

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2020

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation): Do not enter social security numbers on this form as it may be made public.

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

Form 990 Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 07-01-2020, and ending 06-30-2021

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

C Name of organization: AMERICAN LUNG ASSOCIATION. Doing business as: . Number and street (or P.O. box if mail is not delivered to street address): 55 W WACKER DRIVE. Room/suite: . City or town, state or province, country, and ZIP or foreign postal code: CHICAGO, IL 60601

D Employer identification number: 13-1632524. E Telephone number: (217) 787-5864. G Gross receipts \$ 131,298,528

F Name and address of principal officer: HAROLD WIMMER, 55 W WACKER DRIVE, CHICAGO, IL 60601

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.LUNG.ORG

K Form of organization: Corporation

L Year of formation: 1918. M State of legal domicile: ME

Part I Summary

Table with 4 main sections: 1. Briefly describe the organization's mission... 2. Check this box if the organization discontinued its operations... 3-7. Summary statistics. 8-12. Revenue. 13-19. Expenses. 20-22. Net Assets or Fund Balances.

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.

Sign Here: Signature of officer LAURA SCOTT CFO, Date 2022-03-21

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Firm's name, Firm's address, Firm's EIN, Phone no.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE 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 No

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

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

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

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

4a (Code:) (Expenses \$ 50,176,193 including grants of \$) (Revenue \$ 5,002,722)

LUNG CANCER, ASTHMA, LUNG DISEASE AND TOBACCO CONTROL: LUNG DISEASE IS THE THIRD LEADING CAUSE OF DEATH IN AMERICA. COPD ALONE IS THE FOURTH LEADING DISEASE-RELATED CAUSE OF DEATH AND, LUNG CANCER KILLS MORE PEOPLE THAN ANY OTHER CANCER. THE CONTINUING COVID-19 PANDEMIC MADE THE MISSION OF THE AMERICAN LUNG ASSOCIATION MORE IMPORTANT THAN EVER. EVERY DAY, THE LUNG ASSOCIATION WORKS ACROSS THE COUNTRY TO RAISE AWARENESS OF THE NEED TO PRIORITIZE LUNG DISEASE PREVENTION AND TREATMENT, PROTECT OUR AIR, REDUCE TOBACCO USE, PROVIDE CAREGIVER SUPPORT, AND TO RAISE FUNDS FOR RESEARCH, TO BENEFIT EVERYONE WITH LUNGS. THE NATION'S RESPONSE TO THE PANDEMIC SHONE A SPOTLIGHT ON WIDE HEALTH DISPARITIES AMONG RACIAL AND OTHER DIVERSE GROUPS. THE LUNG ASSOCIATION MADE REDUCING THESE DISPARITIES A SPECIFIC AREA OF FOCUS. IN AN EFFORT TO FULLY EMBRACE DIVERSITY WITHIN THE LUNG ASSOCIATION AND THE COMMUNITIES IT SERVES, WE FORMED OUR FIRST-EVER DIVERSITY, EQUITY AND INCLUSION (DEI) COUNCIL. THE STAFF-BASED COUNCIL SEEKS TO ADVANCE OUR LIFESAVING MISSION WHILE FOSTERING AND IMPLEMENTING DEI IN THE LUNG ASSOCIATION'S PRACTICES, PROGRAMS AND PROCESSES. AS THE TRAGIC COVID-19 PANDEMIC CONTINUED ACROSS AMERICA, OUR COVID-19 ACTION INITIATIVE, LAUNCHED IN 2020, GAINED REAL TRACTION AND BEGAN TO SHOW SOLID IMPACT. AS PART OF THIS BOLD INITIATIVE COMMITTING \$25M TO END COVID-19 AND DEFEND AGAINST FUTURE RESPIRATORY VIRUSES, WE ANNOUNCED OUR SECOND ROUND OF COVID-19 RESEARCH GRANTS, INCLUDING THE COVID-19 AND RESPIRATORY VIRUS RESEARCH AWARD WHICH PROVIDES FUNDING OF \$100,000 A YEAR FOR TWO YEARS. IN SEPTEMBER LUNG ASSOCIATION SUPPORTERS ACROSS THE COUNTRY JOINED QUEEN LATIFAH FOR OUR FIRST-EVER LIVESTREAM BENEFIT, #ACT4IMPACT. QUEEN LATIFAH WAS JOINED BY NUMEROUS STARS WHO ALL HELPED TO SHARE OUR MISSION WORK ESPECIALLY OUR WORK TO ADDRESS THE COVID-19 PANDEMIC AND RACIAL HEALTH DISPARITIES. #ACT4IMPACT WAS SEEN BY MORE THAN 250,000 ONLINE VIEWERS AND, TO DATE, WE HAVE RAISED NEARLY \$7 MILLION FOR THE COVID-19 ACTION INITIATIVE. THIS EVENT WAS A POWERFUL STEP IN OUR OVERALL COVID-19 ACTION INITIATIVE AND OUR GOAL TO RAISE \$25 MILLION OVER THREE YEARS. OUR EFFORTS TO KEEP THE PUBLIC AND HEALTH PROFESSIONALS INFORMED RESULTED IN THE ADDITION OF MANY NEW ITEMS TO OUR ALREADY ROBUST COVID-19 RESOURCES. WE LAUNCHED A SERIES OF VIRTUAL COVID TOWN HALLS AND ENLISTED ESTEEMED MEDICAL EXPERTS TO SHARE NEW FINDINGS AND SUPPORT AMERICANS WITH THE SCIENCE-BASED INFORMATION AND RESOURCES THEY COULD TRUST. WE CREATED LUNGCAST, A PODCAST SERIES FOR HEALTHCARE PROFESSIONALS, HOSTED BY OUR CHIEF MEDICAL OFFICER, ALBERT RIZZO, M.D., AND FEATURING EXPERT GUESTS LIKE DR. ANTHONY FAUCI. WE ALSO PARTNERED WITH THE CLEVELAND CLINIC TO PROVIDE ADVANCED COVID-19 RESOURCES FOR HEALTHCARE PROVIDERS VIA WEB-BASED LEARNING. AS VACCINES BECAME AVAILABLE WE STEPPED UP CREATING ONLINE FAQ'S, A BROADLY DISTRIBUTED VACCINE PSA, A VACCINE TRACKER THAT HELPED USERS FIND WHERE VACCINES WERE AVAILABLE, AND OUR "BETTER FOR IT" VACCINE TOOLKITS TO SUPPLY FACTS, DISPEL MYTHS AND GUIDE USERS TO AN INFORMED DECISION ABOUT VACCINATION. IN JUNE, WE HAD THE HONOR OF BECOMING A FOUNDING PARTNER OF THE WHITE HOUSE VACCINATION TASK FORCE, FOCUSING ON HELPING ACHIEVE A 70% VACCINATION GOAL AND ENCOURAGING AMERICANS TO BECOME AN AMERICAN LUNG ASSOCIATION VACCINE AMBASSADOR. IN ADDITION TO COVID-19, WE CONTINUED TO FOCUS ON ALL LUNG DISEASES, SUCH AS LUNG CANCER. LUNG CANCER IS THE LEADING CAUSE OF CANCER RELATED DEATH OF BOTH WOMEN AND MEN IN THE U.S., A FACT OF WHICH TOO MANY AMERICANS ARE STILL UNAWARE. OUR LUNG FORCE INITIATIVE CONTINUES TO MAKE REAL PROGRESS IN CHANGING THAT. MORE PEOPLE THAN EVER BEFORE ARE SURVIVING LUNG CANCER. BUT MORE IS STILL NEEDED TO RAISE AWARENESS, INCREASE RESEARCH FUNDING, AND PROVIDE EDUCATION AND SUPPORT FOR PATIENTS AND THEIR CAREGIVERS. RELEASED IN NOVEMBER 2020, FOR LUNG CANCER AWARENESS MONTH, OUR SECOND ANNUAL "STATE OF LUNG CANCER" REPORT SHOWED HOW THE TOLL OF LUNG CANCER VARIES BY STATE AND EXAMINED KEY INDICATORS THROUGHOUT THE U.S. INCLUDING: NEW CASES, SURVIVAL, EARLY DIAGNOSIS, SURGICAL TREATMENT, LACK OF TREATMENT AND SCREENING RATES. KEY TAKEAWAY: STATES MUST DO MORE TO PROTECT THEIR RESIDENTS FROM LUNG CANCER. FOR THE FIRST TIME, THE REPORT EXAMINED THE LUNG CANCER BURDEN AMONG RACIAL AND ETHNIC MINORITY GROUPS AT THE NATIONAL AND STATE LEVELS. LUNG CANCER SCREENING SAVES LIVES BY DETECTING IT EARLIER WHEN IT IS MORE TREATABLE. OUR "SAVED BY THE SCAN" CAMPAIGN CONTINUED TO HELP CURRENT AND FORMER SMOKERS LEARN ABOUT THE LIFESAVING POTENTIAL OF LUNG CANCER SCREENING. IN FY21, 180,000 PEOPLE TOOK OUR SAVED BY THE SCAN ELIGIBILITY QUIZ AND OVER 20,000 WERE FOUND TO BE AT HIGH RISK. WHEN GUIDELINES FOR WHO QUALIFIES FOR SCREENING CHANGED SO THAT MORE PEOPLE COULD GET SCREENED, WE CREATED A NEW TOOLKIT TO HELP PEOPLE FIND OUT IF THEY QUALIFIED FOR SCREENING. SETTING UP A SCREENING PROGRAM CAN BE COMPLICATED. IN NOVEMBER, OUR CHIEF MEDICAL OFFICER, ALBERT RIZZO, M.D., SHARED OUR LUNG CANCER SCREENING IMPLEMENTATION GUIDE WITH THE NATIONWIDE MEMBERS OF THE AMERICAN HOSPITAL ASSOCIATION. THIS IMPORTANT RESOURCE IS A PRAGMATIC TOOLKIT ON HOW TO DESIGN, IMPLEMENT, AND CONDUCT A LUNG CANCER SCREENING PROGRAM IN HOSPITALS AND HEALTH SYSTEMS. EXPOSURE TO RADON GAS IS THE SECOND LEADING RISK FACTOR FOR LUNG CANCER. IN JANUARY 2021, WHICH IS RADON ACTION MONTH, WE LAUNCHED OUR NEW RADON BASICS COURSE, A FREE ONE-HOUR INTERACTIVE ONLINE LEARNING PROGRAM DESIGNED TO HELP PEOPLE UNDERSTAND MORE ABOUT THE DANGERS OF RADON AND THE IMPORTANCE OF TESTING YOUR HOME FOR RADON. IN MARCH, WE HELD OUR SIXTH ANNUAL LUNG FORCE ADVOCACY DAY. LUNG FORCE HEROES THOSE PERSONALLY AFFECTED BY LUNG CANCER FROM ACROSS THE COUNTRY CALLED TO SPEAK TO THEIR MEMBERS OF CONGRESS ABOUT THE URGENT NEED TO ADDRESS LUNG CANCER, INCLUDING \$46.1 BILLION IN RESEARCH FUNDING FOR NATIONAL INSTITUTES OF HEALTH, \$10 BILLION IN FUNDING FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND TO ENSURE THAT EVERYONE HAS AFFORDABLE, ADEQUATE AND ACCESSIBLE HEALTHCARE. PATIENTS WITH LUNG DISEASE AND THEIR CAREGIVERS FACE UNIQUE CHALLENGES. AS THEIR CHAMPION, IT'S OUR MISSION TO IMPROVE THE QUALITY OF THEIR LIVES. WE WORK TO HELP PATIENTS UNDERSTAND AND MANAGE THEIR CONDITIONS OR MAKE CRITICAL TREATMENT DECISIONS. WE ALSO WORK TO ENSURE THEY HAVE AFFORDABLE, QUALITY HEALTHCARE AND INVEST IN RESEARCH TO FIND BETTER WAYS TO PREVENT, TREAT OR EVEN CURE LUNG DISEASES LIKE ASTHMA, COPD AND COVID-19. ASTHMA MAKES BREATHING DIFFICULT FOR MILLIONS OF AMERICANS, INCLUDING 5.5 MILLION CHILDREN. THIS YEAR WE KICKED OFF A 3-PART SERIES OF LIVE, PATIENT-FOCUSED ASTHMA WEBCASTS THAT FEATURED CLINICAL PRESENTATIONS AS WELL AS A PATIENT PERSPECTIVE. RETURNING TO SCHOOL CAN BE CHALLENGING FOR STUDENTS WITH ASTHMA, ESPECIALLY DURING THE PANDEMIC. TO HELP, WE HOSTED A "BACK TO SCHOOL WITH ASTHMA IN THE TIME OF COVID-19" WEBCAST, AND MADE A RECORDING WIDELY AVAILABLE. OTHER RESOURCES INCLUDED OUR ASTHMA FRIENDLY SCHOOLS ONLINE MODULE, FACILITATOR TRAINING AND PROGRAM OPPORTUNITIES FOR KICKIN' ASTHMA, OPEN AIRWAYS FOR SCHOOLS AND MUCH MORE. WE CONTINUED TO CREATE NEW AND STRENGTHEN EXISTING SUPPORT RESOURCES FOR LUNG DISEASE PATIENTS, SUCH AS OUR BETTER BREATHERS NETWORK. WE ALSO EXPANDED OUR ONLINE SUPPORT COMMUNITIES ON THE INSPIRE PLATFORM, ADDING CHRONIC COUGH AND FREEDOM FROM SMOKING GROUPS, FOR A TOTAL OF 11 DISTINCT GROUPS. EVERY YEAR IN THE U.S., MORE THAN 480,000 PEOPLE DIE FROM TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE, MAKING IT THE LEADING CAUSE OF PREVENTABLE DEATH IN THIS COUNTRY. TRAGICALLY, EACH DAY THOUSANDS OF KIDS STILL PICK UP A TOBACCO PRODUCT FOR THE FIRST TIME. E-CIGARETTES ARE ALSO TOBACCO PRODUCTS AND THEIR USE AMONG OUR YOUTH HAS BECOME AN EPIDEMIC THAT THREATENS TO ADDICT ANOTHER GENERATION TO NICOTINE. THAT'S WHY CREATING A TOBACCO-FREE FUTURE FOR AMERICA IS A CORE PART OF OUR MISSION. IN SEPTEMBER 2020, WE LAUNCHED END THE YOUTH VAPING EPIDEMIC, A COORDINATED RESPONSE TO ADDRESS THE PREVALENCE OF YOUTH VAPING THROUGH A MULTI-PRONGED APPROACH. THE CAMPAIGN ENCOMPASSES AWARENESS, EDUCATION, ADVOCACY AND RESEARCH, INCLUDING A NATIONAL PUBLIC AWARENESS CAMPAIGN WITH THE AD COUNCIL, "GET YOUR HEAD OUT OF THE CLOUD" TO EQUIP PARENTS WITH THE FACTS ABOUT E-CIGARETTES AND SUPPORT CONVERSATIONS BEFORE KIDS START TO VAPE. THIS YEAR, WE WERE PROUD TO PARTNER WITH U.S. DEPARTMENT OF VETERANS AFFAIRS TO IMPROVE LUNG HEALTH OF VETERANS, INCLUDING HELPING VETS QUIT SMOKING THROUGH PRE-PAID MEMBERSHIP IN OUR FREEDOM FROM SMOKING PROGRAM, AND OUR MANY OTHER CESSATION RESOURCES.

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

RESEARCH: FEW THINGS PROMISE TO IMPROVE PATIENTS' LIVES MORE THAN MEDICAL RESEARCH. FOR MORE THAN 115 YEARS, THE AMERICAN LUNG ASSOCIATION HAS FOCUSED ON DRIVING EXCELLENCE AND INNOVATION THROUGH RESEARCH. WHEN WE LAUNCHED OUR COVID-19 ACTION INITIATIVE IN 2019, WE MADE RESEARCH OF CORONAVIRUSES A KEY COMPONENT. THIS YEAR, AS PART OF THIS BOLD INITIATIVE COMMITTING \$25M TO END COVID-19 AND DEFEND AGAINST FUTURE RESPIRATORY VIRUSES, WE ANNOUNCED OUR SECOND ROUND OF COVID-19 RESEARCH GRANTS, INCLUDING THE COVID-19 AND RESPIRATORY VIRUS RESEARCH AWARD WHICH PROVIDES FUNDING OF \$100,000 A YEAR FOR TWO YEARS. RECENT COVID-19 RESEARCH WE'RE FUNDING IS A STUDY OF THE EFFECTIVENESS OF COVID-19 VACCINATION FOR TRANSPLANT RECIPIENTS. MARCIA GOLDBERG, M.D., WHO LEADS THE INVESTIGATIVE TEAM AT HARVARD AND MASSACHUSETTS GENERAL HOSPITAL HAS GOOD REASON TO WANT TO LEARN THE ANSWER. HER HUSBAND RECEIVED A HEART TRANSPLANT 15 YEARS AGO. IN JANUARY 2021, WE ANNOUNCED A SECOND CALL FOR APPLICATIONS FOR OUR COVID-19 AND RESPIRATORY VIRUS RESEARCH AWARD. AS PART OF OUR COVID-19 ACTION INITIATIVE, THE AWARD SUPPORTS INVESTIGATORS WITH A STELLAR TRACK RECORD OF ACCOMPLISHMENT WHO HAVE THE POTENTIAL TO ADVANCE OUR KNOWLEDGE OF COVID-19 AND OTHER NOVEL RESPIRATORY VIRUSES WITH PANDEMIC POTENTIAL. THE RESPONSE FROM RESEARCHERS WAS ASTOUNDING WITH NEARLY 200 SUBMITTED LETTERS OF INTENT. WE ALSO CONTINUED TO SUPPORT PROMISING RESEARCH IN ALL AREAS OF LUNG DISEASE, WITH THE HOPE OF ELIMINATING LUNG DISEASE AND IMPROVING LIFE FOR THOSE LIVING WITH LUNG DISEASE. OUR RESEARCH PROGRAM INCLUDES OUR AWARDS AND GRANTS PROGRAM AND OUR EXPANDED AIRWAYS CLINICAL RESEARCH CENTERS NETWORK (ACRC), THE LARGEST NOT-FOR-PROFIT CLINICAL RESEARCH NETWORK DEDICATED TO ASTHMA AND COPD IN THE COUNTRY. THIS NETWORK CONDUCTS LARGE PATIENT-FOCUSED CLINICAL TRIALS LED BY SOME OF THE BEST

INVESTIGATORS NATIONWIDE TO IMPROVE LUNG HEALTH. WE WERE PROUD THAT OUR RESEARCH INVESTMENT FOR 2020-21 TOTALED APPROXIMATELY \$11.55 MILLION. IT SUPPORTED 98 NATIONWIDE RESEARCH AWARDS AND GRANTS, INCLUDING THE ACRC NETWORK AND 12 RECIPIENTS OF OUR BRAND-NEW COVID-19 AND RESPIRATORY VIRUS RESEARCH AWARD. OUR AIRWAYS CLINICAL RESEARCH CENTERS (ACRC) NETWORK IS THE NATION'S LARGEST NOT-FOR-PROFIT NETWORK OF CLINICAL CENTERS DEDICATED TO ASTHMA AND COPD RESEARCH. THIS NETWORK CONDUCTS LARGE PATIENT-FOCUSED CLINICAL TO IMPROVE LUNG HEALTH. AMONG ITS MANY STUDIES, THIS YEAR, WE MOVED TO THE ANALYSIS PHASE IN OUR IMPORTANT LEEP TRIAL, WHICH STUDIED WHETHER THE HIGH BLOOD PRESSURE MEDICATION LOSARTAN SLOWS THE PROGRESSION OF EMPHYSEMA. FINDINGS FROM SEVERAL OF OUR AWARDS AND GRANTS STUDIES WERE PUBLISHED, INCLUDING THE WORK OF SEYED JAVAD MOGHADDAM, M.D., THAT WAS PUBLISHED IN CARCINOGENESIS: INTEGRATIVE CANCER RESEARCH. THE MANUSCRIPT DELVED INTO LUNG CANCER WITH KRAS MUTATION AND HOW THE SEX OF THE PATIENT MAY AFFECT TUMOR IMMUNE RESPONSE. IN FACT, DATA PRESENTED IN THE PAPER SUGGESTS THAT ESTROGEN SUPPRESSES DISEASE PROGRESSION BY INHIBITING THE IMMUNE RESPONSES THAT FUNCTION IN FAVOR OF THE TUMOR. WE CONTINUED TO WORK ON THE GROUNDBREAKING LONGITUDINAL LUNG STUDY. THIS \$24.8 MILLION NIH NATIONAL HEART, LUNG AND BLOOD INSTITUTE GRANT IS THE FIRST FEDERALLY FUNDED U.S. MILLENNIAL STUDY, THAT WILL RADICALLY IMPROVE HOW WE PREVENT AND TREAT LUNG DISEASE. DESCRIBED BY THE PRINCIPAL INVESTIGATOR AS THE "CHOLESTEROL OF THE LUNGS," THE FINDINGS ARE ANTICIPATED TO BE SYNONYMOUS TO THE CHOLESTEROL DISCOVERY FOR CARDIOVASCULAR HEALTH; HIGHLY MEANINGFUL IN EVERYDAY LIFE.

4c	(Code:) (Expenses \$	15,295,174	including grants of \$) (Revenue \$	1,524,976)
<p>ADVOCACY AND ENVIRONMENTAL: EVERY YEAR, THE AMERICAN LUNG ASSOCIATION SUPPORTS POLICIES AND LEGISLATION THAT PROTECT OUR CHILDREN FROM DEADLY AIR POLLUTION AND TOBACCO PRODUCTS, SUPPORTS FUNDING FOR CRITICAL LUNG DISEASE RESEARCH AND HEALTH PROGRAMS AT THE FEDERAL LEVEL, AND MUCH MORE. IN FY 2021, WE SAW NOTABLE VICTORIES IN LEGISLATION PROTECTING HEALTHY LUNGS AND HEALTHY AIR. AS COVID-19 CONTINUED AS THE PARAMOUNT HEALTH ISSUE OF THE YEAR, AND WE WERE ABLE TO EFFECTIVELY HIGHLIGHT FOR THE PUBLIC AND THE MEDIA THE LINK BETWEEN AIR POLLUTION EXPOSURE AND MORE SEVERE COVID-19 OUTCOMES AND THE COMPLEX RACIAL AND ECONOMIC INEQUITIES THAT MAKE CERTAIN POPULATIONS AT EVEN HIGHER RISK OF SEVERE COVID-19 OUTCOMES. THIS YEAR, OUR HEALTHY AIR CAMPAIGN CONTINUED TO FIGHT FOR HEALTHY AIR FOR ALL AMERICANS. WE LAUNCHED OUR "STAND UP FOR CLEAN AIR" INITIATIVE, AS PART OF OUR CELEBRATION OF THE 50TH ANNIVERSARY OF THE HISTORIC AND INCREDIBLY SUCCESSFUL CLEAN AIR ACT. THE INITIATIVE HIGHLIGHTED STEPS EVERYONE CAN TAKE TO IMPROVE AIR QUALITY AND ADDRESS CLIMATE CHANGE, INCLUDING TAKING THE PLEDGE TO STAND UP FOR CLEAN AIR AND SHARING YOUR OWN CLEAN AIR STORY. CLIMATE CHANGE IS MAKING EXTREME WEATHER AND NATURAL DISASTERS MUCH MORE FREQUENT AND SEVERE. WILDFIRES, FLOODING, HURRICANES AND OTHER NATURAL EVENTS CAN CREATE UNHEALTHY AIR, ESPECIALLY FOR PEOPLE WITH LUNG DISEASE. BECAUSE OF THIS, WE UPDATED AND ADDED TO OUR ONLINE RESOURCES HELP PEOPLE RESPOND TO UNEXPECTED EVENTS THAT CAN THREATEN THE AIR QUALITY IN THEIR COMMUNITY AND THEIR HOME. IN SEPTEMBER 2020, WE ALONG WITH AMERICAN UNIVERSITY'S CENTER FOR ENVIRONMENTAL POLICY AND CENTER FOR ENVIRONMENTAL FILMMAKING COHOSTED A VIRTUAL, HALF-DAY SYMPOSIUM TO CELEBRATE THE 50TH ANNIVERSARY OF THE CLEAN AIR ACT. IT HIGHLIGHTED THE PROGRESS MADE AND THE OBSTACLES THAT REMAIN WHEN IT COMES TO ENSURING HEALTHY AIR FOR ALL AMERICANS. A RECORDING WAS MADE WIDELY AVAILABLE. EARLY 2021 SAW CRITICAL VICTORIES IN OUR FIGHT TO PRESERVE LAWS THAT PROTECT THE AIR WE BREATHE. IN JANUARY THE DANGEROUS AND FLAWED "AFFORDABLE CLEAN ENERGY" (ACE) RULE WAS OVERTURNED. THE LUNG ASSOCIATION WAS THE LEAD PLAINTIFF IN THE CASE CHALLENGING THE ACE RULE. THIS DECISION WAS A HUGE WIN FOR AMERICANS EVERYWHERE, SETTING THE STAGE A STRONGER, MORE PROTECTIVE RULE THAT REDUCES CLIMATE POLLUTION AND THE PUBLIC HEALTH IMPACTS OF CLIMATE CHANGE. IN FEBRUARY, A COURT DECISION TOSSED OUT THE HARMFUL "STRENGTHENING TRANSPARENCY IN PIVOTAL SCIENCE UNDERLYING SIGNIFICANT REGULATORY ACTIONS AND INFLUENTIAL SCIENTIFIC INFORMATION" RULE, OFTEN CALLED THE "CENSORING SCIENCE" RULE THAT WE HAVE STRONGLY OPOSED. THAT RULE WOULD HAVE RESTRICTED EPA'S ABILITY TO USE SOUND HEALTH SCIENCE TO INFORM ITS POLICIES. THIS WAS A HUGE VICTORY FOR THE HUNDREDS OF HEALTH PROFESSIONALS AND SUPPORTERS LIKE YOU WHO JOINED US IN ADVOCATING AGAINST CENSORING SCIENCE. IN APRIL WE RELEASED OUR 22ND ANNUAL "STATE OF THE AIR" REPORT, OUR AIR QUALITY "REPORT CARD" THAT TRACKS AMERICANS' EXPOSURE TO UNHEALTHFUL LEVELS OF PARTICLE POLLUTION AND OZONE. THE REPORT FOUND THAT MORE THAN 4 OUT OF 10 AMERICANS WERE EXPOSED TO UNHEALTHY AIR, AND THAT CLIMATE CHANGE IS CREATING CONDITIONS THAT MAKE IT INCREASINGLY DIFFICULT TO CLEAN UP THE AIR WE BREATHE. IT ALSO FOUND THAT PEOPLE OF COLOR ARE 3 TIMES MORE LIKELY TO LIVE IN THE MOST POLLUTED AREAS, PUTTING THEIR HEALTH AT EVEN GREATER RISK. THROUGHOUT THE YEAR, OUR TOBACCO ADVOCACY PAID OFF WITH STEADY PROGRESS. ON SEPTEMBER 9, 2020, THE FOOD AND DRUG ADMINISTRATION (FDA), SET A DEADLINE OF SEPTEMBER 9, 2021, FOR TOBACCO COMPANIES TO FILE PREMARKET APPLICATIONS TO KEEP THEIR PRODUCTS ON THE MARKET. THIS WAS THE RESULT OF THE LAWSUIT THE LUNG ASSOCIATION AND OUR PARTNERS FILED AGAINST FDA. WE HAD PREVIOUSLY SENT A SET OF PRINCIPLES THAT WE URGED FDA TO FOLLOW AS IT REVIEWED EACH APPLICATION. ONE KEY TENET WAS TO REJECT ALL APPLICATIONS FOR ANY FLAVORED TOBACCO PRODUCT, INCLUDING ALL MINT AND MENTHOL PRODUCTS, BECAUSE KIDS ARE ATTRACTED TO THESE FLAVORS. IN APRIL 2021, THE BIDEN ADMINISTRATION ANNOUNCED IT WOULD PROPOSE TWO RULES TO REMOVE MENTHOL CIGARETTES AND FLAVORED CIGARS FROM THE MARKETPLACE. ENDING THE SALE OF MENTHOL CIGARETTES AND MOST FLAVORED CIGARS WILL SAVE MILLIONS OF LIVES, REDUCE HEALTH DISPARITIES, AND PREVENT KIDS FROM TOBACCO ADDICTION. THIS ACTION AROUND MENTHOL CIGARETTES IS IN RESPONSE TO A COURT-ORDERED RESPONSE TO A PETITION FILED IN APRIL 2013 BY THE AMERICAN LUNG ASSOCIATION AND A LARGE AND DIVERSE COALITION. OUR 19TH ANNUAL "STATE OF TOBACCO CONTROL" REPORT FOCUSED ON THE IMPORTANCE OF ENDING TOBACCO USE AMID THE PANDEMIC, AS SMOKING INCREASES THE RISK OF MORE SEVERE ILLNESS FROM THE VIRUS. THIS IS ESPECIALLY IMPORTANT FOR POPULATIONS MOST IMPACTED BY TOBACCO USE, WHO ARE ALSO FACING A DISPROPORTIONATE BURDEN FROM THE PANDEMIC. THIS INCLUDES COMMUNITIES OF COLOR, LGBTQ+ AMERICANS AND PERSONS OF LOWER INCOME. TO ADDRESS THIS CRITICAL PUBLIC HEALTH THREAT, THE REPORT PROVIDED A ROADMAP FOR STATE AND FEDERAL GOVERNMENTS TO ENACT PROVEN TOBACCO CONTROL POLICIES. ACCESS TO QUALITY AND AFFORDABLE HEALTHCARE IS CRITICAL TO ALL AMERICANS, ESPECIALLY LUNG DISEASE PATIENTS. THIS YEAR, OUR ADVOCACY TEAM WORKED NATIONALLY AND LOCALLY TO PROTECT THAT HEALTHCARE, INCLUDING DEFENDING THE AFFORDABLE CARE ACT. IN JUNE THE SUPREME COURT DISMISSED THE CASE CALIFORNIA V. TEXAS, THE CASE CHALLENGING THE CONSTITUTIONALITY OF THE AFFORDABLE CARE ACT (ACA). THE LUNG ASSOCIATION WAS PART OF AN AMICUS BRIEF THAT HELPED MAKE THIS VICTORY POSSIBLE. AS A RESULT, THE ACA REMAINS THE LAW OF THE LAND AND CAN PROVIDE QUALITY AND AFFORDABLE HEALTHCARE TO MILLIONS IN THE U.S. WE ALSO LED EFFORTS TO PROTECT MEDICAID COVERAGE FOR LUNG DISEASE PATIENTS, PROTECTING COVERAGE FOR PEOPLE WITH PRE-EXISTING CONDITIONS, AND FIGHTING FOR CDC FUNDING FOR KEY LUNG HEALTH ISSUES.</p>					
4d	Other program services (Describe in Schedule O.)				
	(Expenses \$		including grants of \$) (Revenue \$)
4e	Total program service expenses ▶	85,921,700			

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and other IRS filings.

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 []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

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

Main form body containing questions 2a through 16, with various input fields and checkboxes. Includes sub-sections for Organizations that may receive deductible contributions under section 170(c), Sponsoring organizations maintaining donor advised funds, and Section 501(c)(7) and 501(c)(12) organizations.

817

Yes

No

No

No

No

No

Yes

Yes

No

No

No

8

9a

9b

10a

10b

11a

11b

12a

12b

13a

13b

13c

14a

14b

15

16

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed. 18 Section 6104 requires an organization to make its Form 1023... 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents... 20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HAROLD WIMMER PRESIDENT & CEO	40.00			X				515,372	0	64,009
(2) JULIA FITZGERALD CHIEF MARKETING OFFICER	40.00				X			261,900	0	36,472
(3) JEFF SEYLER CHIEF DIVISION OFFICER, EAST	40.00				X			246,891	0	40,597
(4) LEWIS BARTFIELD CHIEF DIVISION OFFICER, WEST	40.00				X			253,774	0	24,789
(5) WILLIAM PFEIFER EXE. VP, GOVERNANCE & STRATEGIC INITIATIVES	40.00				X			226,196	0	50,374
(6) LAURA SCOTT CHIEF FINANCIAL OFFICER	40.00			X				247,248	0	27,936
(7) SUE SWAN CHIEF DEVELOPMENT OFFICER	40.00				X			226,678	0	46,509
(8) DEBORAH BROWN CHIEF MISSION OFFICER	40.00				X			231,198	0	38,565
(9) SARAH KRIKORIAN CHIEF HUMAN RESOURCES OFFICER	40.00				X			215,372	0	32,700
(10) NEIL BALLENTINE NATIONAL VP, DIGITAL STRATEGY/IT	40.00				X			150,978	0	26,503
(11) STEPHEN R O'KANE CHAIR	2.00	X		X				0	0	0
(12) PENNY J SCHILZ PAST CHAIR	2.00	X		X				0	0	0
(13) MICHAEL V CARSTENS SECRETARY / TREASURER	2.00	X		X				0	0	0
(14) RABIH BECHARA MD FCCP DIRECTOR	2.00	X						0	0	0
(15) LARRY BLUMENTHAL MBA DIRECTOR	2.00	X						0	0	0
(16) CHERYL A CALHOUN BA MBA DIRECTOR	2.00	X						0	0	0
(17) ANNE E DIXON MD DIRECTOR	2.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(18) DAVID G HILL MD DIRECTOR	2.00	X						0	0	0	
(19) MARK C JOHNSON CFA MBA DIRECTOR	2.00	X						0	0	0	
(20) SUMITA B KHATRI MD MS DIRECTOR	2.00	X						0	0	0	
(21) COLLEEN MCINTOSH JD DIRECTOR	2.00	X						0	0	0	
(22) SEAN R MULDOON MD DIRECTOR	2.00	X						0	0	0	
(23) JOE OCHIPINTI DIRECTOR	2.00	X						0	0	0	
(24) JONATHON K ROSEN BA DIRECTOR	2.00	X						0	0	0	
(25) KATHLEEN M SKAMBIS BS JD MBA DIRECTOR	2.00	X						0	0	0	
(26) JOHNNY A SMITH JR MA DIRECTOR	2.00	X						0	0	0	
(27) VICTOR WATERS MD JD FCLM DIRECTOR	2.00	X						0	0	0	
(28) STERLING QL YEE DIRECTOR	2.00	X						0	0	0	
1b Sub-Total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)								2,575,607	0		388,454

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 6 1**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 1 1 3**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a			
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c	11,704,759		
	d Related organizations	1d			
	e Government grants (contributions)	1e	24,405,257		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	47,430,220		
	g Noncash contributions included in lines 1a - 1f:\$	1g	138,862		
h Total. Add lines 1a-1f . . .		83,540,236			

Program Service Revenue		Business Code				
			(A)	(B)	(C)	(D)
2a PROGRAM SERVICE CONTRACTS		900099	6,873,268	6,873,268		
b PROGRAM PARTICIPANT FEE		900099	964,803	964,803		
c MEMBERSHIP DUES		900099	72,078	72,078		
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			7,910,149			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,617,451			3,617,451	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		870,492			870,492	
	6a Gross rents	(i) Real	168,396				
		(ii) Personal					
		6b Less: rental expenses	0				
		6c Rental income or (loss)	168,396				168,396
	d Net rental income or (loss)		168,396				168,396
	7a Gross amount from sales of assets other than inventory	(i) Securities	33,128,972	242,844			
		(ii) Other					
		7b Less: cost or other basis and sales expenses	30,237,897	19,135			
		7c Gain or (loss)	2,891,075	223,709			
	d Net gain or (loss)		3,114,784				3,114,784
	8a Gross income from fundraising events (not including \$ 11,704,759 of contributions reported on line 1c). See Part IV, line 18		851,801				
		8b Less: direct expenses	1,466,270				
c Net income or (loss) from fundraising events			-614,469			-614,469	
9a Gross income from gaming activities. See Part IV, line 19							
	9b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less							

returns and allowances . . .	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory . . .					
Miscellaneous Revenue	Business Code				
11a RESEARCH GRANT SERVICE FEE	900099	656,510	656,510		
b					
c					
d All other revenue		311,677			311,677
e Total. Add lines 11a-11d		968,187			
12 Total revenue. See instructions		99,575,226	8,566,659	0	7,468,331

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Compensation, Salaries, Advertising, and Total functional expenses.

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	130,268	1	136,720
	2 Savings and temporary cash investments	26,535,976	2	30,204,501
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	12,375,137	4	10,646,065
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	930,884	7	306,570
	8 Inventories for sale or use	82,091	8	51,376
	9 Prepaid expenses and deferred charges	2,047,097	9	1,767,757
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 20,081,524		
	b Less: accumulated depreciation	10b 10,261,459	10,181,521	10c 9,820,065
	11 Investments—publicly traded securities	108,494,849	11	136,781,279
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	35,805,921	15	43,099,490
16 Total assets: Add lines 1 through 15 (must equal line 33)	196,583,744	16	232,813,823	
Liabilities	17 Accounts payable and accrued expenses	11,419,216	17	11,029,182
	18 Grants payable	10,525,000	18	12,436,934
	19 Deferred revenue	15,795,829	19	15,923,513
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	16,038,576	25	24,985,453
	26 Total liabilities. Add lines 17 through 25	53,778,621	26	64,375,082
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	100,169,178	27	118,316,552
	28 Net assets with donor restrictions	42,635,945	28	50,122,189
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	142,805,123	32	168,438,741
33 Total liabilities and net assets/fund balances	196,583,744	33	232,813,823	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	99,575,226
2	Total expenses (must equal Part IX, column (A), line 25)	2	98,732,561
3	Revenue less expenses. Subtract line 2 from line 1	3	842,665
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	142,805,123
5	Net unrealized gains (losses) on investments	5	22,055,578
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,735,375
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	168,438,741

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

2020

Open to Public Inspection

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

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

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

Department of the Treasury

Internal Revenue Service Name of the organization AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

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

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

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

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 Value of services or facilities furnished; 4 Total; 5 Portion of total contributions exceeding 2%; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support.

12 Gross receipts from related activities, etc. (see instructions) 12 60,323,652
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 14 87.320%
Row 15: Public support percentage for 2019 Schedule A, Part II, line 14 15 85.250%

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?

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

Section B. Type I Supporting Organizations

- 1** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*

	Yes	No
1		
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

	Yes	No
1		
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*

	Yes	No
2		
- 3** By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*

	Yes	No
2a		
- b** Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

	Yes	No
2b		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in Part VI.*

	Yes	No
3a		
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard.*

	Yes	No
3b		

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

Current Year

1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

- 7** 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 Total annual distributions. 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 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

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

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

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	MISCELLANEOUS INCOME - 2016 AMOUNT: \$ 4,386. 2017 AMOUNT: \$ 547,995. 2018 AMOUNT: \$ 808,279. 2019 AMOUNT: \$ 452,244. 2020 AMOUNT: \$ 311,677. RESEARCH GRANT SERVICE FEE - 2016 AMOUNT: \$ 728,827. 2017 AMOUNT: \$ 1,378,900. 2018 AMOUNT: \$ 408,500. TRUST INCOME - 2016 AMOUNT: \$ 66,748. 2017 AMOUNT: \$ 2,353,015. 2018 AMOUNT: \$ 1,706,953. PROGRAM PARTICIPANT FEES - 2016 AMOUNT: \$ 241,560. 2017 AMOUNT: \$ 2,312,267. 2018 AMOUNT: \$ 2,129,521.

Additional Data

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Software ID:

Software Version:

Name of the organization AMERICAN LUNG ASSOCIATION	Employer identification number 13-1632524
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
AMERICAN LUNG ASSOCIATION

Employer identification number
13-1632524

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
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
 AMERICAN LUNG ASSOCIATION

Employer identification number
 13-1632524

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 AMERICAN LUNG ASSOCIATION	Employer identification number 13-1632524
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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 information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

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

Additional Data

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2020

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

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 the organization AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

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 (see instructions for definition of "political campaign activities")
2 Political campaign activity expenditures (see instructions)
3 Volunteer hours for political campaign activities (see instructions)

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?
4a Was a correction made?
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?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. Rows 1-6.

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; 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.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

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

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 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:			
a Volunteers?	Yes		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?	Yes		860
d Mailings to members, legislators, or the public?	Yes		7,073
e Publications, or published or broadcast statements?	Yes		929
f Grants to other organizations for lobbying purposes?	Yes		10,399
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		453,726
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		70
i Other activities?		No	
j Total. Add lines 1c through 1i			473,057
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political 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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 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	
5 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.

Return Reference	Explanation
PART II-B, LINE 1:	THE AMERICAN LUNG ASSOCIATION VOLUNTEERS AND STAFF ENGAGE IN A WIDE RANGE OF ADVOCACY ACTIVITIES TO FURTHER OUR MISSION TO SAVE LIVES BY IMPROVING LUNG HEALTH AND PREVENTING LUNG DISEASE. OUR WORK INCLUDES EFFORTS TO EDUCATE MEMBERS OF CONGRESS, THEIR STAFF AND THE PUBLIC ON LUNG HEALTH ISSUES AND ACCESS TO HEALTHCARE. WE ADVOCATE FOR CLEAN, HEALTHY AIR TO REDUCE THE HEALTH IMPACTS OF AIR POLLUTION. WE FOCUS ON SUPPORTING THE IMPLEMENTATION AND STRENGTHENING OF THE NATION'S CLEAN AIR LAWS. WE STRONGLY SUPPORT THE PUBLIC HEALTH INFRASTRUCTURE AND LUNG HEALTH RESEARCH FUNDING INCLUDING FUNDING FOR LUNG CANCER, CHRONIC OBSTRUCTIVE PULMONARY DESEASE (COPD), ASTHMA, TUBERCULOSIS AND OTHER LUNG DISEASES. FURTHERMORE, THE AMERICAN LUNG ASSOCIATION VOLUNTEERS AND STAFF ACTIVELY ADVOCATE IN WASHINGTON, D.C. AND IN THE STATES FOR TOBACCO CONTROL LAWS, INCLUDING EFFORTS TO REGULATE TOBACCO PRODUCTS, PROMOTE TOBACCO CESSATION AND ELIMINATE EXPOSURE TO SECOND HAND SMOKE.

Additional Data

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Software ID:

Software Version:

Supplemental Financial Statements

2020

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), 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?
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?

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).
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.

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 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.
1b 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:
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:

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment
b Permanent endowment 100.000 %
c Term endowment
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) Unrelated organizations
(ii) Related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Small table with 3 columns: Question, Yes, No. Rows: 3a(i), 3a(ii), 3b.

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.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	41,595,392
(2) AMOUNTS HELD ON BEHALF OF OTHERS	1,234,963
(3) REFUNDABLE DEPOSITS	269,135
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	43,099,490

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	24,985,453

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
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 XI, LINE 2D - OTHER ADJUSTMENTS:	CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUSTS 7,220,083. CHANGE IN VALUE OF SPLIT INTEREST TRUSTS 60,285. PENSION AND POST RETIREMENT PLAN CHANGES -4,384,192. CHANGE IN VALUE OF EQUITY METHOD INVESTMENTS -160,801.

Additional Data

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Software ID:

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Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 NNE MARKETING 1666 MASSACHUSETTS AVE SUITE 14 LEXINGTON, MA 02420	DIRECT MAIL		No	18,222,181	360,000	17,862,181
2 INFOCISION MANAGEMENT CORP 325 SPRINGSIDE DR AKRON, OH 44333	TELEMARKETING		No	58,702	54,866	3,836
3						
4						
5						
6						
7						
8						
9						
10						
Total				18,280,883	414,866	17,866,017

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 FIGHT FOR AIR CLIMBS (event type)	(b) Event #2 LUNG FORCE WALKS (event type)	(c) Other events 50 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	5,154,710	2,078,095	5,323,755	12,556,560
	2 Less: Contributions	5,154,710	2,078,095	4,471,954	11,704,759
	3 Gross income (line 1 minus line 2)			851,801	851,801
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	27,601	4,660	84,937	117,198
	6 Rent/facility costs	272,397	20,910	37,369	330,676
	7 Food and beverages	7,300	2,812	181,439	191,551
	8 Entertainment	2,464	2,399	17,969	22,832
	9 Other direct expenses	281,457	82,957	439,599	804,013
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,466,270
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-614,469	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ -----

Address ▶ -----

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

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

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

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	THE AMERICAN LUNG ASSOCIATION ACQUIRES CONTRIBUTIONS FROM DIRECT MAIL AND TELEMARKETING. IN ORDER TO MANAGE THESE ACTIVITIES, THE AMERICAN LUNG ASSOCIATION CONTRACTS WITH PROFESSIONAL FUNDRAISERS TO DEVELOP FUNDRAISING STRATEGIES ON THESE INITIATIVES.

Department of the Treasury Internal Revenue Service
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?
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows include organizations like AMERICAN THORACIC SOCIETY INC, ANN & ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO, BAYLOR COLLEGE OF MEDICINE, etc.

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

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

Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
PART I, LINE 2:	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.

Additional Data

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Software ID:

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Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment?
 - 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 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 in 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		No
2		No
3		
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 HAROLD WIMMER PRESIDENT & CEO	(i)	470,372	45,000	0	36,251	27,758	579,381	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
2 JULIA FITZGERALD CHIEF MARKETING OFFICER	(i)	247,500	14,400	0	18,225	18,247	298,372	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
3 JEFF SEYLER CHIEF DIVISION OFFICER, EAST	(i)	246,891	0	0	30,826	9,771	287,488	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
4 LEWIS BARTFIELD CHIEF DIVISION OFFICER, WEST	(i)	253,774	0	0	20,808	3,981	278,563	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
5 WILLIAM PFEIFER EXE. VP, GOVERNANCE & STRATEGIC INIT	(i)	226,196	0	0	28,103	22,271	276,570	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
6 LAURA SCOTT CHIEF FINANCIAL OFFICER	(i)	247,248	0	0	26,159	1,777	275,184	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
7 SUE SWAN CHIEF DEVELOPMENT OFFICER	(i)	226,678	0	0	28,408	18,101	273,187	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
8 DEBORAH BROWN CHIEF MISSION OFFICER	(i)	231,198	0	0	27,937	10,628	269,763	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
9 SARAH KRICKORIAN CHIEF HUMAN RESOURCES OFFICER	(i)	215,372	0	0	15,076	17,624	248,072	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
10 NEIL BALLENTINE NATIONAL VP, DIGITAL STRATEGY/IT	(i)	150,978	0	0	14,440	12,063	177,481	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	HAROLD WIMMER RECEIVED \$19,500 FROM A 457(F) PLAN.

Additional Data

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

- ▶ **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 for the latest information.**

Department of the Treasury
Internal Revenue Service

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 ▶ (<u>SUPPLIES</u>)	X	50	138,862	FMV
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 IV, 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.		No
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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Additional Data

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

OMB No. 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.**2020****Open to Public
Inspection**

Department of the Treasury

Name of the organization
AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

Return Reference	Explanation
FORM 990 PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	OUR NOT ON TOBACCO (N-O-T) PROGRAM ADDRESSES THE GROWING PROBLEM OF YOUTH TOBACCO USE, INCLUDING VAPING, BY GIVING ALL TEENS THE RESOURCES THEY NEED TO BREAK NICOTINE DEPENDENCY AND FIND HEALTHIER OUTLETS. THIS YEAR, WE LAUNCHED NOT FOR ME" A WEB-BASED PROGRAM THAT GIVES STUDENTS THE TOOLS TO QUIT SMOKING OR VAPING AND TEACHES THE IMPORTANCE OF PHYSICAL ACTIVITY, NUTRITION, ENHANCING THEIR SENSE OF SELF-CONTROL AND MORE.
FORM 990, PART VI, SECTION A, LINE 1	EXECUTIVE COMMITTEE: THE EXECUTIVE COMMITTEE SHALL ACT IN PLACE OF AND WITH THE FULL AUTHORITY OF THE BOARD OF DIRECTORS WHEN THE BOARD OF DIRECTORS IS NOT IN SESSION, SUBJECT TO THE BOARD'S POWER TO AMEND OR CHANGE THOSE ACTIONS WHICH HAVE NOT BEEN IMPLEMENTED PRIOR TO THE BOARD MEETING OR MEETINGS FOLLOWING THE EXECUTIVE MEETING AT WHICH SUCH ACTION WAS TAKEN. THE BOARD OF DIRECTORS HAS THE POWER TO AUTHORIZE AND DELEGATE TO THE EXECUTIVE COMMITTEE TO THE EXTENT PERMITTED BY THE ASSOCIATION'S BYLAWS AND APPLICABLE LAW. THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE AUTHORITY TO APPOINT OFFICERS EXCEPT ON AN INTERIM BASIS TO FILL A VACANCY, ENTER INTO OR AMEND CONTRACTS WITH OFFICERS, AMEND THE POLICIES MANUAL, OR BORROW MONEY IN EXCESS OF THE AMOUNTS EXPRESSLY AUTHORIZED BY THE BOARD. THE EXECUTIVE COMMITTEE SHALL HAVE NO AUTHORITY TO AMEND THE ARTICLES OF INCORPORATION, ADOPT A PLAN OF MERGER OR CONSOLIDATION, AUTHORIZE THE SALE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY AND ASSETS OF THE ASSOCIATION, AUTHORIZE THE VOLUNTARY DISSOLUTION OF THE ASSOCIATION OR REVOCATION OF SUCH DISSOLUTION, OR AMEND THE BYLAWS OF THE ASSOCIATION. THE EXECUTIVE COMMITTEE MAY ESTABLISH A LEADERSHIP SUBCOMMITTEE CONSISTING OF THE CHAIR, VICE-CHAIR, AND PAST-CHAIR, WHICH SHALL SERVE AS THE EXECUTIVE COMMITTEE'S LIAISON TO THE PRESIDENT AND CEO.
FORM 990, PART VI, SECTION A, LINE 1	THE GOVERNANCE COMMITTEE, TAKING INTO ACCOUNT GEOGRAPHY, EXPERTISE, RACE, ETHNICITY, GENDER, AGE AND OTHER DIVERSITY FACTORS, SHALL PRESENT ANNUALLY TO THE BOARD OF DIRECTORS ITS RECOMMENDED NOMINEES FOR MEMBERS OF THE BOARD OF DIRECTORS, MEMBERS OF THE GOVERNANCE COMMITTEE AND OFFICERS (OTHER THAN THE PRESIDENT AND CHIEF EXECUTIVE OFFICER) OF THE ASSOCIATION (INCLUDING A RECOMMENDATION WHERE APPROPRIATE, FOR THE DESIGNATION OF THE VICE-CHAIR AS CHAIR-ELECT). OTHER NOMINATIONS MAY NOT BE MADE AT THE MEETING OF THE BOARD OF DIRECTORS FROM THE FLOOR.
FORM 990, PART VI, SECTION B, LINE 11B	AMERICAN LUNG ASSOCIATION HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND REVIEWED BY THE CFO. PRIOR TO ELECTRONIC SUBMISSION, IT IS REVIEWED BY THE ORGANIZATION'S DELEGATED RESPONSIBLE BODY, THE AUDIT AND RISK OVERSIGHT COMMITTEE, FOR APPROVAL. AFTER APPROVAL BY THE AROC COMMITTEE, THE MEMBERS OF THE GOVERNING BODY REVIEW THE FORM PRIOR TO SUBMISSION. ALL COMMENTS ARE DOCUMENTED, ADDRESSED AND FINALIZED BEFORE SUBMISSION.
FORM 990, PART VI, SECTION B, LINE 12C	ALA CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH IT MONITORS AND ENFORCES ANNUALLY AND HAS A STANDING GOVERNANCE COMMITTEE THAT OVERSEES ITS EXECUTION. THE ORGANIZATION CURRENTLY MANDATES THAT ALL MEMBERS OF THE GOVERNING BODY, COMMITTEE MEMBERS AND ALL STAFF ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. THE SIGNED CONFLICT OF INTEREST POLICY STATEMENTS ARE SUBMITTED TO THE GOVERNANCE COMMITTEE. THESE STATEMENTS ARE REVIEWED FOR POTENTIAL OR ACTUAL CONFLICTS.
FORM 990, PART VI, SECTION B, LINE 15	THE AMERICAN LUNG ASSOCIATION HAS ESTABLISHED A COMPENSATION POLICY FOR ITS LEADERSHIP COMMITTEE TO FOLLOW IN ESTABLISHING THE COMPENSATION FOR ITS CEO, TOP MANAGEMENT OFFICIAL, OTHER OFFICERS OR KEY EMPLOYEES. THE POLICY MANDATES THAT EXECUTIVE COMPENSATION BE PERIODICALLY REVIEWED BY THE COMMITTEE AND THAT THE COMMITTEE SHOULD BE FREE OF CONFLICTS OF INTEREST. IN ADDITION, THE APPROVING COMMITTEE NEEDS TO REVIEW APPROPRIATE AND ADEQUATE DATA TO DETERMINE THE REASONABLENESS OF THE COMPENSATION BEING CONSIDERED. THE COMMITTEE MAY USE A VARIETY OF INFORMATION AND STUDIES THAT ARE AVAILABLE TO DETERMINE THAT THE APPROPRIATE LEVEL OF COMPENSATION IS BEING PAID TO ITS EXECUTIVES. THE COMMITTEE'S DECISION ON THE AMOUNT OF COMPENSATION PAID IS DOCUMENTED IN A CONTEMPORANEOUSLY WRITTEN FORMAT AND DOCUMENTS THE DATE OF THE DECISION, THE MEMBERS PRESENT DURING THE MEETING AND THOSE WHO VOTED ON IT, THE DETAILS OF THE TRANSACTION THAT WAS APPROVED AND THE COMPARABILITY DATA USED AND RELIED UPON TO MAKE THE DECISION. ALA DID A COMPENSATION REVIEW FOR THE CEO AS WELL AS ALL OTHER OFFICERS AND KEY EMPLOYEES DURING THE 2020/2021 FISCAL YEAR.
FORM 990, PART VI, 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: PROGRAM SERVICE EXPENSES 24,145,211. MANAGEMENT AND GENERAL EXPENSES 306,081. FUNDRAISING EXPENSES 1,004,013. TOTAL EXPENSES 25,455,305.
FORM 990, PART XI, LINE 9:	CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUSTS 7,220,083. CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 60,285. BENEFIT RELATED CHANGES -4,384,192. CHANGE IN VALUE OF EQUITY METHOD INVESTMENTS -160,801.
PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.

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