

PUBLIC DISCLOSURE COPY

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. LUNG CANCER RESEARCH FOUNDATION	Taxpayer identification number (TIN) 14-1935776
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 501 7TH AVENUE, 230	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10018	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **KELLY BULLOCK**
501 7TH AVE, SUITE 230 - NEW YORK, NY 10018

Telephone No. **212-588-1580** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **23** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.

2023

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LUNG CANCER RESEARCH FOUNDATION		D Employer identification number 14-1935776
	Doing business as		E Telephone number 212-588-1580
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 6,773,322.
	501 7TH AVENUE	230	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: AUBREY RHODES SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.LCRF.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2005	M State of legal domicile: NY

Part I Summary

Activities & Governance	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		
	2 Check this box <input type="checkbox"/> 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	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	21
	6 Total number of volunteers (estimate if necessary)	6	97
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 7,013,446.	Current Year 6,148,851.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,829.	212,398.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-438,719.	25,923.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,603,556.	6,387,172.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,052,308.
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)		2,157,339.	2,473,909.
16a Professional fundraising fees (Part IX, column (A), line 11e)		127,467.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		759,132.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,219,816.	1,467,868.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,556,930.	6,423,446.
19 Revenue less expenses. Subtract line 18 from line 12	46,626.	-36,274.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 5,557,342.	End of Year 6,946,397.
	21 Total liabilities (Part X, line 26)	1,973,122.	3,310,501.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,584,220.	3,635,896.

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 AUBREY RHODES, EXECUTIVE DIRECTOR		Date	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name AMANDA ADAMS	Preparer's signature AMANDA ADAMS	Date 11/11/24	Check if self-employed <input type="checkbox"/> PTIN P00748038
	Firm's name CITRIN COOPERMAN ADVISORS LLC	Firm's EIN 87-2525370	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 [X]

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 3,429,071. including grants of \$ 2,481,669.) (Revenue \$) RESEARCH: EACH YEAR, LCRF AWARDS RESEARCH GRANTS TO RECIPIENTS AROUND THE WORLD THAT DEMONSTRATE PROMISE AND INGENUITY IN THEIR WORK. INVESTIGATORS ARE SELECTED FROM HUNDREDS OF APPLICANTS AND REPRESENT SOME OF THE BRIGHTEST MINDS COMMITTED TO IMPROVING OUTCOMES FOR LUNG CANCER PATIENTS. THEY COME FROM VARIOUS CAREER PATHS INCLUDING SCIENTISTS, PHYSICIANS, STUDENTS, AND FELLOWS, AND WORKING ON A VARIETY OF INNOVATIVE RESEARCH PROJECTS RELATED TO LUNG CANCER RESEARCH.

SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

4b (Code:) (Expenses \$ 1,911,609. including grants of \$) (Revenue \$) PATIENT EDUCATION & OUTREACH: WE PROVIDE UP-TO-DATE AND CREDIBLE SOURCES OF INFORMATION ON DIAGNOSIS, TREATMENT, AND WHAT TO EXPECT FROM TREATMENT THROUGH OUR FREE EDUCATIONAL MATERIALS. WE ALSO HAVE TOOLS TO HELP YOU FACILITATE DISCUSSIONS WITH YOUR HEALTHCARE TEAM SO YOU CAN PLAY AN ACTIVE ROLE IN TREATMENT DECISIONS. OUR MATERIALS ARE AVAILABLE IN BOTH DIGITAL DOWNLOAD AND PRINT FORMAT.

SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

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

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

4e Total program service expenses 5,340,680.

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

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 14		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 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
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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
KELLY BULLOCK - 212-588-1580
501 7TH AVE, SUITE 230, NEW YORK, NY 10018

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ANTOINETTE WOZNIAK CHIEF SCIENTIFIC OFFICER	40.00				X		194,635.	0.	28,354.	
(2) AUBREY RHODES SENIOR VP, STRATEGY	40.00					X	182,764.	0.	18,206.	
(3) STACEY BOWERS SR. DIRECTOR, COMMUNITY EN	40.00					X	130,973.	0.	40,836.	
(4) SHEILA SULLIVAN SR. DIRECTOR, MARKETING & COMMUNICAT	40.00					X	133,277.	0.	32,049.	
(5) DENNIS CHILLEMI EXECUTIVE DIRECTOR	40.00			X			145,246.	0.	5,570.	
(6) TONEL RODGERS DIRECTOR, FINANCE & ADMINISTRATION	40.00			X			127,063.	0.	17,462.	
(7) NATALIE REILLY-FINCH SR. DIRECTOR OF DONOR DEVELOPMENT	40.00					X	135,000.	0.	3,738.	
(8) REINA HONTS CHAIR/VICE CHAIR	5.00	X		X			0.	0.	0.	
(9) BRENDON M. STILES, MD VICE CHAIR	3.00	X		X			0.	0.	0.	
(10) MARY ANN TIGHE VICE CHAIR	3.00	X		X			0.	0.	0.	
(11) AARON M. TIGHE TREASURER	3.00	X		X			0.	0.	0.	
(12) KATERINA POLITI, PHD DIRECTOR	1.00	X					0.	0.	0.	
(13) JOAN H. SCHILLER, MD DIRECTOR	1.00	X					0.	0.	0.	
(14) RAY E. CHALME DIRECTOR	1.00	X					0.	0.	0.	
(15) BRUCE DUNBAR SECRETARY	1.00	X		X			0.	0.	0.	
(16) PETER FRY DIRECTOR	1.00	X					0.	0.	0.	
(17) JILL FURMAN DIRECTOR	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) SCOTT MORRIS DIRECTOR	1.00	X						0.	0.	0.
(19) MATTHEW CIPRIANI DIRECTOR	1.00	X						0.	0.	0.
(20) ROSE ANN WEINSTEIN DIRECTOR	1.00	X						0.	0.	0.
(21) COLEEN CONNOR-ZIEGLER CHAIR	1.00	X		X				0.	0.	0.
1b Subtotal								1,048,958.	0.	146,215.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,048,958.	0.	146,215.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 7

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CONRAD & ASSOCIATES, LLC 11105 TARA RD, POTOMAC, MD 20854	MARKETING	155,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	1,853,459.					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	4,295,392.					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			6,148,851.				
Program Service Revenue	2 a _____	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)		212,398.			212,398.		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real					
			(ii) Personal					
			b Less: rental expenses ...	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities					
			(ii) Other					
			b Less: cost or other basis and sales expenses	7b				
			c Gain or (loss)	7c				
	d Net gain or (loss)							
	8 a Gross income from fundraising events (not including \$ 1,853,459. of contributions reported on line 1c). See Part IV, line 18	8a		412,073.				
			b Less: direct expenses	8b	386,150.			
c Net income or (loss) from fundraising events			25,923.			25,923.		
9 a Gross income from gaming activities. See Part IV, line 19	9a							
		b Less: direct expenses	9b					
c Net income or (loss) from gaming activities								
10 a 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	11 a _____	Business Code						
	b _____							
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions			6,387,172.	0.	0.	238,321.		

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 ...	2,481,669.	2,481,669.		
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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	506,572.	402,484.	30,163.	73,925.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,460,768.	1,078,683.	163,722.	218,363.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,362.	10,057.	4,531.	5,774.
9 Other employee benefits	331,076.	247,857.	33,462.	49,757.
10 Payroll taxes	155,131.	116,348.	15,513.	23,270.
11 Fees for services (nonemployees):				
a Management				
b Legal	108,301.	100,947.	7,354.	
c Accounting	46,020.	17,501.	19,770.	8,749.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	214,167.	193,467.	8,280.	12,420.
12 Advertising and promotion	196,216.	196,216.		
13 Office expenses	179,553.	155,641.	1,430.	22,482.
14 Information technology	219,303.	164,477.	21,931.	32,895.
15 Royalties				
16 Occupancy	75,839.	56,880.	7,584.	11,375.
17 Travel	69,321.	65,854.	3,467.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	14,761.	14,023.	738.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	21,964.	16,473.	2,196.	3,295.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a BAD DEBTS	202,023.			202,023.
b BANK FEES	85,672.		3,493.	82,179.
c PROGRAM MATERIALS	22,103.	22,103.		
d STATE FILING FEES	12,625.			12,625.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,423,446.	5,340,680.	323,634.	759,132.
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 checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	33,893.	13,557.	0.	20,336.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	357,492.	1	669,589.
	2 Savings and temporary cash investments	3,426,938.	2	5,298,125.
	3 Pledges and grants receivable, net	1,506,082.	3	732,857.
	4 Accounts receivable, net		4	600.
	5 Loans and other receivables from 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	121,571.	9	140,415.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 55,000.		
	b Less: accumulated depreciation	10b 55,000.	10c 0.	0.
	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	145,259.	15	104,811.
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,557,342.	16	6,946,397.	
Liabilities	17 Accounts payable and accrued expenses	242,499.	17	419,291.
	18 Grants payable	1,567,602.	18	2,423,603.
	19 Deferred revenue	32,735.	19	401,269.
	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	130,286.	25	66,338.
	26 Total liabilities. Add lines 17 through 25	1,973,122.	26	3,310,501.
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	2,427,004.	27	1,662,625.
	28 Net assets with donor restrictions	1,157,216.	28	1,973,271.
	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	3,584,220.	32	3,635,896.
33 Total liabilities and net assets/fund balances	5,557,342.	33	6,946,397.	

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	6,387,172.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,423,446.
3	Revenue less expenses. Subtract line 2 from line 1	3	-36,274.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,584,220.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	87,950.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,635,896.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2023)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5916763.	5465693.	6344359.	7013446.	6148851.	30889112.
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	5916763.	5465693.	6344359.	7013446.	6148851.	30889112.
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)						5557884.
6 Public support. Subtract line 5 from line 4.						25331228.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	5916763.	5465693.	6344359.	7013446.	6148851.	30889112.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,178.	1,357.	1,402.	28,829.	212,398.	247,164.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					25,923.	25,923.
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						31162199.
12 Gross receipts from related activities, etc. (see instructions)					12	9,780.
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 2023 (line 6, column (f), divided by line 11, column (f))	14	81.29 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	84.95 %
16a 33 1/3% support test - 2023. 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 checked="" type="checkbox"/>
b 33 1/3% support test - 2022. 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 - 2023. 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 - 2022. 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the 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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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):		
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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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 (prior IRS approval required - <i>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 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

LUNG CANCER RESEARCH FOUNDATION

Employer identification number

14-1935776

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization LUNG CANCER RESEARCH FOUNDATION	Employer identification number 14-1935776
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>1,022,927.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>394,450.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>349,018.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>271,269.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>265,050.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>252,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LUNG CANCER RESEARCH FOUNDATION	Employer identification number 14-1935776
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LUNG CANCER RESEARCH FOUNDATION	Employer identification number 14-1935776
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization LUNG CANCER RESEARCH FOUNDATION	Employer identification number 14-1935776
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, table for lines 2a-2d (Total number, acreage, certified historic structures, and non-certified historic structures), and questions about monitoring, expenses, and reporting requirements.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and amounts for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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 make 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 program
 - 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:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 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				
d Equipment		55,000.	55,000.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				0.

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		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITIES	66,338.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	66,338.

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 FASB 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	6,400,790.
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	13,618.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		13,618.
3	Subtract line 2e from line 1	3		6,387,172.
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		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		6,387,172.

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	6,349,114.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	13,618.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		13,618.
3	Subtract line 2e from line 1	3		6,335,496.
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	87,950.	
c	Add lines 4a and 4b	4c		87,950.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		6,423,446.

Part XIII Supplemental Information

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

PART X, LINE 2:

THE FOUNDATION 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.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RETURNED GRANT FUNDS NETTED AGAINST EXPENSE 87,950.

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ELLIOT'S LEGACY (event type)	GALA (event type)	10 (total number)	(add col. (a) through col. (c))
Revenue	1	446,420.	565,338.	1,253,774.	2,265,532.
	2	446,420.	392,338.	1,014,701.	1,853,459.
	3		173,000.	239,073.	412,073.
Direct Expenses	4				
	5				
	6	2,880.	77,264.	1,268.	81,412.
	7				
	8				
	9	124,759.	46,528.	133,451.	304,738.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				25,923.

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1				
	2				
Direct Expenses	3				
	4				
	5				
6	<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: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	12,810.	0.			RESEARCH
DANA-FARBER CANCER INSTITUTE, INC. 450 BROOKLINE AVENUE, BP418 BOSTON, MA 02215	04-2263040	501(C)(3)	10,675.	0.			RESEARCH
DARTMOUTH-HITCHCOCK CLINICAL TRIALS - ONE MEDICAL CENTER DRIVE - LEBANON, NH 03756	22-2519596	501(C)(3)	10,675.	0.			RESEARCH
DUKE UNIVERSITY PO BOX 104132 DURHAM, NC 27708	56-0532129	501(C)(3)	149,923.	0.			RESEARCH
H. LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL, INC., - PO BOX 406249 - ATLANTA, GA 30384	59-3238634	501(C)(3)	10,675.	0.			RESEARCH
LOYOLA UNIVERSITY OF CHICAGO 820 N MICHIGAN AVE CHICAGO, IL 60611	36-1408475	501(C)(3)	268,973.	0.			RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 27.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2023

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	160,675.	0.			RESEARCH
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, ME 55905	41-6011702	501(C)(3)	150,000.	0.			RESEARCH
MD ANDERSON CANCER CENTER 1515 HOLCOMBE BOULEVARD HOUSTON, TX 77030	74-6001118	501(C)(3)	504,106.	0.			RESEARCH
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 1 SOUTH PARK CIRCLE, BUILDING #1 STE 402 CHARLESTON - CHARLESTON, SC 29407	57-6000722	501(C)(3)	10,675.	0.			RESEARCH
MEMORIAL SLOAN KETTERING CANCER CENTER. - 1275 YORK AVENUE - NEW YORK, NY 10065	13-1924236	501(C)(3)	176,000.	0.			RESEARCH
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	10,675.	0.			RESEARCH
REGENTS OF UNIVERSITY OF MICHIGAN 5082 WOLVERINE TOWER, 3003 SOUTH S ANN ARBOR, MI 48109	38-6006309	501(C)(3)	14,945.	0.			RESEARCH
THE BRIGHAM & WOMEN'S HOSPITAL, INC. - PO BOX 3149 - BOSTON, MA 02241	04-2312909	501(C)(3)	10,675.	0.			RESEARCH
THE CURATORS OF THE UNIVERSITY OF MISSOURI - 118 UNIVERSITY HALL - COLUMBIA, MT 65211	43-6003859	501(C)(3)	53,375.	0.			RESEARCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1855 FOLSOM STREET, SUITE 425 - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	150,000.	0.			RESEARCH
THE UNIVERSITY OF ALABAMA 801 5TH AVE SOUTH ROOM 251 BIRMINGHAM, AL 35233	63-6005396	501(C)(3)	269,222.	0.			RESEARCH
TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2103547	501(C)(3)	150,000.	0.			RESEARCH
UC DAVIS COMPREHENSIVE CANCER CENTER - 1 SHIELDS AVENUE - DAVIS, CA 95616	94-6036494	501(C)(3)	10,675.	0.			RESEARCH
UCLA 10889 WILSHIRE BLVD, SUITE 1100 LOS ANGELES, CA 90024	95-2250801	501(C)(3)	40,565.	0.			RESEARCH
VANDERBILT UNIVERSITY MEDICAL CENTER - DEPT 1236 PO BOX 121236 - DALLAS, TX 75312	35-2528741	501(C)(3)	135,000.	0.			RESEARCH
VIRGINIA CANCER SPECIALISTS, P.C. 3040 WILLIAMS DRIVE, SUITE 100 FAIRFAX, VA 22031	54-1795091	501(C)(3)	10,675.	0.			RESEARCH
WASHINGTON UNIVERSITY IN ST. LOUIS PO BOX 505505 ST. LOUIS, MT 63150	43-0653611	501(C)(3)	10,675.	0.			RESEARCH
YALE UNIVERSITY OFFICE OF SPONSORED PROJECTS PO BOX NEW HAVEN, CT 06508	06-0646973	501(C)(3)	150,000.	0.			RESEARCH

Schedule I (Form 990)

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

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

**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

2023

Open to Public
Inspection

Name of the organization

LUNG CANCER RESEARCH FOUNDATION

Employer identification number

14-1935776

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <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 indemnification 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 (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <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 checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANTOINETTE WOZNIAK CHIEF SCIENTIFIC OFFICER	(i)	194,635.	0.	0.	0.	28,354.	222,989.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AUBREY RHODES SENIOR VP, STRATEGY	(i)	182,764.	0.	0.	7,448.	10,758.	200,970.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) STACEY BOWERS SR. DIRECTOR, COMMUNITY EN	(i)	130,973.	0.	0.	5,400.	35,436.	171,809.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SHEILA SULLIVAN SR. DIRECTOR, MARKETING & COMMUNICAT	(i)	133,277.	0.	0.	5,427.	26,622.	165,326.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DENNIS CHILLEMI EXECUTIVE DIRECTOR	(i)	145,246.	0.	0.	5,570.	0.	150,816.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

LUNG CANCER RESEARCH FOUNDATION

Employer identification number

14-1935776

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

RESEARCH FOR THE PREVENTION, DIAGNOSIS, TREATMENT AND CURE OF LUNG
CANCER.

FORM 990, PART III LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

RESEARCH:

DESPITE BEING THE LEADING CAUSE OF CANCER MORTALITY, LUNG CANCER
RECEIVES FAR LESS RESEARCH FUNDING PER DEATH. LUNG CANCER RECEIVES
\$3,580 PER DEATH COMPARED TO BREAST CANCER AT \$19,050, PROSTATE CANCER
AT \$8,116, AND PANCREATIC CANCER AT \$4,796. 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.
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 18 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.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization LUNG CANCER RESEARCH FOUNDATION	Employer identification number 14-1935776
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TO DATE, LCRF HAS PROVIDED 419 RESEARCH GRANTS TOTALING NEARLY \$44 MILLION, THE LARGEST AMOUNT PROVIDED BY A NON-GOVERNMENTAL ORGANIZATION DEDICATED TO FUNDING LUNG CANCER RESEARCH. SUPPORT WITHIN THE PATIENT COMMUNITY, RESEARCHERS, STRATEGIC PARTNERS, AND INDUSTRY PARTNERS IS KEY TO OUR PRESENT SUCCESS AS WELL AS ACHIEVING OUR FUTURE VISION TO FIND A CURE FOR LUNG CANCER.

DURING 2023, WE FUNDED TEN (10) RESEARCH GRANTS ACROSS FIVE (5) RESEARCH GRANT TRACKS. TWO (2) RESEARCH GRANTS WERE FUNDED THROUGH THE LCRF LEADING EDGE RESEARCH 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 WILL EXPLORE THE FOLLOWING:

- INVESTIGATING NOVEL SYNTHETIC LETHAL VULNERABILITIES IN EGFR-DRIVEN LUNG CANCER

- DEEP WHOLE GENOME SEQUENCING OF CIRCULATING TUMOR DNA FOR STUDYING EVOLUTION AND THERAPY RESISTANCE IN SMALL CELL LUNG CANCER

TWO (2) RESEARCH GRANTS WERE FUNDED THROUGH THE LCRF RESEARCH GRANT ON UNDERSTANDING RESISTANCE IN LUNG CANCER. THESE PROJECTS WILL FOCUS ON UNDERSTANDING THE DEVELOPMENT, PREVENTION, AND THERAPY OF RESISTANCE BY SUPPORTING PROJECTS THAT ARE IDENTIFYING, CHARACTERIZING, TREATING OR PREVENTING RESISTANCE TO THERAPIES IN LUNG TUMOR CELLS, TISSUES, MOUSE MODELS, AND/OR PATIENTS. THESE STUDIES WILL ENHANCE THE MOMENTUM OF IMPROVING LUNG CANCER OUTCOMES AND HAVE THE POTENTIAL TO INCREASE SURVIVORSHIP. THESE PROJECTS WILL EXPLORE THE FOLLOWING:

- CHARACTERIZATION AND THERAPEUTIC TARGETING OF A TUMOR-TUMOR MICROENVIRONMENT NETWORK PROMOTING RESISTANCE TO TARGETED THERAPY IN LUNG CANCER

- UNCOVERING NOVEL VULNERABILITIES TO TREAT SCLC THERAPY RESISTANCE

Name of the organization LUNG CANCER RESEARCH FOUNDATION	Employer identification number 14-1935776
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TWO (2) RESEARCH GRANTS WERE FUNDED THROUGH THE LCRF MINORITY CAREER DEVELOPMENT AWARD (CDA). MINORITY APPLICANTS ARE LESS LIKELY TO RECEIVE GRANTS, TO HAVE THE R PHASES OF K01 OR K99 AWARDS ACTIVATED, NEED MORE SUBMISSIONS TO OBTAIN FUNDING, AND OFTEN WILL NOT RESUBMIT PROPOSALS. AS MINORITY APPLICANTS MUST OVERCOME SYSTEMIC AND STRUCTURAL BARRIERS DUE TO RACE, ETHNICITY, COUNTRY OF ORIGIN, SOCIOECONOMIC STATUS, AND/OR LANGUAGE, MANY LEAVE ACADEMIA WHICH FURTHER EXACERBATES THE LACK OF DIVERSITY IN SCIENCE, TECHNOLOGY, ENGINEERING AND MATHEMATICS (STEM) AND MEDICAL FIELDS. TO PROVIDE PROTECTED TIME AND MENTORING TO THESE TRAINEES, WE CONTINUE TO OFFER THE LCRF MINORITY CAREER DEVELOPMENT AWARD (CDA) FOR LUNG CANCER FOR MINORITY POSTDOCTORAL/CLINICAL FELLOWS AND ASSISTANT PROFESSORS WITHIN 10 YEARS OF COMPLETING THEIR MD AND/OR PHD DEGREES TO SUBMIT PROPOSALS. THE PROJECTS WILL EXPLORE THE FOLLOWING:

- HARNESSING B CELL SPECIFIC CHECKPOINT MOLECULES IN LUNG CANCER
- IMPACT OF SENESCENT CELLS ON LUNG TUMORIGENESIS

ONE (1) RESEARCH GRANT WAS FUNDED THROUGH THE LCRF RESEARCH GRANT ON EARLY DETECTION AND PRE-NEOPLASIA IN LUNG CANCER. GIVEN THE SIGNIFICANCE AND NEED FOR EARLY DETECTION OF LUNG CANCER AND ADVANCEMENTS IN MOLECULAR SCREENING, LCRF CONTINUES TO OFFER A FUNDING MECHANISM TO SUPPORT RESEARCH PROJECTS THAT FACILITATE OR ADVANCE THE UNDERSTANDING AND CHARACTERIZATION OF PRE-NEOPLASIA OR APPROACHES FOR EARLY DETECTION OF LUNG CANCER. WORK SUPPORTED THROUGH THIS MECHANISM ADDRESSES IMPORTANT QUESTIONS IN NON-SMALL CELL AND SMALL CELL LUNG CANCER. THE PROJECTS WILL EXPLORE THE FOLLOWING:

- THE SPATIAL B CELL LANDSCAPE IN LUNG SQUAMOUS PREMALIGNANT LESION

THREE (3) RESEARCH GRANTS WERE FUNDED THROUGH THE LCRF-DAIICHI SANKYO-ASTRAZENECA RESEARCH GRANT ON ANTIBODY DRUG CONJUGATES,

Name of the organization LUNG CANCER RESEARCH FOUNDATION	Employer identification number 14-1935776
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SUPPORTING RESEARCH TO STUDY HER2 DIRECTED AND TROP2 DIRECTED ADCS INCLUDING MECHANISM OF ACTION, BIOMARKERS, AND RESISTANCE MECHANISMS.

THE PROJECTS WILL EXPLORE THE FOLLOWING:

- DECIPHERING THE ADC CODE: A PROTEOGENOMIC QUEST IN LUNG CANCER
- PULMONARY HIGH-GRADE NEUROENDOCRINE CARCINOMAS AS INDICATIONS FOR ANTIBODY-DRUG CONJUGATES TARGETING TROP2 AND HER2
- LEVERAGING LIQUID BIOPSY TO IDENTIFY THE OPTIMAL CLINICAL NICHE FOR TROP2-TARGETING IN NSCLC

IN ADDITION, THE FOUNDATION IS CURRENTLY ADMINISTRATING RESEARCH PARTNERSHIPS WITH THE LUNG CANCER MUTATION CONSORTIUM. 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 LATE 2024. LAUNCHED IN LATE 2020, LCMC4 IS A STUDY WITH A GOAL OF ENLISTING 1,000 PATIENTS VIA A NETWORK OF 25+ DOMESTIC CLINICAL RESEARCH SITES. THE AIM 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. SEVEN (7) GRANTS IN SUPPORT OF THE LCMC4 - LEADER NEOADJUVANT SCREENING TRIAL HAVE BEEN MADE.

Name of the organization

LUNG CANCER RESEARCH FOUNDATION

Employer identification number

14-1935776

IN 2023, 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, PROGRAM SERVICE ACCOMPLISHMENTS:

PATIENT EDUCATION & OUTREACH:

THE PATIENT EDUCATION PORTFOLIO INCLUDES PRINT AND DIGITAL EDUCATIONAL RESOURCES (PDF DOWNLOADABLE FORMAT AS WELL AS EASILY ACCESSIBLE WEBSITE CONTENT) THAT ARE PROVIDED AT NO COST. THE OVERALL GOALS OF OUR PATIENT EDUCATION MATERIALS ARE TO HELP PATIENTS AND THEIR FAMILIES BETTER UNDERSTAND LUNG CANCER, LEARN ABOUT TREATMENT OPTIONS, PARTICIPATE IN SHARED DECISION MAKING WITH THEIR CARE TEAM, MAKE DECISIONS ABOUT CLINICAL TRIALS, AND UNDERSTAND THE IMPLICATIONS OF COMPREHENSIVE BIOMARKER TESTING. 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 2023, LCRF DISTRIBUTED OVER 184,000 EDUCATIONAL PIECES TO LUNG CANCER PATIENTS, CAREGIVERS, ADVOCATES AND HEALTHCARE PROFESSIONALS

Name of the organization LUNG CANCER RESEARCH FOUNDATION	Employer identification number 14-1935776
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ACROSS THE NATION IN BOTH PRINT AND DIGITAL FORMAT. OUR WEBSITE ALSO CONTAINS LINKS TO INFORMATION AND RESOURCES, WHICH RECEIVES ON AVERAGE OF MORE THAN 200,000 PAGEVIEWS 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:

- EMPOWER PATIENTS AND CAREGIVERS BY INCREASING THEIR KNOWLEDGE OF LUNG CANCER, BIOMARKER TESTING, CLINICAL TRIALS AND TREATMENT OPTIONS;
- PROVIDE AN UP-TO-DATE AND CREDIBLE SOURCE OF INFORMATION ON AVAILABLE TREATMENTS, EDUCATE PATIENTS ON WHAT TO EXPECT FROM TREATMENT AND WHAT IS CRITICAL FOR OPTIMAL OUTCOMES;
- PROVIDE TOOLS TO FACILITATE DISCUSSIONS BETWEEN PATIENTS AND HEALTHCARE PROVIDERS;
- EDUCATE THE PUBLIC ABOUT THE MAGNITUDE OF LUNG CANCER AS A HEALTH CARE ISSUE, WAYS TO IDENTIFY SYMPTOMS OF THE DISEASE, AND EXPLAIN THE IMPORTANCE OF EARLY DETECTION, TUMOR BIOMARKER TESTING AND CLINICAL TRIAL PARTICIPATION;
- SHARE PROGRESS AND IMPACT OF RESEARCH (INCLUDING THAT WHICH IS FUNDED BY LCRF), AND EXPLAIN WHY FUNDING RESEARCH IS CRUCIAL FOR THE DEVELOPMENT OF NEW TREATMENTS FOR LUNG CANCER; AND
- ENSURE THAT THE MATERIALS ARE CULTURALLY APPROPRIATE, AT APPROPRIATE LITERACY LEVELS, AND ACCESSIBLE THROUGH A VARIETY OF DELIVERY METHODS (ONLINE, THROUGH COMMUNITY GROUPS AND COMMUNITY HEALTHCARE PROVIDERS, PATIENT AND CAREGIVER FOCUSED EVENTS, ETC.).

THE PATIENT EDUCATION MATERIALS ARE EVIDENCE-BASED AND DEVELOPED IN

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CONJUNCTION WITH THE EDUCATION AND ENGAGEMENT COMMITTEE, COMPOSED OF ONCOLOGISTS, RESEARCHERS, ONCOLOGY NURSES, SOCIAL WORKERS, AND PATIENTS/CAREGIVERS. 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.

I LOVE THE UPDATED LIVING WITH LUNG CANCER BOOKLET. I READ IT FROM COVER TO COVER AND FEEL THAT IT WAS VERY NICELY DONE. IT IS DEFINITELY VERY COMPREHENSIVE IN THAT IT INCLUDES COPING WITH DIAGNOSIS/TREATMENT, INFORMATION ABOUT OUR NEWER TARGETED AND IMMUNOTHERAPIES, AND TREATMENT SIDE-EFFECT MANAGEMENT. GOOD JOB ON YOUR END!

LUNG CANCER SUPPORT LINE: OUR LUNG CANCER SUPPORT LINE IS A TOLL-FREE

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NUMBER (844)-835-4325, AND 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 2023, WE HAD OVER 1,000 INQUIRIES COME IN THROUGH THE SUPPORT LINE.
 OVER HALF OF CALLERS 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. MANY SUPPORT LINE
 INQUIRIES ALSO 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 10% OVER THE NEXT YEAR
 VIA TARGETED OUTREACH AND PROMOTION OF OUR SERVICES.

THROUGH THE SUPPORT LINE, WE:

PROVIDE A QUALITY SERVICE TO PATIENTS, CAREGIVERS AND HEALTHCARE
 PROFESSIONALS, BY OFFERING SUPPORT IN THEIR AREA OF NEED DURING
 ONE-ON-ONE INTERACTIONS;
 EMPOWER PATIENTS AND CAREGIVERS THROUGH CONNECTIONS TO RESOURCES
 (EDUCATION, ASSISTANCE, AND SUPPORT);

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ENHANCE PATIENTS' AND CAREGIVERS' UNDERSTANDING OF LUNG CANCER;
 INCREASE NUMBER OF SUPPORT INQUIRIES AND TOTAL NUMBER OF INTERACTIONS
 BETWEEN LCRF SUPPORT SERVICES STAFF AND PERSON SEEKING SUPPORT; AND
 INCREASE SUPPORT TO UNDERSERVED POPULATIONS BY DEVELOPING RELEVANT
 RESOURCE GUIDES THAT ADDRESS THE NEEDS OF SPECIFIC UNDERSERVED
 POPULATIONS (I.E.: PEOPLE OF COLOR, UNINSURED, LGBTQ+, NON-ENGLISH
 SPEAKING, CAREGIVERS, YOUNG ADULTS).

PATIENT EDUCATION PROGRAMMING (VIRTUAL AND IN-PERSON): BARRIERS TO
 ACCESSING UP-TO-DATE, EXPERT INFORMATION ON LUNG CANCER RESEARCH
 ADVANCEMENTS AND TREATMENTS ARE EVIDENT BASED ON STIGMA SURROUNDING
 LUNG CANCER. OUR PATIENT EDUCATION PROGRAMMING AIMS TO INCREASE THE
 ACCESSIBILITY OF DISEASE AWARENESS AND INFORMATION TO THE LUNG CANCER
 COMMUNITY BY CREATING EVENTS WHERE LUNG CANCER RESEARCHERS, CLINICIANS,
 AND OTHER EXPERTS DISCUSS SCIENTIFIC ADVANCEMENT, IMPORTANT UPDATES IN
 TREATMENTS, AS WELL AS INFORMATION FOR IMPROVING QUALITY OF LIFE WHILE
 RECEIVING TREATMENT. LCRF ALSO AIMS TO HOST TOPICS THAT WOULD
 SPECIFICALLY HELP SUPPORT UNDERSERVED POPULATIONS, SUCH AS PEOPLE OF
 COLOR, THOSE IN LOW SOCIOECONOMIC GROUPS, RURAL DEMOGRAPHICS, AND
 SPANISH-SPEAKING POPULATIONS, ALL OF WHICH EXPERIENCE A RANGE OF HEALTH
 DISPARITIES.

ATTENDEES, BOTH VIRTUAL AND IN-PERSON, HAVE THE OPPORTUNITY TO LEARN
 ABOUT LUNG CANCER, TREATMENT OPTIONS AND ADVANCES IN RESEARCH, CLINICAL
 TRIALS AND AVAILABLE RESOURCES. THEY CAN POSE QUESTIONS TO LUNG CANCER
 EXPERTS, SHARE THEIR OWN PERSONAL EXPERIENCE, AND ENGAGE WITH THEIR
 PEERS, FORGING CONNECTIONS AND SUPPORT. THIS PROGRAM ALLOWS PATIENTS
 AND THEIR FAMILIES TO BECOME MORE INFORMED ABOUT LUNG CANCER AND THEIR

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OPTIONS FOR NAVIGATING LIFE WITH THEIR DISEASE.

THE LEARNING OBJECTIVES OF OUR EDUCATIONAL PROGRAMS ARE:

1. PROVIDE UP-TO-DATE EDUCATION AND INFORMATION ABOUT LUNG CANCER DIAGNOSIS AND TREATMENT, SO OUR AUDIENCE HAS A RELIABLE SOURCE TO TURN TO FOR ACCURATE AND TIMELY INFORMATION;
2. INFORM ABOUT NEW ADVANCEMENTS IN THE FIELD OF LUNG CANCER RESEARCH AND THE TREATMENT LANDSCAPE;
3. PROVIDE OPPORTUNITY FOR DIALOGUE AND A SENSE OF CONNECTION AND COMMUNITY;
4. HIGHLIGHT RESEARCH ADVANCEMENTS, NEWLY DISCOVERED TREATMENT OPTIONS, BEST PRACTICES AND STANDARDS OF CARE FOR PATIENTS UNDERGOING TREATMENT, AND PSYCHOSOCIAL SUPPORT FOR PATIENTS AND THEIR CAREGIVERS;
5. ENSURE AWARENESS OF AND ACCESS TO IMPORTANT LUNG CANCER RESOURCES AND PROGRAMS OFFERED THROUGH LCRF AND ITS PARTNERS.

SINCE ITS INCEPTION IN MARCH 2020, WE'VE HAD OVER 7,500 REGISTRANTS FOR OUR #TOGETHERSEPARATELY VIRTUAL EVENTS WITH AN AVERAGE ATTENDANCE RECORD OF OVER 100 INDIVIDUALS PER WEBINAR. MOST OF THE ATTENDEES IN THIS SERIES ARE LUNG CANCER PATIENTS, SURVIVORS, ADVOCATES, CAREGIVERS, AND COMMUNITY PROVIDERS. OUR GOAL IS TO CONTINUE THE SERIES, WHILE FOCUSING ON THE BIGGEST AREAS OF UNMET NEEDS IN THE LUNG CANCER COMMUNITY. ADDITIONALLY, SINCE 2022, WE'VE REINTRODUCED OUR IN-PERSON PROGRAMMING WITH THE LAUNCH OF OUR LCRF TOGETHER IN-PERSON

FORM 990, PART III LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED:
ADDITIONALLY, SINCE 2022, WE'VE REINTRODUCED OUR IN-PERSON PROGRAMMING

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WITH THE LAUNCH OF OUR LCRF TOGETHER IN-PERSON EDUCATIONAL PROGRAM SERIES. WE HOSTED OUR FIRST LCRF TOGETHER PROGRAM IN CHICAGO, ILLINOIS ON JUNE 28, 2022. THIS EVENT HAD OVER 50 PEOPLE IN ATTENDANCE, INCLUDING PATIENTS AND CAREGIVERS, THOSE WHO HAVE LOST A LOVED ONE, AS WELL AS HEALTHCARE PROFESSIONALS AND INDUSTRY SPONSORS.

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

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

A DRAFT OF THE RETURN IS REVIEWED FIRST BY THE EXECUTIVE COMMITTEE AND THEN BY THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

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.

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.

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FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
 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

FORM 990, PART VI, SECTION C, LINE 19:
 FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. ALL OTHER
 DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON RECEIPT OF A WRITTEN
 REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
 RETURNED GRANT FUNDS 87,950.