

Form **990**

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</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	<b>C</b> Name of organization <b>AMERICAN LUNG ASSOCIATION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>55 W. WACKER DRIVE</b> City or town, state or province, country, and ZIP or foreign postal code <b>CHICAGO, IL 60601</b> <b>F</b> Name and address of principal officer: <b>HAROLD WIMMER</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>13-1632524</b> <b>E</b> Telephone number <b>217-787-5864</b> <b>G</b> Gross receipts \$ <b>131,298,528.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.LUNG.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1918</b> <b>M</b> State of legal domicile: <b>ME</b>		

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF THE ALA IS TO SAVE LIVES BY IMPROVING LUNG HEALTH AND PREVENTING LUNG DISEASE.</b>			
<b>Activities &amp; Governance</b>	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>	
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>817</b>	
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>102572</b>	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>	
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 89,851,926.	<b>Current Year</b> 83,540,236.	
	<b>9</b>	Program service revenue (Part VIII, line 2g)	7,350,477.	7,910,149.	
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,995,176.	6,732,235.	
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,245,806.	1,392,606.	
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	104,443,385.	99,575,226.	
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,549,914.	12,606,840.
		<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	44,746,915.	41,720,667.
		<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	586,728.	414,866.
		<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>9,721,697.</b>		
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	49,145,061.	43,990,188.	
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	106,028,618.	98,732,561.	
<b>Net Assets or Fund Balances</b>	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-1,585,233.	842,665.	
	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 196,583,744.	<b>End of Year</b> 232,813,823.	
	<b>21</b>	Total liabilities (Part X, line 26)	53,778,621.	64,375,082.	
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	142,805,123.	168,438,741.	

**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.

<b>Sign Here</b>	Signature of officer 	Date <b>3/21/22</b>
	Type or print name and title <b>LAURA SCOTT, CFO</b>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JILL M. BOYLE, CPA</b>	Preparer's signature <b>JILL M. BOYLE, CPA</b>	Date <b>03/21/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01246734</b>
	Firm's name ▶ <b>SIKICH LLP</b>	Firm's EIN ▶ <b>36-3168081</b>			
	Firm's address ▶ <b>3201 W. WHITE OAKS DR., STE. 102 SPRINGFIELD, IL 62704</b>			Phone no. <b>217-793-3363</b>	

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 AMERICAN LUNG ASSOCIATION'S MISSION IS TO SAVE LIVES BY IMPROVING LUNG HEALTH AND PREVENTING LUNG DISEASE. WE DO THIS THROUGH EDUCATION, ADVOCACY, AND RESEARCH.

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 \$ 50,176,193. including grants of \$ ) (Revenue \$ 5,002,722. ) LUNG CANCER, ASTHMA, LUNG DISEASE AND TOBACCO CONTROL:

LUNG DISEASE IS THE THIRD LEADING CAUSE OF DEATH IN AMERICA. COPD ALONE IS THE FOURTH LEADING DISEASE-RELATED CAUSE OF DEATH AND, LUNG CANCER KILLS MORE PEOPLE THAN ANY OTHER CANCER. THE CONTINUING COVID-19 PANDEMIC MADE THE MISSION OF THE AMERICAN LUNG ASSOCIATION MORE IMPORTANT THAN EVER. EVERY DAY, THE LUNG ASSOCIATION WORKS ACROSS THE COUNTRY TO RAISE AWARENESS OF THE NEED TO PRIORITIZE LUNG DISEASE PREVENTION AND TREATMENT, PROTECT OUR AIR, REDUCE TOBACCO USE, PROVIDE CAREGIVER SUPPORT, AND TO RAISE FUNDS FOR RESEARCH, TO BENEFIT EVERYONE WITH LUNGS.

4b (Code: ) (Expenses \$ 20,450,333. including grants of \$ 12,606,840. ) (Revenue \$ 2,038,961. ) RESEARCH:

FEW THINGS PROMISE TO IMPROVE PATIENTS' LIVES MORE THAN MEDICAL RESEARCH. FOR MORE THAN 115 YEARS, THE AMERICAN LUNG ASSOCIATION HAS FOCUSED ON DRIVING EXCELLENCE AND INNOVATION THROUGH RESEARCH. WHEN WE LAUNCHED OUR COVID-19 ACTION INITIATIVE IN 2019, WE MADE RESEARCH OF CORONAVIRUSES A KEY COMPONENT. THIS YEAR, AS PART OF THIS BOLD INITIATIVE COMMITTING \$25M TO END COVID-19 AND DEFEND AGAINST FUTURE RESPIRATORY VIRUSES, WE ANNOUNCED OUR SECOND ROUND OF COVID-19 RESEARCH GRANTS, INCLUDING THE COVID-19 AND RESPIRATORY VIRUS RESEARCH AWARD WHICH PROVIDES FUNDING OF \$100,000 A YEAR FOR TWO YEARS.

4c (Code: ) (Expenses \$ 15,295,174. including grants of \$ ) (Revenue \$ 1,524,976. ) ADVOCACY AND ENVIRONMENTAL:

EVERY YEAR, THE AMERICAN LUNG ASSOCIATION SUPPORTS POLICIES AND LEGISLATION THAT PROTECT OUR CHILDREN FROM DEADLY AIR POLLUTION AND TOBACCO PRODUCTS, SUPPORTS FUNDING FOR CRITICAL LUNG DISEASE RESEARCH AND HEALTH PROGRAMS AT THE FEDERAL LEVEL, AND MUCH MORE. IN FY 2021, WE SAW NOTABLE VICTORIES IN LEGISLATION PROTECTING HEALTHY LUNGS AND HEALTHY AIR. AS COVID-19 CONTINUED AS THE PARAMOUNT HEALTH ISSUE OF THE YEAR, AND WE WERE ABLE TO EFFECTIVELY HIGHLIGHT FOR THE PUBLIC AND THE MEDIA THE LINK BETWEEN AIR POLLUTION EXPOSURE AND MORE SEVERE COVID-19 OUTCOMES AND THE COMPLEX RACIAL AND ECONOMIC INEQUITIES THAT MAKE CERTAIN POPULATIONS AT EVEN HIGHER RISK OF SEVERE COVID-19 OUTCOMES.

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

4e Total program service expenses 85,921,700.

**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> ?	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 <b>Section 501(c)(3) organizations.</b> 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 Revenue Procedure 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>	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
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> 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
<b>27</b> 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
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> 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>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in 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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

<b>1a</b>	464
<b>1b</b>	0
<b>1c</b>	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		817
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		7d
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

**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
<b>1a</b>	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.		
	<b>1a</b> 18		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 18		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	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>b</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 **SEE SCHEDULE O**
- 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 **LAURA SCOTT, CFO - 217-787-5864**  
**3000 KELLY LANE, SPRINGFIELD, IL 62711**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HAROLD WIMMER PRESIDENT & CEO	40.00			X			515,372.	0.	64,009.	
(2) JULIA FITZGERALD CHIEF MARKETING OFFICER	40.00				X		261,900.	0.	36,472.	
(3) JEFF SEYLER CHIEF DIVISION OFFICER, EAST	40.00				X		246,891.	0.	40,597.	
(4) LEWIS BARTFIELD CHIEF DIVISION OFFICER, WEST	40.00				X		253,774.	0.	24,789.	
(5) WILLIAM PFEIFER EXE. VP, GOVERNANCE & STRATEGIC INIT	40.00				X		226,196.	0.	50,374.	
(6) LAURA SCOTT CHIEF FINANCIAL OFFICER	40.00			X			247,248.	0.	27,936.	
(7) SUE SWAN CHIEF DEVELOPMENT OFFICER	40.00				X		226,678.	0.	46,509.	
(8) DEBORAH BROWN CHIEF MISSION OFFICER	40.00				X		231,198.	0.	38,565.	
(9) SARAH KRIKORIAN CHIEF HUMAN RESOURCES OFFICER	40.00				X		215,372.	0.	32,700.	
(10) NEIL BALLENTINE NATIONAL VP, DIGITAL STRATEGY/IT	40.00				X		150,978.	0.	26,503.	
(11) STEPHEN R. O'KANE CHAIR	2.00	X		X			0.	0.	0.	
(12) PENNY J. SCHILZ PAST CHAIR	2.00	X		X			0.	0.	0.	
(13) MICHAEL V. CARSTENS SECRETARY / TREASURER	2.00	X		X			0.	0.	0.	
(14) RABIH BECHARA, MD, FCCP DIRECTOR	2.00	X					0.	0.	0.	
(15) LARRY BLUMENTHAL, MBA DIRECTOR	2.00	X					0.	0.	0.	
(16) CHERYL A. CALHOUN, BA, MBA DIRECTOR	2.00	X					0.	0.	0.	
(17) ANNE E. DIXON, MD DIRECTOR	2.00	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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID G. HILL, M.D. DIRECTOR	2.00	X						0.	0.	0.
(19) MARK C. JOHNSON, CFA, MBA DIRECTOR	2.00	X						0.	0.	0.
(20) SUMITA B. KHATRI, M.D., M.S DIRECTOR	2.00	X						0.	0.	0.
(21) COLLEEN MCINTOSH, JD DIRECTOR	2.00	X						0.	0.	0.
(22) SEAN R. MULDOON, MD DIRECTOR	2.00	X						0.	0.	0.
(23) JOE OCHIPINTI DIRECTOR	2.00	X						0.	0.	0.
(24) JONATHON K. ROSEN, BA DIRECTOR	2.00	X						0.	0.	0.
(25) KATHLEEN M. SKAMBIS, B.S., JD, DIRECTOR	2.00	X						0.	0.	0.
(26) JOHNNY A. SMITH, JR., MA DIRECTOR	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,575,607.	0.	388,454.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,575,607.	0.	388,454.

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 **61**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRODUCTION SOLUTIONS, 1953 GALLOWS RD, SUITE 500, VIENNA, VA 22182	MARKETING	4,156,234.
RR DONNELLEY 1333 SCHEURING RD., DE PERE, WI 54115	SUPPLY CHAIN MANAGEMENT	3,290,006.
INNOVAIRRE/BRICKMILL MARKETING SERVICES 528 ROUTE 12 SUITE 200, MILFORD, NH 03055	MARKETING	1,743,864.
AD COUNCIL, 815 SECOND AVENUE, 9TH FLOOR, NEW YORK, NY 10017	PUBLIC SERVICE ADVERTISING	1,253,368.
PHMC, 1500 MARKET ST., SUITE 1500, PHILADELPHIA, PA 19102	PUBLIC HEALTH CONSULTING	1,154,287.

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 **113**

SEE PART VII, SECTION A CONTINUATION SHEETS



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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), (F) Estimated amount of other compensation from the organization and related organizations. Rows include VICTOR WATERS, MD, JD, FCLM and STERLING QL YEE.

Total to Part VII, Section A, line 1c

**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	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	11,704,759.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	24,405,257.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	47,430,220.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 138,862.				
	<b>h Total.</b> Add lines 1a-1f			83,540,236.			
Program Service Revenue	<b>2 a</b> PROGRAM SERVICE CONTRACTS	Business Code					
		900099	6,873,268.	6,873,268.			
	<b>b</b> PROGRAM PARTICIPANT FEE	900099	964,803.	964,803.			
	<b>c</b> MEMBERSHIP DUES	900099	72,078.	72,078.			
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			7,910,149.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			3,617,451.		3,617,451.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties			870,492.		870,492.	
	<b>6 a</b> Gross rents	(i) Real	168,396.				
		(ii) Personal					
		<b>6b</b> Less: rental expenses	0.				
	<b>6c</b> Rental income or (loss)	168,396.					
	<b>d</b> Net rental income or (loss)			168,396.		168,396.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	33,128,972.				
		(ii) Other	242,844.				
		<b>7b</b> Less: cost or other basis and sales expenses	30,237,897.	19,135.			
	<b>7c</b> Gain or (loss)	2,891,075.	223,709.				
	<b>d</b> Net gain or (loss)			3,114,784.		3,114,784.	
<b>8 a</b> Gross income from fundraising events (not including \$ 11,704,759. of contributions reported on line 1c). See Part IV, line 18		851,801.					
	<b>8b</b> Less: direct expenses	1,466,270.					
<b>c</b> Net income or (loss) from fundraising events			-614,469.		-614,469.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19							
	<b>9b</b> Less: direct expenses						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances							
	<b>10b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b> RESEARCH GRANT SERVICE FEE	Business Code					
		900099	656,510.	656,510.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue	900099	311,677.			311,677.	
<b>e Total.</b> Add lines 11a-11d			968,187.				
<b>12 Total revenue.</b> See instructions			99,575,226.	8,566,659.	0.	7,468,331.	

**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  X

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,606,840.	12,606,840.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,966,114.	2,613,509.	73,962.	278,643.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	30,518,845.	26,869,266.	775,134.	2,874,445.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	5,917,543.	5,241,468.	129,614.	546,461.
<b>10</b> Payroll taxes	2,318,165.	2,053,317.	50,775.	214,073.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	414,866.			414,866.
<b>f</b> Investment management fees	93,466.		93,466.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	25,455,305.	24,145,211.	306,081.	1,004,013.
<b>12</b> Advertising and promotion	566,450.	473,675.	246.	92,529.
<b>13</b> Office expenses	1,638,179.	1,252,140.	139,581.	246,458.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	4,136,831.	2,972,763.	669,296.	494,772.
<b>17</b> Travel	83,934.	73,331.	1,481.	9,122.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	4,036.	3,029.	540.	467.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	378,287.	271,840.	61,203.	45,244.
<b>23</b> Insurance	398,698.	304,744.	33,971.	59,983.
<b>24</b> 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.)				
<b>a</b> <b>DIRECT MAIL</b>	10,476,721.	6,643,869.	544,579.	3,288,273.
<b>b</b> <b>MISCELLANEOUS</b>	539,790.	231,107.	202,725.	105,958.
<b>c</b> <b>POSTAGE &amp; SHIPPING</b>	132,315.	101,553.	4,834.	25,928.
<b>d</b> <b>PRINTING</b>	86,176.	64,038.	1,676.	20,462.
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	98,732,561.	85,921,700.	3,089,164.	9,721,697.
<b>26</b> 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"/> X if following SOP 98-2 (ASC 958-720)	10,891,587.	6,643,869.	544,579.	3,703,139.

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	130,268.	<b>1</b>	136,720.
	<b>2</b> Savings and temporary cash investments .....	26,535,976.	<b>2</b>	30,204,501.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	12,375,137.	<b>4</b>	10,646,065.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	930,884.	<b>7</b>	306,570.
	<b>8</b> Inventories for sale or use .....	82,091.	<b>8</b>	51,376.
	<b>9</b> Prepaid expenses and deferred charges .....	2,047,097.	<b>9</b>	1,767,757.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 20,081,524.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 10,261,459.	<b>10c</b>	9,820,065.
	<b>11</b> Investments - publicly traded securities .....	108,494,849.	<b>11</b>	136,781,279.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	35,805,921.	<b>15</b>	43,099,490.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	196,583,744.	<b>16</b>	232,813,823.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	11,419,216.	<b>17</b>	11,029,182.
	<b>18</b> Grants payable .....	10,525,000.	<b>18</b>	12,436,934.
	<b>19</b> Deferred revenue .....	15,795,829.	<b>19</b>	15,923,513.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	16,038,576.	<b>25</b>	24,985,453.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	53,778,621.	<b>26</b>	64,375,082.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	100,169,178.	<b>27</b>	118,316,552.
	<b>28</b> Net assets with donor restrictions .....	42,635,945.	<b>28</b>	50,122,189.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	142,805,123.	<b>32</b>	168,438,741.
	<b>33</b> Total liabilities and net assets/fund balances .....	196,583,744.	<b>33</b>	232,813,823.

**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	99,575,226.
2	Total expenses (must equal Part IX, column (A), line 25)	2	98,732,561.
3	Revenue less expenses. Subtract line 2 from line 1	3	842,665.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	142,805,123.
5	Net unrealized gains (losses) on investments	5	22,055,578.
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	2,735,375.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	168,438,741.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain 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 Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

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

Form 990 (2020)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

<b>Name of the organization</b> <b>AMERICAN LUNG ASSOCIATION</b>	<b>Employer identification number</b> <b>13-1632524</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	10298737.	90355569.	93429565.	89851926.	83540236.	367476033
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	10298737.	90355569.	93429565.	89851926.	83540236.	367476033
<b>5</b> 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) .....						17538369.
<b>6 Public support.</b> Subtract line 5 from line 4.						349937664

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	10298737.	90355569.	93429565.	89851926.	83540236.	367476033
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	942,085.	4736244.	4659481.	4822544.	4656339.	19816693.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	1041521.	6592177.	5053253.	452,244.	311,677.	13450872.
<b>11 Total support.</b> Add lines 7 through 10						400743598
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	60,323,652.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	87.32	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	85.25	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

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

**Section D. Computation of Investment Income Percentage**

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

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

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

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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)

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**MISCELLANEOUS INCOME**

2016 AMOUNT: \$ 4,386.  
2017 AMOUNT: \$ 547,995.  
2018 AMOUNT: \$ 808,279.  
2019 AMOUNT: \$ 452,244.  
2020 AMOUNT: \$ 311,677.

**RESEARCH GRANT SERVICE FEE**

2016 AMOUNT: \$ 728,827.  
2017 AMOUNT: \$ 1,378,900.  
2018 AMOUNT: \$ 408,500.

**TRUST INCOME**

2016 AMOUNT: \$ 66,748.  
2017 AMOUNT: \$ 2,353,015.  
2018 AMOUNT: \$ 1,706,953.

**PROGRAM PARTICIPANT FEES**

2016 AMOUNT: \$ 241,560.  
2017 AMOUNT: \$ 2,312,267.  
2018 AMOUNT: \$ 2,129,521.

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>AMERICAN LUNG ASSOCIATION</b>	Employer identification number <b>13-1632524</b>
--	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule C (Form 990 or 990-EZ) 2020**

LHA  
032041 12-02-20

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....	X		860.
<b>d</b> Mailings to members, legislators, or the public? .....	X		7,073.
<b>e</b> Publications, or published or broadcast statements? .....	X		929.
<b>f</b> Grants to other organizations for lobbying purposes? .....	X		10,399.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		453,726.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	X		70.
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			473,057.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures (See instructions) .....	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

THE AMERICAN LUNG ASSOCIATION VOLUNTEERS AND STAFF ENGAGE IN A WIDE RANGE OF ADVOCACY ACTIVITIES TO FURTHER OUR MISSION TO SAVE LIVES BY IMPROVING LUNG HEALTH AND PREVENTING LUNG DISEASE. OUR WORK INCLUDES EFFORTS TO EDUCATE MEMBERS OF CONGRESS, THEIR STAFF AND THE PUBLIC ON LUNG HEALTH ISSUES AND ACCESS TO HEALTHCARE. WE ADVOCATE FOR CLEAN,



**Part IV** Supplemental Information *(continued)*

HEALTHY AIR TO REDUCE THE HEALTH IMPACTS OF AIR POLLUTION. WE FOCUS ON  
 SUPPORTING THE IMPLEMENTATION AND STRENGTHENING OF THE NATION'S CLEAN  
 AIR LAWS. WE STRONGLY SUPPORT THE PUBLIC HEALTH INFRASTRUCTURE AND LUNG  
 HEALTH RESEARCH FUNDING INCLUDING FUNDING FOR LUNG CANCER, CHRONIC  
 OBSTRUCTIVE PULMONARY DESEASE (COPD), ASTHMA, TUBERCULOSIS AND OTHER  
 LUNG DISEASES. FURTHERMORE, THE AMERICAN LUNG ASSOCIATION VOLUNTEERS  
 AND STAFF ACTIVELY ADVOCATE IN WASHINGTON, D.C. AND IN THE STATES FOR  
 TOBACCO CONTROL LAWS, INCLUDING EFFORTS TO REGULATE TOBACCO PRODUCTS,  
 PROMOTE TOBACCO CESSATION AND ELIMINATE EXPOSURE TO SECOND HAND SMOKE.

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

2020

Open to Public Inspection

Name of the organization: AMERICAN LUNG ASSOCIATION; Employer identification number: 13-1632524

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 regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure); 2. Conservation contribution details (table with 2a-2d); 3-7. Monitoring and enforcement details; 8-9. Section requirements and reporting.

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.

Form with sections 1a-1b and 2. 1a: Reporting requirements for public service. 1b: Reporting requirements for public service with amounts. 2: Reporting requirements for financial gain with amounts.

**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 on 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	8,600,852.	8,779,996.	7,773,457.	1,207,060.	1,114,016.
b Contributions	5,000.	6,100.	1,003,500.	7,380,831.	
c Net investment earnings, gains, and losses	1,326,442.	-40,790.	256,966.	467,650.	206,965.
d Grants or scholarships	915,366.	144,454.	253,927.	1,261,111.	107,275.
e Other expenditures for facilities and programs					
f Administrative expenses				20,973.	6,646.
g End of year balance	9,016,928.	8,600,852.	8,779,996.	7,773,457.	1,207,060.

- 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  100 %
  - 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   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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		2,718,386.		2,718,386.
b Buildings		13,114,651.	6,287,294.	6,827,357.
c Leasehold improvements		448,114.	306,376.	141,738.
d Equipment		3,800,373.	3,667,789.	132,584.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  9,820,065.

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	41,595,392.
(2) AMOUNTS HELD ON BEHALF OF OTHERS	1,234,963.
(3) REFUNDABLE DEPOSITS	269,135.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	43,099,490.

**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) PENSION & LIFE INSURANCE BENEFITS	13,952,105.
(3) AMOUNTS HELD ON BEHALF OF OTHERS	1,234,963.
(4) ANNUITY FUND INVESTMENTS	994,974.
(5) PPP REFUNDABLE GRANT ADVANCE	8,028,215.
(6) OTHER LIABILITIES	775,196.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	24,985,453.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	159,341,878.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	22,055,578.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	35,069,165.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	2,735,375.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	59,860,118.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	99,481,760.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	93,466.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	93,466.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	99,575,226.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	133,708,260.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	35,069,165.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	35,069,165.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	98,639,095.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	93,466.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	93,466.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	98,732,561.

**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 V, LINE 4:**

PROCEEDS EARNED FROM THE CORPUS OF THESE NUMEROUS ENDOWMENT FUNDS MAY BE EXPENDED FOR RESEARCH, RESEARCH FELLOWSHIPS, LUNG-HEALTH EDUCATION, CONTINUING MEDICAL EDUCATION LECTURES, SCHOLARSHIPS, PATIENT ASSISTANCE, ADVOCACY, TOBACCO CESSATION ASSISTANCE, AND GENERAL OPERATIONS IN ACCORDANCE WITH DONOR STIPULATIONS.

**PART X, LINE 2:**

THE ASSOCIATION IS DESIGNATED AS A NON-PROFIT ORGANIZATION AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. THEREFORE, CHARITABLE CONTRIBUTIONS ARE TAX DEDUCTIBLE.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUSTS	7,220,083.
CHANGE IN VALUE OF SPLIT INTEREST TRUSTS	60,285.
PENSION AND POST RETIREMENT PLAN CHANGES	-4,384,192.
CHANGE IN VALUE OF EQUITY METHOD INVESTMENTS	-160,801.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	2,735,375.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**AMERICAN LUNG ASSOCIATION**

Employer identification number

**13-1632524**

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
NNE MARKETING - 1666 MASSACHUSETTS AVE. SUITE 14, INFOCISION MANAGEMENT CORP - 325 SPRINGSIDE DR., AKRON, OH	DIRECT MAIL  TELEMARKETING		X	18,222,181.	360,000.	17,862,181.
			X	58,702.	54,866.	3,836.
<b>Total</b>				18,280,883.	414,866.	17,866,017.

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, DC

**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
		FIGHT FOR AIR CLIMBS (event type)	LUNG FORCE WALKS (event type)	50 (total number)	(add col. (a) through col. (c))
Revenue	1	5,154,710.	2,078,095.	5,323,755.	12,556,560.
	2	5,154,710.	2,078,095.	4,471,954.	11,704,759.
	3			851,801.	851,801.
Direct Expenses	4				
	5	27,601.	4,660.	84,937.	117,198.
	6	272,397.	20,910.	37,369.	330,676.
	7	7,300.	2,812.	181,439.	191,551.
	8	2,464.	2,399.	17,969.	22,832.
	9	281,457.	82,957.	439,599.	804,013.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-614,469.

**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: \_\_\_\_\_



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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

**PART I, LINE 2B, COLUMN (V):**

**THE AMERICAN LUNG ASSOCIATION ACQUIRES CONTRIBUTIONS FROM DIRECT MAIL AND TELEMARKETING. IN ORDER TO MANAGE THESE ACTIVITIES, THE AMERICAN LUNG ASSOCIATION CONTRACTS WITH PROFESSIONAL FUNDRAISERS TO DEVELOP FUNDRAISING STRATEGIES ON THESE INITIATIVES.**



**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **AMERICAN LUNG ASSOCIATION** Employer identification number **13-1632524**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN THORACIC SOCIETY, INC. 25 BROADWAY, 4TH FL NEW YORK, NY 10004	06-1548706	501(C)(3)	66,668.	0.			RESEARCH
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO - 225 EAST CHICAGO AVENUE, BOX 271 - CHICAGO, IL 60611-2605	36-2170833	501(C)(3)	200,000.	0.			RESEARCH
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030-3411	74-1613878	501(C)(3)	166,220.	0.			RESEARCH
COLUMBIA UNIVERSITY 615 WEST 131ST STREET NEW YORK, NY 10027	13-5598093	501(C)(3)	398,150.	0.			RESEARCH
DUKE UNIVERSITY BOX 104132 DURHAM, NC 27708	56-0532129	501(C)(3)	405,200.	0.			RESEARCH
EMORY UNIVERSITY 1599 CLIFTON ROAD NE ATLANTA, GA 30322	58-0566256	501(C)(3)	150,000.	0.			RESEARCH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **55.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2020

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRED HUTCHINSON CANCER RESEARCH CENTER - 1100 FAIRVIEW AVE N - SEATTLE, WA 98109-1024	23-7156071	501(C)(3)	200,000.	0.			RESEARCH
H. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE, INC - 12902 MAGNOLIA DRIVE - TAMPA, FL 33612	59-2451713	501(C)(3)	150,000.	0.			RESEARCH
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE, BOX 3500 - NEW YORK, NY 10029-6574	13-6171197	501(C)(3)	200,000.	0.			RESEARCH
INSTITUTE FOR CANCER CENTER 333 COTTMAN AVE PHILADELPHIA, PA 19111	23-6296135	501(C)(3)	400,000.	0.			RESEARCH
JOHNS HOPKINS UNIVERSITY 3910 KESWICH RD, N4 327-B BALTIMORE, MD 21211	52-0595110	501(C)(3)	925,072.	0.			RESEARCH
KAISER FOUNDATION HEALTH PLAN OF COLORADO - 10350 E DAKOTA AVE - DENVER, CO 80247	84-0591617	501(C)(3)	200,000.	0.			RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-1564655	501(C)(3)	335,360.	0.			RESEARCH
MAYO CLINIC ARIZONA 13400 E SHEA BLVD SCOTTSDALE, AZ 85259	86-0800150	501(C)(3)	150,000.	0.			RESEARCH
NATIONAL JEWISH MEDICAL AND RESEARCH CENTER - 1400 JACKSON STREET - DENVER, CO 80206	74-2044647	501(C)(3)	208,850.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEMOURS CHILDREN CLINIC 10140 CENTURION PARKWAY NORTH JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	368,640.	0.			RESEARCH
NEW YORK MEDICAL COLLEGE 40 SUNSHINE COTTAGE RD VALHALLA, NY 10595	13-1099420	501(C)(3)	79,850.	0.			RESEARCH
NORTHWESTERN UNIVERSITY 619 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	343,070.	0.			RESEARCH
OKLAHOMA MEDICAL RESEARCH FOUNDATION - 825 N.E. 13TH STREET - OKLAHOMA CITY, OK 73104	73-0580274	501(C)(3)	100,000.	0.			RESEARCH
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD PORTLAND, OR 97239	93-1176109	501(C)(3)	678,600.	0.			RESEARCH
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - 1033 MASSACHUSETTS AVENUE, SUITE 406 - CAMBRIDGE, MA 02138-3846	04-2103580	501(C)(3)	200,000.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM STREET - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	193,170.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF COLORADO - MS F428, BLDG 500 #W1124, 13001E 17 PL - AURORA, CO 80045	84-6000555	501(C)(3)	150,000.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF MINNESOTA - C/O UNIV TAX MGMT OFC, 2221 UNIV AVE SE, STE 100 - MINNEAPOLIS, MN 55414	41-6007513	501(C)(3)	150,000.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEATTLE BIOMEDICAL RESEARCH INSTITUTE - 307 WESTLAKE AVENUE - SEATTLE, WA 98109	91-1452438	501(C)(3)	156,770.	0.			RESEARCH
ST. VINCENT OF INDIANA 1 HOSPITAL DRIVE INDIANAPOLIS, IN 46260	35-0869066	501(C)(3)	156,770.	0.			RESEARCH
STATE UNIVERSITY OF IOWA 201 S CLINTON ST, 2410 UCC IOWA CITY, IA 52242-1320	42-6004813	501(C)(3)	200,000.	0.			RESEARCH
TEMPLE UNIVERSITY 1852 N. 10TH STREET PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	215,340.	0.			RESEARCH
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS - 506 S. WRIGHT ST, 209 HAB, MC 339 - URBANA, IL 61801	37-6000511	501(C)(3)	450,000.	0.			RESEARCH
THE BRIGHAM AND WOMEN'S HOSPITAL, INC. - 75 FRANCIS ST - BOSTON, MA 02115	04-2312909	501(C)(3)	100,000.	0.			RESEARCH
THE OHIO STATE UNIVERSITY 901 WOODY HAYES DR, 2020 BLANKENSHIP HALL - COLUMBUS, OH 43210	31-6025986	501(C)(3)	200,000.	0.			RESEARCH
THE RESEARCH FOUNDATION FOR STATE UNIVERSITY OF NEW YORK - PO BOX 9 - ALBANY, NY 12201-0009	14-1368361	501(C)(3)	150,000.	0.			RESEARCH
THE THORACIC SURGERY FOUNDATION 633 NORTH SAINT CLAIR STREET, SUITE CHICAGO, IL 60611	36-3635910	501(C)(3)	20,000.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 615 WEST 131ST STREET - NEW YORK, NY 10027	13-5598093	501(C)(3)	400,000.	0.			RESEARCH
THE UNIVERSITY OF CHICAGO 5801 ELLIS AVE CHICAGO, IL 60637	36-2177139	501(C)(3)	300,000.	0.			RESEARCH
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DRIVE, MC7828 - SAN ANTONIO, TX 78229-3900	74-1586031	501(C)(3)	200,000.	0.			RESEARCH
THE UNIVERSITY OF TEXAS M.D. ANDERSON CANCER CENTER - 1515 HOLCOMBE BLVD - HOUSTON, TX 77030	74-6001118	501(C)(3)	400,000.	0.			RESEARCH
TRUSTEES OF TUFTS COLLEGE 169 HOLLAND ST SOMERVILLE, MA 02144	04-2103634	501(C)(3)	150,000.	0.			RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM - UNIVERSITY STATION - BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	461,990.	0.			RESEARCH
UNIVERSITY OF ARIZONA PO BOX 3308 TUCSON, AZ 85722	74-2652689	501(C)(3)	162,950.	0.			RESEARCH
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES - 4301 W. MARKHAM STREET, #560 - LITTLE ROCK, AR 72117	71-6046242	501(C)(3)	100,000.	0.			RESEARCH
UNIVERSITY OF FLORIDA 33 TIGERT HALL GAINESVILLE, FL 32611	59-6002052	501(C)(3)	150,000.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF GEORGIA RESEARCH FOUNDATION INC. - 310 E CAMPUS RD - ATHENS, GA 30602	58-1353149	501(C)(3)	150,000.	0.			RESEARCH
UNIVERSITY OF KANSAS CTR FOR RESEARCH - 2385 IRVING HILL ROAD - LAWRENCE, KS 66045	48-0680117	501(C)(3)	185,000.	0.			RESEARCH
UNIVERSITY OF MICHIGAN 5082 WOLVERINE TOWER, 3003 S. STATE ANN ARBOR, MI 48109	38-6006309	501(C)(3)	354,961.	0.			RESEARCH
UNIVERSITY OF PITTSBURGH 500 ROSS STREET PITTSBURGH, PA 15260-0001	25-0965591	501(C)(3)	250,000.	0.			RESEARCH
UNIVERSITY OF ROCHESTER 601 ELMWOOD AVE, BOX 659 ROCHESTER, NY 14642	16-0743209	501(C)(3)	200,000.	0.			RESEARCH
UNIVERSITY OF SOUTH FLORIDA BOARD OF TRUSTEES - PO BOX 864568 - ORLANDO, FL 32886-4568	59-3102112	501(C)(3)	150,000.	0.			RESEARCH
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY GARDENS BLDG, STE 205 LOS ANGELES, CA 90089-8006	95-1642394	501(C)(3)	200,000.	0.			RESEARCH
UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON - 301 UNIVERSITY BLVD - GALVESTON, TX 77555-5302	74-6000949	501(C)(3)	200,000.	0.			RESEARCH
UNIVERSITY OF UTAH 201 S. PRESIDENTS CIRCLE, RM. 145 SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	200,000.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF VERMONT 85 SOUTH PROSPECT STREET BURLINGTON, VT 05405	03-0179440	501(C)(3)	214,279.	0.			RESEARCH
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE CAMPUS BOX 1034 ST. LOUIS, MO 63112-1408	43-0653611	501(C)(3)	100,000.	0.			RESEARCH
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - P.O. BOX 22371 - NEW YORK, NY 10087-2371	13-1623978	501(C)(3)	100,000.	0.			RESEARCH
WRIGHT STATE UNIVERSITY 3640 COLONEL GLENN HWY DAYTON, OH 45435	31-0732831	501(C)(3)	200,000.	0.			RESEARCH
RETURNED FUNDS & CANCELLED PAYMENTS - VARIOUS UNIVERSITIES - 55 W. WACKER DRIVE - CHICAGO, IL 60601	APPLIED FOR	501(C)(3)	-290,070.	0.			RESEARCH

**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:

AWARD RECIPIENTS ARE REQUIRED TO SUBMIT A RENEWAL APPLICATION AFTER THEIR FIRST YEAR OF FUNDING. RENEWAL APPLICATIONS ARE THEN REVIEWED BY OUR RESEARCH COMMITTEE CHAIRS FOR APPROVAL OF SECOND YEAR FUNDING. AT THE TIME OF TERMINATION (AFTER THE SECOND YEAR OF FUNDING), AWARD RECIPIENTS ARE REQUIRED TO SUBMIT A SUMMARY OF THEIR ACTIVITIES, COPIES OF PRESENTATIONS AND/OR PUBLICATIONS, AND A CASH DISBURSEMENT REPORT FOR THE ENTIRE GRANT TIME.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **AMERICAN LUNG ASSOCIATION**  
 Employer identification number: **13-1632524**

**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 checked="" 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 ..... **1b** Yes **X** No
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? ..... **2** Yes **X** No

**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 checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" 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? ..... **4a** Yes **X** No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? ..... **4b** Yes **X** No
- c** Participate in or receive payment from an equity-based compensation arrangement? ..... **4c** Yes **X** No
- 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? ..... **5a** Yes **X** No
- b** Any related organization? ..... **5b** Yes **X** No
- 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? ..... **6a** Yes **X** No
- b** Any related organization? ..... **6b** Yes **X** No
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III ..... **7** Yes **X** No

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III ..... **8** Yes **X** No

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? ..... **9** Yes **X** No

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

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

Schedule J (Form 990) 2020

**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 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) HAROLD WIMMER PRESIDENT & CEO	(i)	470,372.	45,000.	0.	36,251.	27,758.	579,381.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JULIA FITZGERALD CHIEF MARKETING OFFICER	(i)	247,500.	14,400.	0.	18,225.	18,247.	298,372.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEFF SEYLER CHIEF DIVISION OFFICER, EAST	(i)	246,891.	0.	0.	30,826.	9,771.	287,488.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LEWIS BARTFIELD CHIEF DIVISION OFFICER, WEST	(i)	253,774.	0.	0.	20,808.	3,981.	278,563.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) WILLIAM PFEIFER EXE. VP, GOVERNANCE & STRATEGIC INIT	(i)	226,196.	0.	0.	28,103.	22,271.	276,570.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LAURA SCOTT CHIEF FINANCIAL OFFICER	(i)	247,248.	0.	0.	26,159.	1,777.	275,184.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SUE SWAN CHIEF DEVELOPMENT OFFICER	(i)	226,678.	0.	0.	28,408.	18,101.	273,187.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DEBORAH BROWN CHIEF MISSION OFFICER	(i)	231,198.	0.	0.	27,937.	10,628.	269,763.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SARAH KRIKORIAN CHIEF HUMAN RESOURCES OFFICER	(i)	215,372.	0.	0.	15,076.	17,624.	248,072.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) NEIL BALLENTINE NATIONAL VP, DIGITAL STRATEGY/IT	(i)	150,978.	0.	0.	14,440.	12,063.	177,481.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 4B:

HAROLD WIMMER RECEIVED \$19,500 FROM A 457(F) PLAN.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **AMERICAN LUNG ASSOCIATION** Employer identification number **13-1632524**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <b>SUPPLIES</b> )	<b>X</b>	<b>50</b>	<b>138,862.</b>	<b>FMV</b>
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	<b>X</b>	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

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

THE NATION'S RESPONSE TO THE PANDEMIC SHONE A SPOTLIGHT ON WIDE HEALTH  
DISPARITIES AMONG RACIAL AND OTHER DIVERSE GROUPS. THE LUNG ASSOCIATION  
MADE REDUCING THESE DISPARITIES A SPECIFIC AREA OF FOCUS. IN AN EFFORT  
TO FULLY EMBRACE DIVERSITY WITHIN THE LUNG ASSOCIATION AND THE  
COMMUNITIES IT SERVES, WE FORMED OUR FIRST-EVER DIVERSITY, EQUITY AND  
INCLUSION (DEI) COUNCIL. THE STAFF-BASED COUNCIL SEEKS TO ADVANCE OUR  
LIFESAVING MISSION WHILE FOSTERING AND IMPLEMENTING DE&I IN THE LUNG  
ASSOCIATION'S PRACTICES, PROGRAMS AND PROCESSES.

AS THE TRAGIC COVID-19 PANDEMIC CONTINUED ACROSS AMERICA, OUR COVID-19  
ACTION INITIATIVE, LAUNCHED IN 2020, GAINED REAL TRACTION AND BEGAN TO  
SHOW SOLID IMPACT. AS PART OF THIS BOLD INITIATIVE COMMITTING \$25M TO  
END COVID-19 AND DEFEND AGAINST FUTURE RESPIRATORY VIRUSES, WE  
ANNOUNCED OUR SECOND ROUND OF COVID-19 RESEARCH GRANTS, INCLUDING THE  
COVID-19 AND RESPIRATORY VIRUS RESEARCH AWARD WHICH PROVIDES FUNDING OF  
\$100,000 A YEAR FOR TWO YEARS.

IN SEPTEMBER LUNG ASSOCIATION SUPPORTERS ACROSS THE COUNTRY JOINED  
QUEEN LATIFAH FOR OUR FIRST-EVER LIVESTREAM BENEFIT, #ACT4IMPACT. QUEEN  
LATIFAH WAS JOINED BY NUMEROUS STARS WHO ALL HELPED TO SHARE OUR  
MISSION WORK ESPECIALLY OUR WORK TO ADDRESS THE COVID-19 PANDEMIC AND  
RACIAL HEALTH DISPARITIES. #ACT4IMPACT WAS SEEN BY MORE THAN 250,000  
ONLINE VIEWERS AND, TO DATE, WE HAVE RAISED NEARLY \$7 MILLION FOR THE  
COVID-19 ACTION INITIATIVE. THIS EVENT WAS A POWERFUL STEP IN OUR  
OVERALL COVID-19 ACTION INITIATIVE AND OUR GOAL TO RAISE \$25 MILLION

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20



Name of the organization AMERICAN LUNG ASSOCIATION	Employer identification number 13-1632524
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OVER THREE YEARS.

OUR EFFORTS TO KEEP THE PUBLIC AND HEALTH PROFESSIONALS INFORMED RESULTED IN THE ADDITION OF MANY NEW ITEMS TO OUR ALREADY ROBUST COVID-19 RESOURCES. WE LAUNCHED A SERIES OF VIRTUAL COVID TOWN HALLS AND ENLISTED ESTEEMED MEDICAL EXPERTS TO SHARE NEW FINDINGS AND SUPPORT AMERICANS WITH THE SCIENCE-BASED INFORMATION AND RESOURCES THEY COULD TRUST. WE CREATED LUNGCAS, A PODCAST SERIES FOR HEALTHCARE PROFESSIONALS, HOSTED BY OUR CHIEF MEDICAL OFFICER, ALBERT RIZZO, M.D., AND FEATURING EXPERT GUESTS LIKE DR. ANTHONY FAUCI. WE ALSO PARTNERED WITH THE CLEVELAND CLINIC TO PROVIDE ADVANCED COVID-19 RESOURCES FOR HEALTHCARE PROVIDERS VIA WEB-BASED LEARNING.

AS VACCINES BECAME AVAILABLE WE STEPPED UP CREATING ONLINE FAQ'S, A BROADLY DISTRIBUTED VACCINE PSA, A VACCINE TRACKER THAT HELPED USERS FIND WHERE VACCINES WERE AVAILABLE, AND OUR "BETTER FOR IT" VACCINE TOOLKITS TO SUPPLY FACTS, DISPEL MYTHS AND GUIDE USERS TO AN INFORMED DECISION ABOUT VACCINATION. IN JUNE, WE HAD THE HONOR OF BECOMING A FOUNDING PARTNER OF THE WHITE HOUSE VACCINATION TASK FORCE, FOCUSING ON HELPING ACHIEVE A 70% VACCINATION GOAL AND ENCOURAGING AMERICANS TO BECOME AN AMERICAN LUNG ASSOCIATION VACCINE AMBASSADOR.

IN ADDITION TO COVID-19, WE CONTINUED TO FOCUS ON ALL LUNG DISEASES, SUCH AS LUNG CANCER. LUNG CANCER IS THE LEADING CAUSE OF CANCER RELATED DEATH OF BOTH WOMEN AND MEN IN THE U.S., A FACT OF WHICH TOO MANY AMERICANS ARE STILL UNAWARE. OUR LUNG FORCE INITIATIVE CONTINUES TO MAKE REAL PROGRESS IN CHANGING THAT. MORE PEOPLE THAN EVER BEFORE ARE SURVIVING LUNG CANCER. BUT MORE IS STILL NEEDED TO RAISE AWARENESS,

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INCREASE RESEARCH FUNDING, AND PROVIDE EDUCATION AND SUPPORT FOR PATIENTS AND THEIR CAREGIVERS.

RELEASED IN NOVEMBER 2020, FOR LUNG CANCER AWARENESS MONTH, OUR SECOND ANNUAL "STATE OF LUNG CANCER" REPORT SHOWED HOW THE TOLL OF LUNG CANCER VARIES BY STATE AND EXAMINED KEY INDICATORS THROUGHOUT THE U.S.

INCLUDING: NEW CASES, SURVIVAL, EARLY DIAGNOSIS, SURGICAL TREATMENT, LACK OF TREATMENT AND SCREENING RATES. KEY TAKEAWAY: STATES MUST DO MORE TO PROTECT THEIR RESIDENTS FROM LUNG CANCER. FOR THE FIRST TIME, THE REPORT EXAMINED THE LUNG CANCER BURDEN AMONG RACIAL AND ETHNIC MINORITY GROUPS AT THE NATIONAL AND STATE LEVELS.

LUNG CANCER SCREENING SAVES LIVES BY DETECTING IT EARLIER WHEN IT IS MORE TREATABLE. OUR "SAVED BY THE SCAN" CAMPAIGN CONTINUED TO HELP CURRENT AND FORMER SMOKERS LEARN ABOUT THE LIFESAVING POTENTIAL OF LUNG CANCER SCREENING. IN FY21, 180,000 PEOPLE TOOK OUR SAVED BY THE SCAN ELIGIBILITY QUIZ AND OVER 20,000 WERE FOUND TO BE AT HIGH RISK. WHEN GUIDELINES FOR WHO QUALIFIES FOR SCREENING CHANGED SO THAT MORE PEOPLE COULD GET SCREENED, WE CREATED A NEW TOOLKIT TO HELP PEOPLE FIND OUT IF THEY QUALIFIED FOR SCREENING. SETTING UP A SCREENING PROGRAM CAN BE COMPLICATED. IN NOVEMBER, OUR CHIEF MEDICAL OFFICER, ALBERT RIZZO, M.D., SHARED OUR LUNG CANCER SCREENING IMPLEMENTATION GUIDE WITH THE NATIONWIDE MEMBERS OF THE AMERICAN HOSPITAL ASSOCIATION. THIS IMPORTANT RESOURCE IS A PRAGMATIC TOOLKIT ON HOW TO DESIGN, IMPLEMENT, AND CONDUCT A LUNG CANCER SCREENING PROGRAM IN HOSPITALS AND HEALTH SYSTEMS.

EXPOSURE TO RADON GAS IS THE SECOND LEADING RISK FACTOR FOR LUNG

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CANCER. IN JANUARY 2021, WHICH IS RADON ACTION MONTH, WE LAUNCHED OUR NEW RADON BASICS COURSE, A FREE ONE-HOUR INTERACTIVE ONLINE LEARNING PROGRAM DESIGNED TO HELP PEOPLE UNDERSTAND MORE ABOUT THE DANGERS OF RADON AND THE IMPORTANCE OF TESTING YOUR HOME FOR RADON.

IN MARCH, WE HELD OUR SIXTH ANNUAL LUNG FORCE ADVOCACY DAY. LUNG FORCE HEROES THOSE PERSONALLY AFFECTED BY LUNG CANCER FROM ACROSS THE COUNTRY CALLED TO SPEAK TO THEIR MEMBERS OF CONGRESS ABOUT THE URGENT NEED TO ADDRESS LUNG CANCER, INCLUDING \$46.1 BILLION IN RESEARCH FUNDING FOR NATIONAL INSTITUTES OF HEALTH, \$10 BILLION IN FUNDING FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND TO ENSURE THAT EVERYONE HAS AFFORDABLE, ADEQUATE AND ACCESSIBLE HEALTHCARE.

PATIENTS WITH LUNG DISEASE AND THEIR CAREGIVERS FACE UNIQUE CHALLENGES. AS THEIR CHAMPION, IT'S OUR MISSION TO IMPROVE THE QUALITY OF THEIR LIVES. WE WORK TO HELP PATIENTS UNDERSTAND AND MANAGE THEIR CONDITIONS OR MAKE CRITICAL TREATMENT DECISIONS. WE ALSO WORK TO ENSURE THEY HAVE AFFORDABLE, QUALITY HEALTHCARE AND INVEST IN RESEARCH TO FIND BETTER WAYS TO PREVENT, TREAT OR EVEN CURE LUNG DISEASES LIKE ASTHMA, COPD AND COVID-19.

ASTHMA MAKES BREATHING DIFFICULT FOR MILLIONS OF AMERICANS, INCLUDING 5.5 MILLION CHILDREN. THIS YEAR WE KICKED OFF A 3-PART SERIES OF LIVE, PATIENT-FOCUSED ASTHMA WEBCASTS THAT FEATURED CLINICAL PRESENTATIONS AS WELL AS A PATIENT PERSPECTIVE. RETURNING TO SCHOOL CAN BE CHALLENGING FOR STUDENTS WITH ASTHMA, ESPECIALLY DURING THE PANDEMIC. TO HELP, WE HOSTED A "BACK TO SCHOOL WITH ASTHMA IN THE TIME OF COVID-19" WEBCAST, AND MADE A RECORDING WIDELY AVAILABLE. OTHER RESOURCES INCLUDED OUR

Name of the organization AMERICAN LUNG ASSOCIATION	Employer identification number 13-1632524
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ASTHMA FRIENDLY SCHOOLS ONLINE MODULE, FACILITATOR TRAINING AND PROGRAM OPPORTUNITIES FOR KICKIN' ASTHMA, OPEN AIRWAYS FOR SCHOOLS AND MUCH MORE.

WE CONTINUED TO CREATE NEW AND STRENGTHEN EXISTING SUPPORT RESOURCES FOR LUNG DISEASE PATIENTS, SUCH AS OUR BETTER BREATHERS NETWORK. WE ALSO EXPANDED OUR ONLINE SUPPORT COMMUNITIES ON THE INSPIRE PLATFORM, ADDING CHRONIC COUGH AND FREEDOM FROM SMOKING GROUPS, FOR A TOTAL OF 11 DISTINCT GROUPS.

EVERY YEAR IN THE U.S., MORE THAN 480,000 PEOPLE DIE FROM TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE, MAKING IT THE LEADING CAUSE OF PREVENTABLE DEATH IN THIS COUNTRY. TRAGICALLY, EACH DAY THOUSANDS OF KIDS STILL PICK UP A TOBACCO PRODUCT FOR THE FIRST TIME. E-CIGARETTES ARE ALSO TOBACCO PRODUCTS AND THEIR USE AMONG OUR YOUTH HAS BECOME AN EPIDEMIC THAT THREATENS TO ADDICT ANOTHER GENERATION TO NICOTINE. THAT'S WHY CREATING A TOBACCO-FREE FUTURE FOR AMERICA IS A CORE PART OF OUR MISSION.

IN SEPTEMBER 2020, WE LAUNCHED END THE YOUTH VAPING EPIDEMIC, A COORDINATED RESPONSE TO ADDRESS THE PREVALENCE OF YOUTH VAPING THROUGH A MULTI- PRONGED APPROACH. THE CAMPAIGN ENCOMPASSES AWARENESS, EDUCATION, ADVOCACY AND RESEARCH, INCLUDING A NATIONAL PUBLIC AWARENESS CAMPAIGN WITH THE AD COUNCIL, "GET YOUR HEAD OUT OF THE CLOUD" TO EQUIP PARENTS WITH THE FACTS ABOUT E-CIGARETTES AND SUPPORT CONVERSATIONS BEFORE KIDS START TO VAPE.

THIS YEAR, WE WERE PROUD TO PARTNER WITH U.S. DEPARTMENT OF VETERANS

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AFFAIRS TO IMPROVE LUNG HEALTH OF VETERANS, INCLUDING HELPING VETS QUIT SMOKING THROUGH PRE-PAID MEMBERSHIP IN OUR FREEDOM FROM SMOKING PROGRAM, AND OUR MANY OTHER CESSATION RESOURCES.

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

OUR NOT ON TOBACCO (N-O-T) PROGRAM ADDRESSES THE GROWING PROBLEM OF YOUTH TOBACCO USE, INCLUDING VAPING, BY GIVING ALL TEENS THE RESOURCES THEY NEED TO BREAK NICOTINE DEPENDENCY AND FIND HEALTHIER OUTLETS. THIS YEAR, WE LAUNCHED "NOT FOR ME" A WEB-BASED PROGRAM THAT GIVES STUDENTS THE TOOLS TO QUIT SMOKING OR VAPING AND TEACHES THE IMPORTANCE OF PHYSICAL ACTIVITY, NUTRITION, ENHANCING THEIR SENSE OF SELF-CONTROL AND MORE.

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

RECENT COVID-19 RESEARCH WE'RE FUNDING IS A STUDY OF THE EFFECTIVENESS OF COVID-19 VACCINATION FOR TRANSPLANT RECIPIENTS. MARCIA GOLDBERG, M.D., WHO LEADS THE INVESTIGATIVE TEAM AT HARVARD AND MASSACHUSETTS GENERAL HOSPITAL HAS GOOD REASON TO WANT TO LEARN THE ANSWER. HER HUSBAND RECEIVED A HEART TRANSPLANT 15 YEARS AGO.

IN JANUARY 2021, WE ANNOUNCED A SECOND CALL FOR APPLICATIONS FOR OUR COVID-19 AND RESPIRATORY VIRUS RESEARCH AWARD. AS PART OF OUR COVID-19 ACTION INITIATIVE, THE AWARD SUPPORTS INVESTIGATORS WITH A STELLAR TRACK RECORD OF ACCOMPLISHMENT WHO HAVE THE POTENTIAL TO ADVANCE OUR KNOWLEDGE OF COVID-19 AND OTHER NOVEL RESPIRATORY VIRUSES WITH PANDEMIC POTENTIAL. THE RESPONSE FROM RESEARCHERS WAS ASTOUNDING WITH NEARLY 200 SUBMITTED LETTERS OF INTENT.

Name of the organization AMERICAN LUNG ASSOCIATION	Employer identification number 13-1632524
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WE ALSO CONTINUED TO SUPPORT PROMISING RESEARCH IN ALL AREAS OF LUNG DISEASE, WITH THE HOPE OF ELIMINATING LUNG DISEASE AND IMPROVING LIFE FOR THOSE LIVING WITH LUNG DISEASE. OUR RESEARCH PROGRAM INCLUDES OUR AWARDS AND GRANTS PROGRAM AND OUR EXPANDED AIRWAYS CLINICAL RESEARCH CENTERS NETWORK (ACRC), THE LARGEST NOT-FOR-PROFIT CLINICAL RESEARCH NETWORK DEDICATED TO ASTHMA AND COPD IN THE COUNTRY. THIS NETWORK CONDUCTS LARGE PATIENT-FOCUSED CLINICAL TRIALS LED BY SOME OF THE BEST INVESTIGATORS NATIONWIDE TO IMPROVE LUNG HEALTH.

WE WERE PROUD THAT OUR RESEARCH INVESTMENT FOR 2020-21 TOTALED APPROXIMATELY \$11.55 MILLION. IT SUPPORTED 98 NATIONWIDE RESEARCH AWARDS AND GRANTS, INCLUDING THE ACRC NETWORK AND 12 RECIPIENTS OF OUR BRAND-NEW COVID-19 AND RESPIRATORY VIRUS RESEARCH AWARD.

OUR AIRWAYS CLINICAL RESEARCH CENTERS (ACRC) NETWORK IS THE NATION'S LARGEST NOT-FOR-PROFIT NETWORK OF CLINICAL CENTERS DEDICATED TO ASTHMA AND COPD RESEARCH. THIS NETWORK CONDUCTS LARGE PATIENT-FOCUSED CLINICAL TO IMPROVE LUNG HEALTH. AMONG ITS MANY STUDIES, THIS YEAR, WE MOVED TO THE ANALYSIS PHASE IN OUR IMPORTANT LEEP TRIAL, WHICH STUDIED WHETHER THE HIGH BLOOD PRESSURE MEDICATION LOSARTAN SLOWS THE PROGRESSION OF EMPHYSEMA.

FINDINGS FROM SEVERAL OF OUR AWARDS AND GRANTS STUDIES WERE PUBLISHED, INCLUDING THE WORK OF SEYED JAVAD MOGHADDAM, M.D., THAT WAS PUBLISHED IN CARCINOGENESIS: INTEGRATIVE CANCER RESEARCH. THE MANUSCRIPT DELVED INTO LUNG CANCER WITH KRAS MUTATION AND HOW THE SEX OF THE PATIENT MAY AFFECT TUMOR IMMUNE RESPONSE. IN FACT, DATA PRESENTED IN THE PAPER

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SUGGESTS THAT ESTROGEN SUPPRESSES DISEASE PROGRESSION BY INHIBITING THE IMMUNE RESPONSES THAT FUNCTION IN FAVOR OF THE TUMOR.

WE CONTINUED TO WORK ON THE GROUNDBREAKING LONGITUDINAL LUNG STUDY. THIS \$24.8 MILLION NIH NATIONAL HEART, LUNG AND BLOOD INSTITUTE GRANT IS THE FIRST FEDERALLY FUNDED U.S. MILLENNIAL STUDY, THAT WILL RADICALLY IMPROVE HOW WE PREVENT AND TREAT LUNG DISEASE. DESCRIBED BY THE PRINCIPAL INVESTIGATOR AS THE "CHOLESTEROL OF THE LUNGS," THE FINDINGS ARE ANTICIPATED TO BE SYNONYMOUS TO THE CHOLESTEROL DISCOVERY FOR CARDIOVASCULAR HEALTH; HIGHLY MEANINGFUL IN EVERYDAY LIFE.

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

THIS YEAR, OUR HEALTHY AIR CAMPAIGN CONTINUED TO FIGHT FOR HEALTHY AIR FOR ALL AMERICANS. WE LAUNCHED OUR "STAND UP FOR CLEAN AIR" INITIATIVE, AS PART OF OUR CELEBRATION OF THE 50TH ANNIVERSARY OF THE HISTORIC AND INCREDIBLY SUCCESSFUL CLEAN AIR ACT. THE INITIATIVE HIGHLIGHTED STEPS EVERYONE CAN TAKE TO IMPROVE AIR QUALITY AND ADDRESS CLIMATE CHANGE, INCLUDING TAKING THE PLEDGE TO STAND UP FOR CLEAN AIR AND SHARING YOUR OWN CLEAN AIR STORY.

CLIMATE CHANGE IS MAKING EXTREME WEATHER AND NATURAL DISASTERS MUCH MORE FREQUENT AND SEVERE. WILDFIRES, FLOODING, HURRICANES AND OTHER NATURAL EVENTS CAN CREATE UNHEALTHY AIR, ESPECIALLY FOR PEOPLE WITH LUNG DISEASE. BECAUSE OF THIS, WE UPDATED AND ADDED TO OUR ONLINE RESOURCES HELP PEOPLE RESPOND TO UNEXPECTED EVENTS THAT CAN THREATEN THE AIR QUALITY IN THEIR COMMUNITY AND THEIR HOME.

Name of the organization AMERICAN LUNG ASSOCIATION	Employer identification number 13-1632524
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IN SEPTEMBER 2020, WE ALONG WITH AMERICAN UNIVERSITY'S CENTER FOR ENVIRONMENTAL POLICY AND CENTER FOR ENVIRONMENTAL FILMMAKING COHOSTED A VIRTUAL, HALF-DAY SYMPOSIUM TO CELEBRATE THE 50TH ANNIVERSARY OF THE CLEAN AIR ACT. IT HIGHLIGHTED THE PROGRESS MADE AND THE OBSTACLES THAT REMAIN WHEN IT COMES TO ENSURING HEALTHY AIR FOR ALL AMERICANS. A RECORDING WAS MADE WIDELY AVAILABLE.

EARLY 2021 SAW CRITICAL VICTORIES IN OUR FIGHT TO PRESERVE LAWS THAT PROTECT THE AIR WE BREATHE. IN JANUARY THE DANGEROUS AND FLAWED "AFFORDABLE CLEAN ENERGY" (ACE) RULE WAS OVERTURNED. THE LUNG ASSOCIATION WAS THE LEAD PLAINTIFF IN THE CASE CHALLENGING THE ACE RULE. THIS DECISION WAS A HUGE WIN FOR AMERICANS EVERYWHERE, SETTING THE STAGE A STRONGER, MORE PROTECTIVE RULE THAT REDUCES CLIMATE POLLUTION AND THE PUBLIC HEALTH IMPACTS OF CLIMATE CHANGE.

IN FEBRUARY, A COURT DECISION TOSSED OUT THE HARMFUL "STRENGTHENING TRANSPARENCY IN PIVOTAL SCIENCE UNDERLYING SIGNIFICANT REGULATORY ACTIONS AND INFLUENTIAL SCIENTIFIC INFORMATION" RULE, OFTEN CALLED THE "CENSORING SCIENCE" RULE THAT WE HAVE STRONGLY OPPOSED. THAT RULE WOULD HAVE RESTRICTED EPA'S ABILITY TO USE SOUND HEALTH SCIENCE TO INFORM ITS POLICIES. THIS WAS A HUGE VICTORY FOR THE HUNDREDS OF HEALTH PROFESSIONALS AND SUPPORTERS LIKE YOU WHO JOINED US IN ADVOCATING AGAINST CENSORING SCIENCE.

IN APRIL WE RELEASED OUR 22ND ANNUAL "STATE OF THE AIR" REPORT, OUR AIR QUALITY "REPORT CARD" THAT TRACKS AMERICANS' EXPOSURE TO UNHEALTHFUL LEVELS OF PARTICLE POLLUTION AND OZONE. THE REPORT FOUND THAT MORE THAN 4 OUT OF 10 AMERICANS WERE EXPOSED TO UNHEALTHY AIR, AND THAT CLIMATE



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CHANGE IS CREATING CONDITIONS THAT MAKE IT INCREASINGLY DIFFICULT TO CLEAN UP THE AIR WE BREATHE. IT ALSO FOUND THAT PEOPLE OF COLOR ARE 3 TIMES MORE LIKELY TO LIVE IN THE MOST POLLUTED AREAS, PUTTING THEIR HEALTH AT EVEN GREATER RISK.

THROUGHOUT THE YEAR, OUR TOBACCO ADVOCACY PAID OFF WITH STEADY PROGRESS. ON SEPTEMBER 9, 2020, THE FOOD AND DRUG ADMINISTRATION (FDA), SET A DEADLINE OF SEPTEMBER 9, 2021, FOR TOBACCO COMPANIES TO FILE PREMARKET APPLICATIONS TO KEEP THEIR PRODUCTS ON THE MARKET. THIS WAS THE RESULT OF THE LAWSUIT THE LUNG ASSOCIATION AND OUR PARTNERS FILED AGAINST FDA. WE HAD PREVIOUSLY SENT A SET OF PRINCIPLES THAT WE URGED FDA TO FOLLOW AS IT REVIEWED EACH APPLICATION. ONE KEY TENET WAS TO REJECT ALL APPLICATIONS FOR ANY FLAVORED TOBACCO PRODUCT, INCLUDING ALL MINT AND MENTHOL PRODUCTS, BECAUSE KIDS ARE ATTRACTED TO THESE FLAVORS.

IN APRIL 2021, THE BIDEN ADMINISTRATION ANNOUNCED IT WOULD PROPOSE TWO RULES TO REMOVE MENTHOL CIGARETTES AND FLAVORED CIGARS FROM THE MARKETPLACE. ENDING THE SALE OF MENTHOL CIGARETTES AND MOST FLAVORED CIGARS WILL SAVE MILLIONS OF LIVES, REDUCE HEALTH DISPARITIES, AND PREVENT KIDS FROM TOBACCO ADDICTION. THIS ACTION AROUND MENTHOL CIGARETTES IS IN RESPONSE TO A COURT-ORDERED RESPONSE TO A PETITION FILED IN APRIL 2013 BY THE AMERICAN LUNG ASSOCIATION AND A LARGE AND DIVERSE COALITION.

OUR 19TH ANNUAL "STATE OF TOBACCO CONTROL" REPORT FOCUSED ON THE IMPORTANCE OF ENDING TOBACCO USE AMID THE PANDEMIC, AS SMOKING INCREASES THE RISK OF MORE SEVERE ILLNESS FROM THE VIRUS. THIS IS ESPECIALLY IMPORTANT FOR POPULATIONS MOST IMPACTED BY TOBACCO USE, WHO

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ARE ALSO FACING A DISPROPORTIONATE BURDEN FROM THE PANDEMIC. THIS INCLUDES COMMUNITIES OF COLOR, LGBTQ+ AMERICANS AND PERSONS OF LOWER INCOME. TO ADDRESS THIS CRITICAL PUBLIC HEALTH THREAT, THE REPORT PROVIDED A ROADMAP FOR STATE AND FEDERAL GOVERNMENTS TO ENACT PROVEN TOBACCO CONTROL POLICIES.

ACCESS TO QUALITY AND AFFORDABLE HEALTHCARE IS CRITICAL TO ALL AMERICANS, ESPECIALLY LUNG DISEASE PATIENTS. THIS YEAR, OUR ADVOCACY TEAM WORKED NATIONALLY AND LOCALLY TO PROTECT THAT HEALTHCARE, INCLUDING DEFENDING THE AFFORDABLE CARE ACT. IN JUNE THE SUPREME COURT DISMISSED THE CASE CALIFORNIA V. TEXAS, THE CASE CHALLENGING THE CONSTITUTIONALITY OF THE AFFORDABLE CARE ACT (ACA). THE LUNG ASSOCIATION WAS PART OF AN AMICUS BRIEF THAT HELPED MAKE THIS VICTORY POSSIBLE. AS A RESULT, THE ACA REMAINS THE LAW OF THE LAND AND CAN PROVIDE QUALITY AND AFFORDABLE HEALTHCARE TO MILLIONS IN THE U.S. WE ALSO LED EFFORTS TO PROTECT MEDICAID COVERAGE FOR LUNG DISEASE PATIENTS, PROTECTING COVERAGE FOR PEOPLE WITH PRE-EXISTING CONDITIONS, AND FIGHTING FOR CDC FUNDING FOR KEY LUNG HEALTH ISSUES.

FORM 990, PART VI, SECTION A, LINE 1:

EXECUTIVE COMMITTEE:

THE EXECUTIVE COMMITTEE SHALL ACT IN PLACE OF AND WITH THE FULL AUTHORITY OF THE BOARD OF DIRECTORS WHEN THE BOARD OF DIRECTORS IS NOT IN SESSION, SUBJECT TO THE BOARD'S POWER TO AMEND OR CHANGE THOSE ACTIONS WHICH HAVE NOT BEEN IMPLEMENTED PRIOR TO THE BOARD MEETING OR MEETINGS FOLLOWING THE EXECUTIVE MEETING AT WHICH SUCH ACTION WAS TAKEN. THE BOARD OF DIRECTORS HAS THE POWER TO AUTHORIZE AND DELEGATE TO THE EXECUTIVE COMMITTEE TO THE

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EXTENT PERMITTED BY THE ASSOCIATION'S BYLAWS AND APPLICABLE LAW.

THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE AUTHORITY TO APPOINT OFFICERS EXCEPT ON AN INTERIM BASIS TO FILL A VACANCY, ENTER INTO OR AMEND CONTRACTS WITH OFFICERS, AMEND THE POLICIES MANUAL, OR BORROW MONEY IN EXCESS OF THE AMOUNTS EXPRESSLY AUTHORIZED BY THE BOARD. THE EXECUTIVE COMMITTEE SHALL HAVE NO AUTHORITY TO AMEND THE ARTICLES OF INCORPORATION, ADOPT A PLAN OF MERGER OR CONSOLIDATION, AUTHORIZE THE SALE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY AND ASSETS OF THE ASSOCIATION, AUTHORIZE THE VOLUNTARY DISSOLUTION OF THE ASSOCIATION OR REVOCATION OF SUCH DISSOLUTION, OR AMEND THE BYLAWS OF THE ASSOCIATION.

THE EXECUTIVE COMMITTEE MAY ESTABLISH A LEADERSHIP SUBCOMMITTEE CONSISTING OF THE CHAIR, VICE-CHAIR, AND PAST-CHAIR, WHICH SHALL SERVE AS THE EXECUTIVE COMMITTEE'S LIAISON TO THE PRESIDENT AND CEO.

FORM 990, PART VI, SECTION A, LINE 1:

THE GOVERNANCE COMMITTEE, TAKING INTO ACCOUNT GEOGRAPHY, EXPERTISE, RACE, ETHNICITY, GENDER, AGE AND OTHER DIVERSITY FACTORS, SHALL PRESENT ANNUALLY TO THE BOARD OF DIRECTORS ITS RECOMMENDED NOMINEES FOR MEMBERS OF THE BOARD OF DIRECTORS, MEMBERS OF THE GOVERNANCE COMMITTEE AND OFFICERS (OTHER THAN THE PRESIDENT AND CHIEF EXECUTIVE OFFICER) OF THE ASSOCIATION (INCLUDING A RECOMMENDATION WHERE APPROPRIATE, FOR THE DESIGNATION OF THE VICE-CHAIR AS CHAIR-ELECT). OTHER NOMINATIONS MAY NOT BE MADE AT THE MEETING OF THE BOARD OF DIRECTORS FROM THE FLOOR.

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

AMERICAN LUNG ASSOCIATION HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO

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ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND REVIEWED BY THE CFO. PRIOR TO ELECTRONIC SUBMISSION, IT IS REVIEWED BY THE ORGANIZATION'S DELEGATED RESPONSIBLE BODY, THE AUDIT AND RISK OVERSIGHT COMMITTEE, FOR APPROVAL. AFTER APPROVAL BY THE AROC COMMITTEE, THE MEMBERS OF THE GOVERNING BODY REVIEW THE FORM PRIOR TO SUBMISSION. ALL COMMENTS ARE DOCUMENTED, ADDRESSED AND FINALIZED BEFORE SUBMISSION.

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

ALA CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH IT MONITORS AND ENFORCES ANNUALLY AND HAS A STANDING GOVERNANCE COMMITTEE THAT OVERSEES ITS EXECUTION. THE ORGANIZATION CURRENTLY MANDATES THAT ALL MEMBERS OF THE GOVERNING BODY, COMMITTEE MEMBERS AND ALL STAFF ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. THE SIGNED CONFLICT OF INTEREST POLICY STATEMENTS ARE SUBMITTED TO THE GOVERNANCE COMMITTEE. THESE STATEMENTS ARE REVIEWED FOR POTENTIAL OR ACTUAL CONFLICTS.

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

THE AMERICAN LUNG ASSOCIATION HAS ESTABLISHED A COMPENSATION POLICY FOR ITS LEADERSHIP COMMITTEE TO FOLLOW IN ESTABLISHING THE COMPENSATION FOR ITS CEO, TOP MANAGEMENT OFFICIAL, OTHER OFFICERS OR KEY EMPLOYEES. THE POLICY MANDATES THAT EXECUTIVE COMPENSATION BE PERIODICALLY REVIEWED BY THE COMMITTEE AND THAT THE COMMITTEE SHOULD BE FREE OF CONFLICTS OF INTEREST. IN ADDITION, THE APPROVING COMMITTEE NEEDS TO REVIEW APPROPRIATE AND ADEQUATE DATA TO DETERMINE THE REASONABLENESS OF THE COMPENSATION BEING CONSIDERED. THE COMMITTEE MAY USE A VARIETY OF INFORMATION AND STUDIES THAT ARE AVAILABLE TO DETERMINE THAT THE APPROPRIATE LEVEL OF COMPENSATION IS

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BEING PAID TO ITS EXECUTIVES.

THE COMMITTEE'S DECISION ON THE AMOUNT OF COMPENSATION PAID IS DOCUMENTED IN A CONTEMPORANEOUSLY WRITTEN FORMAT AND DOCUMENTS THE DATE OF THE DECISION, THE MEMBERS PRESENT DURING THE MEETING AND THOSE WHO VOTED ON IT, THE DETAILS OF THE TRANSACTION THAT WAS APPROVED AND THE COMPARABILITY DATA USED AND RELIED UPON TO MAKE THE DECISION. ALA DID A COMPENSATION REVIEW FOR THE CEO AS WELL AS ALL OTHER OFFICERS AND KEY EMPLOYEES DURING THE 2020/2021 FISCAL YEAR.

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

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

FORM 990, PART VI, SECTION C, LINE 19:

THE THREE MOST RECENT YEARS OF FORM 990 AND ANNUAL REPORTS ARE AVAILABLE ON AMERICAN LUNG ASSOCIATION'S WEBSITE, WWW.LUNG.ORG. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST. OUR WEBSITE ALSO PROVIDES THE NAMES OF OUR BOARD OF DIRECTORS AND OUR ETHICS POLICY.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER:

PROGRAM SERVICE EXPENSES	24,145,211.
MANAGEMENT AND GENERAL EXPENSES	306,081.
FUNDRAISING EXPENSES	1,004,013.
TOTAL EXPENSES	25,455,305.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	25,455,305.

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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUSTS	7,220,083.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	60,285.
BENEFIT RELATED CHANGES	-4,384,192.
CHANGE IN VALUE OF EQUITY METHOD INVESTMENTS	-160,801.
TOTAL TO FORM 990, PART XI, LINE 9	2,735,375.

PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.