

EXTENDED TO MAY 17, 2021

OMB No. 1545-0047

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.**2019**

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020

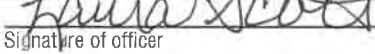
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN LUNG ASSOCIATION		D Employer identification number 13-1632524
	Doing business as		E Telephone number 217-787-5864
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 134,754,883.
	55 W. WACKER DRIVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60601		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: HAROLD WIMMER SAME AS C ABOVE			H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.LUNG.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1918 M State of legal domicile: ME

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE MISSION OF THE ALA IS TO SAVE LIVES BY IMPROVING LUNG HEALTH AND PREVENTING LUNG DISEASE.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	17	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	17	
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	774	
	6	Total number of volunteers (estimate if necessary)	100041	
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 39	0.	
	8	Contributions and grants (Part VIII, line 1h)	93,429,565.	
	9	Program service revenue (Part VIII, line 2g)	7,350,477.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,995,176.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,245,806.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	104,443,385.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,549,914.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	44,746,915.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	586,728.	
	16b	Total fundraising expenses (Part IX, column (D), line 25) 10,619,522.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	49,145,061.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	106,028,618.	
	19	Revenue less expenses. Subtract line 18 from line 12	-1,585,233.	
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	196,583,744.
		21	Total liabilities (Part X, line 26)	53,778,621.
		22	Net assets or fund balances. Subtract line 21 from line 20	142,805,123.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 	Date 2/10/21
	Type or print name and title LAURA SCOTT, CFO	

Paid Preparer Use Only	Print/Type preparer's name JILL M. BOYLE, CPA	Preparer's signature JILL M. BOYLE, CPA	Date 02/02/21	Check if self-employed <input type="checkbox"/>	PTIN P01246734
	Firm's name SIKICH LLP	Firm's EIN 36-3168081	Phone no. 217-793-3363		

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 \$ 54,395,077. including grants of \$) (Revenue \$ 4,917,223.)
LUNG CANCER, ASTHMA, LUNG DISEASE AND TOBACCO CONTROL:

LUNG DISEASE IS THE THIRD LEADING CAUSE OF DEATH IN AMERICA. COPD ALONE IS THE FOURTH LEADING DISEASE-RELATED CAUSE OF DEATH AND, AND LUNG CANCER KILLS MORE PEOPLE THAN ANY OTHER CANCER. THE EMERGENCE OF THE COVID-19 PANDEMIC AND THE URGENT NEED TO ADDRESS RACIAL HEALTH DISPARITIES ADDED NEW, WIDESPREAD THREATS TO LUNG HEALTH, MAKING THE MISSION OF THE AMERICAN LUNG ASSOCIATION MORE IMPORTANT THAN EVER. EVERY DAY, THE LUNG ASSOCIATION WORKS ACROSS THE COUNTRY TO RAISE AWARENESS OF THE NEED TO PRIORITIZE LUNG DISEASE PREVENTION AND TREATMENT, TO PROVIDE CAREGIVER SUPPORT, AND TO RAISE FUNDS FOR RESEARCH, TO BENEFIT THE 326+ MILLION AMERICANS WITH LUNGS.

4b (Code:) (Expenses \$ 20,142,154. including grants of \$ 11,549,914.) (Revenue \$ 1,820,817.)
RESEARCH:

FOR MORE THAN 115 YEARS, THE AMERICAN LUNG ASSOCIATION HAS FOCUSED ON DRIVING EXCELLENCE AND INNOVATION THROUGH RESEARCH. THE COVID-19 PANDEMIC MADE RESEARCH EVEN MORE URGENT. WE LAUNCHED OUR COVID-19 ACTION INITIATIVE, WITH RESEARCH OF CORONAVIRUSES A KEY COMPONENT. WE RAPIDLY EXPANDED OUR CORONAVIRUS RESEARCH, AND HAVE SINCE BUILT AN IMPRESSIVE FOUNDATION OF COVID-19 RESEARCH, FUNDING AWARDS AND GRANTS FOR PREVENTATIVE RESEARCH, VACCINES, AND ANTIVIRALS AS WELL AS PROVIDING PILOT GRANTS TO EVALUATE THE EFFECTS OF COVID-19 ON PATIENTS WITH CHRONIC LUNG DISEASE. WE FUNDED 12 RESEARCH AWARDS FOR A TOTAL OF \$2.4MM FOR THE INAUGURAL COVID-19 AND RESPIRATORY VIRUS RESEARCH. IN

4c (Code:) (Expenses \$ 17,581,786. including grants of \$) (Revenue \$ 1,589,364.)
ADVOCACY AND ENVIRONMENTAL:

EVERY YEAR THE AMERICAN LUNG ASSOCIATION SUPPORTS POLICIES AND LEGISLATION THAT PROTECT OUR CHILDREN FROM DEADLY AIR POLLUTION AND TOBACCO PRODUCTS, SUPPORTS FUNDING FOR CRITICAL LUNG DISEASE RESEARCH AND HEALTH PROGRAMS AT THE FEDERAL LEVEL, AND MUCH MORE. IN FY 2020, WE PUSHED BACK AGAINST A LEGISLATIVE CLIMATE THAT POSED SERIOUS CHALLENGES TO PROTECTING HEALTHY LUNGS AND HEALTHY AIR.

COVID-19 BECAME THE PARAMOUNT HEALTH ISSUE OF THE YEAR, AND WE WERE ABLE TO EFFECTIVELY HIGHLIGHT FOR THE PUBLIC AND THE MEDIA THE LINK BETWEEN AIR POLLUTION EXPOSURE AND MORE SEVERE COVID-19 OUTCOMES AND

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **92,119,017.**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 774		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a 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)?	4a		X
b If "Yes," enter the name of the foreign country			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a 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?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 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?	15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			

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

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

☒ X

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	17			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **LAURA SCOTT, CFO - 217-787-5864**
3000 KELLY LANE, SPRINGFIELD, IL 62711

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HAROLD WIMMER PRESIDENT & CEO	40.00			X				503,372.	0.	50,084.
(2) LAURA SCOTT CHIEF FINANCIAL OFFICER	40.00			X				267,554.	0.	21,629.
(3) LEWIS BARTFIELD CHIEF DIVISION OFFICER, WE	40.00				X			266,417.	0.	18,444.
(4) JEFF SEYLER CHIEF DIVISION OFFICER, EA	40.00				X			258,281.	0.	24,339.
(5) WILLIAM PFEIFER EXE. VP, GOVERNANCE	40.00				X			238,196.	0.	43,149.
(6) MARTHA BOGDAN EXE. VP, EMPLOYEE RELATIONS	40.00				X			246,861.	0.	24,629.
(7) JULIA FITZGERALD CHIEF MARKETING OFFICER	40.00				X			240,000.	0.	29,953.
(8) DEBORAH BROWN CHIEF MISSION OFFICER	40.00				X			240,988.	0.	21,930.
(9) SUE SWAN CHIEF DEVELOPMENT OFFICER	40.00				X			238,466.	0.	19,857.
(10) SARAH KRIKORIAN CHRO (BEGINNING JUNE 2019)	40.00				X			116,645.	0.	11,498.
(11) PENNY J. SCHILZ CHAIR	2.00	X		X				0.	0.	0.
(12) JOHN F. EMANUEL, JD PAST CHAIR	2.00	X		X				0.	0.	0.
(13) STEPHEN R. O'KANE SECRETARY / TREASURER	2.00	X		X				0.	0.	0.
(14) RABIH BECHARA, MD, FCCP DIRECTOR	2.00	X						0.	0.	0.
(15) LARRY BLUMENTHAL, MBA DIRECTOR	2.00	X						0.	0.	0.
(16) MICHAEL F. BUSK, M.D. MPH DIRECTOR (ENDING JUNE 2020)	2.00	X						0.	0.	0.
(17) CHERYL CALHOUN, BA, MBA DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL V. CARSTENS DIRECTOR	2.00	X						0.	0.	0.
(19) ANNE DIXON, MD DIRECTOR	2.00	X						0.	0.	0.
(20) DAVID G. HILL, M.D. DIRECTOR	2.00	X						0.	0.	0.
(21) MARK C. JOHNSON, CFA, MBA DIRECTOR	2.00	X						0.	0.	0.
(22) SUMITA B. KHATRI, M.D., M.S DIRECTOR	2.00	X						0.	0.	0.
(23) COLLEEN MCINTOSH DIRECTOR	2.00	X						0.	0.	0.
(24) JOE OCHIPINTI DIRECTOR	2.00	X						0.	0.	0.
(25) JONATHON ROSEN, BA DIRECTOR	2.00	X						0.	0.	0.
(26) KATHLEEN M. SKAMBIS, B.S., JD, DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								2,616,780.	0.	265,512.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,616,780.	0.	265,512.

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 **62**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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 GALLOWES RD, SUITE 500, VIENNA, VA 22182	MARKETING	4,386,639.
RR DONNELLEY 1333 SCHEURING RD., DE PERE, WI 54115	SUPPLY CHAIN MANAGEMENT	2,568,441.
AD COUNCIL, 815 SECOND AVENUE, 9TH FLOOR, NEW YORK, NY 10017	PUBLIC SERVICE ADVERTISING	2,398,376.
BRICKMILL MARKETING SERVICES 528 ROUTE 12 SUITE 200, MILFORD, NH 03055	MARKETING	1,508,866.
PHMC, 1500 MARKET ST., SUITE 1500, PHILADELPHIA, PA 19102	PUBLIC HEALTH CONSULTING	1,227,198.

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 **112**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2019)

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

Total to Part VII, Section A, line 1c

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	11,371,867.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	27,070,896.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	51,409,163.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 118,896.			
	h	Total. Add lines 1a-1f		89,851,926.			
	Program Service Revenue			Business Code			
2 a		PROGRAM SERVICE CONTRACTS	900099	5,976,120.	5,976,120.		
b		PROGRAM PARTICIPANT FEE	900099	1,322,544.	1,322,544.		
c		MEMBERSHIP DUES	900099	51,813.	51,813.		
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		7,350,477.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,836,794.			3,836,794.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		833,437.			833,437.
	6 a	Gross rents	(i) Real	(ii) Personal			
			6a	152,313.			
			6b	0.			
	c	Rental income or (loss)	6c	152,313.			
	d	Net rental income or (loss)		152,313.			152,313.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			7a	30,368,734.	502,050.		
			7b	28,646,161.	66,241.		
	c	Gain or (loss)	7c	1,722,573.	435,809.		
	d	Net gain or (loss)		2,158,382.			2,158,382.
	8 a	Gross income from fundraising events (not including \$ 11,371,867. of contributions reported on line 1c). See Part IV, line 18					
			8a	429,981.			
			8b	1,599,096.			
	c	Net income or (loss) from fundraising events		-1,169,115.			-1,169,115.
	9 a	Gross income from gaming activities. See Part IV, line 19					
			9a				
9b							
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10a					
		10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11 a	RESEARCH GRANT SERVICE FEE	900099	976,927.	976,927.		
	b						
	c						
	d	All other revenue	900099	452,244.		452,244.	
e	Total. Add lines 11a-11d		1,429,171.				
12	Total revenue. See instructions		104,443,385.	8,327,404.	0.	6,264,055.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,549,914.	11,549,914.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	778,335.	683,029.	18,759.	76,547.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	34,687,138.	30,475,811.	812,642.	3,398,685.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	6,819,075.	5,900,210.	218,711.	700,154.
10 Payroll taxes	2,462,367.	2,130,565.	78,976.	252,826.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	586,728.			586,728.
f Investment management fees	80,191.		80,191.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	28,686,849.	27,338,738.	400,610.	947,501.
12 Advertising and promotion	956,565.	796,009.	15,398.	145,158.
13 Office expenses	1,698,840.	1,306,206.	149,389.	243,245.
14 Information technology				
15 Royalties				
16 Occupancy	4,030,400.	2,924,815.	655,622.	449,963.
17 Travel	1,145,113.	1,060,271.	21,477.	63,365.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	217,635.	176,618.	15,839.	25,178.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	378,287.	274,518.	61,536.	42,233.
23 Insurance	404,136.	310,733.	35,538.	57,865.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT MAIL	10,558,184.	6,464,049.	668,695.	3,425,440.
b MISCELLANEOUS	592,202.	415,634.	41,185.	135,383.
c PRINTING	254,402.	199,685.	10,097.	44,620.
d POSTAGE & SHIPPING	142,257.	112,212.	5,414.	24,631.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	106,028,618.	92,119,017.	3,290,079.	10,619,522.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	11,144,912.	6,464,049.	668,695.	4,012,168.

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	123,298.	1	130,268.
	2 Savings and temporary cash investments	35,301,581.	2	26,535,976.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	11,041,511.	4	12,375,137.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,594,237.	7	930,884.
	8 Inventories for sale or use	125,489.	8	82,091.
	9 Prepaid expenses and deferred charges	1,896,033.	9	2,047,097.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 20,249,193.		
	b Less: accumulated depreciation	10b 10,067,672.		
		10,339,263.	10c	10,181,521.
	11 Investments - publicly traded securities	108,409,356.	11	108,494,849.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	37,439,764.	15	35,805,921.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	206,270,532.	16	196,583,744.	
Liabilities	17 Accounts payable and accrued expenses	10,671,602.	17	11,419,216.
	18 Grants payable	7,881,670.	18	10,525,000.
	19 Deferred revenue	16,792,727.	19	15,795,829.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	17,692,330.	25	16,038,576.
	26 Total liabilities. Add lines 17 through 25	53,038,329.	26	53,778,621.
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		108,723,005.	27	100,169,178.
28 Net assets with donor restrictions		44,509,198.	28	42,635,945.
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		153,232,203.	32	142,805,123.
33 Total liabilities and net assets/fund balances		206,270,532.	33	196,583,744.

Form 990 (2019)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	104,443,385.
2	Total expenses (must equal Part IX, column (A), line 25)	2	106,028,618.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,585,233.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	153,232,203.
5	Net unrealized gains (losses) on investments	5	-5,174,242.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-3,667,605.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	142,805,123.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2019

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8128925.	10298737.	90355569.	93429565.	89851926.	292064722
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8128925.	10298737.	90355569.	93429565.	89851926.	292064722
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						17289831.
6 Public support. Subtract line 5 from line 4.						274774891

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	8128925.	10298737.	90355569.	93429565.	89851926.	292064722
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1065862.	942,085.	4736244.	4659481.	4822544.	16226216.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	878,412.	1041521.	6592177.	5053253.	452,244.	14017607.
11 Total support. Add lines 7 through 10						322308545
12 Gross receipts from related activities, etc. (see instructions)					12 84,790,424.	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	85.25 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	81.13 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VII):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

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

2015 AMOUNT: \$ 41,524.

2016 AMOUNT: \$ 4,386.

2017 AMOUNT: \$ 547,995.

2018 AMOUNT: \$ 808,279.

2019 AMOUNT: \$ 452,244.

RESEARCH GRANT SERVICE FEE

2015 AMOUNT: \$ 500,753.

2016 AMOUNT: \$ 728,827.

2017 AMOUNT: \$ 1,378,900.

2018 AMOUNT: \$ 408,500.

TRUST INCOME

2015 AMOUNT: \$ 107,401.

2016 AMOUNT: \$ 66,748.

2017 AMOUNT: \$ 2,353,015.

2018 AMOUNT: \$ 1,706,953.

PROGRAM PARTICIPANT FEES

2015 AMOUNT: \$ 228,734.

2016 AMOUNT: \$ 241,560.

2017 AMOUNT: \$ 2,312,267.

2018 AMOUNT: \$ 2,129,521.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ \$

3 Volunteer hours for political campaign activities ▶

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b ▶ \$

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

08540202 765826 0203672.0

2019.05040 AMERICAN LUNG ASSOCIATION 02036721

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?	X		45.
d Mailings to members, legislators, or the public?	X		748.
e Publications, or published or broadcast statements?	X		251.
f Grants to other organizations for lobbying purposes?	X		13,940.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		434,247.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		5,679.
i Other activities?		X	
j Total. Add lines 1c through 1i			454,910.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

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

Part IV Supplemental Information *(continued)*

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019
Open to Public Inspection

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange program
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,779,996.	7,773,457.	1,207,060.	1,114,016.	1,237,670.
b Contributions	6,100.	1,003,500.	7,380,831.		
c Net investment earnings, gains, and losses	-40,790.	256,966.	467,650.	206,965.	-26,949.
d Grants or scholarships	144,454.	253,927.	1,261,111.	107,275.	92,182.
e Other expenditures for facilities and programs					
f Administrative expenses			20,973.	6,646.	4,523.
g End of year balance	8,600,852.	8,779,996.	7,773,457.	1,207,060.	1,114,016.

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 ☒ 100.00 %
 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
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 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
1a Land		2,732,294.		2,732,294.
b Buildings		13,258,213.	6,139,390.	7,118,823.
c Leasehold improvements		448,114.	287,945.	160,169.
d Equipment		3,810,572.	3,640,337.	170,235.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,181,521.

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	34,462,174.
(2) AMOUNTS HELD ON BEHALF OF OTHERS	1,053,657.
(3) REFUNDABLE DEPOSITS	290,090.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	35,805,921.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PENSION & LIFE INSURANCE BENEFITS	12,573,770.
(3) AMOUNTS HELD ON BEHALF OF OTHERS	1,053,657.
(4) ANNUITY FUND INVESTMENTS	935,831.
(5) OTHER LIABILITIES	1,475,318.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	16,038,576.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	121,053,644.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-5,174,243.
b	Donated services and use of facilities	2b	25,532,297.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-3,667,605.
e	Add lines 2a through 2d	2e	16,690,449.
3	Subtract line 2e from line 1	3	104,363,195.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	80,190.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	80,190.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	104,443,385.

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

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

1	Total expenses and losses per audited financial statements	1	131,480,724.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	25,532,297.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	25,532,297.
3	Subtract line 2e from line 1	3	105,948,427.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	80,191.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	80,191.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	106,028,618.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

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

Part XIII Supplemental Information *(continued)*

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUSTS -1,467,467.

CHANGE IN VALUE OF SPLIT INTEREST TRUSTS -29,385.

PENSION AND POST RETIREMENT PLAN CHANGES -2,000,925.

CHANGE IN VALUE OF EQUITY METHOD INVESTMENTS -169,828.

TOTAL TO SCHEDULE D, PART XI, LINE 2D -3,667,605.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

Part I

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes

☐ No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
NNE MARKETING - 1666 MASSACHUSETTS AVE. SUITE 14, BETTER SERIES - 7236 SW DURHAM RD, PORTLAND, OR	DIRECT MAIL		X	16,899,383.	360,000.	16,539,383.
THE HERITAGE COMPANY - 2402 WILDWOOD AVENUE, SUITE 500, INFOCISION MANAGEMENT CORP - 325 SPRINGSIDE DR., AKRON, OH	SPECIAL EVENT MANAGEMENT		X	264,205.	131,918.	132,287.
	TELEMARKETING		X	58,639.	44,484.	14,155.
	TELEMARKETING		X	51,314.	50,326.	988.
Total				17,273,541.	586,728.	16,686,813.

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

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

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

	(a) Event #1 FIGHT FOR AIR CLIMBS (event type)	(b) Event #2 LUNG FORCE WALKS (event type)	(c) Other events 29 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	6,941,800.	2,172,666.	2,687,382.	11,801,848.
2 Less: Contributions	6,941,800.	2,172,666.	2,257,401.	11,371,867.
3 Gross income (line 1 minus line 2)			429,981.	429,981.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes	57,120.	6,487.	39,820.	103,427.
6 Rent/facility costs	11,878.	38,688.	225,835.	276,401.
7 Food and beverages	36,390.	7,217.	143,652.	187,259.
8 Entertainment	13,207.	5,348.	31,094.	49,649.
9 Other direct expenses	413,743.	162,267.	406,350.	982,360.
10 Direct expense summary. Add lines 4 through 9 in column (d)				1,599,096.
11 Net income summary. Subtract line 10 from line 3, column (d)				-1,169,115.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

- 16** Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions:

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

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

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

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

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

Part IV	Supplemental Information <i>(continued)</i>
----------------	--

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There is no handwriting or other markings on the paper.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number
13-1632524

Part I **General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (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 noncash assistance	(h) Purpose of grant or assistance
ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK AVENUE - BRONX, NY 10461	83-0621846	501(C)(3)	200,000.	0.			RESEARCH
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030-3411	74-1613878	501(C)(3)	141,050.	0.			RESEARCH
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	200,000.	0.			RESEARCH
BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2103547	501(C)(3)	300,000.	0.			RESEARCH
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	200,000.	0.			RESEARCH
CENTRAL WASHINGTON UNIVERSITY 400 EAST UNIVERSITY WAY ELLENSBURG, WA 98926	91-6000618	501(C)(3)	200,000.	0.			RESEARCH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **52.**
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAPMAN UNIVERSITY ONE UNIVERSITY DRIVE ORANGE, CA 92866	95-1643992	501(C)(3)	100,000.	0.			RESEARCH
CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501(C)(3)	150,000.	0.			RESEARCH
COLORADO STATE UNIVERSITY 6003 CAMPUS DELIVERY, 555 S HOWES S FORT COLLINS, CO 80523	84-6000545	501(C)(3)	200,000.	0.			RESEARCH
COLUMBIA UNIVERSITY 615 WEST 131ST STREET NEW YORK, NY 10027	13-5598093	501(C)(3)	182,500.	0.			RESEARCH
DUKE UNIVERSITY BOX 104132 DURHAM, NC 27708	56-0532129	501(C)(3)	189,275.	0.			RESEARCH
FRED HUTCHINSON CANCER RESEARCH CENTER - 1100 FAIRVIEW AVENUE NORTH - SEATTLE, WA 98109	23-7156071	501(C)(3)	200,000.	0.			RESEARCH
GEORGETOWN UNIVERSITY 37TH AND O ST NW WASHINGTON, DC 20057	53-0196603	501(C)(3)	200,000.	0.			RESEARCH
HARVARD UNIVERSITY 1033 MASSACHUSETTS AVE CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	100,000.	0.			RESEARCH
INDIANA UNIVERSITY 400 E 7TH ST, POPLARS 501 BLOOMINGTON, IN 47405	35-6001673	501(C)(3)	150,000.	0.			RESEARCH

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY 3910 KESWICH RD, N4 327-B BALTIMORE, MD 21211	52-0595110	501(C)(3)	797,792.	0.			RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-1564655	501(C)(3)	350,000.	0.			RESEARCH
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	100,000.	0.			RESEARCH
NATIONAL JEWISH MEDICAL AND RESEARCH CENTER - 1400 JACKSON STREET - DENVER, CO 80206	74-2044647	501(C)(3)	424,500.	0.			RESEARCH
NEMOURS CHILDREN CLINIC 10140 CENTURION PARKWAY NORTH JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	198,705.	0.			RESEARCH
NORTHWESTERN UNIVERSITY 619 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	1,261,298.	0.			RESEARCH
PREVENT CANCER FOUNDATION 1600 DUKE STREET, SUITE 500 ALEXANDRIA, VA 22314	52-1429544	501(C)(3)	25,000.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 10889 WILSHIRE BOULEVARD - LOS ANGELES, CA 90095	95-6006143	501(C)(3)	350,000.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM STREET - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	160,150.	0.			RESEARCH

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUTGERS UNIVERSITY SCHOOL OF PUBLIC HEALTH - 65 DAVIDSON ROAD - PISCATAWAY, NJ 08854	46-2354111	501(C)(3)	150,000.	0.			RESEARCH
SEATTLE BIOMEDICAL RESEARCH INSTITUTE - 307 WESTLAKE AVENUE - SEATTLE, WA 98109	91-1452438	501(C)(3)	140,825.	0.			RESEARCH
ST. VINCENT OF INDIANA 1 HOSPITAL DRIVE INDIANAPOLIS, IN 46260	35-0869066	501(C)(3)	135,550.	0.			RESEARCH
TEMPLE UNIVERSITY 1852 N. 10TH STREET PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	198,300.	0.			RESEARCH
THE CURATORS OF THE UNIVERSITY OF MISSOURI - 118 UNIVERSITY HALL - COLUMBIA, MO 65211	43-6003859	501(C)(3)	200,000.	0.			RESEARCH
THE OHIO STATE UNIVERSITY RESEARCH FOUNDATION - 1960 KENNY ROAD - COLUMBUS, OH 43210	31-6025986	501(C)(3)	300,000.	0.			RESEARCH
THE SALK INSTITUTE FOR BIOLOGICAL STUDIES - 10010 N TORREY PINES RD - LAJOLLA, CA 92037	95-2160097	501(C)(3)	200,000.	0.			RESEARCH
THE THORACIC SURGERY FOUNDATION 633 NORTH SAINT CLAIR STREET, SUITE CHICAGO, IL 60611	36-3635910	501(C)(3)	20,000.	0.			RESEARCH
TUFTS UNIVERSITY 169 HOLLAND ST SOMERVILLE, MA 02144	04-2103634	501(C)(3)	200,000.	0.			RESEARCH

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ALABAMA AT BIRMINGHAM - UNIVERSITY STATION - BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	290,900.	0.			RESEARCH
UNIVERSITY OF ARIZONA PO BOX 3308 TUCSON, AZ 85722	74-2652689	501(C)(3)	166,686.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DR - LAJOLLA, CA 92093	95-6006144	501(C)(3)	2,700.	0.			RESEARCH
UNIVERSITY OF CENTRAL FLORIDA 12424 RESEARCH PARKWAY, STE 300 ORLANDO, FL 32862	59-2924021	501(C)(3)	150,000.	0.			RESEARCH
UNIVERSITY OF COLORADO AMC BLDG 500 13001 E. 17TH PL AURORA, CO 80045	84-6000555	501(C)(3)	200,000.	0.			RESEARCH
UNIVERSITY OF ILLINOIS 809 S MARSHFIELD AVE CHICAGO, IL 60612	37-6000511	501(C)(3)	500,000.	0.			RESEARCH
UNIVERSITY OF KANSAS CTR FOR RESEARCH - 2385 IRVING HILL ROAD - LAWRENCE, KS 66045	48-0680117	501(C)(3)	200,000.	0.			RESEARCH
UNIVERSITY OF KANSAS MED CTR RES, INC - 3901 RAINBOW BLVD, MAILSTOP 1039 - KANSAS CITY, KS 66160	48-1108830	501(C)(3)	133,375.	0.			RESEARCH
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION - CONTROLLERS OFFICE - SERVICE COMPLEX BLDG - LOUISVILLE, KY 40292	61-1029626	501(C)(3)	175,000.	0.			RESEARCH

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK ROAD PORTLAND, OR 97239	93-1176109	501(C)(3)	150,000.	0.			RESEARCH
UNIVERSITY OF MICHIGAN 5082 WOLVERINE TOWER, 3003 S. STATE ANN ARBOR, MI 48109	38-6006309	501(C)(3)	331,750.	0.			RESEARCH
UNIVERSITY OF PITTSBURGH 116 ATWOOD ST, STE 201 PITTSBURGH, PA 15260	25-0965591	501(C)(3)	200,000.	0.			RESEARCH
UNIVERSITY OF SOUTH FLORIDA, TAMPA 3802 SPECTRUM BLVD, STE. 100 TAMPA, FL 33612	59-2959590	501(C)(3)	3,900.	0.			RESEARCH
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY GARDENS, SUITE 205 LOS ANGELES, CA 90089	95-1642394	501(C)(3)	250,000.	0.			RESEARCH
UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER - 62 S. DUNLAP, SUITE 300 - MEMPHIS, TN 38163-0001	62-6001636	501(C)(3)	150,000.	0.			RESEARCH
UNIVERSITY OF VERMONT 85 SOUTH PROSPECT STREET BURLINGTON, VT 05405	03-0179440	501(C)(3)	380,775.	0.			RESEARCH
UNIVERSITY OF WISCONSIN - MADISON 21 N PARK STREET SUITE 6401 MADISON, WI 53715	39-6006492	501(C)(3)	75,000.	0.			RESEARCH
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - 700 ROSEDALE AVE, CB1034 - ST. LOUIS, MO 63112	43-0653611	501(C)(3)	230,100.	0.			RESEARCH

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

Part I Questions Regarding Compensation

	Yes	No								
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. <table border="0"><tr><td><input type="checkbox"/> First-class or charter travel</td><td><input type="checkbox"/> Housing allowance or residence for personal use</td></tr><tr><td><input type="checkbox"/> Travel for companions</td><td><input type="checkbox"/> Payments for business use of personal residence</td></tr><tr><td><input type="checkbox"/> Tax indemnification and gross-up payments</td><td><input type="checkbox"/> Health or social club dues or initiation fees</td></tr><tr><td><input type="checkbox"/> Discretionary spending account</td><td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td></tr></table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2									
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table border="0"><tr><td><input checked="" type="checkbox"/> Compensation committee</td><td><input type="checkbox"/> Written employment contract</td></tr><tr><td><input checked="" type="checkbox"/> Independent compensation consultant</td><td><input checked="" type="checkbox"/> Compensation survey or study</td></tr><tr><td><input checked="" type="checkbox"/> Form 990 of other organizations</td><td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td></tr></table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	X								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	X								
b Any related organization?	5b	X								
If "Yes" on line 5a or 5b, describe in Part III.										
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	X								
b Any related organization?	6b	X								
If "Yes" on line 6a or 6b, describe in Part III.										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HAROLD WIMMER PRESIDENT & CEO	(i)	460,372.	43,000.	0.	27,800.	22,284.	553,456.	553,456.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LAURA SCOTT CHIEF FINANCIAL OFFICER	(i)	243,653.	23,901.	0.	19,904.	1,725.	289,183.	289,183.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LEWIS BARTFIELD CHIEF DIVISION OFFICER, WE	(i)	253,774.	12,643.	0.	14,463.	3,981.	284,861.	284,861.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JEFF SEYLER CHIEF DIVISION OFFICER, EA	(i)	243,296.	14,985.	0.	15,525.	8,814.	282,620.	282,620.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) WILLIAM PFEIFER EXE. VP, GOVERNANCE	(i)	226,196.	12,000.	0.	23,100.	20,049.	281,345.	281,345.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARTHA BOGDAN EXE. VP, EMPLOYEE RELATIONS	(i)	246,861.	0.	0.	17,315.	7,314.	271,490.	271,490.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JULIA FITZGERALD CHIEF MARKETING OFFICER	(i)	240,000.	0.	0.	13,600.	16,353.	269,953.	269,953.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DEBORAH BROWN CHIEF MISSION OFFICER	(i)	228,936.	12,052.	0.	12,269.	9,661.	262,918.	262,918.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SUE SWAN CHIEF DEVELOPMENT OFFICER	(i)	223,382.	15,084.	0.	17,634.	2,223.	258,323.	258,323.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SARAH KRIKORIAN CHRO (BEGINNING JUNE 2019)	(i)	116,645.	0.	0.	3,590.	7,908.	128,143.	128,143.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4B:

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

LEWIS BARTFIELD RECEIVED \$1,922 FROM A 457(F) PLAN.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public
Inspection

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

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SUPPLIES)	X	89	118,896. 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

30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2019

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number
13-1632524

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

COVID-19 IS A LUNG DISEASE, AND AS AMERICA'S TRUSTED CHAMPION FOR LUNG
HEALTH, WE RECOGNIZED THE URGENCY OF THE RAPIDLY GROWING CRISIS, AND
TOOK SWIFT ACTION TO REDUCE SUFFERING AND SAVE AMERICAN LIVES. IN EARLY
APRIL, WITH THE CRISIS STILL REVEALING ITS TRUE SEVERITY, WE LAUNCHED
OUR COVID-19 ACTION INITIATIVE. GUIDED BY OUR THREE PILLARS OF
RESEARCH, EDUCATION AND ADVOCACY, THIS BOLD INITIATIVE IS COMMITTING
\$25M TO END COVID-19 AND DEFEND AGAINST FUTURE RESPIRATORY VIRUSES.

WE CREATED SCORES OF EDUCATIONAL MATERIALS TO HELP PEOPLE UNDERSTAND
THE VIRUS, HOW TO STAY SAFE AND WHAT TO DO IF YOU BECOME ILL. WE HOUSED
IT ALL IN A COMPREHENSIVE "ONE-STOP SHOP" - LUNG.ORG/COVID19 - WHICH WE
CONTINUALLY UPDATED AS OUR UNDERSTANDING OF THIS NEW VIRUS GREW.
RESOURCES INCLUDED OUR COVID-19 TOWN HALL SERIES, FAQ'S, DOWNLOADABLE
FACT SHEETS, A STREAM OF COVID-19 ENTRIES ON OUR EACH BREATH BLOG AND
MUCH MORE.

BECAUSE OF COVID-19, OUR IN-PERSON HEALTH EDUCATION AND SUPPORT
ACTIVITIES HAD TO GO VIRTUAL. WE QUICKLY PIVOTED TO ONLINE CLASSES,
INCLUDING OUR BETTER BREATHER'S CLUBS, FREEDOM FROM SMOKING SESSIONS
AND ASTHMA EDUCATOR INSTITUTE. WE WORKED ON MULTIPLE FRONTS TO STEER
OUR GOVERNMENT TO PUT THE WELLBEING OF THE PUBLIC AND ESPECIALLY OUR
CRITICAL HEALTHCARE PROFESSIONALS FIRST. WE LED A PUSH BY OVER 200
ORGANIZATIONS CALLING FOR ADEQUATE PERSONAL PROTECTIVE EQUIPMENT (PPE),
SUCH AS MASKS, FACE SHIELDS AND GOWNS FOR OUR CRITICAL HEALTH WORKERS.

WE ALSO ADVOCATED FOR MUCH NEEDED HEALTHCARE COVERAGE POLICIES, SUCH AS

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

INCREASED MEDICAID FUNDS, NO-COST COVERAGE OF COVID-19 TESTS AND VACCINES, THE ELIMINATION OF SURPRISE MEDICAL BILLS AND MORE. WE CHAMPIONED A PUBLIC HEALTH INFRASTRUCTURE FOR INDEPENDENT, SCIENCE-BASED PUBLIC HEALTH AGENCIES AND EXPANDED TELEHEALTH POLICIES TO ALLOW FOR CONTINUED ACCESS TO NEEDED CARE DURING THE PANDEMIC. WE FOCUSED ON WORK THAT WOULD IMPROVE RACIAL HEALTH INEQUITIES, AND PROVIDED THOUSANDS OF FREE FACE MASKS TO COMMUNITIES IN NEED.

EVEN AS THE LUNG ASSOCIATION ACTED TO ADDRESS COVID-19, WE CONTINUED TO FOCUS ON ALL LUNG DISEASES, SUCH AS LUNG CANCER. LUNG CANCER IS THE #1 CANCER KILLER IN THE U.S., AND DESPITE ITS UNDENIABLE IMPACT ON OUR NATION, THE DISEASE OFTEN REMAINS IN THE SHADOWS. OUR LUNG FORCE INITIATIVE IS MAKING REAL PROGRESS IN CHANGING THAT. MORE PEOPLE ARE SURVIVING LUNG CANCER THAN EVER BEFORE, BUT WE HAVE MORE WORK TO BE DONE TO RAISE AWARENESS, INCREASE RESEARCH FUNDING, AND PROVIDE EDUCATION AND SUPPORT FOR PATIENTS AND CAREGIVERS. THE AMERICAN LUNG ASSOCIATION CONTINUES TO LEAD ON ALL FRONTS.

RELEASED IN NOVEMBER 2019, FOR LUNG CANCER AWARENESS MONTH, OUR SECOND ANNUAL "STATE OF LUNG CANCER" REPORT SHOWED HOW THE TOLL OF LUNG CANCER VARIES BY STATE AND EXAMINED KEY INDICATORS THROUGHOUT THE U.S. INCLUDING: NEW CASES, SURVIVAL, EARLY DIAGNOSIS, SURGICAL TREATMENT, LACK OF TREATMENT AND SCREENING RATES. KEY TAKEAWAY: STATES MUST DO MORE TO PROTECT THEIR RESIDENTS FROM LUNG CANCER.

IN MARCH, WE CELEBRATED FIVE YEARS OF LUNG FORCE ADVOCACY DAY THROUGH AN INNOVATIVE VIRTUAL EVENT THAT UNITED LUNG FORCE HEROES FROM ACROSS THE NATION TO REMOTELY MEET WITH MEMBERS OF CONGRESS AND ASK THEM TO

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

SUPPORT \$44.7 BILLION FOR THE NATIONAL INSTITUTES OF HEALTH (NIH) AND TO ENSURE THAT CURRENT HEALTHCARE PROTECTIONS, INCLUDING THOSE FOR PATIENTS WITH PRE-EXISTING CONDITIONS, WILL CONTINUE.

THIS YEAR, OUR LUNG FORCE "SAVED BY THE SCAN" CAMPAIGN, CREATED IN COLLABORATION WITH THE AD COUNCIL, CONTINUED TO RAISE AWARENESS OF THE BENEFITS OF EARLY DETECTION THROUGH LUNG CANCER SCREENING, AND TO DATE 500,000+ PEOPLE HAVE TAKEN THE QUIZ TO SEE IF THEY'RE ELIGIBLE FOR SCREENING. WE ALSO FUNDED 27 PROMISING LUNG CANCER RESEARCH PROJECTS, INCLUDING OUR LUNG CANCER DISCOVERY AWARDS, INNOVATION AWARDS, THE PRIORITY IMPACT AWARD AND THE LUNG CANCER INTERCEPTION "DREAM TEAM, " IN COLLABORATION WITH STAND UP TO CANCER AND THE LUNGEVITY FOUNDATION.

EVERY YEAR, THE LUNG ASSOCIATION HELPS PEOPLE UNDERSTAND AND MANAGE THEIR LUNG DISEASE, OVERCOME THEIR NICOTINE ADDICTION AND LIVE HEALTHIER LIVES. THIS YEAR THAT WORK TOOK MANY FORMS, SUCH AS HELPING PATIENTS UNDERSTAND AND MANAGE THEIR CONDITIONS, OR MAKE CRITICAL TREATMENT DECISIONS. IT ALSO FOCUSED ON ENSURING THAT THEY HAVE AFFORDABLE, QUALITY HEALTHCARE AND INVESTING IN RESEARCH TO FIND BETTER WAYS TO PREVENT, TREAT OR EVEN CURE LUNG DISEASES LIKE ASTHMA, COPD AND NOW COVID-19.

ASTHMA MAKES BREATHING DIFFICULT FOR MILLIONS OF AMERICANS, INCLUDING 5.5 MILLION CHILDREN. THIS YEAR WE LAUNCHED KICKIN' ASTHMA, AN ASTHMA MANAGEMENT PROGRAM FOR KIDS AGES 11 - 16 THAT EDUCATES AND EMPOWERS THEM THROUGH A FUN AND INTERACTIVE APPROACH TO ASTHMA SELF-MANAGEMENT. KICKIN' ASTHMA ADDS EVEN MORE TO OUR ROBUST ARSENAL OF ASTHMA TOOLS AND RESOURCES, LIKE ASTHMA BASICS, OPEN AIRWAYS FOR SCHOOLS, AN ASTHMA

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

ACTION PLAN AND MORE.

HELPING SMOKERS QUIT AND REDUCING EVERYONE'S EXPOSURE TO SECONDHAND SMOKE ARE ESSENTIAL PARTS OF OUR MISSION. THIS YEAR, THE TEEN VAPING EPIDEMIC BECAME A NATIONAL CONCERN AND A WAVE OF SERIOUS LUNG INJURIES AND DEATHS, IN BOTH YOUTH AND ADULTS, FROM E-CIGARETTE USE, CALLED EVALI (E-CIGARETTE OR VAPING USE-ASSOCIATED LUNG INJURY), SWEEPED THE COUNTRY. THE LUNG ASSOCIATION RESPONDED WITH SEVERAL INNOVATIVE INITIATIVES TO STEER PEOPLE, ESPECIALLY TEENS, AWAY FROM E-CIGARETTES.

IN SCHOOLS AND COMMUNITIES ACROSS THE COUNTRY, OUR PROGRAMS LIKE NOT-ON-TOBACCO, THE VAPE TALK AND THE NEWLY LAUNCHED INDEPTH PROGRAM HELPED STEM THE YOUTH VAPING EPIDEMIC. AS MORE AND MORE STUDENTS WERE BEING DISCIPLINED OR SUSPENDED FOR VAPING AT SCHOOL, OUR INNOVATIVE INDEPTH PROGRAM OFFERED SCHOOLS AN ALTERNATIVE TO SUSPENSION THAT HELPED THEM ADDRESS THE TEEN VAPING PROBLEM IN A MORE SUPPORTIVE WAY.

IN FY20 WE ALSO BUILT OUT OUR MAJOR END THE YOUTH VAPING EPIDEMIC INITIATIVE, WHICH WAS READY FOR A SPRING LAUNCH, BUT DELAYED BECAUSE OF THE COVID-19 PANDEMIC. THIS INITIATIVE, WHICH IS NOW ACTIVE, AIMS TO END THE YOUTH VAPING EPIDEMIC WITH AN INTEGRATED, MULTI-COMPONENT APPROACH TO SUPPORT PARENTS, SCHOOLS AND STUDENTS. COMPONENTS INCLUDE "GET YOUR HEAD OUT OF THE CLOUD," A YOUTH VAPING AWARENESS CAMPAIGN FROM THE AMERICAN LUNG ASSOCIATION AND THE AD COUNCIL, MEDICAL RESEARCH ON THE HEALTH EFFECTS OF VAPING, OUR NEW VAPE-FREE SCHOOLS INITIATIVE TO HELP SCHOOL EDUCATORS NAVIGATE YOUTH VAPING, A TARGETED ADVOCACY PLAN TO IMPACT TOBACCO POLICIES AND MORE.

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

THE PROLIFERATION OF FRUIT AND CANDY FLAVORED E-CIGARETTES THAT WERE ATTRACTING YOUTH AT ALARMING NUMBERS WARRANTED A DECEMBER 2019 SUMMIT AT THE WHITE HOUSE. THE LUNG ASSOCIATION'S PRESIDENT AND CEO PARTICIPATED, ALONG WITH OTHER PUBLIC HEALTH LEADERS. THE RESULT WAS A FEDERAL PLAN TO REMOVE FLAVORED VAPING PRODUCTS FROM THE MARKET.

OUR TOBACCO ADVOCACY PAID OFF WITH STEADY PROGRESS THROUGHOUT THE YEAR. IN RESPONSE TO OUR LEGAL ACTIONS, FDA WAS ORDERED TO ISSUE ITS RULE ON CIGARETTE GRAPHIC WARNING LABELS. FDA FINALLY SET A DEADLINE FOR E-CIGARETTE MANUFACTURERS TO FILE PREMARKET TOBACCO PRODUCT APPLICATIONS IN ORDER FOR THEIR PRODUCTS TO REMAIN ON THE MARKET. FIRST MASSACHUSETTS AND THEN THE U.S. HOUSE OF REPRESENTATIVES PASSED BILLS PROHIBITING FLAVORED TOBACCO PRODUCTS. ON DECEMBER 16, CONGRESS PASSED A BIPARTISAN BILL RAISING THE LEGAL AGE FOR SALE OF TOBACCO PRODUCTS, ACROSS THE COUNTRY, TO 21, SOMETHING THE LUNG ASSOCIATION ADVOCATED FOR INTENSELY.

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

MARCH, ONE OF OUR FUNDED RESEARCHERS, JOHN SCHOGGINS, PH.D., HELPED DISCOVER A PROTEIN THAT PLAYS A ROLE IN THE IMMUNE RESPONSE TO COVID-19 AND MIGHT LEAD TO TREATMENT OPTIONS.

WE ALSO CONTINUED TO SUPPORT TRAILBLAZING RESEARCH, NOVEL IDEAS AND INNOVATIVE APPROACHES IN ALL AREAS OF LUNG DISEASE, WITH THE HOPE OF ELIMINATING LUNG DISEASE AND IMPROVING LIFE FOR THOSE LIVING WITH LUNG DISEASE. OUR RESEARCH PROGRAM INCLUDES OUR AWARDS AND GRANTS PROGRAM AND OUR EXPANDED AIRWAYS CLINICAL RESEARCH CENTERS NETWORK (ACRC), THE LARGEST NOT-FOR-PROFIT CLINICAL RESEARCH NETWORK DEDICATED TO ASTHMA

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

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.

THIS YEAR, WE DRAMATICALLY INCREASED OUR ACRC SITES FROM 22 TO MORE THAN 35 AND HAVE EXPANDED THE ACRC NETWORK'S ONGOING RESEARCH TO ALSO INCLUDE COVID-19, ALONG WITH ITS ESTABLISHED FOCUS ON ASTHMA AND COPD. THIS YEAR, WE COMPLETED RECRUITMENT FOR THE LEEP TRIAL - THE FIRST ACRC COPD TRIAL - WHICH IS STUDYING WHETHER THE HIGH BLOOD PRESSURE MEDICATION LOSARTAN SLOWS THE PROGRESSION OF EMPHYSEMA. WE ALSO QUICKLY RESPONDED TO THE PANDEMIC BY ADDING A COVID-19 STUDY TO PATIENTS ALREADY IN THIS TRIAL, ALLOWING US TO TRACK THE IMPACT OF THE PANDEMIC ON A WELL-CHARACTERIZED POPULATION OF COPD PATIENTS.

OUR AWARDS AND GRANTS PROGRAM PROVIDES INVESTIGATORS (AT ALL LEVELS OF THEIR CAREER) WITH THE FUNDS TO CONDUCT NOVEL AND PROMISING RESEARCH TO PREVENT, TREAT AND EVEN CURE LUNG DISEASE. THIS YEAR, THE PROGRAM FUNDED 33 NEW AWARDEES AND 36 CONTINUING AWARDEES FOR A TOTAL OF 69 AWARDS, TOTALING OVER \$8.7 MILLION IN FUNDING. OUR RESEARCH TEAM IS ENGAGED IN A WIDE RANGE OF STUDIES EXPLORING AN ARRAY OF LUNG HEALTH ISSUES, INCLUDING COVID-19, LUNG CANCER, ASTHMA, COPD, TUBERCULOSIS, INFLUENZA AND MANY MORE.

THIS YEAR, THE LUNG ASSOCIATION BEGAN WORK ON ONE OF ITS LARGEST GRANTS EVER TO STUDY MILLENNIALS' LUNG HEALTH. IN LATE JUNE 2019 (THE VERY END OF THE PREVIOUS FISCAL YEAR), THE NATIONAL INSTITUTES OF HEALTH (NIH) ANNOUNCED THAT THE LUNG ASSOCIATION HAD BEEN AWARDED A NEW \$24.8 MILLION GRANT THAT BEARS OUR NAME, "THE AMERICAN LUNG ASSOCIATION LUNG

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

HEALTH COHORT." THROUGH THIS HISTORIC GRANT, SCIENTISTS WILL CONDUCT THE FIRST-EVER NATIONAL STUDY FOCUSED ON THE LUNG HEALTH OF MILLENNIALS. THE SCIENTISTS WILL LEVERAGE THE NATIONAL INFRASTRUCTURE OF OUR ACRC TO RECRUIT STUDY PARTICIPANTS FROM ITS 35+ CENTERS ACROSS THE U.S. THE LUNG HEALTH OF 4,000 HEALTHY ADULTS BETWEEN THE AGES OF 25 TO 35 WILL BE STUDIED AND MONITORED OVER SEVERAL YEARS, AND POTENTIALLY OVER THEIR LIFESPAN.

FINDINGS FROM SEVERAL OF OUR AWARDS AND GRANTS STUDIES WERE PUBLISHED, INCLUDING THE WORK OF MOHAMAD ABAZEED, M.D., PH.D., WHOSE LUNG CANCER DISCOVERY AWARD STUDY HOPES TO DETERMINE A MORE EFFECTIVE WAY TO USE RADIOTHERAPY TO TREAT LUNG CANCER AND CHRIS LIM, M.S. WHO STUDIED THE HEALTH IMPACTS OF LONG-TERM EXPOSURE TO AIR POLLUTION AND EXTREME TEMPERATURES, HOW DIET COULD HELP AND THE FUTURE BURDEN OF CLIMATE CHANGE ON HUMAN HEALTH.

THIS YEAR, WE LAUNCHED AND EXPANDED THE DATA AVAILABLE THROUGH OUR SERIES OF TREND BRIEFS. AFTER THE INITIAL TOBACCO BRIEF, WE EXPANDED TO INCLUDE THE ASTHMA BRIEF. THIS SHARING OF DATA ABOUT LUNG DISEASE IS CRITICAL AS A TRUSTED SOURCE FOR LUNG HEALTH INFORMATION AND TO THOSE WHO NEED TO DESCRIBE OR UNDERSTAND THE BURDEN OF LUNG DISEASE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
THE COMPLEX RACIAL AND ECONOMIC INEQUITIES THAT MAKE CERTAIN POPULATIONS AT EVEN HIGHER RISK OF SEVERE COVID-19 OUTCOMES.

THIS YEAR, OUR HEALTHY AIR CAMPAIGN CONTINUED TO FIGHT FOR HEALTHY AIR FOR ALL AMERICANS. WE COMPLETED THE SECOND HALF OF "THE YEAR OF AIR

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

POLLUTION AND HEALTH," A PUBLIC EDUCATION CAMPAIGN THAT FOCUSED ON A DIFFERENT ASPECT OF THE HEALTH EFFECTS OF AIR POLLUTION AND CLIMATE CHANGE EACH MONTH. SPOTLIGHTS INCLUDED AIR POLLUTION FROM WILDFIRES, IMPACTS TO MOMS AND KIDS AND STATE OF THE AIR, WHICH FOCUSED ON OUR ANNUAL REPORT ON AIR QUALITY AND HEALTH IN AMERICA. WE ALSO LAID THE FOUNDATION FOR OUR "STAND UP FOR CLEAN AIR" CAMPAIGN, WHICH DUE TO THE PANDEMIC, LAUNCHED IN FY21.

WE WERE THE LEAD PLAINTIFF IN THE CASE AMERICAN LUNG ASSOCIATION V EPA CHALLENGING THE AFFORDABLE CLEAN ENERGY (ACE) RULE WHICH REPLACED 2015'S CLEAN POWER PLAN, THE FIRST FEDERAL POLICY TO REDUCE HARMFUL CARBON POLLUTION FROM POWER PLANTS. THE LUNG ASSOCIATION ALSO SUPPORTED THE CREATION OF A 30-MINUTE DOCUMENTARY TITLED "UNBREATHABLE: THE FIGHT FOR HEALTHY AIR," WHICH PREMIERED AT THE DC ENVIRONMENTAL FILM FESTIVAL ON JUNE 18. THE FILM LOOKS AT HOW FAR THE NATION HAS COME IN CLEANING UP HARMFUL AIR POLLUTION, AND THE WORK STILL LEFT TO DO TO ENSURE THAT EVERY COMMUNITY BREATHE HEALTHY AIR.

WE ALSO ADVOCATED FOR MUCH NEEDED HEALTHCARE COVERAGE POLICIES, SUCH AS INCREASED MEDICAID FUNDS, NO-COST COVERAGE OF COVID-19 TESTS AND VACCINES, THE ELIMINATION OF SURPRISE MEDICAL BILLS AND MORE. WE CHAMPIONED A PUBLIC HEALTH INFRASTRUCTURE FOR INDEPENDENT, SCIENCE-BASED PUBLIC HEALTH AGENCIES AND EXPANDED TELEHEALTH POLICIES TO ALLOW FOR CONTINUED ACCESS TO NEEDED CARE DURING THE PANDEMIC.

OUR 21ST ANNUAL "STATE OF THE AIR" REPORT, RELEASED IN APRIL, TRACKED AMERICANS' EXPOSURE TO UNHEALTHFUL LEVELS OF PARTICLE POLLUTION AND OZONE. THE REPORT FOUND NEARLY HALF OF ALL AMERICANS WERE EXPOSED TO

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

UNHEALTHY AIR, AND THAT CLIMATE CHANGE IS MAKING IT INCREASINGLY
DIFFICULT TO CLEAN UP THE AIR WE BREATHE. THIS YEAR, WE EXPANDED THE
REPORT, HIGHLIGHTING RACIAL DISPARITIES IN EXPOSURE TO UNHEALTHY AIR.

THROUGHOUT THE YEAR, OUR TOBACCO ADVOCACY PAID OFF WITH STEADY
PROGRESS. IN RESPONSE TO OUR LEGAL ACTIONS, FDA WAS ORDERED TO ISSUE
ITS RULE ON CIGARETTE GRAPHIC WARNING LABELS. FIRST MASSACHUSETTS AND
THEN THE U.S. HOUSE OF REPRESENTATIVES PASSED BILLS PROHIBITING
FLAVORED TOBACCO PRODUCTS. ON DECEMBER 16, CONGRESS PASSED A BIPARTISAN
BILL RAISING THE LEGAL AGE FOR SALE OF TOBACCO PRODUCTS, ACROSS THE
COUNTRY, TO 21, FOR WHICH THE LUNG ASSOCIATION HAD ADVOCATED.

PROTECTING QUALITY, AFFORDABLE HEALTHCARE FOR ALL AMERICANS, ESPECIALLY
THE MORE THAN 36.6 MILLION WITH CHRONIC LUNG DISEASE, WAS A TOP
PRIORITY THIS YEAR. THIS YEAR, OUR ADVOCACY TEAM WORKED NATIONALLY AND
LOCALLY TO PROTECT THAT HEALTHCARE, INCLUDING DEFENDING THE AFFORDABLE
CARE ACT BY ENGAGING IN THE CALIFORNIA V TEXAS CASE, LEADING THE EFFORT
TO PROTECT MEDICAID COVERAGE FOR LUNG DISEASE PATIENTS, PROTECTING
COVERAGE FOR PEOPLE WITH PRE-EXISTING CONDITIONS, AND FIGHTING FOR CDC
FUNDING FOR KEY LUNG HEALTH ISSUES.

OUR ANNUAL "STATE OF TOBACCO CONTROL" REPORT RELEASED IN JANUARY 2020,
GRADED STATES AND THE FEDERAL GOVERNMENT ON THE PROVEN-EFFECTIVE
TOBACCO CONTROL LAWS AND POLICIES NECESSARY TO SAVE LIVES. IT FOUND
THAT FEDERAL GOVERNMENT COULD DO MORE TO PROTECT KIDS FROM E-CIGARETTES
AND OFFERED A ROADMAP TO ADDRESS THE YOUTH E-CIGARETTE EPIDEMIC.

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

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

EXECUTIVE COMMITTEE:

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

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

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

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

THE GOVERNANCE COMMITTEE, TAKING INTO ACCOUNT GEOGRAPHY, EXPERTISE, RACE, ETHNICITY, GENDER, AGE AND OTHER DIVERSITY FACTORS, SHALL PRESENT ANNUALLY TO THE BOARD OF DIRECTORS ITS RECOMMENDED NOMINEES FOR MEMBERS OF THE BOARD

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

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

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

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

THE COMMITTEE'S DECISION ON THE AMOUNT OF COMPENSATION PAID IS DOCUMENTED IN A CONTEMPORANEOUSLY WRITTEN FORMAT AND DOCUMENTS THE DATE OF THE DECISION, THE MEMBERS PRESENT DURING THE MEETING AND THOSE WHO VOTED ON IT, THE DETAILS OF THE TRANSACTION THAT WAS APPROVED AND THE COMPARABILITY DATA USED AND RELIED UPON TO MAKE THE DECISION. ALA DID A COMPENSATION REVIEW FOR THE CEO AS WELL AS ALL OTHER OFFICERS AND KEY EMPLOYEES DURING THE 2017/2018 FISCAL YEAR.

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

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

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

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

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

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

OTHER:

PROGRAM SERVICE EXPENSES	27,338,738.
--------------------------	-------------

MANAGEMENT AND GENERAL EXPENSES	400,610.
---------------------------------	----------

FUNDRAISING EXPENSES	947,501.
----------------------	----------

TOTAL EXPENSES	28,686,849.
----------------	-------------

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	28,686,849.
--	-------------

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

CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUSTS	-1,467,467.
---	-------------

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-29,385.
--	----------

BENEFIT RELATED CHANGES	-2,000,925.
-------------------------	-------------

CHANGE IN VALUE OF EQUITY METHOD INVESTMENTS	-169,828.
--	-----------

TOTAL TO FORM 990, PART XI, LINE 9	-3,667,605.
------------------------------------	-------------

PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.