SUPPORT LINE IS TO STRENGTHEN OUR COMMUNICATION WITH THOSE WHO ARE NEWLY DIAGNOSED AND ENGAGED IN OUR EDUCATIONAL PROGRAMS. WE ALSO HOPE TO INCREASE OUR SUPPORT LINE REACH BY 20% OVER THE NEXT YEAR VIA TARGETED OUTREACH AND PROMOTION OF OUR SERVICES. THROUGH THE SUPPORT LINE, WE PROVIDE:-- A CENTRAL HUB FOR ACCESSING EMOTIONAL SUPPORT, PATIENT-SPECIFIC LOCAL AND NATIONAL RESOURCES-- ACCURATE AND UP-TO-DATE EDUCATIONAL INFORMATION AND MATERIALS -- PATIENT/CAREGIVER OPPORTUNITIES TO CONNECT WITH OTHERS THROUGH A PEER MATCHING PROGRAM-- ENGAGEMENT OPPORTUNITIES WITHIN THE LCRF LUNG CANCER COMMUNITY #TOGETHERSEPARATELY SERIES LUNG CANCER AWARENESS, EDUCATION, AND ADVOCACY SUFFERS IN COMPARISON TO SOME OTHER DISEASES BECAUSE OF THE POOR PROGNOSIS AS WELL AS THE STIGMA PATIENTS MAY FACE GIVEN THE ASSOCIATION WITH SMOKING. ADVANCES IN TREATMENTS, HOWEVER, HAVE GIVEN PATIENTS AND CAREGIVERS NEW HOPE AND MANY ARE INTERESTED IN JOINING TOGETHER TO "MAKE A DIFFERENCE" IN THEIR OWN LUNG CANCER JOURNEY AS WELL AS IN THEIR BROADER COMMUNITY. AN IMPORTANT COMPONENT OF THE #TOGETHERSEPARATELY LIVE VIRTUAL SERIES IS THE ABILITY OF PATIENTS/SURVIVORS AND CAREGIVERS TO CONNECT AND RE-CONNECT WITH OTHERS WHO ARE LIVING WITH LUNG CANCER. WE WANT PATIENTS TO KNOW THAT THEY ARE NOT ALONE AND THAT WE ARE WORKING TO SUPPORT THE LUNG CANCER COMMUNITY. THIS LIVE MEETING FORMAT GIVES HOPE TO PARTICIPANTS THROUGH THE OPPORTUNITY TO MEET LUNG CANCER RESEARCHERS AND SPEAK TO RESEARCHERS ABOUT THEIR CONCERNS AND NEEDS. THESE NEEDS BECAME EVEN MORE EVIDENT WITH THE ONSET OF THE COVID-19 GLOBAL PANDEMIC IN MARCH 2020 THAT SHAPED THE WAY WE LIVE AND RECEIVE MEDICAL CARE. MANY LUNG CANCER PATIENTS EXPRESSED THEIR FEELINGS OF ISOLATION AND DESIRE FOR UPDATES ON CURRENT LUNG CANCER AND COVID-19 RELATED INFORMATION. THIS INSPIRED THE SERIES TO PROVIDE BOTH A CONNECT WITH THE BROADER LUNG CANCER COMMUNITY AS WELL AS TO LEARN MORE ABOUT LUNG CANCER RELATED TOPICS. BY THE END OF EACH EVENT IN THE SERIES, NEW FRIENDSHIPS HAVE FORMED, INFORMATION HAS BEEN EXCHANGED, AND EVERYONE INCLUDING US LEAVES ENERGIZED AND INSPIRED. THE LEARNING OBJECTIVES OF THE LIVE VIRTUAL SERIES ARE: -- LEARN THE FUNDAMENTALS OF LUNG CANCER AND TREATMENT OPTIONS -- UNDERSTAND WHY FUNDING RESEARCH IS CRUCIAL FOR THE DEVELOPMENT OF NEW THERAPIES FOR PATIENTS -- LEARN ABOUT PROGRAMS AND RESOURCES AVAILABLE TO THE LUNG CANCER COMMUNITY SINCE ITS INCEPTION IN MARCH 2020, WE HAD ALMOST 2,000 INDIVIDUALS REGISTER FOR AT LEAST ONE OF OUR #TOGETHERSEPARATELY EVENTS WITH AN AVERAGE ATTENDANCE RECORD OF 40-60 INDIVIDUALS PER WEBINAR. THE MAJORITY OF THE ATTENDEES IN THIS SERIES ARE LUNG CANCER PATIENTS, SURVIVORS, ADVOCATES, CAREGIVERS, AND COMMUNITY PROVIDERS. OUR GOAL IS TO CONTINUE THE SERIES AND PROVIDE 10-12 WEBINARS ANNUALLY ON A VARIETY OF TOPICS RELATED TO LIVING WITH LUNG CANCER. WE ALSO HAVE A COMPANION #TOGETHERSEPARATELY SUPPORT GROUP ON FACEBOOK WHERE CONSTITUENTS CAN DEEPEN THEIR CONNECTIONS WITH EACH OTHER AND HAVE REGULAR INFORMATIONAL POSTS AND RESOURCES SHARED WITH THEM. CURRENTLY, THE FACEBOOK GROUP HAS 376 MEMBERS AND CONTINUES TO GROW EVERY MONTH. THIS ACTIVE GROUP HAS A STEADY ENGAGEMENT RATE BETWEEN 60-65% AND WE HOPE TO GROW THIS GROUP TO UP TO 800 MEMBERS BY THE END OF 2021.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LUNG CANCER RESEARCH FOUNDATION

Employer identification number
14-1935776

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization'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						
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). . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. 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 ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,695,552	4,561,443	6,296,669	5,916,763	5,465,693	25,936,120
2 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		4,387	102,325	55,965	0	162,677
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	3,695,552	4,565,830	6,398,994	5,972,728	5,465,693	26,098,797
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	385,496	443,681	268,750	423,102	309,650	1,830,679
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.						0
c Add lines 7a and 7b.	385,496	443,681	268,750	423,102	309,650	1,830,679
8 Public support. (Subtract line 7c from line 6.)						24,268,118

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.	3,695,552	4,565,830	6,398,994	5,972,728	5,465,693	26,098,797
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,519	41,046	7,994	3,178	1,357	56,094
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	2,519	41,046	7,994	3,178	1,357	56,094
11 Net income from unrelated business activities not included in 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.)		26,619	25,949	9,182	34,702	96,452
13 Total support. (Add lines 9, 10c, 11, and 12.)	3,698,071	4,633,495	6,432,937	5,985,088	5,501,752	26,251,343

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f)).	15	92.450 %
16 Public support percentage from 2019 Schedule A, Part III, line 15.	16	89.930 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f)).	17	0.210 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17.	18	0.250 %

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section 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 trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section 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	
Section 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):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME:	RETURNED GRANTS - 2017 AMOUNT: \$ 26,619. 2018 AMOUNT: \$ 614. 2019 AMOUNT: \$ 7,125. 2020 AMOUNT: \$ 33,306. FEE FOR SERVICE - 2018 AMOUNT: \$ 25,335. 2019 AMOUNT: \$ 2,057. 2020 AMOUNT: \$ 1,396.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2020
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
LUNG CANCER RESEARCH FOUNDATION

Employer identification number
14-1935776

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did 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 impermissible private benefit? 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).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

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

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

- (i)** Unrelated organizations
- (ii)** Related organizations

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		76,063	72,897	3,166
d Equipment		264,459	187,746	76,713
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				79,879

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	5,205,848
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	54,486	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	54,486
3	Subtract line 2e from line 1		3	5,151,362
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	161,078	
c	Add lines 4a and 4b		4c	161,078
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	5,312,440

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

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

1	Total expenses and losses per audited financial statements		1	4,921,427
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	54,486	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	54,486
3	Subtract line 2e from line 1		3	4,866,941
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	161,078	
c	Add lines 4a and 4b		4c	161,078
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	5,028,019

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 14-1935776

Name: LUNG CANCER RESEARCH FOUNDATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE FOUNDATION IS ORGANIZED AS A NEW YORK STATE NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE ("IRS") AS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE ("IRC") SECTION 501(A) AS ORGANIZATIONS DESCRIBED IN IRC SECTION 501(C)(3). THE FOUNDATION IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990-T) WITH THE IRS. IN ADDITION, THE ENTITY IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSES. THE FOUNDATION HAS DETERMINED THAT IT IS SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS APPROPRIATELY FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS. THE FOUNDATION RECOGNIZES AND MEASURES ITS UNRECOGNIZED TAX BENEFITS IN ACCORDANCE WITH FASB ASC 740, INCOME TAXES. UNDER THAT GUIDANCE, THE FOUNDATION ASSESSES THE LIKELIHOOD, BASED ON THEIR TECHNICAL MERIT, THAT TAX POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE END OF EACH PERIOD. THE MEASUREMENT OF UNRECOGNIZED TAX BENEFITS IS ADJUSTED WHEN NEW INFORMATION IS AVAILABLE, OR WHEN AN EVENT OCCURS THAT REQUIRES A CHANGE. MANAGEMENT HAS EVALUATED THE FOUNDATION'S TAX POSITIONS AND BELIEVES THAT THE FOUNDATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE ADJUSTMENTS TO THE FINANCIAL STATEMENTS.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	RETURNED GRANTS INCLUDED WITH GRANTS EXPENSE 33,306. PROFESSIONAL FUNDRAISING FEES 127,772.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	GROSS UP OF GRANTS EXPENSE 33,306. PROFESSIONAL FUNDRAISING FEES 127,772.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
LUNG CANCER RESEARCH FOUNDATION

Employer identification number
14-1935776

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			439,629
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			439,629

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH GRANT	142,529				
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH GRANT	147,100				
		NORTH AMERICA	RESEARCH GRANT	150,000				

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 3

3 Enter total number of other organizations or entities ▶

Part IV Foreign Forms

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

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2:	APPLICATIONS TO LCRF'S SCIENTIFIC GRANT PROGRAM ARE REVIEWED VIA A THREE-PART PROCESS. THEY ARE FIRST SCREENED BY LCRF STAFF TO ENSURE COMPLETENESS AND COMPLIANCE WITH ELIGIBILITY CRITERIA, BUDGET, AND OTHER SUBMISSION REQUIREMENTS. THE APPLICATIONS ARE NEXT SCREENED FOR SCIENTIFIC RATIONALE, CREATIVITY, APPROPRIATENESS OF TIMELINES AND BUDGET, INSTITUTIONAL LETTERS OF SUPPORT AND IMPACT ON THE FIELD OF LUNG CANCER RESEARCH BY THE LCRF SCIENTIFIC ADVISORY BOARD (SAB).NEXT, A SET OF SEMI-FINALISTS ARE INDEPENDENTLY AND COMPREHENSIVELY REVIEWED BY SUBCOMMITTEES OF THREE EXPERTS FROM THE SAB AND SCORED BY STANDARD NIH/NCI CRITERIA. UPON COMPLETION OF THE REVIEW PROCESS, APPLICATIONS ARE RANKED IN ORDER FROM HIGHEST TO LOWEST-SCORING, AND PROPOSALS SELECTED TO BE CONSIDERED FOR FUNDING ARE CHOSEN BASED STRICTLY ON THE APPLICATION SCORES NO EXTERNAL REVIEW IS ALLOWED.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

EIN: 14-1935776

Name: LUNG CANCER RESEARCH FOUNDATION

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANTS TO RECIPIENTS		150,000
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS		289,629

SCHEDULE G
(Form 990 or 990-EZ)

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, lines 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

2020

Open to Public Inspection

Name of the organization
LUNG CANCER RESEARCH FOUNDATION

Employer identification number
14-1935776

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ON THE LOT EVENTS DBA OP3 1150 WEST 48TH STREET LOS ANGELES, CA 90037	FUNDRAISING & EVENT MANAGEMENT		No	1,549,702	127,772	1,421,930
Total				1,549,702	127,772	1,421,930

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

NY, AL, AR, FL, GA, KS, KY, ME, MD, MA, MI, MN, HI, NH, NJ, NC, TN, UT, VA, SC, OR, ND, WA, WV, WI, MS, AK, CA, CO, CT, IL, NM, OH, PA, RI

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.

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	AWARENESS LUNCHEON (event type)	ELLIOTS LEGACY (event type)	7 (total number)	(add col. (a) through col. (c))
1 Gross receipts	507,676	395,145	1,324,327	2,227,148
2 Less: Contributions	507,676	395,145	1,324,327	2,227,148
3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses	19,689	47,437	122,186
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				189,312
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-189,312

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

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	1 Gross revenue			
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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) ▶				

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

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

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization LUNG CANCER RESEARCH FOUNDATION

Employer identification number 14-1935776

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 5
3 Enter total number of other organizations listed in the line 1 table.

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	APPLICATIONS TO LCRF'S SCIENTIFIC GRANT PROGRAM ARE REVIEWED VIA A THREE-PART PROCESS. THEY ARE FIRST SCREENED BY LCRF STAFF TO ENSURE COMPLETENESS AND COMPLIANCE WITH ELIGIBILITY CRITERIA, BUDGET, AND OTHER SUBMISSION REQUIREMENTS. THE APPLICATIONS ARE NEXT SCREENED FOR SCIENTIFIC RATIONALE, CREATIVITY, APPROPRIATENESS OF TIMELINES AND BUDGET, INSTITUTIONAL LETTERS OF SUPPORT AND IMPACT ON THE FIELD OF LUNG CANCER RESEARCH BY THE LCRF SCIENTIFIC ADVISORY BOARD (SAB).NEXT, A SET OF SEMI-FINALISTS ARE INDEPENDENTLY AND COMPREHENSIVELY REVIEWED BY SUBCOMMITTEES OF THREE EXPERTS FROM THE SAB AND SCORED BY STANDARD NIH/NCI CRITERIA. UPON COMPLETION OF THE REVIEW PROCESS, APPLICATIONS ARE RANKED IN ORDER FROM HIGHEST TO LOWEST-SCORING, AND PROPOSALS SELECTED TO BE CONSIDERED FOR FUNDING ARE CHOSEN BASED STRICTLY ON THE APPLICATION SCORES NO EXTERNAL REVIEW IS ALLOWED.

Additional Data

Software ID:
Software Version:
EIN: 14-1935776
Name: LUNG CANCER RESEARCH FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA 104 AIRPORT DRIVE CAMPUS BOX 1220 CHAPEL HILL, NC 275991220	56-6001393	501(C)(3)	150,000				RESEARCH
UNIVERSITY OF FLORIDA 207 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	501(C)(3)	150,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2103547	501(C)(3)	150,000				RESEARCH
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET 5TH FLOOR PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	150,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS GENERAL HOSPITAL L55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	150,000				RESEARCH

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
LUNG CANCER RESEARCH FOUNDATION

Employer identification number
14-1935776

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing 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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
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<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III **Supplemental Information**

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public Inspection**

Department of the Treasury

Name of the organization

LUNG CANCER RESEARCH FOUNDATION

Employer identification number

14-1935776

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	MARY ANN TIGHE AND AARON M. TIGHE - FAMILY RELATIONSHIP MARY ANN TIGHE AND RAYMOND E. CHALME - BUSINESS RELATIONSHIP MARY ANN TIGHE AND RONALD D. SERNEAU - BUSINESS RELATIONSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE INITIAL DRAFT OF THE IRS FORM 990 IS REVIEWED BY MANAGEMENT FOR COMPLETENESS AND ACCURACY. ONCE MANAGERMENTS REVIEW IS COMPLETE, THE DRAFT IS SENT TO EACH MEMBER OF THE BOARD OF DIRECTORS FOR REVIEW, COMMENT, AND APPROVAL. IF ANY CHANGES ARE MADE, THE REVISED DRAFT IS RESENT TO THE BOARD FOR REVIEW AGAIN. UPON FINAL APPROVAL, THE RETURN IS FILED WITH THE INTERNAL REVENUE SERVICE ELECTRONICALLY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD REVIEWS THE CONFLICT OF INTEREST POLICY ANNUALLY, AND ASKS ALL BOARD MEMBERS AND EMPLOYEES TO DISCLOSE ANY CONFLICTS OR POTENTIAL CONFLICTS. IN ADDITION, ALL CONTRACTS ARE REVIEWED FOR KNOWN OR POTENTIAL CONFLICTS BY THE EXECUTIVE DIRECTOR, SR. DIRECTOR FINANCE & ADMINISTRATION AND THE EXECUTIVE COMMITTEE ON AN ON-GOING BASIS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE OF THE BOARD LOOKS AT COMPENSATION SURVEYS AND ALSO COMPARES SALARIES IN SIMILAR ORGANIZATIONS TO DETERMINE THE REASONABLENESS OF SALARIES FOR KEY EMPLOYEES . THE EXECUTIVE COMMITTEE ALSO CONSIDERS OTHER PERFORMANCE-BASED CRITERIA WHICH INCLUDES A WRITTEN PERFORMANCE APPRAISAL OF THE EXECUTIVE DIRECTOR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE IRS FORM 990 IS AVAILABLE ON THE ORGANIZATIONS WEBSITE. ALL OTHER DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON RECEIPT OF A WRITTEN REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND DONOR PRIVACY POLICY ARE AVAILABLE ON THE ORGANIZATIONS WEBSITE OR BY WRITTEN REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XIII, LINE 2C	THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.