

EXTENDED TO MAY 17, 2021

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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

Form header section containing fields B through M: B Check if applicable; C Name of organization (AMERICAN LUNG ASSOCIATION); D Employer identification number (13-1632524); E Telephone number (217-787-5864); F Name and address of principal officer (HAROLD WIMMER); G Gross receipts (\$134,754,883); H(a) Is this a group return; I Tax-exempt status; J Website (WWW.LUNG.ORG); K Form of organization; L Year of formation (1918); M State of legal domicile (ME).

Part I Summary

Table with 3 main columns: Activities & Governance, Revenue, Expenses. Rows include: 1 Briefly describe the organization's mission; 2-7 Governance metrics; 8-12 Revenue (Prior Year vs Current Year); 13-19 Expenses (Prior Year vs Current Year); 20-22 Net Assets or Fund Balances (Beginning of Current Year vs End of Year).

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 section: Signature of officer (Laura Scott), Date (2/10/21), Type or print name and title (LAURA SCOTT, CFO).

Paid Preparer Use Only section: Print/Type preparer's name (JILL M. BOYLE, CPA), Preparer's signature (JILL M. BOYLE, CPA), Date (02/02/21), PTIN (P01246734), Firm's name (SIKICH LLP), Firm's EIN (36-3168081), Firm's address (3201 W. WHITE OAKS DR., STE. 102, SPRINGFIELD, IL 62704), Phone no. (217-793-3363).

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE AMERICAN LUNG ASSOCIATION'S MISSION IS TO SAVE LIVES BY IMPROVING LUNG HEALTH AND PREVENTING LUNG DISEASE. WE DO THIS THROUGH EDUCATION, ADVOCACY, AND RESEARCH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

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

4a (Code: ) (Expenses \$ 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

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, controlled entities, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee reporting, tax shelter transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 4 columns: Question, 1a/1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, and meeting documentation.

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

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, and compensation review.

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.
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



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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HAROLD WIMMER PRESIDENT & CEO	40.00			X			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.
<b>1b Subtotal</b> .....								2,616,780.	0.	265,512.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								2,616,780.	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**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRODUCTION SOLUTIONS, 1953 GALLOWS RD, SUITE 500, VIENNA, VA 22182 RR DONNELLEY	MARKETING	4,386,639.
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



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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), (F) Estimated amount of other compensation from the organization and related organizations. Rows include Johnny A. Smith, Jr., Karin A. Tollefson, and Sterling Ql Yee.

Total to Part VII, Section A, line 1c

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>	11,371,867.				
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	27,070,896.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	51,409,163.				
	<b>g</b>	Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$ 118,896.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....			89,851,926.			
	Program Service Revenue	<b>2 a</b>	PROGRAM SERVICE CONTRACTS	Business Code	900099	5,976,120.	5,976,120.	
<b>b</b>		PROGRAM PARTICIPANT FEE		900099	1,322,544.	1,322,544.		
<b>c</b>		MEMBERSHIP DUES		900099	51,813.	51,813.		
<b>d</b>								
<b>e</b>								
<b>f</b>		All other program service revenue .....						
<b>g</b>		<b>Total.</b> Add lines 2a-2f .....			7,350,477.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....			3,836,794.		3,836,794.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....			833,437.		833,437.	
	<b>6 a</b>	Gross rents .....	(i) Real	(ii) Personal				
			<b>6a</b>	152,313.				
			<b>6b</b>	0.				
	<b>c</b>	Rental income or (loss) .....	<b>6c</b>	152,313.				
	<b>d</b>	Net rental income or (loss) .....			152,313.		152,313.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
			<b>7a</b>	30,368,734.	502,050.			
			<b>7b</b>	28,646,161.	66,241.			
			<b>7c</b>	1,722,573.	435,809.			
	<b>d</b>	Net gain or (loss) .....			2,158,382.		2,158,382.	
	<b>8 a</b>	Gross income from fundraising events (not including \$ 11,371,867. of contributions reported on line 1c). See Part IV, line 18 .....						
<b>8a</b>			429,981.					
<b>8b</b>			1,599,096.					
<b>c</b>	Net income or (loss) from fundraising events .....			-1,169,115.		-1,169,115.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....							
		<b>9a</b>						
		<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....							
		<b>10a</b>						
		<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b>	RESEARCH GRANT SERVICE FEE	Business Code	900099	976,927.	976,927.		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue .....		900099	452,244.		452,244.	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			1,429,171.			
<b>12</b>	<b>Total revenue.</b> 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 <b>DIRECT MAIL</b>	10,558,184.	6,464,049.	668,695.	3,425,440.
b <b>MISCELLANEOUS</b>	592,202.	415,634.	41,185.	135,383.
c <b>PRINTING</b>	254,402.	199,685.	10,097.	44,620.
d <b>POSTAGE &amp; SHIPPING</b>	142,257.	112,212.	5,414.	24,631.
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	106,028,618.	92,119,017.	3,290,079.	10,619,522.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	11,144,912.	6,464,049.	668,695.	4,012,168.

**Part X Balance Sheet**

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

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

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	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 Reporting**

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

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

Form 990 (2019)





**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 <b>Total.</b> 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 <b>Public support.</b> 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 <b>Total support.</b> 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 .....

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 .....

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 .....

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 .....

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

**14 First 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**

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

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

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

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> 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.		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
<b>1</b>		

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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.		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.		
<b>2a</b>		
<b>b</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.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>3a</b>		
<b>b</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.		
<b>3b</b>		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 <b>Total annual distributions.</b> 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 <b>Total</b> 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 <b>Excess distributions carryover to 2020.</b> 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			



**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)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

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

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

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

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

**Part IV** Supplemental Information

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

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

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number 13-1632524

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

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

Form with multiple questions (1-9) regarding conservation easements, including purpose, monitoring, and reporting requirements. Includes a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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

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

Form with questions (1a, 1b, 2) regarding reporting requirements for art and historical treasures, including revenue and asset amounts.



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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,779,996.	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:
- |                             | Yes                      | No                                  |
|-----------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 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.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	34,462,174.
(2) AMOUNTS HELD ON BEHALF OF OTHERS	1,053,657.
(3) REFUNDABLE DEPOSITS	290,090.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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)	
<b>Total.</b> (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.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		FIGHT FOR AIR CLIMBS (event type)	LUNG FORCE WALKS (event type)	29 (total number)	(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))
		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	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

\_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

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

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

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**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 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
YALE UNIVERSITY 2 WHITNEY AVENUE, 6TH FL NEW HAVEN, CT 06510	06-0646973	501(C)(3)	500,000.	0.			RESEARCH
RETURNED FUNDS & CANCELLED PAYMENTS - VARIOUS UNIVERSITIES - 55 W. WACKER DRIVE - CHICAGO, IL 60601	APPLIED FOR	501(C)(3)	-465,217.	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](http://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
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> 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? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	X
<b>8</b> 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 .....	<b>8</b>	X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II.		<input checked="" type="checkbox"/>
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	<input checked="" type="checkbox"/>	
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.		<input checked="" type="checkbox"/>
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.		

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

Schedule M (Form 990) 2019





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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

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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

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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

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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

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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.

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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

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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



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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

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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

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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:

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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

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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

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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.