

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2021

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

For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022

- 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) Room/suite: 55 W WACKER DRIVE
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 \$ 146,789,377

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... 3-7a. Governance and financial metrics. 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 2023-03-10

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Firm's name RUBINBROWN LLP, Firm's address SAINT LOUIS, MO 63105

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 \$ 48,822,218 including grants of \$ ) (Revenue \$ 2,288,870 )

LUNG CANCER, ASTHMA, LUNG DISEASE AND TOBACCO CONTROL: LUNG DISEASE, INCLUDING COPD, IS A LEADING CAUSE OF DEATH IN AMERICA AND LUNG CANCER IS THE LEADING CAUSE OF CANCER DEATH. THE COVID-19 PANDEMIC, IN ITS THIRD YEAR, CONTINUES TO BE A PRIORITY FOR THE COUNTRY AND FOR THE AMERICAN LUNG ASSOCIATION. THE LUNG ASSOCIATION WORKS EVERY DAY ACROSS THE U.S. TO RAISE AWARENESS FOR THE NEED TO PRIORITIZE LUNG DISEASE PREVENTION AND TREATMENT, PROTECT OUR AIR, REDUCE TOBACCO USE, PROVIDE SUPPORT FOR PEOPLE LIVING WITH LUNG DISEASE AND THEIR CAREGIVERS, AND RAISE FUNDS FOR RESEARCH TO BENEFIT EVERYONE'S LUNGS. AS THE COVID-19 PANDEMIC EVOLVED IN THIS COUNTRY, OUR RESPONSE ADAPTED AS WELL. OUR COVID-19 ACTION INITIATIVE CONTINUED TO SHOW REAL IMPACT AS THE CATALYST FOR NEW COVID-19 ADVOCACY, OUTREACH AND RESEARCH GRANTS, INCLUDING THE COVID-19 AND RESPIRATORY VIRUS RESEARCH AWARD WHICH PROVIDES \$100,000 OF FUNDING A YEAR FOR TWO YEARS. AS A FOUNDING PARTNER OF THE WHITE HOUSE VACCINATION TASK FORCE, WE INVITED AMERICANS TO BECOME AN AMERICAN LUNG ASSOCIATION VACCINE AMBASSADOR BY DOWNLOADING OUR VACCINE TOOLKIT AND USING ITS INFORMATION TO EDUCATE THEIR FAMILY AND FRIENDS ABOUT THE IMPORTANCE OF LIFESAVING COVID-19 VACCINATIONS. OUR BETTER FOR IT TOOLKITS ALSO HELPED POPULATIONS THAT ARE HISTORICALLY HESITANT ABOUT VACCINATIONS MAKE INFORMED DECISIONS ABOUT COVID-19 VACCINATION. IN SEPTEMBER 2021, OUR COVID-19 RELIEF FREEDOM FROM SMOKING (FFS) PLUS PROGRAM PROVIDED A ONE-YEAR FREE MEMBERSHIP TO FREEDOM FROM SMOKING PLUS CESSATION PROGRAM TO HUNDREDS WHO QUIT SMOKING DURING THE PANDEMIC. TO REDUCE MISINFORMATION AND CONFUSION ABOUT MASK USE DURING THE PANDEMIC, WE PRODUCED A SERIES OF COMMUNICATIONS EXPLAINING THE TYPES OF MASKS AND THEIR PROPER USE, INCLUDING AN INFOGRAPHIC, WIDELY SHARED ON SOCIAL MEDIA. IN OCTOBER 2021, WE LAUNCHED A NEW ONLINE COMMUNITY CALLED LIVING WITH LONG COVID. THIS COMMUNITY ALLOWS THOSE FACING LONG COVID AND THEIR LOVED ONES TO CONNECT AND RECEIVE PEER-TO-PEER SUPPORT. IT JOINS OUR TEN OTHER ONLINE SUPPORT COMMUNITIES. ADDITIONALLY, OUR BETTER BREATHERS CLUBS BEGAN ACCEPTING THOSE WITH LONG COVID SYMPTOMS INTO THEIR ONLINE AND IN-PERSON SUPPORT GROUPS. TO INCREASE ACCESS TO IMPORTANT HEALTH EDUCATION, WE EXPANDED OUR WEBSITE TO THE TEN MOST-USED LANGUAGES IN THE U.S. TO EDUCATE MORE PEOPLE ABOUT COVID-19, LUNG CANCER AND OTHER LUNG DISEASES. LUNG.ORG IS NOW AVAILABLE IN ENGLISH, SPANISH, ARABIC, CHINESE (SIMPLIFIED MANDARIN), FILIPINO, FRENCH, GERMAN, KOREAN, RUSSIAN AND VIETNAMESE. AND THROUGHOUT THE YEAR, OUR GROWING AND ENGAGED SOCIAL AUDIENCE RELIED ON US TO GIVE THEM INFORMATION THEY COULD TRUST ACROSS ALL OUR SOCIAL CHANNELS. IN ADDITION TO COVID-19, WE CONTINUED TO FOCUS ON ALL LUNG DISEASES, INCLUDING LUNG CANCER. WE CONTINUED OUR FOCUS ON REDUCING LUNG CANCER THROUGH OUR ONGOING LUNG FORCE INITIATIVE WHICH RAISES AWARENESS, LUNG CANCER RESEARCH FUNDING, AND PROVIDES EDUCATION AND SUPPORT TO LUNG CANCER PATIENTS AND CAREGIVERS. OUR "SAVED BY THE SCAN" CAMPAIGN RAISED AWARENESS ABOUT LIFESAVING LUNG CANCER SCREENING BY GENERATING OVER 140,000 QUIZ COMPLETIONS TO HELP PEOPLE LEARN IF THEY SHOULD BE SCANNED FOR LUNG CANCER. IN NOVEMBER 2021, WE OBSERVED LUNG CANCER AWARENESS MONTH BY SHARING NEW LUNG CANCER RESOURCES, INSPIRING PATIENT STORIES AND LIFESAVING LUNG CANCER SCREENING INFORMATION. WE ALSO RELEASED OUR LUNG HEALTH BAROMETER, WHICH SURVEYED 4,000 WOMEN AND MEN ABOUT THEIR UNDERSTANDING OF LUNG CANCER. IT FOUND THAT LUNG CANCER AWARENESS CONTINUES TO IMPROVE BUT MORE WORK STILL NEEDS TO BE DONE. IN NOVEMBER WE ALSO RELEASED OUR ANNUAL "STATE OF LUNG CANCER" REPORT, WHICH EXAMINES KEY LUNG CANCER INDICATORS THROUGHOUT EACH STATE. RADON EXPOSURE IS THE SECOND LEADING CAUSE OF LUNG CANCER. DURING JANUARY, RADON ACTION MONTH, AND THROUGHOUT THE YEAR, WE ENCOURAGE EVERYONE TO TEST THEIR HOMES FOR RADON AND SEEK RADON MITIGATION IF NECESSARY. THE LUNG ASSOCIATION LED THE EFFORT TO CREATE THE NEW FIVE-YEAR NATIONAL RADON ACTION PLAN WITH THE GOAL OF REDUCING HEALTH INEQUITIES TO PROTECT ALL AMERICANS FROM RADON EXPOSURE. IN MARCH, WE HELD OUR SEVENTH ANNUAL LUNG FORCE ADVOCACY DAY. LUNG FORCE HEROES - THOSE PERSONALLY AFFECTED BY LUNG CANCER - FROM ACROSS THE COUNTRY CALLED THEIR MEMBERS OF CONGRESS AND ASKED THEM TO SUPPORT \$49 BILLION IN RESEARCH FUNDING FOR THE NATIONAL INSTITUTES OF HEALTH AND \$11 BILLION IN FUNDING FOR THE CDC. THEY ALSO URGED THEM TO MAKE QUALITY HEALTHCARE MORE AFFORDABLE FOR MILLIONS OF AMERICANS BY MAKING THE EXPANDED PREMIUM TAX CREDITS PERMANENT. ASTHMA MAKES BREATHING DIFFICULT FOR MILLIONS OF AMERICANS, INCLUDING 5.5 MILLION CHILDREN. THIS YEAR, WE PUBLISHED OUR NEW INDOOR AIR QUALITY IN SCHOOLS GUIDE AND UPDATED OUR OTHER ASTHMA RESOURCES INCLUDING OUR ASTHMA FRIENDLY SCHOOLS ONLINE MODULE, KICKIN' ASTHMA, OPEN AIRWAYS FOR SCHOOLS AND MORE. WE TEAMED UP WITH OTHER HEALTH ORGANIZATIONS TO CREATE "LITTLE AIRWAYS, BIG VOICES," A PROGRAM TO BRING THE VOICE OF FAMILIES IMPACTED BY ASTHMA IN CHILDHOOD TO THE FOREFRONT OF DRUG DEVELOPMENT AND RESEARCH. WE LAUNCHED OUR NEW FEND OFF FLU EDUCATIONAL CAMPAIGN TO INCREASE INFLUENZA KNOWLEDGE AND VACCINATION RATES. OUR LUNGCAST PODCAST SERIES, PRESENTED IN PARTNERSHIP WITH HCP LIVE, CONTINUED TO PROVIDE HEALTHCARE PROFESSIONALS WITH THE LATEST SCIENCE IN COVID-19 AND OTHER LUNG TOPICS; INCLUDED SESSIONS ON COPD, LUNG CANCER SCREENING, SLEEP APNEA AND MORE. EVERY YEAR IN THE U.S., MORE THAN 480,000 PEOPLE DIE FROM TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE, MAKING IT THE LEADING CAUSE OF PREVENTABLE DEATH IN THIS COUNTRY. TRAGICALLY, EACH DAY THOUSANDS OF KIDS STILL PICK UP A TOBACCO PRODUCT FOR THE FIRST TIME. E-CIGARETTES ARE ALSO TOBACCO PRODUCTS AND YOUTH VAPING HAS BECOME AN EPIDEMIC THAT THREATENS TO ADDICT ANOTHER GENERATION TO NICOTINE. THAT'S WHY CREATING A TOBACCO-FREE FUTURE FOR AMERICA IS A CORE PART OF OUR MISSION. THE AMERICAN LUNG ASSOCIATION HAS COMMITTED \$2 MILLION TOWARD RESEARCH TO UNDERSTAND THE ALARMING EFFECTS OF VAPING ON KIDS AND FIND A SOLUTION TO VAPING RELATED LUNG INJURY. AS PART OF OUR EDUCATION AND AWARENESS EFFORTS ON YOUTH VAPING, WE CONTINUED PROMOTING OUR "GET YOUR HEAD OUT OF THE CLOUD" CAMPAIGN, PRODUCED IN COLLABORATION WITH THE AD COUNCIL. THIS CAMPAIGN REACHED 160,000 AMERICAN PARENTS WITH FACTS AND GUIDANCE ON HOW TO TALK ABOUT VAPING WITH THEIR KIDS. IN AUGUST 2021, WE ANNOUNCED THE VAPE-FREE SCHOOLS SCHOLARSHIP FUND, A NEW EFFORT TO FUND SCHOOLS' IMPLEMENTATION OF OUR VAPE-FREE SCHOOLS INITIATIVE, SO THAT MORE KIDS CAN ACCESS CESSATION, SUPPORT AND EDUCATION. THE SCHOLARSHIP DRIVE SOUGHT TO RAISE FUNDS TO GIVE SCHOOLS ACROSS THE COUNTRY ACCESS TO ONLINE TRAINING AND RESOURCES TO HELP STUDENTS QUIT VAPING. THE VAPE-FREE SCHOOLS INITIATIVE INCLUDES NOT ON TOBACCO (N-O-T), OUR VOLUNTARY QUIT SMOKING PROGRAM FOR TEENS, AND INDEPTH, AN ALTERNATIVE FOR STUDENTS WHO FACE SUSPENSION FOR VIOLATION OF SCHOOL TOBACCO, VAPING OR NICOTINE USE POLICIES. WE ALSO LAUNCHED NOT FOR ME, A WEB-BASED PROGRAM THAT GIVES STUDENTS THE TOOLS TO QUIT SMOKING OR VAPING. IT TEACHES TEENS ABOUT THE IMPORTANCE OF PHYSICAL ACTIVITY, NUTRITION, ENHANCING THEIR SENSE OF SELF-CONTROL AND MORE. WE ENCOURAGED SMOKERS TO KEEP THEIR NEW YEAR'S RESOLUTION TO QUIT, AND START A TOBACCO-FREE LIFE IN 2022, PROVIDING TOOLS AND SUPPORT TO HELP, INCLUDING OUR LUNG HELPLINE AND TOBACCO QUITLINE (1-800-LUNGUSA), FREEDOM FROM SMOKING PROGRAM AND SUPPORT GROUPS. OUR 20TH ANNUAL "STATE OF TOBACCO CONTROL" REPORT, LAUNCHED IN JANUARY, CELEBRATED THE PROGRESS WE'VE MADE OVER THE LAST TWO DECADES TO END TOBACCO USE BUT FOUND THAT PRODUCTS LIKE E-CIGARETTES AND OTHER FLAVORED TOBACCO PRODUCTS CREATE CONCERN FOR LOSING ANOTHER GENERATION TO NICOTINE ADDICTION. THE REPORT ALSO CALLED ON THE BIDEN ADMINISTRATION TO REMOVE MENTHOL CIGARETTES AND FLAVORED CIGARS FROM THE MARKETPLACE. JUST FOUR MONTHS AFTER THE RELEASE OF OUR REPORT, THE FDA DID JUST THAT AND PROPOSED REMOVING THESE HARMFUL AND HIGHLY ADDICTIVE PRODUCTS FROM THE MARKET.

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

RESEARCH: FEW THINGS PROMISE TO IMPROVE PATIENTS' LIVES MORE THAN MEDICAL RESEARCH. FOR NEARLY 120 YEARS, THE AMERICAN LUNG ASSOCIATION HAS FOCUSED ON DRIVING EXCELLENCE AND INNOVATION THROUGH RESEARCH. WHEN WE LAUNCHED OUR COVID-19 ACTION INITIATIVE IN 2019, WE MADE RESEARCH OF CORONAVIRUSES A KEY COMPONENT. THIS YEAR, AS PART OF THIS BOLD INITIATIVE COMMITTING \$25M TO END COVID-19 AND DEFEND AGAINST FUTURE RESPIRATORY VIRUSES, WE ANNOUNCED OUR SECOND ROUND OF COVID-19 RESEARCH GRANTS, INCLUDING THE COVID-19 AND RESPIRATORY VIRUS RESEARCH AWARD WHICH PROVIDES \$100,000 OF FUNDING A YEAR FOR TWO YEARS. WE ALSO CONTINUED TO SUPPORT PROMISING RESEARCH IN ALL AREAS OF LUNG DISEASE, WITH THE HOPE OF ELIMINATING LUNG DISEASE AND IMPROVING THE LIVES OF THOSE LIVING WITH LUNG DISEASE. OUR RESEARCH PROGRAM INCLUDES OUR AWARDS AND GRANTS PROGRAM AND OUR EXPANDED AIRWAYS CLINICAL RESEARCH CENTERS NETWORK (ACRC), THE LARGEST NOT-FOR-PROFIT CLINICAL RESEARCH NETWORK DEDICATED TO ASTHMA AND COPD IN THE COUNTRY. THIS NETWORK CONDUCTS LARGE PATIENT-FOCUSED CLINICAL TRIALS LED BY SOME OF THE BEST INVESTIGATORS NATIONWIDE TO IMPROVE LUNG HEALTH. WE INCREASED OUR OVERALL RESEARCH FUNDING, INVESTING AN ADDITIONAL \$12.6 MILLION, TO ACCELERATE LUNG HEALTH RESEARCH FOR 2021-2022. OUR ANNUAL ADVANCING RESEARCH PUBLICATION ILLUSTRATED OUR ONGOING RESEARCH INITIATIVES, FROM PATIENT STORIES TO SCIENTIFIC ARTICLES, AND RESEARCHER PROFILES AND CREATED A NEW WAY TO KEEP UP WITH OUR CUTTING-EDGE RESEARCH PROGRAM WITH OUR NEW RESEARCH NEWS WEBSITE. IN JUNE 2022, ENROLLMENT BEGAN FOR THE AMERICAN LUNG ASSOCIATION LUNG HEALTH COHORT - THE FIRST-EVER LARGE-SCALE LUNG HEALTH STUDY THAT WILL TRACK 4,000 YOUNG ADULTS (AGES 25-35) AT AN AGE OF PEAK LUNG HEALTH. THE LUNG ASSOCIATION'S AIRWAYS CLINICAL RESEARCH CENTERS NETWORK WILL CONDUCT THE RESEARCH, WORKING CLOSELY WITH RESEARCHERS AT PROMINENT FACILITIES ACROSS THE COUNTRY. THIS YEAR, WE PUBLISHED OUR MAJOR NATIONAL INSTITUTES OF HEALTH FUNDED CLINICAL TRIAL, CONDUCTED BY OUR AIRWAYS CLINICAL RESEARCH CENTERS NETWORK, THE ASTHMA BMI BASELINE STUDY (ABBS), WHICH EVALUATED ASTHMA SYMPTOMS AND THE IMPACT ON QUALITY OF LIFE FOR PEOPLE WHO HAVE POORLY CONTROLLED ASTHMA WITH AN ELEVATED BODY MASS INDEX (BMI). IT CONCLUDED THAT INTERVENTIONS ARE SERIOUSLY NEEDED TO IMPROVE LIFE QUALITY FOR THOSE WITH POORLY CONTROLLED ASTHMA AND OBESITY. THIS YEAR, WE LAUNCHED A

NEW LUNG CANCER RESEARCH AWARD. KELLIE SMITH, PH.D., OF JOHNS HOPKINS UNIVERSITY, WAS AWARDED OUR FIRST-EVER PIERRE MASSION LUNG CANCER DISCOVERY AWARD, IN HONOR OF DR. MASSION'S LEGACY. DR. SMITH HOPES TO FIND A WAY TO PREVENT OR DELAY RELAPSES IN PATIENTS WITH EARLY-STAGE NON-SMALL CELL LUNG CANCER. DIVERSITY AND INCLUSION CONTINUE TO BE A KEY NEED IN THE WORLD OF RESEARCH, INCLUDING THE NEED TO IMPROVE ACCESS TO CLINICAL TRIALS. THE BLACK COMMUNITY IS DISPROPORTIONALLY IMPACTED BY LUNG CANCER AND UNDERREPRESENTED IN LUNG CANCER CLINICAL TRIALS. OUR CAMPAIGN "AWARENESS, TRUST AND ACTION" WORKED TO CLOSE THIS GAP BY EDUCATING ABOUT LUNG CANCER CLINICAL TRIALS AND EMPOWERING ALL LUNG CANCER PATIENTS, INCLUDING BLACK AMERICANS, TO PARTICIPATE. TO FURTHER IMPROVE DIVERSITY IN RESPIRATORY CARE, WE SPONSORED A SCHOLAR IN PULMONARY MEDICINE IN THE PRESTIGIOUS HAROLD AMOS MEDICAL FACULTY DEVELOPMENT PROGRAM, DEVELOPED TO INCREASE THE NUMBER OF FACULTY FROM HISTORICALLY MARGINALIZED BACKGROUNDS PURSUING CAREERS IN MEDICINE, DENTISTRY OR NURSING. AS A NEW MEMBER OF THE LUNG ASSOCIATION'S RESEARCH TEAM, FRANCISCO CARTUJANO, M.D., RECEIVED OUR 2021-2022 CATALYST AWARD FOR HIS PROJECT, "KICK VAPING: A VAPING CESSATION TEXT MESSAGING INTERVENTION FOR LATINO YOUNG ADULTS." THE PROJECT AIMS TO DEVELOP AND EVALUATE THE PRACTICALITY AND EFFECTIVENESS OF HIS KICK VAPING INITIATIVE, A TEXT MESSAGING INTERVENTION TO HELP LATINO AND HISPANIC YOUNG ADULTS STOP VAPING.

**4c** (Code: ) (Expenses \$ **18,046,683** including grants of \$ ) (Revenue \$ **846,060** )

ADVOCACY AND ENVIRONMENTAL: EVERY YEAR, THE AMERICAN LUNG ASSOCIATION SUPPORTS POLICIES AND LEGISLATION THAT CAN LEAD TO BETTER LUNG HEALTH ACROSS THE NATION. THESE INCLUDE LAWS THAT PROTECT OUR CHILDREN FROM DEADLY AIR POLLUTION AND TOBACCO PRODUCTS, SUPPORT FUNDING FOR CRITICAL LUNG DISEASE RESEARCH AND HEALTH PROGRAMS AT THE FEDERAL LEVEL, PROVIDE AFFORDABLE, QUALITY HEALTHCARE FOR MORE AMERICANS, AND MUCH MORE. THIS YEAR WE FUNDED MULTIPLE RESEARCH PROJECTS THAT WILL BUILD OUR UNDERSTANDING OF THE MANY WAYS AIR POLLUTION IMPACTS OUR LUNGS. WE ALSO ADVOCATED FOR STRONGER POLICIES TO CLEAN UP AIR POLLUTION AND CURB CLIMATE CHANGE. WE WORKED TO EDUCATE THE PUBLIC, MEDIA AND OUR NATION'S LEADERS ABOUT THE HARMFUL EFFECT DIRTY AIR HAS ON HEALTH AND WHAT WE NEED TO DO TO CLEAN IT UP. ADVOCATING FOR HEALTHY AIR WAS EVEN MORE IMPORTANT DURING THE COVID-19 PANDEMIC AS RESEARCH SHOWED THAT EXPOSURE TO AIR POLLUTION WAS LINKED TO WORSENERD IMPACTS FROM COVID-19. IN LATE 2021, WE SAW THE IMPACT OF OUR CLEAN AIR ADVOCACY WITH TWO IMPORTANT LEGISLATIVE ACTIONS ON OZONE AND METHANE POLLUTION. THE ENVIRONMENTAL PROTECTION AGENCY (EPA) SHARED ITS DECISION TO RECONSIDER THE INADEQUATE OZONE STANDARD THAT THE PREVIOUS ADMINISTRATION PUSHED. THE LUNG ASSOCIATION AND PARTNERS SUED EPA OVER THE WEAK STANDARD AND URGED THE AGENCY TO RECONSIDER. WE ALSO ADVOCATED FOR THE REDUCTION OF METHANE POLLUTION FROM THE OIL AND GAS SECTOR, WHICH IS RAPIDLY ACCELERATING CLIMATE CHANGE AND CREATING TOXIC AIR POLLUTION. IN NOVEMBER 2021, EPA RELEASED A PROPOSED RULE TO CUT METHANE AND OTHER HARMFUL POLLUTANTS FROM NEW AND EXISTING OIL AND GAS OPERATIONS. CLIMATE CHANGE HAS MADE WILDFIRE MORE FREQUENT AND SEVERE. WE ADDRESSED THE EVER-WORSENING THREAT OF WILDFIRES IN A NEW REPORT "CAN PRESCRIBED FIRES MITIGATE HEALTH HARM?" THAT WEIGHS THE BENEFITS AND RISKS OF PRESCRIBED FIRES TO REDUCE HEALTH HARMS OF CATASTROPHIC WILDFIRES. FUELED BY CLIMATE CHANGE, WILDFIRES ARE BECOMING MORE FREQUENT AND INTENSE INCREASINGLY EXPOSING MORE AMERICANS TO THE POTENTIALLY DEADLY EFFECTS OF BREATHING WILDFIRE SMOKE. EARLY IN 2022, WE CELEBRATED A CLEAR VICTORY WHEN EPA FINALIZED STRONGER CAR EMISSION STANDARDS ON GREENHOUSE GAS EMISSIONS FOR LIGHT-DUTY VEHICLES FOR MODEL YEARS 2023-2026. HOWEVER, WE WERE DISAPPOINTED BY THE U.S. SUPREME COURT DECISION IN THE CASE OF WEST VIRGINIA V. EPA, WHICH LIMITS EPA'S AUTHORITY TO REGULATE GREENHOUSE GAS EMISSIONS FROM COAL AND OIL-FIRED POWER PLANTS. WE WILL CONTINUE TO ADVOCATE TO OVERTURN THIS DECISION AND RESTORE EPA'S POWER TO PROTECT OUR HEALTH. QUALITY AND AFFORDABLE HEALTHCARE ACCESS IS CRUCIAL TO ALL AMERICANS, ESPECIALLY LUNG DISEASE PATIENTS. IN JULY 2021, WE HOSTED OUR LEADING FOR LUNGS DAY OF ACTION TO URGE CONGRESS TO FURTHER EXPAND ACCESS TO QUALITY AND AFFORDABLE HEALTHCARE AND MAKE TRANSFORMATIVE INVESTMENTS IN CLEAN ENERGY, CLEAN TRANSPORTATION AND ENVIRONMENTAL JUSTICE TO ADDRESS AIR POLLUTION AND CLIMATE CHANGE. IN SEPTEMBER 2021, LUNG ASSOCIATION VOLUNTEER ADVOCATES HELD TWELVE VIRTUAL MEETINGS WITH KEY SENATE OFFICES, AND MANY MORE JOINED IN WITH OUR BRAND-NEW TOOL THAT MAKES IT EASY AND AUTOMATIC TO CONNECT WITH YOUR MEMBERS OF CONGRESS. WHEN HEALTHCARE ENROLLMENT OPENED IN NOVEMBER, AND THEN EXPANDED AT HEALTHCARE.GOV, WE ROLLED OUT A SERIES OF UPDATED TOOLS TO HELP PEOPLE UNDERSTAND THEIR CHOICES AND THE ENROLLMENT PROCESS. THIS YEAR, OUR HEALTHY AIR CAMPAIGN CONTINUED TO FIGHT FOR HEALTHY AIR FOR ALL AMERICANS. WE CONTINUED OUR FOCUS ON REDUCING TAILPIPE POLLUTION WITH THE RELEASE OF OUR "ZEROING IN ON HEALTHY AIR" REPORT, WHICH ADDRESSED THE HEALTH AND CLIMATE BENEFITS OF A WIDESPREAD SHIFT TO ZERO-EMISSION CARS, BUSES AND TRUCKS. IT ALSO SHINED A LIGHT ON LIVES THAT COULD BE SAVED, THE DOLLAR VALUE OF CLIMATE IMPACTS AVOIDED AND MORE. AS PART OF OUR ADVOCACY EFFORTS TO CONVINCCE CONGRESS TO INVEST IN TRANSITIONING SCHOOL BUSES NATIONWIDE FROM DIESEL TO ELECTRIC, WE HELD A STAND-UP PRESS CONFERENCE IN SEPTEMBER 2021, ON CAPITOL HILL. WITH AN ELECTRIC SCHOOL BUS AS OUR BACKDROP, SENATOR TOM CARPER, OTHER MEMBERS OF CONGRESS, AND REPRESENTATIVES FROM NATIONAL CHILDREN'S HEALTH AND NURSING ORGANIZATIONS JOINED US TO SPEAK. EACH HIGHLIGHTED THE HEALTH BENEFITS OF ZERO-EMISSION, ELECTRIC SCHOOL BUSES AND CALLED ON CONGRESS TO MAKE THE SWITCH. A LETTER SIGNED BY 500 HEALTH PROFESSIONALS AND SENT TO CONGRESS HELPED DRIVE THE POINT HOME. IN APRIL 2022, WE RELEASED THE 23RD EDITION OF OUR ANNUAL "STATE OF THE AIR" REPORT. THIS YEAR'S REPORT SHOWED THAT DESPITE SOME NATIONWIDE PROGRESS ON CLEANING UP AIR POLLUTION, MORE THAN 40% OF AMERICANS LIVE WITH UNHEALTHY OZONE OR PARTICLE POLLUTION. THE REPORT FINDS THAT PEOPLE OF COLOR ARE SIGNIFICANTLY MORE LIKELY TO BREATHE POLLUTED AIR THAN WHITE PEOPLE. AS THE NATION WORKS TO ADDRESS CLIMATE CHANGE AND CONTINUE REDUCING AIR POLLUTION, WE MUST PRIORITIZE THE HEALTH OF DISPROPORTIONATELY BURDENED COMMUNITIES.

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

**4e** **Total program service expenses** ▶ **87,603,320**

Part IV Checklist of Required Schedules

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**  
 Check if Schedule O contains a response or note to any line in this Part V . . . . .

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

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

<p><b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .</p>	<p><b>2a</b> <span style="float: right;">647</span></p>			
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.</p>	<p><b>2b</b></p>	<p>Yes</p>		
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>	<p><b>3a</b></p>		<p>No</p>	
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i></p>	<p><b>3b</b></p>			
<p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>	<p><b>4a</b></p>		<p>No</p>	
<p><b>b</b> <del>Enter the name of the foreign country: _____</del> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>				
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>	<p><b>5a</b></p>		<p>No</p>	
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	<p><b>5b</b></p>		<p>No</p>	
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>	<p><b>5c</b></p>			
<p><b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .</p>	<p><b>6a</b></p>		<p>No</p>	
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>	<p><b>6b</b></p>			
<p><b>7 Organizations that may receive deductible contributions under section 170(c).</b></p>				
<p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p>	<p><b>7a</b></p>	<p>Yes</p>		
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>	<p><b>7b</b></p>	<p>Yes</p>		
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>	<p><b>7c</b></p>		<p>No</p>	
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<p><b>7d</b></p>			
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	<p><b>7e</b></p>		<p>No</p>	
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	<p><b>7f</b></p>		<p>No</p>	
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>	<p><b>7g</b></p>			
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>	<p><b>7h</b></p>			
<p><b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>	<p><b>8</b></p>			
<p><b>9 Sponsoring organizations maintaining donor advised funds.</b></p>				
<p><b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?</p>	<p><b>9a</b></p>			
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>	<p><b>9b</b></p>			
<p><b>10 Section 501(c)(7) organizations.</b> Enter:</p>				
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<p><b>10a</b></p>			
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<p><b>10b</b></p>			
<p><b>11 Section 501(c)(12) organizations.</b> Enter:</p>				
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<p><b>11a</b></p>			
<p><b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>	<p><b>11b</b></p>			
<p><b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?</p>				
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	<p><b>12b</b></p>			
<p><b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b></p>				
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . .</p>	<p><b>13a</b></p>			
<p><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.</p>				
<p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>	<p><b>13b</b></p>			
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<p><b>13c</b></p>			
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>	<p><b>14a</b></p>		<p>No</p>	
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i></p>	<p><b>14b</b></p>			
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .</p>	<p><b>15</b></p>		<p>No</p>	
<p><b>16</b> If the organization is a trust, did it file Form 720, Schedule E, to report the section 4968 excise tax on net investment income? . . . . .</p>	<p><b>16</b></p>		<p>No</p>	
<p><i>If "Yes," complete Form 4720, Schedule O.</i></p>				
<p><b>17 Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . .</p>	<p><b>17</b></p>			
<p><i>If "Yes," complete Form 6069.</i></p>				

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, or key employee listed in Part VII, Section A...

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 on 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

- 17 List the states with which a copy of this Form 990 is required to be filed: AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, VA, WA, WV, WI
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: LAURA SCOTT CFO 3000 KELLY LANE SPRINGFIELD, IL 62711 (217) 787-5864

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

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

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

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

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

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HAROLD WIMMER ..... PRESIDENT & CEO	40.00 .....			X				547,872	0	60,007
(2) JEFF SEYLER ..... CHIEF DIVISION OFFICER, EAST	40.00 .....				X			272,977	0	38,462
(3) JULIA FITZGERALD ..... CHIEF MARKETING OFFICER	40.00 .....				X			273,156	0	35,312
(4) LAURA SCOTT ..... CHIEF FINANCIAL OFFICER	40.00 .....			X				276,560	0	24,907
(5) SUE SWAN ..... CHIEF DEVELOPMENT OFFICER	40.00 .....				X			254,829	0	45,829
(6) DEBORAH BROWN ..... CHIEF MISSION OFFICER	40.00 .....				X			257,452	0	36,378
(7) WILLIAM PFEIFER ..... EXE. VP, GOVERNANCE & STRATEGIC INITIATIVES	40.00 .....				X			249,260	0	38,273
(8) SARAH KRIKORIAN ..... CHIEF HUMAN RESOURCES OFFICER	40.00 .....				X			244,700	0	32,287
(9) PAUL BILLINGS ..... NATIONAL SENIOR VP, PUBLIC POLICY	40.00 .....					X		219,024	0	23,335
(10) SALLY DRAPER ..... NATIONAL SVP, DEVELOPMENT, CORPORATE & FOUNDATION	40.00 .....					X		208,048	0	13,248
(11) ALLISON HICKEY ..... EXECUTIVE VP, MOUNTAIN PACIFIC & CA	40.00 .....					X		205,857	0	14,115
(12) SUSAN RAPPAPORT ..... NATIONAL VICE PRESIDENT, RESEARCH	40.00 .....					X		194,520	0	20,587
(13) NEIL BALLENTINE ..... CHIEF TECHNOLOGY OFFICER	40.00 .....				X			180,223	0	26,729
(14) EMILY MURPHY ..... DIVISION SENIOR VP, DEVELOPMENT	40.00 .....					X		173,864	0	14,887
(15) LEWIS BARTFIELD ..... CHIEF DIVISION OFFICER, WEST	40.00 .....				X			157,356	0	23,833
(16) STEPHEN R O'KANE ..... CHAIR	2.00 .....	X		X				0	0	0
(17) PENNY J SCHILZ ..... PAST CHAIR (THRU 6/2022)	2.00 .....	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHERYL A CALHOUN CPA MBA CHAIR-ELECT, DIRECTOR	2.00	X		X				0	0	0
(19) MICHAEL V CARSTENS SECRETARY / TREASURER	2.00	X		X				0	0	0
(20) SUMITA B KHATRI MD MS VICE CHAIR, MISSIONS PROGRAM	2.00	X						0	0	0
(21) FELIX AGUILAR MD MPH DIRECTOR	2.00	X						0	0	0
(22) RABIH I BECHARA MD FCCP DIRECTOR	2.00	X						0	0	0
(23) LARRY BLUMENTHAL MBA DIRECTOR (THRU 6/2022)	2.00	X						0	0	0
(24) ANNE E DIXON MD DIRECTOR	2.00	X						0	0	0
(25) DAVID G HILL MD DIRECTOR	2.00	X						0	0	0
(26) MARK C JOHNSON CFA MBA DIRECTOR	2.00	X						0	0	0
(27) COLLEEN M MCINTOSH JD LLM DIRECTOR	2.00	X						0	0	0
(28) SEAN R MULDOON MD MPH FCCP DIRECTOR	2.00	X						0	0	0
(29) JOE OCHIPINTI DIRECTOR	2.00	X						0	0	0
(30) JONATHON K ROSEN BA DIRECTOR	2.00	X						0	0	0
(31) KATHLEEN M SKAMBIS JD MBA DIRECTOR (THRU 6/2022)	2.00	X						0	0	0
(32) JOHNNY A SMITH JR MA VICE CHAIR	2.00	X		X				0	0	0
(33) VICTOR WATERS MD JD FCLM DIRECTOR (THRU 8/2022)	2.00	X						0	0	0
(34) STERLING QL YEE MBA DIRECTOR	2.00	X						0	0	0
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							3,715,698	0		448,189

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **69**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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	
<b>5</b> 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	5,125,242
RR DONNELLEY 35 W WACKER DRIVE CHICAGO, IL 60601	MARKETING	2,754,325
AD COUNCIL 815 SECOND AVENUE 9TH FLOOR NEW YORK, NY 10017	PUBLIC SERVICE ADVERTISING	1,831,006
RESCUE AGENCY PUBLIC BENEFIT LLC 2437 MORENA BLVD SAN DIEGO, CA 92110	MARKETING	1,747,863
INNOVAIRREBRICKMILL MARKETING SERVICES 2 EXECUTIVE CAMPUS SUITE 200 CHERRY HILL, NJ 08002	MARKETING	1,454,830

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **73**

**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 Amt Similar Amounts				
<b>1a</b> Federated campaigns . . . . .				
<b>b</b> Membership dues . . . . .				
<b>c</b> Fundraising events . . . . .			12,490,910	
<b>d</b> Related organizations				
<b>e</b> Government grants (contributions)			40,800,448	
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above			58,999,806	
<b>g</b> Noncash contributions included in lines 1a - 1f:\$			144,416	
<b>h Total.</b> Add lines 1a-1f . . . . .				112,291,164

Program Service Revenue		Business Code				
			(A)	(B)	(C)	(D)
<b>2a</b> PROGRAM SERVICE CONTRACTS		541900	1,365,453	1,365,453		
<b>b</b> PROGRAM PARTICIPANT FEE		541900	1,058,318	1,058,318		
<b>c</b> MEMBERSHIP DUES		541900	89,262	89,262		
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .			2,513,033			

Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		5,058,083			5,058,083	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .		3,175,287			3,175,287	
	<b>6a</b> Gross rents	(i) Real	167,547				
		(ii) Personal					
		<b>6b</b> Less: rental expenses	0				
		<b>6c</b> Rental income or (loss)	167,547				167,547
	<b>d</b> Net rental income or (loss) . . . . .		167,547			167,547	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	18,454,625	697,944			
		(ii) Other					
		<b>7b</b> Less: cost or other basis and sales expenses	13,893,146	454,795			
		<b>7c</b> Gain or (loss)	4,561,479	243,149			
	<b>d</b> Net gain or (loss) . . . . .		4,804,628			4,804,628	
	<b>8a</b> Gross income from fundraising events (not including \$ 12,490,910 of contributions reported on line 1c). See Part IV, line 18 . . . . .		2,837,732				
		<b>8b</b> Less: direct expenses	3,048,500				
		<b>c</b> Net income or (loss) from fundraising events . . . . .		-210,768			-210,768
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .						
		<b>9b</b> Less: direct expenses					
		<b>c</b> Net income or (loss) from gaming activities . . . . .					
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .						
<b>10b</b> Less: cost of goods sold							
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b> RESEARCH GRANT SERVICE FEE	541900	1,295,198	1,295,198				
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .		298,764	298,764				
<b>e Total.</b> Add lines 11a-11d . . . . .		1,593,962					
<b>12 Total revenue.</b> See instructions . . . . .		129,392,936	4,106,995	0	12,994,777		

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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	136,720	<b>1</b>	144,821
	<b>2</b> Savings and temporary cash investments	30,204,501	<b>2</b>	27,213,680
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	10,646,065	<b>4</b>	17,309,277
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	306,570	<b>7</b>	10,687
	<b>8</b> Inventories for sale or use . . . . .	51,376	<b>8</b>	121,536
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,767,757	<b>9</b>	2,298,896
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 21,343,030		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 10,305,260	9,820,065	<b>10c</b> 11,037,770
	<b>11</b> Investments—publicly traded securities . . . . .	136,781,279	<b>11</b>	120,122,477
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	43,099,490	<b>15</b>	36,789,972
<b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . .	232,813,823	<b>16</b>	215,049,116	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	11,029,182	<b>17</b>	12,591,730
	<b>18</b> Grants payable . . . . .	12,436,934	<b>18</b>	12,257,372
	<b>19</b> Deferred revenue . . . . .	15,923,513	<b>19</b>	11,447,314
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	1,781,745
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	24,985,453	<b>25</b>	11,307,430
	<b>26 Total liabilities:</b> Add lines 17 through 25 . . . . .	64,375,082	<b>26</b>	49,385,591
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	118,316,552	<b>27</b>	121,282,464
	<b>28</b> Net assets with donor restrictions	50,122,189	<b>28</b>	44,381,061
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	168,438,741	<b>32</b>	165,663,525
<b>33</b> Total liabilities and net assets/fund balances	232,813,823	<b>33</b>	215,049,116	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	129,392,936
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	101,926,705
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	27,466,231
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	168,438,741
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-26,178,722
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-4,062,725
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	<b>10</b>	165,663,525

**Part XII Financial Statements and Reporting**

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

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

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**Name of the organization**  
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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	90,355,569	93,429,565	89,851,926	83,540,236	112,291,164	469,468,460
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
<b>4 Total.</b> Add lines 1 through 3	90,355,569	93,429,565	89,851,926	83,540,236	112,291,164	469,468,460
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						10,211,588
<b>6 Public support.</b> Subtract line 5 from line 4.						459,256,872

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4. . . . .	90,355,569	93,429,565	89,851,926	83,540,236	112,291,164	469,468,460
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	4,736,244	4,659,481	4,822,544	4,656,339	8,400,917	27,275,525
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). . . . .	6,592,177	5,053,253	452,244	311,677		12,409,351
<b>11 Total support.</b> Add lines 7 through 10						509,153,336
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	32,516,313
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	90.200 %
<b>15</b> Public support percentage for 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	87.320 %
<b>16a 33 1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

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

- |   |          |  |  |
|---|----------|--|--|
| <b>1</b> Net short-term capital gain  | <b>1</b> |  |  |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b> |  |  |
| <b>3</b> Other gross income (see instructions)  | <b>3</b> |  |  |
| <b>4</b> Add lines 1 through 3  | <b>4</b> |  |  |
| <b>5</b> Depreciation and depletion   | <b>5</b> |  |  |
| <b>6</b> 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) | <b>6</b> |  |  |
| <b>7</b> Other expenses (see instructions)  | <b>7</b> |  |  |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)  | <b>8</b> |  |  |

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

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

**Section C - Distributable Amount**

Current Year

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

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

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

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

### Facts And Circumstances Test

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

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

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

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

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

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

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

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

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

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

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

<b>1</b>	Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."		
<b>2</b>	Political campaign activity expenditures. See instructions .....	▶	\$ _____
<b>3</b>	Volunteer hours for political campaign activities. See instructions .....		_____

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

<b>1</b>	Enter the amount of any excise tax incurred by the organization under section 4955 .....		\$ _____
<b>2</b>	Enter the amount of any excise tax incurred by organization managers under section 4955 .....		\$ _____
<b>3</b>	If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4a</b>	Was a correction made? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</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).**

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				

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

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

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

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b>	Volunteers? .....	Yes		
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	Yes		
<b>c</b>	Media advertisements? .....	Yes		51,814
<b>d</b>	Mailings to members, legislators, or the public? .....	Yes		6,835
<b>e</b>	Publications, or published or broadcast statements? .....	Yes		1,768
<b>f</b>	Grants to other organizations for lobbying purposes? .....	Yes		119,739
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		475,501
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	Yes		19,873
<b>i</b>	Other activities? .....		No	
<b>j</b>	Total. Add lines 1c through 1i .....			675,530
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**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 ELECTED OFFICIALS, 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 AND CURB CLIMATE CHANGE. WE FOCUS ON SUPPORTING THE IMPLEMENTATION AND STRENGTHENING OF THE NATION'S CLEAN AIR LAWS. WE STRONGLY SUPPORT THE PUBLIC HEALTH INFRASTRUCTURE AND LUNG HEALTH RESEARCH FUNDING INCLUDING FUNDING FOR LUNG CANCER, CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD), ASTHMA, TUBERCULOSIS AND OTHER LUNG DISEASES. FURTHERMORE, THE AMERICAN LUNG ASSOCIATION VOLUNTEERS AND STAFF ACTIVELY ADVOCATE AT THE NATIONAL, STATE AND LOCAL LEVELS FOR TOBACCO CONTROL LAWS, INCLUDING EFFORTS TO REGULATE TOBACCO PRODUCTS INCLUDING E-CIGARETTES, PROMOTE TOBACCO CESSATION AND ELIMINATE EXPOSURE TO SECONDHAND SMOKE.

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

Supplemental Financial Statements

2021

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: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.

- 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:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

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

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

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

- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶ 100.000 %
  - 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 . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>		No
<b>3b</b>		

- 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.

**Part VI Land, Buildings, and Equipment.**

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

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

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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	35,382,670
(2) AMOUNTS HELD ON BEHALF OF OTHERS	1,148,660
(3) REFUNDABLE DEPOSITS	258,642
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	36,789,972

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	11,307,430

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	135,196,629
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-26,178,722	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	36,133,855	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	-4,062,725	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 5,892,408
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 129,304,221
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	88,715	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 88,715
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .			<b>5</b> 129,392,936

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	137,971,845
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	36,133,855	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 36,133,855
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 101,837,990
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	88,715	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 88,715
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .			<b>5</b> 101,926,705

**Part XIII Supplemental Information**

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

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 -5,849,144. CHANGE IN VALUE OF SPLIT-INTEREST TRUSTS -162,165. CHANGE IN VALUE OF EQUITY METHOD INVESTMENTS -162,511. PENSION AND POSTRETIREMENT PLAN CHANGES 2,111,095.

## **Additional Data**

**Return to Form**

**Software ID:**  
**Software Version:**

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

Name of the organization  
**AMERICAN LUNG ASSOCIATION**

**Employer identification number**  
13-1632524

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |   |
|---|---|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations                     |   |
- 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  **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 MARKETING		No	17,971,258	369,000	17,602,258
2 GATEWAY COMMUNICATIONS 16805 NE MASON COURT PORTLAND, OR 97230	TELEMARKETING SERVICES		No	78,985	77,755	1,230
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				18,050,243	446,755	17,603,488

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

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

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

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

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

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
<b>Revenue</b>				
<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>				
<b>2</b> Cash prizes . . . . .				
<b>3</b> Noncash prizes . . . . .				
<b>4</b> Rent/facility costs . . . . .				
<b>5</b> Other direct expenses . . . . .				
<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b> 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 SERVICES. IN ORDER TO MANAGE THESE ACTIVITIES, THE AMERICAN LUNG ASSOCIATION CONTRACTS WITH PROFESSIONAL FUNDRAISERS TO DEVELOP FUNDRAISING STRATEGIES ON THESE INITIATIVES.

**Additional Data**

**Return to Form**

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? Yes No

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

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

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: (1) REGENTS OF THE UNIVERSITY OF MINNESOTA, (2) UNIVERSITY OF MICHIGAN, (3) ST VINCENT OF INDIANA, (4) NEMOURS CHILDREN CLINIC, (5) ENTERTAINMENT INDUSTRY FOUNDATION (STAND UP 2 CANCER), (6) REGENTS UNIVERSITY OF CALIFORNIA LOS ANGELES, (7) CASE WESTERN RESERVE UNIVERSITY, (8) NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA), (9) UNIVERSITY HOSPITALS CLEVELAND MEDICAL CTR, (10) THOMAS JEFFERSON UNIVERSITY, (11) UNIVERSITY OF COLORADO DENVER, (12) NATIONAL JEWISH MEDICAL AND RESEARCH CENTER, (13) UNIVERSITY OF TEXAS MD ANDERSON CANCER CTR, (14) THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER, (15) EMORY UNIVERSITY, (16) TEMPLE UNIVERSITY, (17) REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO, (18) CHILDRENS NATIONAL MEDICAL CENTER, (19) YALE UNIVERSITY, (20) GATEWAY FOR CANCER RESEARCH, (21) UNIVERSITY OF KANSAS CTR FOR RESEARCH, (22) AMERICAN THORACIC SOCIETY INC, (23) UNIVERSITY OF HAWAII, (24) UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON, (25) SEATTLE BIOMEDICAL RESEARCH INSTITUTE, (26) UNIVERSITY OF GEORGIA RESEARCH FOUNDATION INC, (27) UNIVERSITY OF FLORIDA, (28) JOHNS HOPKINS UNIVERSITY, (29) UNIVERSITY OF ARKANSAS FOR MEDICAL SERVICES, (30) WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH, (31) SEATTLE CHILDREN'S HOSPITAL, (32) MASSACHUSETTS GENERAL HOSPITAL, (33) NEW YORK UNIVERSITY SCHOOL OF MEDICINE, (34) THE UNIVERSITY OF CHICAGO, (35) COLUMBIA UNIVERSITY, (36) NORTHWESTERN UNIVERSITY, (37) UNIVERSITY OF TENNESSEE (HEALTH SCIENCE CTR), (38) WASHINGTON UNIVERSITY, (39) THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO, (40) VIRGINIA COMMONWEALTH UNIVERSITY, (41) BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS, (42) UNIVERSITY OF VERMONT, (43) THE OHIO STATE UNIVERSITY, (44) GEORGIA TECH RESEARCH CORPORATION, (45) UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, (46) BAYLOR COLLEGE OF MEDICINE, (47) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI, (48) DUKE UNIVERSITY, (49) WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY, (50) BOARD OF REGENTS OF THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCE CTR, (51) UNIVERSITY OF ARIZONA, (52) UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY GARDENS, (53) UNIVERSITY OF ALABAMA AT BIRMINGHAM UNIVERSITY STATION, (54) RETURNED FUNDS & CANCELLED PAYMENTS - VARIOUS UNIVERSITIES.

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

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

**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**

**Return to Form**

**Software ID:**  
**Software Version:**

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

**2021**

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

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

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

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

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

**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 \$35,057 FROM A 457(F) PLAN.

## **Additional Data**

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# Noncash Contributions

## 2021

**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](http://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	144,416	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**

**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.

**31** Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  
 . . . . .

**b** If "Yes," describe in Part II.

**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.

	Yes	No
<b>30a</b>		No
<b>31</b>	Yes	
<b>32a</b>		No
<b>33</b>		

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**2021****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	EXECUTIVE COMMITTEE: THE EXECUTIVE COMMITTEE SHALL ACT IN PLACE OF AND WITH THE FULL AUTHORITY OF THE BOARD OF DIRECTORS WHEN THE BOARD OF DIRECTORS IS NOT IN SESSION, SUBJECT TO THE BOARD'S POWER TO AMEND OR CHANGE THOSE ACTIONS WHICH HAVE NOT BEEN IMPLEMENTED PRIOR TO THE BOARD MEETING OR MEETINGS FOLLOWING THE EXECUTIVE MEETING AT WHICH SUCH ACTION WAS TAKEN. THE BOARD OF DIRECTORS HAS THE POWER TO AUTHORIZE AND DELEGATE TO THE EXECUTIVE COMMITTEE TO THE 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. 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 CFO, TOP MANAGEMENT OFFICIAL, OTHER OFFICERS OR KEY EMPLOYEES. THE POLICY MANDATES THAT EXECUTIVE COMPENSATION BE PERIODICALLY REVIEWED BY THE COMMITTEE AND THAT THE COMMITTEE SHOULD BE FREE OF CONFLICTS OF INTEREST. IN ADDITION, THE APPROVING COMMITTEE NEEDS TO REVIEW APPROPRIATE AND ADEQUATE DATA TO DETERMINE THE REASONABLENESS OF THE COMPENSATION BEING CONSIDERED. THE COMMITTEE MAY USE A VARIETY OF INFORMATION AND STUDIES THAT ARE AVAILABLE TO DETERMINE THAT THE APPROPRIATE LEVEL OF COMPENSATION IS BEING PAID TO ITS EXECUTIVES. THE COMMITTEE'S DECISION ON THE AMOUNT OF COMPENSATION PAID IS DOCUMENTED IN A CONTEMPORANEOUSLY WRITTEN FORMAT AND DOCUMENTS THE DATE OF THE DECISION, THE MEMBERS PRESENT DURING THE MEETING AND THOSE WHO VOTED ON IT. THE DETAILS OF THE TRANSACTION THAT WAS APPROVED AND THE COMPARABILITY DATA USED AND RELIED UPON TO MAKE THE DECISION. ALA CONDUCTS PERIODIC COMPENSATION REVIEW FOR THE CEO AS WELL AS OTHER OFFICERS AND KEY EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 19	THE THREE MOST RECENT YEARS OF FORM 990 AND ANNUAL REPORTS ARE AVAILABLE ON AMERICAN LUNG ASSOCIATION'S WEBSITE, <a href="http://WWW.LUNG.ORG">WWW.LUNG.ORG</a> . 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	PROGRAM CONSULTING : PROGRAM SERVICE EXPENSES 19,286,066. TOTAL EXPENSES 19,286,066. OTHER FEES: PROGRAM SERVICE EXPENSES 5,481,664. MANAGEMENT AND GENERAL EXPENSES 281,942. FUNDRAISING EXPENSES 422,596. TOTAL EXPENSES 6,186,202.
FORM 990, PART XI, LINE 9:	CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUSTS -5,849,144. CHANGE IN VALUE OF SPLIT-INTEREST TRUSTS -162,165. CHANGE IN VALUE OF EQUITY METHOD INVESTMENTS -162,511. PENSION AND RETIREMENT PLAN CHANGES 2,111,095.
FORM 990, PART XII, LINE 2C:	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

## **Additional Data**

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