

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<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>		<b>D</b> Employer identification number <b>13-1632524</b>
	Doing business as		<b>E</b> Telephone number <b>217-787-5864</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>146,789,377.</b>
	<b>55 W. WACKER DRIVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>CHICAGO, IL 60601</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>HAROLD WIMMER</b> <b>SAME AS C ABOVE</b>			<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>Activities &amp; Governance</b>	<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>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>19</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>19</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>647</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>80222</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</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>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>83,540,236.</b>	<b>112,291,164.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>7,910,149.</b>	<b>2,513,033.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>6,732,235.</b>	<b>9,862,711.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,392,606.</b>	<b>4,726,028.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>12,606,840.</b>	<b>13,235,010.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>41,720,667.</b>	<b>41,926,003.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>414,866.</b>	<b>446,755.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>11,432,174.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>43,990,188.</b>	<b>46,318,937.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>98,732,561.</b>	<b>101,926,705.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>842,665.</b>	<b>27,466,231.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>232,813,823.</b>	<b>215,049,116.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>64,375,082.</b>	<b>49,385,591.</b>
		<b>168,438,741.</b>	<b>165,663,525.</b>

**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 <i>Laura Scott</i>	Date <b>3/13/23</b>
	Type or print name and title <b>LAURA SCOTT, CFO</b>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KIMBERLY A RYAN</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00829977</b>
	Firm's name ▶ <b>RUBINBROWN LLP</b>	Firm's EIN ▶ <b>43-0765316</b>		Phone no. (314) <b>290-3300</b>	
	Firm's address ▶ <b>7676 FORSYTH BLVD, SUITE 2100</b> <b>SAINT LOUIS, MO 63105</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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 48,822,218. including grants of \$ ) (Revenue \$ 2,288,870. ) LUNG CANCER, ASTHMA, LUNG DISEASE AND TOBACCO CONTROL:

LUNG DISEASE, INCLUDING COPD, IS A LEADING CAUSE OF DEATH IN AMERICA AND LUNG CANCER IS THE LEADING CAUSE OF CANCER DEATH. THE COVID-19 PANDEMIC, IN ITS THIRD YEAR, CONTINUES TO BE A PRIORITY FOR THE COUNTRY AND FOR THE AMERICAN LUNG ASSOCIATION. THE LUNG ASSOCIATION WORKS EVERY DAY ACROSS THE U.S. TO RAISE AWARENESS FOR THE NEED TO PRIORITIZE LUNG DISEASE PREVENTION AND TREATMENT, PROTECT OUR AIR, REDUCE TOBACCO USE, PROVIDE SUPPORT FOR PEOPLE LIVING WITH LUNG DISEASE AND THEIR CAREGIVERS, AND RAISE FUNDS FOR RESEARCH TO BENEFIT EVERYONE'S LUNGS.

AS THE COVID-19 PANDEMIC EVOLVED IN THIS COUNTRY, OUR RESPONSE ADAPTED

4b (Code: ) (Expenses \$ 20,734,419. including grants of \$ 13,235,010. ) (Revenue \$ 972,065. ) RESEARCH:

FEW THINGS PROMISE TO IMPROVE PATIENTS' LIVES MORE THAN MEDICAL RESEARCH. FOR NEARLY 120 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 \$100,000 OF FUNDING A YEAR FOR TWO YEARS.

4c (Code: ) (Expenses \$ 18,046,683. including grants of \$ ) (Revenue \$ 846,060. ) ADVOCACY AND ENVIRONMENTAL:

EVERY YEAR, THE AMERICAN LUNG ASSOCIATION SUPPORTS POLICIES AND LEGISLATION THAT CAN LEAD TO BETTER LUNG HEALTH ACROSS THE NATION. THESE INCLUDE LAWS THAT PROTECT OUR CHILDREN FROM DEADLY AIR POLLUTION AND TOBACCO PRODUCTS, SUPPORT FUNDING FOR CRITICAL LUNG DISEASE RESEARCH AND HEALTH PROGRAMS AT THE FEDERAL LEVEL, PROVIDE AFFORDABLE, QUALITY HEALTHCARE FOR MORE AMERICANS, AND MUCH MORE.

THIS YEAR WE FUNDED MULTIPLE RESEARCH PROJECTS THAT WILL BUILD OUR UNDERSTANDING OF THE MANY WAYS AIR POLLUTION IMPACTS OUR LUNGS. WE ALSO ADVOCATED FOR STRONGER POLICIES TO CLEAN UP AIR POLLUTION AND CURB

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

4e Total program service expenses 87,603,320.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<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 the 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 line 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 on Schedule O for Part VI, lines 11b and 19? .....	X	

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<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 on 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? .....		

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

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

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

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

**Section A. Governing Body and Management**

		Yes	No
<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.		
	1a	19	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b	19	
<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>10b</b>			
<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 on 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 on Schedule O how this was done	X	
<b>12c</b>			
<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 on 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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL**
- 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HAROLD WIMMER PRESIDENT & CEO	40.00			X				547,872.	0.	60,007.
(2) JEFF SEYLER CHIEF DIVISION OFFICER, EAST	40.00				X			272,977.	0.	38,462.
(3) JULIA FITZGERALD CHIEF MARKETING OFFICER	40.00				X			273,156.	0.	35,312.
(4) LAURA SCOTT CHIEF FINANCIAL OFFICER	40.00			X				276,560.	0.	24,907.
(5) SUE SWAN CHIEF DEVELOPMENT OFFICER	40.00				X			254,829.	0.	45,829.
(6) DEBORAH BROWN CHIEF MISSION OFFICER	40.00				X			257,452.	0.	36,378.
(7) WILLIAM PFEIFER EXE. VP, GOVERNANCE & STRATEGIC INIT	40.00				X			249,260.	0.	38,273.
(8) SARAH KRIKORIAN CHIEF HUMAN RESOURCES OFFICER	40.00				X			244,700.	0.	32,287.
(9) PAUL BILLINGS NATIONAL SENIOR VP, PUBLIC POLICY	40.00					X		219,024.	0.	23,335.
(10) SALLY DRAPER NATIONAL SVP, DEVELOPMENT, CORPORATE	40.00					X		208,048.	0.	13,248.
(11) ALLISON HICKEY EXECUTIVE VP, MOUNTAIN PACIFIC & CA	40.00					X		205,857.	0.	14,115.
(12) SUSAN RAPPAPORT NATIONAL VICE PRESIDENT, RESEARCH	40.00					X		194,520.	0.	20,587.
(13) NEIL BALLENTINE CHIEF TECHNOLOGY OFFICER	40.00				X			180,223.	0.	26,729.
(14) EMILY MURPHY DIVISION SENIOR VP, DEVELOPMENT	40.00					X		173,864.	0.	14,887.
(15) LEWIS BARTFIELD CHIEF DIVISION OFFICER, WEST	40.00				X			157,356.	0.	23,833.
(16) STEPHEN R. O'KANE CHAIR	2.00	X		X				0.	0.	0.
(17) PENNY J. SCHILZ PAST CHAIR (THRU 6/2022)	2.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHERYL A. CALHOUN, CPA, MBA CHAIR-ELECT, DIRECTOR	2.00	X		X				0.	0.	0.
(19) MICHAEL V. CARSTENS SECRETARY / TREASURER	2.00	X		X				0.	0.	0.
(20) SUMITA B. KHATRI, M.D., M.S. VICE CHAIR, MISSIONS PROGRAM	2.00	X						0.	0.	0.
(21) FELIX AGUILAR, MD, MPH DIRECTOR	2.00	X						0.	0.	0.
(22) RABIH I. BECHARA, M.D., FCCP DIRECTOR	2.00	X						0.	0.	0.
(23) LARRY BLUMENTHAL, MBA DIRECTOR (THRU 6/2022)	2.00	X						0.	0.	0.
(24) ANNE E. DIXON, M.D. DIRECTOR	2.00	X						0.	0.	0.
(25) DAVID G. HILL, M.D. DIRECTOR	2.00	X						0.	0.	0.
(26) MARK C. JOHNSON, CFA, MBA DIRECTOR	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								3,715,698.	0.	448,189.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,715,698.	0.	448,189.

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 **69**

	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	5,125,242.
RR DONNELLEY 35 W WACKER DRIVE, CHICAGO, IL 60601	MARKETING	2,754,325.
AD COUNCIL, 815 SECOND AVENUE, 9TH FLOOR, NEW YORK, NY 10017	PUBLIC SERVICE ADVERTISING	1,831,006.
RESCUE AGENCY PUBLIC BENEFIT, LLC 2437 MORENA BLVD, SAN DIEGO, CA 92110	MARKETING	1,747,863.
INNOVAIRRE/BRICKMILL MARKETING SERVICES, 2 EXECUTIVE CAMPUS, SUITE 200, CHERRY HILL,	MARKETING	1,454,830.

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 **73**

SEE PART VII, SECTION A CONTINUATION SHEETS



**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 (check all that apply)						(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			
(27) COLLEEN M. MCINTOSH, J.D., LL.M DIRECTOR	2.00	X					0.	0.	0.	
(28) SEAN R. MULDOON, MD, MPH, FCCP DIRECTOR	2.00	X					0.	0.	0.	
(29) JOE OCHIPINTI DIRECTOR	2.00	X					0.	0.	0.	
(30) JONATHON K. ROSEN, BA DIRECTOR	2.00	X					0.	0.	0.	
(31) KATHLEEN M. SKAMBIS, JD, MBA DIRECTOR (THRU 6/2022)	2.00	X					0.	0.	0.	
(32) JOHNNY A. SMITH, JR., MA VICE CHAIR	2.00	X		X			0.	0.	0.	
(33) VICTOR WATERS, MD, JD, FCLM DIRECTOR (THRU 8/2022)	2.00	X					0.	0.	0.	
(34) STERLING QL YEE, MBA DIRECTOR	2.00	X					0.	0.	0.	
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>	12,490,910.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	40,800,448.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	58,999,806.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 144,416.				
	<b>h Total.</b> Add lines 1a-1f			112291164.			
Program Service Revenue	<b>2 a</b> PROGRAM SERVICE CONTRACTS	Business Code	541900	1,365,453.	1,365,453.		
	<b>b</b> PROGRAM PARTICIPANT FEE		541900	1,058,318.	1,058,318.		
	<b>c</b> MEMBERSHIP DUES		541900	89,262.	89,262.		
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			2,513,033.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			5,058,083.		5058083.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties			3,175,287.		3175287.	
	<b>6 a</b> Gross rents	(i) Real	167,547.				
		(ii) Personal					
		<b>6b</b> Less: rental expenses	0.				
	<b>6c</b> Rental income or (loss)	167,547.					
	<b>d</b> Net rental income or (loss)			167,547.		167,547.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	18,454,625.	697,944.			
		(ii) Other					
		<b>7b</b> Less: cost or other basis and sales expenses	13,893,146.	454,795.			
	<b>7c</b> Gain or (loss)	4,561,479.	243,149.				
	<b>d</b> Net gain or (loss)			4,804,628.		4804628.	
<b>8 a</b> Gross income from fundraising events (not including \$ 12,490,910. of contributions reported on line 1c). See Part IV, line 18		2,837,732.					
	<b>8b</b> Less: direct expenses	3,048,500.					
<b>c</b> Net income or (loss) from fundraising events			-210,768.		-210,768.		
<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	541900	1,295,198.	1,295,198.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue	541900	298,764.	298,764.			
	<b>e Total.</b> Add lines 11a-11d			1,593,962.			
<b>12 Total revenue.</b> See instructions			129392936.	4,106,995.	0.	12994777.	

**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 ...	13,235,010.	13,235,010.		
<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 .....	2,991,257.	2,632,306.	89,737.	269,214.
<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 .....	30,626,907.	26,096,309.	786,929.	3,743,669.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	2,376,711.	2,023,633.	64,995.	288,083.
<b>9</b> Other employee benefits .....	3,589,933.	3,062,035.	98,671.	429,227.
<b>10</b> Payroll taxes .....	2,341,195.	1,999,188.	64,560.	277,447.
<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 .....	446,755.			446,755.
<b>f</b> Investment management fees .....	88,715.		88,715.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....	25,472,268.	24,767,730.	281,942.	422,596.
<b>12</b> Advertising and promotion .....	1,079,446.	821,015.	197.	258,234.
<b>13</b> Office expenses .....	1,376,212.	1,057,608.	86,228.	232,376.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	3,296,344.	2,544,500.	261,480.	490,364.
<b>17</b> Travel .....	565,209.	510,241.	4,387.	50,581.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	77,712.	64,045.	7,969.	5,698.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	351,157.		351,157.	
<b>23</b> Insurance .....	401,800.	303,841.	33,899.	64,060.
<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> .....	12,709,611.	7,879,959.	635,480.	4,194,172.
<b>b</b> <b>MISCELLANEOUS</b> .....	651,428.	432,709.	29,238.	189,481.
<b>c</b> <b>POSTAGE &amp; SHIPPING</b> .....	132,524.	95,211.	4,405.	32,908.
<b>d</b> <b>PRINTING</b> .....	116,511.	77,980.	1,222.	37,309.
<b>e</b> All other expenses .....				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	101,926,705.	87,603,320.	2,891,211.	11,432,174.
<b>26</b> <b>Joint costs.</b> 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)	12,709,611.	7,879,959.	635,480.	4,194,172.

**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 .....	136,720.	<b>1</b>	144,821.
	<b>2</b> Savings and temporary cash investments .....	30,204,501.	<b>2</b>	27,213,680.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	10,646,065.	<b>4</b>	17,309,277.
	<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 .....	306,570.	<b>7</b>	10,687.
	<b>8</b> Inventories for sale or use .....	51,376.	<b>8</b>	121,536.
	<b>9</b> Prepaid expenses and deferred charges .....	1,767,757.	<b>9</b>	2,298,896.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 21,343,030.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 10,305,260.	<b>10c</b>	11,037,770.
	<b>11</b> Investments - publicly traded securities .....	136,781,279.	<b>11</b>	120,122,477.
	<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 .....	43,099,490.	<b>15</b>	36,789,972.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	232,813,823.	<b>16</b>	215,049,116.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	11,029,182.	<b>17</b>	12,591,730.
	<b>18</b> Grants payable .....	12,436,934.	<b>18</b>	12,257,372.
	<b>19</b> Deferred revenue .....	15,923,513.	<b>19</b>	11,447,314.
	<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 .....	0.	<b>23</b>	1,781,745.
	<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 .....	24,985,453.	<b>25</b>	11,307,430.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	64,375,082.	<b>26</b>	49,385,591.
<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 .....	118,316,552.	<b>27</b>	121,282,464.
	<b>28</b> Net assets with donor restrictions .....	50,122,189.	<b>28</b>	44,381,061.
	<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 .....	168,438,741.	<b>32</b>	165,663,525.
	<b>33</b> Total liabilities and net assets/fund balances .....	232,813,823.	<b>33</b>	215,049,116.

**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	129,392,936.
2	Total expenses (must equal Part IX, column (A), line 25)	2	101,926,705.
3	Revenue less expenses. Subtract line 2 from line 1	3	27,466,231.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	168,438,741.
5	Net unrealized gains (losses) on investments	5	-26,178,722.
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	-4,062,725.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	165,663,525.

**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 on 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 (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization <b>AMERICAN LUNG ASSOCIATION</b>	Employer identification number <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).)
- 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 on 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	90355569.	93429565.	89851926.	83540236.	112291164	469468460
<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 .....	90355569.	93429565.	89851926.	83540236.	112291164	469468460
<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) .....						10211588.
<b>6 Public support.</b> Subtract line 5 from line 4.						459256872

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	90355569.	93429565.	89851926.	83540236.	112291164	469468460
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	4736244.	4659481.	4822544.	4656339.	8400917.	27275525.
<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.) .....	6592177.	5053253.	452,244.	311,677.		12409351.
<b>11 Total support.</b> Add lines 7 through 10						509153336
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	32,516,313.
<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 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	90.20	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	87.32	%
<b>16a 33 1/3% support test - 2021.</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 - 2020.</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 - 2021.</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 - 2020.</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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<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)

Table with 3 columns: Question, Yes, No. Contains questions 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1 and 2 regarding governing body powers and organization benefits.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains question 1 regarding directors/trustees of supported organizations.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, 3 regarding support provided, officers, and significant voice.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2a, 2b, 3a, 3b regarding the Integral Part Test and activities.

**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)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

**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

2017 AMOUNT: \$ 547,995.

2018 AMOUNT: \$ 808,279.

2019 AMOUNT: \$ 452,244.

2020 AMOUNT: \$ 311,677.

RESEARCH GRANT SERVICE FEE

2017 AMOUNT: \$ 1,378,900.

2018 AMOUNT: \$ 408,500.

TRUST INCOME

2017 AMOUNT: \$ 2,353,015.

2018 AMOUNT: \$ 1,706,953.

PROGRAM PARTICIPANT FEES

2017 AMOUNT: \$ 2,312,267.

2018 AMOUNT: \$ 2,129,521.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

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

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

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

[ ] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization  <b>AMERICAN LUNG ASSOCIATION</b>	Employer identification number  <b>13-1632524</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>4,900,909.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>5,337,875.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>2,898,510.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>2,495,903.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>8,028,215.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>5,280,448.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>AMERICAN LUNG ASSOCIATION</b>	Employer identification number  <b>13-1632524</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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



Name of organization  <b>AMERICAN LUNG ASSOCIATION</b>	Employer identification number  <b>13-1632524</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

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-.

**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? .....														

Yes  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) 2018	(b) 2019	(c) 2020	(d) 2021	(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					

Schedule C (Form 990) 2021

**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		51,814.
<b>d</b> Mailings to members, legislators, or the public? .....	X		6,835.
<b>e</b> Publications, or published or broadcast statements? .....	X		1,768.
<b>f</b> Grants to other organizations for lobbying purposes? .....	X		119,739.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		475,501.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	X		19,873.
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			675,530.
<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 ELECTED OFFICIALS, 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 AND CURB CLIMATE CHANGE. 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 DISEASE (COPD), ASTHMA, TUBERCULOSIS AND OTHER LUNG DISEASES. FURTHERMORE, THE AMERICAN LUNG ASSOCIATION VOLUNTEERS AND STAFF ACTIVELY ADVOCATE AT THE NATIONAL, STATE AND LOCAL LEVELS FOR TOBACCO CONTROL LAWS, INCLUDING EFFORTS TO REGULATE TOBACCO PRODUCTS INCLUDING E-CIGARETTES, PROMOTE TOBACCO CESSATION AND ELIMINATE EXPOSURE TO SECONDHAND 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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

**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	9,016,928.	8,600,852.	8,779,996.	7,773,457.	1,207,060.
b Contributions	5,300.	5,000.	6,100.	1,003,500.	7,380,831.
c Net investment earnings, gains, and losses	-952,335.	1,326,442.	-40,790.	256,966.	467,650.
d Grants or scholarships	99,662.	915,366.	144,454.	253,927.	1,261,111.
e Other expenditures for facilities and programs					
f Administrative expenses					20,973.
g End of year balance	7,970,231.	9,016,928.	8,600,852.	8,779,996.	7,773,457.

- 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		2,582,203.		2,582,203.
b Buildings		14,499,820.	6,293,769.	8,206,051.
c Leasehold improvements		455,278.	320,709.	134,569.
d Equipment		3,805,729.	3,690,782.	114,947.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				11,037,770.

**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	35,382,670.
(2) AMOUNTS HELD ON BEHALF OF OTHERS	1,148,660.
(3) REFUNDABLE DEPOSITS	258,642.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	36,789,972.

**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	8,799,532.
(3) AMOUNTS HELD ON BEHALF OF OTHERS	1,148,660.
(4) ANNUITY FUND INVESTMENTS	893,806.
(5) OTHER LIABILITIES	465,432.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	11,307,430.

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>	135,196,629.
<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>	-26,178,722.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	36,133,855.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-4,062,725.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	5,892,408.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	129,304,221.
<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>	88,715.
<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>	88,715.
<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>	129,392,936.

**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>	137,971,845.
<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>	36,133,855.
<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>	36,133,855.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	101,837,990.
<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>	88,715.
<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>	88,715.
<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>	101,926,705.

**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	-5,849,144.
CHANGE IN VALUE OF SPLIT-INTEREST TRUSTS	-162,165.
CHANGE IN VALUE OF EQUITY METHOD INVESTMENTS	-162,511.
PENSION AND POSTRETIREMENT PLAN CHANGES	2,111,095.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-4,062,725.

**SCHEDULE G  
(Form 990)**

**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.

**2021**

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, GATEWAY COMMUNICATIONS - 16805 NE MASON COURT,	DIRECT MARKETING TELEMARKETING SERVICES		X	17,971,258.	369,000.	17,602,258.
			X	78,985.	77,755.	1,230.
<b>Total</b>				18,050,243.	446,755.	17,603,488.

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 CLIMB (event type)	LUNG FORCE WALKS (event type)	46 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	6,248,230.	2,481,036.	6,599,376.	15,328,642.
	2	Less: Contributions	6,248,230.	2,481,036.	3,761,644.	12,490,910.
	3	Gross income (line 1 minus line 2)			2,837,732.	2,837,732.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	50,384.	5,483.	96,655.	152,522.
	6	Rent/facility costs	351,336.	49,254.	329,333.	729,923.
	7	Food and beverages	30,171.	7,740.	438,031.	475,942.
	8	Entertainment	12,430.	13,433.	35,661.	61,524.
	9	Other direct expenses	398,581.	202,779.	1,027,229.	1,628,589.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				3,048,500.
11	Net income summary. Subtract line 10 from line 3, column (d)				-210,768.	

**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	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law 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.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: NNE MARKETING

(I) ADDRESS OF FUNDRAISER:

1666 MASSACHUSETTS AVE. SUITE 14, LEXINGTON, MA 02420

(I) NAME OF FUNDRAISER: GATEWAY COMMUNICATIONS

(I) ADDRESS OF FUNDRAISER: 16805 NE MASON COURT, PORTLAND, OR 97230

**Part IV** Supplemental Information (continued)

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

THE AMERICAN LUNG ASSOCIATION ACQUIRES CONTRIBUTIONS FROM DIRECT MAIL AND TELEMARKETING SERVICES. 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

**2021**

**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 noncash 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
REGENTS OF THE UNIVERSITY OF MINNESOTA - 2221 UNIV AVENUE SE, STE 100 - MINNEAPOLIS, MN 55414	41-6007513	501(C)(3)	100,000.	0.			RESEARCH
UNIVERSITY OF MICHIGAN 3003 S. STATE STREET, 5082 WOLVERINE TOWER - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	418,743.	0.			RESEARCH
ST. VINCENT OF INDIANA 1 HOSPITAL DRIVE INDIANAPOLIS, IN 46260	35-0869066	501(C)(3)	156,329.	0.			RESEARCH
NEMOURS CHILDREN CLINIC 10140 CENTURION PARKWAY NORTH JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	190,389.	0.			RESEARCH
ENTERTAINMENT INDUSTRY FOUNDATION (STAND UP 2 CANCER) - 10880 WILSHIRE BOULEVARD, SUITE 1400 - LOS ANGELES, CA 90024	95-1644609	501(C)(3)	1,500,000.	0.			RESEARCH
REGENTS UNIVERSITY OF CALIFORNIA, LOS ANGELES - 10889 WILSHIRE BOULEVARD, SUITE 700 - LOS ANGELES, CA 90095-1406	95-6006143	501(C)(3)	400,000.	0.			RESEARCH

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **53.**

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

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106-7037	34-1018992	501(C)(3)	100,000.	0.			RESEARCH
NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) - 1100 13TH STREET, NW THIRD FLOOR - WASHINGTON, DC 20005	52-1191985	501(C)(3)	96,987.	0.			RESEARCH
UNIVERSITY HOSPITALS CLEVELAND MEDICAL CTR - 11100 EUCLID AVENUE - CLEVELAND, OH 44106	34-1567805	501(C)(3)	200,000.	0.			RESEARCH
THOMAS JEFFERSON UNIVERSITY 125 S 9TH STREET, SUITE 600 PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	100,000.	0.			RESEARCH
UNIVERSITY OF COLORADO DENVER 13001 E 17TH PLACE, BUILDING 500 AURORA, CO 80045	84-6000555	501(C)(3)	200,000.	0.			RESEARCH
NATIONAL JEWISH MEDICAL AND RESEARCH CENTER - 1400 JACKSON STREET - DENVER, CO 80206	74-2044647	501(C)(3)	227,314.	0.			RESEARCH
UNIVERSITY OF TEXAS MD ANDERSON CANCER CTR - 1515 HOLCOMBE BOULEVARD - HOUSTON, TX 77030-7009	74-6001118	501(C)(3)	200,000.	0.			RESEARCH
THE UNIVERSITY OF TEXAS M.D. ANDERSON CANCER CENTER - 1515 HOLCOMBE BOULEVARD - HOUSTON, TX 77030	74-6001118	501(C)(3)	150,000.	0.			RESEARCH
EMORY UNIVERSITY 1599 CLIFTON ROAD, 4TH FLOOR ATLANTA, GA 30322-4250	58-0566256	501(C)(3)	100,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE UNIVERSITY 1852 N. 10TH STREET PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	236,109.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM STREET - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	333,119.	0.			RESEARCH
CHILDRENS NATIONAL MEDICAL CENTER 1935 MEDICAL DISTRICT DRIVE DALLAS, TX 75235	75-0800628	501(C)(3)	150,000.	0.			RESEARCH
YALE UNIVERSITY 2 WHITNEY AVENUE, 6TH FLOOR NEW HAVEN, CT 06510	06-0646973	501(C)(3)	100,000.	0.			RESEARCH
GATEWAY FOR CANCER RESEARCH 20 NORTH MARTINGALE ROAD, SUITE 180 SCHAUMBURG, IL 60173	73-1386920	501(C)(3)	400,000.	0.			RESEARCH
UNIVERSITY OF KANSAS CTR FOR RESEARCH - 2385 IRVING HILL ROAD - LAWRENCE, KS 66045	48-0680117	501(C)(3)	235,599.	0.			RESEARCH
AMERICAN THORACIC SOCIETY, INC. 25 BROADWAY, 4TH FLOOR NEW YORK, NY 10004	06-1548706	501(C)(3)	271,710.	0.			RESEARCH
UNIVERSITY OF HAWAII 2538 MCCARTHY MALL, EDMONDSON 216 HONOLULU, HI 86822	99-6000354	501(C)(3)	150,000.	0.			RESEARCH
UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON - 301 UNIVERSITY BOULEVARD - GALVESTON, TX 77555-1166	74-6000949	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 noncash 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)	154,029.	0.			RESEARCH
UNIVERSITY OF GEORGIA RESEARCH FOUNDATION INC - 310 E CAMPUS ROAD - ATHENS, GA 30602	58-1353149	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
JOHNS HOPKINS UNIVERSITY 3910 KESWICH ROAD, N4 327-B BALTIMORE, MD 21211	52-0595110	501(C)(3)	1,170,000.	0.			RESEARCH
UNIVERSITY OF ARKANSAS FOR MEDICAL SERVICES - 4301 WEST MARKHAM STREET - ST. LITTLE ROCK, AR 72205	71-6046242	501(C)(3)	150,000.	0.			RESEARCH
WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH - 455 MAIN STREET - CAMBRIDGE, MA 02142	06-1043412	501(C)(3)	100,000.	0.			RESEARCH
SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98105-3901	91-0564748	501(C)(3)	200,000.	0.			RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-1564655	501(C)(3)	258,709.	0.			RESEARCH
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - 550 FIRST AVENUE - NEW YORK, NY 10016	13-5562308	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF CHICAGO 5801 ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	200,000.	0.			RESEARCH
COLUMBIA UNIVERSITY 615 WEST 131ST STREET NEW YORK, NY 10027	13-5598093	501(C)(3)	193,549.	0.			RESEARCH
NORTHWESTERN UNIVERSITY 619 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	343,984.	0.			RESEARCH
UNIVERSITY OF TENNESSEE (HEALTH SCIENCE CTR) - 62 SOUTH DUNLAP STREET, SUITE 300 - MEMPHIS, TN 38163	62-6001636	501(C)(3)	200,000.	0.			RESEARCH
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE CAMPUS, BOX 1034 ST. LOUIS, MO 63112-1408	43-0653611	501(C)(3)	47,500.	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)	15,389.	0.			RESEARCH
VIRGINIA COMMONWEALTH UNIVERSITY 800 E LEIGH STREET, SUITE 3100 RICHMOND, VA 23284	54-6001758	501(C)(3)	200,000.	0.			RESEARCH
BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS - 809 S MARSHFIELD AVENUE (M/C 551) - CHICAGO, IL 60612-7502	37-6000511	501(C)(3)	75,000.	0.			RESEARCH
UNIVERSITY OF VERMONT 85 SOUTH PROSPECT STREET BURLINGTON, VT 05405	03-0179440	501(C)(3)	414,279.	0.			RESEARCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE OHIO STATE UNIVERSITY 901 WOODY HAYES DRIVE, 2020 BLANKENSHIP HALL - COLUMBUS, OH 43210	31-6025986	501(C)(3)	301,500.	0.			RESEARCH
GEORGIA TECH RESEARCH CORPORATION 926 DALNE STREET NW ATLANTA, GA 30332-0415	58-0603146	501(C)(3)	150,000.	0.			RESEARCH
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION - CONTROLLERS OFFICE SERVICE COMPLES BUILDING - LOUISVILLE, KY 40292	61-1029626	501(C)(3)	200,000.	0.			RESEARCH
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030-3411	74-1613878	501(C)(3)	214,239.	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)	247,500.	0.			RESEARCH
DUKE UNIVERSITY P.O BOX 104132 DURHAM, NC 27708	56-0532129	501(C)(3)	441,078.	0.			RESEARCH
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - P.O. BOX 22371 - NEW YORK, NY 10087-2371	13-1623978	501(C)(3)	200,000.	0.			RESEARCH
BOARD OF REGENTS OF THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCE CTR - P.O. BOX 26901 RP865, ROOM 560 - OKLAHOMA CITY, OK 73126-0901	73-1563627	501(C)(3)	150,000.	0.			RESEARCH
UNIVERSITY OF ARIZONA P.O. BOX 3308 TUCSON, AZ 85722	74-2652689	501(C)(3)	173,034.	0.			RESEARCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY GARDENS BUILDING STE 205 LOS ANGELES, CA 90089-8006	95-1642394	501(C)(3)	400,000.	0.			RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM - UNIVERSITY STATION - BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	464,289.	0.			RESEARCH
RETURNED FUNDS & CANCELLED PAYMENTS - VARIOUS UNIVERSITIES - 55 W. WACKER DRIVE - CHICAGO, IL 60601	13-1632524	501(C)(3)	-95,368.	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

**2021**

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 type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" 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? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HAROLD WIMMER PRESIDENT & CEO	(i)	522,872.	25,000.	0.	30,397.	29,610.	607,879.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JEFF SEYLER CHIEF DIVISION OFFICER, EAST	(i)	253,226.	19,751.	0.	28,138.	10,324.	311,439.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JULIA FITZGERALD CHIEF MARKETING OFFICER	(i)	253,380.	19,776.	0.	15,808.	19,504.	308,468.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LAURA SCOTT CHIEF FINANCIAL OFFICER	(i)	256,810.	19,750.	0.	22,934.	1,973.	301,467.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SUE SWAN CHIEF DEVELOPMENT OFFICER	(i)	236,725.	18,104.	0.	25,960.	19,869.	300,658.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DEBORAH BROWN CHIEF MISSION OFFICER	(i)	238,986.	18,466.	0.	25,170.	11,208.	293,830.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) WILLIAM PFEIFER EXE. VP, GOVERNANCE & STRATEGIC INIT	(i)	242,658.	6,602.	0.	25,866.	12,407.	287,533.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SARAH KRIKORIAN CHIEF HUMAN RESOURCES OFFICER	(i)	227,500.	17,200.	0.	13,405.	18,882.	276,987.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PAUL BILLINGS NATIONAL SENIOR VP, PUBLIC POLICY	(i)	211,775.	7,249.	0.	23,335.	0.	242,359.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SALLY DRAPER NATIONAL SVP, DEVELOPMENT, CORPORATE	(i)	198,486.	9,562.	0.	13,248.	0.	221,296.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ALLISON HICKEY EXECUTIVE VP, MOUNTAIN PACIFIC & CA	(i)	199,958.	5,899.	0.	14,115.	0.	219,972.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) SUSAN RAPPAPORT NATIONAL VICE PRESIDENT, RESEARCH	(i)	190,768.	3,752.	0.	20,587.	0.	215,107.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) NEIL BALLENTINE CHIEF TECHNOLOGY OFFICER	(i)	168,175.	12,048.	0.	13,792.	12,937.	206,952.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) EMILY MURPHY DIVISION SENIOR VP, DEVELOPMENT	(i)	167,272.	6,592.	0.	14,887.	0.	188,751.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) LEWIS BARTFIELD CHIEF DIVISION OFFICER, WEST	(i)	157,356.	0.	0.	17,664.	6,169.	181,189.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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 \$35,057 FROM A 457(F) PLAN.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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>144,416.</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 If "Yes," describe the arrangement in Part II.		<b>X</b>
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 If "Yes," describe in Part II.		<b>X</b>
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)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

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:

AS WELL. OUR COVID-19 ACTION INITIATIVE CONTINUED TO SHOW REAL IMPACT  
AS THE CATALYST FOR NEW COVID-19 ADVOCACY, OUTREACH AND RESEARCH  
GRANTS, INCLUDING THE COVID-19 AND RESPIRATORY VIRUS RESEARCH AWARD  
WHICH PROVIDES \$100,000 OF FUNDING A YEAR FOR TWO YEARS.

AS A FOUNDING PARTNER OF THE WHITE HOUSE VACCINATION TASK FORCE, WE  
INVITED AMERICANS TO BECOME AN AMERICAN LUNG ASSOCIATION VACCINE  
AMBASSADOR BY DOWNLOADING OUR VACCINE TOOLKIT AND USING ITS INFORMATION  
TO EDUCATE THEIR FAMILY AND FRIENDS ABOUT THE IMPORTANCE OF LIFESAVING  
COVID-19 VACCINATIONS. OUR BETTER FOR IT TOOLKITS ALSO HELPED  
POPULATIONS THAT ARE HISTORICALLY HESITANT ABOUT VACCINATIONS MAKE  
INFORMED DECISIONS ABOUT COVID-19 VACCINATION.

IN SEPTEMBER 2021, OUR COVID-19 RELIEF FREEDOM FROM SMOKING (FFS) PLUS  
PROGRAM PROVIDED A ONE-YEAR FREE MEMBERSHIP TO FREEDOM FROM SMOKING  
PLUS CESSATION PROGRAM TO HUNDREDS WHO QUIT SMOKING DURING THE  
PANDEMIC. TO REDUCE MISINFORMATION AND CONFUSION ABOUT MASK USE DURING  
THE PANDEMIC, WE PRODUCED A SERIES OF COMMUNICATIONS EXPLAINING THE  
TYPES OF MASKS AND THEIR PROPER USE, INCLUDING AN INFOGRAPHIC, WIDELY  
SHARED ON SOCIAL MEDIA.

IN OCTOBER 2021, WE LAUNCHED A NEW ONLINE COMMUNITY CALLED LIVING WITH  
LONG COVID. THIS COMMUNITY ALLOWS THOSE FACING LONG COVID AND THEIR  
LOVED ONES TO CONNECT AND RECEIVE PEER-TO-PEER SUPPORT. IT JOINS OUR  
TEN OTHER ONLINE SUPPORT COMMUNITIES. ADDITIONALLY, OUR BETTER

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

Schedule O (Form 990) 2021

Name of the organization AMERICAN LUNG ASSOCIATION	Employer identification number 13-1632524
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BREATHERS CLUBS BEGAN ACCEPTING THOSE WITH LONG COVID SYMPTOMS INTO THEIR ONLINE AND IN-PERSON SUPPORT GROUPS.

TO INCREASE ACCESS TO IMPORTANT HEALTH EDUCATION, WE EXPANDED OUR WEBSITE TO THE TEN MOST-USED LANGUAGES IN THE U.S. TO EDUCATE MORE PEOPLE ABOUT COVID-19, LUNG CANCER AND OTHER LUNG DISEASES. LUNG.ORG IS NOW AVAILABLE IN ENGLISH, SPANISH, ARABIC, CHINESE (SIMPLIFIED MANDARIN), FILIPINO, FRENCH, GERMAN, KOREAN, RUSSIAN AND VIETNAMESE. AND THROUGHOUT THE YEAR, OUR GROWING AND ENGAGED SOCIAL AUDIENCE RELIED ON US TO GIVE THEM INFORMATION THEY COULD TRUST ACROSS ALL OUR SOCIAL CHANNELS.

IN ADDITION TO COVID-19, WE CONTINUED TO FOCUS ON ALL LUNG DISEASES, INCLUDING LUNG CANCER. WE CONTINUED OUR FOCUS ON REDUCING LUNG CANCER THROUGH OUR ONGOING LUNG FORCE INITIATIVE WHICH RAISES AWARENESS, LUNG CANCER RESEARCH FUNDING, AND PROVIDES EDUCATION AND SUPPORT TO LUNG CANCER PATIENTS AND CAREGIVERS. OUR "SAVED BY THE SCAN" CAMPAIGN RAISED AWARENESS ABOUT LIFESAVING LUNG CANCER SCREENING BY GENERATING OVER 140,000 QUIZ COMPLETIONS TO HELP PEOPLE LEARN IF THEY SHOULD BE SCANNED FOR LUNG CANCER.

IN NOVEMBER 2021, WE OBSERVED LUNG CANCER AWARENESS MONTH BY SHARING NEW LUNG CANCER RESOURCES, INSPIRING PATIENT STORIES AND LIFESAVING LUNG CANCER SCREENING INFORMATION. WE ALSO RELEASED OUR LUNG HEALTH BAROMETER, WHICH SURVEYED 4,000 WOMEN AND MEN ABOUT THEIR UNDERSTANDING OF LUNG CANCER. IT FOUND THAT LUNG CANCER AWARENESS CONTINUES TO IMPROVE BUT MORE WORK STILL NEEDS TO BE DONE. IN NOVEMBER WE ALSO RELEASED OUR ANNUAL "STATE OF LUNG CANCER" REPORT, WHICH EXAMINES KEY

Name of the organization AMERICAN LUNG ASSOCIATION	Employer identification number 13-1632524
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LUNG CANCER INDICATORS THROUGHOUT EACH STATE.

RADON EXPOSURE IS THE SECOND LEADING CAUSE OF LUNG CANCER. DURING JANUARY, RADON ACTION MONTH, AND THROUGHOUT THE YEAR, WE ENCOURAGE EVERYONE TO TEST THEIR HOMES FOR RADON AND SEEK RADON MITIGATION IF NECESSARY. THE LUNG ASSOCIATION LED THE EFFORT TO CREATE THE NEW FIVE-YEAR NATIONAL RADON ACTION PLAN WITH THE GOAL OF REDUCING HEALTH INEQUITIES TO PROTECT ALL AMERICANS FROM RADON EXPOSURE.

IN MARCH, WE HELD OUR SEVENTH ANNUAL LUNG FORCE ADVOCACY DAY. LUNG FORCE HEROES - THOSE PERSONALLY AFFECTED BY LUNG CANCER - FROM ACROSS THE COUNTRY CALLED THEIR MEMBERS OF CONGRESS AND ASKED THEM TO SUPPORT \$49 BILLION IN RESEARCH FUNDING FOR THE NATIONAL INSTITUTES OF HEALTH AND \$11 BILLION IN FUNDING FOR THE CDC. THEY ALSO URGED THEM TO MAKE QUALITY HEALTHCARE MORE AFFORDABLE FOR MILLIONS OF AMERICANS BY MAKING THE EXPANDED PREMIUM TAX CREDITS PERMANENT.

ASTHMA MAKES BREATHING DIFFICULT FOR MILLIONS OF AMERICANS, INCLUDING 5.5 MILLION CHILDREN. THIS YEAR, WE PUBLISHED OUR NEW INDOOR AIR QUALITY IN SCHOOLS GUIDE AND UPDATED OUR OTHER ASTHMA RESOURCES INCLUDING OUR ASTHMA FRIENDLY SCHOOLS ONLINE MODULE, KICKIN' ASTHMA, OPEN AIRWAYS FOR SCHOOLS AND MORE. WE TEAMED UP WITH OTHER HEALTH ORGANIZATIONS TO CREATE "LITTLE AIRWAYS, BIG VOICES," A PROGRAM TO BRING THE VOICE OF FAMILIES IMPACTED BY ASTHMA IN CHILDHOOD TO THE FOREFRONT OF DRUG DEVELOPMENT AND RESEARCH.

WE LAUNCHED OUR NEW FEND OFF FLU EDUCATIONAL CAMPAIGN TO INCREASE INFLUENZA KNOWLEDGE AND VACCINATION RATES. OUR LUNGCAST PODCAST SERIES,

Name of the organization AMERICAN LUNG ASSOCIATION	Employer identification number 13-1632524
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PRESENTED IN PARTNERSHIP WITH HCPLIVE, CONTINUED TO PROVIDE HEALTHCARE PROFESSIONALS WITH THE LATEST SCIENCE IN COVID-19 AND OTHER LUNG TOPICS; INCLUDED SESSIONS ON COPD, LUNG CANCER SCREENING, SLEEP APNEA AND MORE.

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 YOUTH VAPING 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. THE AMERICAN LUNG ASSOCIATION HAS COMMITTED \$2 MILLION TOWARD RESEARCH TO UNDERSTAND THE ALARMING EFFECTS OF VAPING ON KIDS AND FIND A SOLUTION TO VAPING RELATED LUNG INJURY.

AS PART OF OUR EDUCATION AND AWARENESS EFFORTS ON YOUTH VAPING, WE CONTINUED PROMOTING OUR "GET YOUR HEAD OUT OF THE CLOUD" CAMPAIGN, PRODUCED IN COLLABORATION WITH THE AD COUNCIL. THIS CAMPAIGN REACHED 160,000 AMERICAN PARENTS WITH FACTS AND GUIDANCE ON HOW TO TALK ABOUT VAPING WITH THEIR KIDS. IN AUGUST 2021, WE ANNOUNCED THE VAPE-FREE SCHOOLS SCHOLARSHIP FUND, A NEW EFFORT TO FUND SCHOOLS' IMPLEMENTATION OF OUR VAPE-FREE SCHOOLS INITIATIVE, SO THAT MORE KIDS CAN ACCESS CESSATION, SUPPORT AND EDUCATION. THE SCHOLARSHIP DRIVE SOUGHT TO RAISE FUNDS TO GIVE SCHOOLS ACROSS THE COUNTRY ACCESS TO ONLINE TRAINING AND RESOURCES TO HELP STUDENTS QUIT VAPING. THE VAPE-FREE SCHOOLS INITIATIVE INCLUDES NOT ON TOBACCO (N-O-T), OUR VOLUNTARY QUIT SMOKING PROGRAM FOR TEENS, AND INDEPTH, AN ALTERNATIVE FOR STUDENTS WHO FACE

Name of the organization AMERICAN LUNG ASSOCIATION	Employer identification number 13-1632524
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SUSPENSION FOR VIOLATION OF SCHOOL TOBACCO, VAPING OR NICOTINE USE POLICIES.

WE ALSO LAUNCHED NOT FOR ME, A WEB-BASED PROGRAM THAT GIVES STUDENTS THE TOOLS TO QUIT SMOKING OR VAPING. IT TEACHES TEENS ABOUT THE IMPORTANCE OF PHYSICAL ACTIVITY, NUTRITION, ENHANCING THEIR SENSE OF SELF-CONTROL AND MORE.

WE ENCOURAGED SMOKERS TO KEEP THEIR NEW YEAR'S RESOLUTION TO QUIT, AND START A TOBACCO-FREE LIFE IN 2022, PROVIDING TOOLS AND SUPPORT TO HELP, INCLUDING OUR LUNG HELPLINE AND TOBACCO QUITLINE (1-800-LUNGUSA), FREEDOM FROM SMOKING PROGRAM AND SUPPORT GROUPS.

OUR 20TH ANNUAL "STATE OF TOBACCO CONTROL" REPORT, LAUNCHED IN JANUARY, CELEBRATED THE PROGRESS WE'VE MADE OVER THE LAST TWO DECADES TO END TOBACCO USE BUT FOUND THAT PRODUCTS LIKE E-CIGARETTES AND OTHER FLAVORED TOBACCO PRODUCTS CREATE CONCERN FOR LOSING ANOTHER GENERATION TO NICOTINE ADDICTION. THE REPORT ALSO CALLED ON THE BIDEN ADMINISTRATION TO REMOVE MENTHOL CIGARETTES AND FLAVORED CIGARS FROM THE MARKETPLACE. JUST FOUR MONTHS AFTER THE RELEASE OF OUR REPORT, THE FDA DID JUST THAT AND PROPOSED REMOVING THESE HARMFUL AND HIGHLY ADDICTIVE PRODUCTS FROM THE MARKET.

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

WE ALSO CONTINUED TO SUPPORT PROMISING RESEARCH IN ALL AREAS OF LUNG DISEASE, WITH THE HOPE OF ELIMINATING LUNG DISEASE AND IMPROVING THE LIVES OF THOSE LIVING WITH LUNG DISEASE. OUR RESEARCH PROGRAM INCLUDES OUR AWARDS AND GRANTS PROGRAM AND OUR EXPANDED AIRWAYS CLINICAL



Name of the organization AMERICAN LUNG ASSOCIATION	Employer identification number 13-1632524
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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 INCREASED OUR OVERALL RESEARCH FUNDING, INVESTING AN ADDITIONAL \$12.6 MILLION, TO ACCELERATE LUNG HEALTH RESEARCH FOR 2021-2022. OUR ANNUAL ADVANCING RESEARCH PUBLICATION ILLUSTRATED OUR ONGOING RESEARCH INITIATIVES, FROM PATIENT STORIES TO SCIENTIFIC ARTICLES, AND RESEARCHER PROFILES AND CREATED A NEW WAY TO KEEP UP WITH OUR CUTTING-EDGE RESEARCH PROGRAM WITH OUR NEW RESEARCH NEWS WEBSITE.

IN JUNE 2022, ENROLLMENT BEGAN FOR THE AMERICAN LUNG ASSOCIATION LUNG HEALTH COHORT - THE FIRST-EVER LARGE-SCALE LUNG HEALTH STUDY THAT WILL TRACK 4,000 YOUNG ADULTS (AGES 25-35) AT AN AGE OF PEAK LUNG HEALTH. THE LUNG ASSOCIATION'S AIRWAYS CLINICAL RESEARCH CENTERS NETWORK WILL CONDUCT THE RESEARCH, WORKING CLOSELY WITH RESEARCHERS AT PROMINENT FACILITIES ACROSS THE COUNTRY.

THIS YEAR, WE PUBLISHED OUR MAJOR NATIONAL INSTITUTES OF HEALTH FUNDED CLINICAL TRIAL, CONDUCTED BY OUR AIRWAYS CLINICAL RESEARCH CENTERS NETWORK, THE ASTHMA BMI BASELINE STUDY (ABBS), WHICH EVALUATED ASTHMA SYMPTOMS AND THE IMPACT ON QUALITY OF LIFE FOR PEOPLE WHO HAVE POORLY CONTROLLED ASTHMA WITH AN ELEVATED BODY MASS INDEX (BMI). IT CONCLUDED THAT INTERVENTIONS ARE SERIOUSLY NEEDED TO IMPROVE LIFE QUALITY FOR THOSE WITH POORLY CONTROLLED ASTHMA AND OBESITY.

THIS YEAR, WE LAUNCHED A NEW LUNG CANCER RESEARCH AWARD. KELLIE SMITH,

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PH.D., OF JOHNS HOPKINS UNIVERSITY, WAS AWARDED OUR FIRST-EVER PIERRE MASSION LUNG CANCER DISCOVERY AWARD, IN HONOR OF DR. MASSION'S LEGACY. DR. SMITH HOPES TO FIND A WAY TO PREVENT OR DELAY RELAPSES IN PATIENTS WITH EARLY-STAGE NON-SMALL CELL LUNG CANCER.

DIVERSITY AND INCLUSION CONTINUE TO BE A KEY NEED IN THE WORLD OF RESEARCH, INCLUDING THE NEED TO IMPROVE ACCESS TO CLINICAL TRIALS. THE BLACK COMMUNITY IS DISPROPORTIONALLY IMPACTED BY LUNG CANCER AND UNDERREPRESENTED IN LUNG CANCER CLINICAL TRIALS. OUR CAMPAIGN "AWARENESS, TRUST AND ACTION" WORKED TO CLOSE THIS GAP BY EDUCATING ABOUT LUNG CANCER CLINICAL TRIALS AND EMPOWERING ALL LUNG CANCER PATIENTS, INCLUDING BLACK AMERICANS, TO PARTICIPATE. TO FURTHER IMPROVE DIVERSITY IN RESPIRATORY CARE, WE SPONSORED A SCHOLAR IN PULMONARY MEDICINE IN THE PRESTIGIOUS HAROLD AMOS MEDICAL FACULTY DEVELOPMENT PROGRAM, DEVELOPED TO INCREASE THE NUMBER OF FACULTY FROM HISTORICALLY MARGINALIZED BACKGROUNDS PURSUING CAREERS IN MEDICINE, DENTISTRY OR NURSING.

AS A NEW MEMBER OF THE LUNG ASSOCIATION'S RESEARCH TEAM, FRANCISCO CARTUJANO, M.D., RECEIVED OUR 2021-2022 CATALYST AWARD FOR HIS PROJECT, "KICK VAPING: A VAPING CESSATION TEXT MESSAGING INTERVENTION FOR LATINO YOUNG ADULTS." THE PROJECT AIMS TO DEVELOP AND EVALUATE THE PRACTICALITY AND EFFECTIVENESS OF HIS KICK VAPING INITIATIVE, A TEXT MESSAGING INTERVENTION TO HELP LATINO AND HISPANIC YOUNG ADULTS STOP VAPING.

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

CLIMATE CHANGE. WE WORKED TO EDUCATE THE PUBLIC, MEDIA AND OUR NATION'S

Name of the organization AMERICAN LUNG ASSOCIATION	Employer identification number 13-1632524
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LEADERS ABOUT THE HARMFUL EFFECT DIRTY AIR HAS ON HEALTH AND WHAT WE NEED TO DO TO CLEAN IT UP. ADVOCATING FOR HEALTHY AIR WAS EVEN MORE IMPORTANT DURING THE COVID-19 PANDEMIC AS RESEARCH SHOWED THAT EXPOSURE TO AIR POLLUTION WAS LINKED TO WORSENERD IMPACTS FROM COVID-19.

IN LATE 2021, WE SAW THE IMPACT OF OUR CLEAN AIR ADVOCACY WITH TWO IMPORTANT LEGISLATIVE ACTIONS ON OZONE AND METHANE POLLUTION. THE ENVIRONMENTAL PROTECTION AGENCY (EPA) SHARED ITS DECISION TO RECONSIDER THE INADEQUATE OZONE STANDARD THAT THE PREVIOUS ADMINISTRATION PUSHED. THE LUNG ASSOCIATION AND PARTNERS SUED EPA OVER THE WEAK STANDARD AND URGED THE AGENCY TO RECONSIDER. WE ALSO ADVOCATED FOR THE REDUCTION OF METHANE POLLUTION FROM THE OIL AND GAS SECTOR, WHICH IS RAPIDLY ACCELERATING CLIMATE CHANGE AND CREATING TOXIC AIR POLLUTION. IN NOVEMBER 2021, EPA RELEASED A PROPOSED RULE TO CUT METHANE AND OTHER HARMFUL POLLUTANTS FROM NEW AND EXISTING OIL AND GAS OPERATIONS.

CLIMATE CHANGE HAS MADE WILDFIRE MORE FREQUENT AND SEVERE. WE ADDRESSED THE EVER-WORSENERD THREAT OF WILDFIRES IN A NEW REPORT "CAN PRESCRIBED FIRES MITIGATE HEALTH HARM?" THAT WEIGHS THE BENEFITS AND RISKS OF PRESCRIBED FIRES TO REDUCE HEALTH HARMS OF CATASTROPHIC WILDFIRES. FUELED BY CLIMATE CHANGE, WILDFIRES ARE BECOMING MORE FREQUENT AND INTENSE INCREASINGLY EXPOSING MORE AMERICANS TO THE POTENTIALLY DEADLY EFFECTS OF BREATHING WILDFIRE SMOKE.

EARLY IN 2022, WE CELEBRATED A CLEAR VICTORY WHEN EPA FINALIZED STRONGER CAR EMISSION STANDARDS ON GREENHOUSE GAS EMISSIONS FOR LIGHT-DUTY VEHICLES FOR MODEL YEARS 2023-2026. HOWEVER, WE WERE DISAPPOINTED BY THE U.S. SUPREME COURT DECISION IN THE CASE OF WEST

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VIRGINIA V. EPA, WHICH LIMITS EPA'S AUTHORITY TO REGULATE GREENHOUSE GAS EMISSIONS FROM COAL AND OIL-FIRED POWER PLANTS. WE WILL CONTINUE TO ADVOCATE TO OVERTURN THIS DECISION AND RESTORE EPA'S POWER TO PROTECT OUR HEALTH.

QUALITY AND AFFORDABLE HEALTHCARE ACCESS IS CRUCIAL TO ALL AMERICANS, ESPECIALLY LUNG DISEASE PATIENTS. IN JULY 2021, WE HOSTED OUR LEADING FOR LUNGS DAY OF ACTION TO URGE CONGRESS TO FURTHER EXPAND ACCESS TO QUALITY AND AFFORDABLE HEALTHCARE AND MAKE TRANSFORMATIVE INVESTMENTS IN CLEAN ENERGY, CLEAN TRANSPORTATION AND ENVIRONMENTAL JUSTICE TO ADDRESS AIR POLLUTION AND CLIMATE CHANGE.

IN SEPTEMBER 2021, LUNG ASSOCIATION VOLUNTEER ADVOCATES HELD TWELVE VIRTUAL MEETINGS WITH KEY SENATE OFFICES, AND MANY MORE JOINED IN WITH OUR BRAND-NEW TOOL THAT MAKES IT EASY AND AUTOMATIC TO CONNECT WITH YOUR MEMBERS OF CONGRESS. WHEN HEALTHCARE ENROLLMENT OPENED IN NOVEMBER, AND THEN EXPANDED AT HEALTHCARE.GOV, WE ROLLED OUT A SERIES OF UPDATED TOOLS TO HELP PEOPLE UNDERSTAND THEIR CHOICES AND THE ENROLLMENT PROCESS.

THIS YEAR, OUR HEALTHY AIR CAMPAIGN CONTINUED TO FIGHT FOR HEALTHY AIR FOR ALL AMERICANS. WE CONTINUED OUR FOCUS ON REDUCING TAILPIPE POLLUTION WITH THE RELEASE OF OUR "ZEROING IN ON HEALTHY AIR" REPORT, WHICH ADDRESSED THE HEALTH AND CLIMATE BENEFITS OF A WIDESPREAD SHIFT TO ZERO-EMISSION CARS, BUSES AND TRUCKS. IT ALSO SHINED A LIGHT ON LIVES THAT COULD BE SAVED, THE DOLLAR VALUE OF CLIMATE IMPACTS AVOIDED AND MORE.

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AS PART OF OUR ADVOCACY EFFORTS TO CONVINCING CONGRESS TO INVEST IN  
 TRANSITIONING SCHOOL BUSES NATIONWIDE FROM DIESEL TO ELECTRIC, WE HELD  
 A STAND-UP PRESS CONFERENCE IN SEPTEMBER 2021, ON CAPITOL HILL. WITH AN  
 ELECTRIC SCHOOL BUS AS OUR BACKDROP, SENATOR TOM CARPER, OTHER MEMBERS  
 OF CONGRESS, AND REPRESENTATIVES FROM NATIONAL CHILDREN'S HEALTH AND  
 NURSING ORGANIZATIONS JOINED US TO SPEAK. EACH HIGHLIGHTED THE HEALTH  
 BENEFITS OF ZERO-EMISSION, ELECTRIC SCHOOL BUSES AND CALLED ON CONGRESS  
 TO MAKE THE SWITCH. A LETTER SIGNED BY 500 HEALTH PROFESSIONALS AND  
 SENT TO CONGRESS HELPED DRIVE THE POINT HOME.

IN APRIL 2022, WE RELEASED THE 23RD EDITION OF OUR ANNUAL "STATE OF THE  
 AIR" REPORT. THIS YEAR'S REPORT SHOWED THAT DESPITE SOME NATIONWIDE  
 PROGRESS ON CLEANING UP AIR POLLUTION, MORE THAN 40% OF AMERICANS LIVE  
 WITH UNHEALTHY OZONE OR PARTICLE POLLUTION. THE REPORT FINDS THAT  
 PEOPLE OF COLOR ARE SIGNIFICANTLY MORE LIKELY TO BREATHE POLLUTED AIR  
 THAN WHITE PEOPLE. AS THE NATION WORKS TO ADDRESS CLIMATE CHANGE AND  
 CONTINUE REDUCING AIR POLLUTION, WE MUST PRIORITIZE THE HEALTH OF  
 DISPROPORTIONATELY BURDENED COMMUNITIES.

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

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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EXTEND 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.

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 ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. FORM 990 IS

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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 CFO, 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 BEING PAID TO ITS EXECUTIVES.

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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 CONDUCTS PERIODIC COMPENSATION REVIEW FOR THE CEO AS WELL AS OTHER OFFICERS AND KEY EMPLOYEES.

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:

PROGRAM CONSULTING :	
PROGRAM SERVICE EXPENSES	19,286,066.
TOTAL EXPENSES	19,286,066.

OTHER FEES:

PROGRAM SERVICE EXPENSES	5,481,664.
MANAGEMENT AND GENERAL EXPENSES	281,942.



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**FUNDRAISING EXPENSES** 422,596.

**TOTAL EXPENSES** 6,186,202.

**TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A** 25,472,268.

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

**CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUSTS** -5,849,144.

**CHANGE IN VALUE OF SPLIT-INTEREST TRUSTS** -162,165.

**CHANGE IN VALUE OF EQUITY METHOD INVESTMENTS** -162,511.

**PENSION AND RETIREMENT PLAN CHANGES** 2,111,095.

**TOTAL TO FORM 990, PART XI, LINE 9** -4,062,725.

**FORM 990, PART XII, LINE 2C:**

**THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.**

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>AMERICAN LUNG ASSOCIATION</b>	Taxpayer identification number (TIN) <b>13-1632524</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>55 W. WACKER DRIVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CHICAGO, IL 60601</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

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

**LAURA SCOTT, CFO**

• The books are in the care of ▶ **3000 KELLY LANE - SPRINGFIELD, IL 62711**

Telephone No. ▶ **217-787-5864** Fax No. ▶ \_\_\_\_\_

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

**1** I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

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

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

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