

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

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

THE AMERICAN LUNG ASSOCIATION IS THE LEADING ORGANIZATION WORKING TO SAVE LIVES BY IMPROVING LUNG HEALTH AND PREVENTING LUNG DISEASE, THROUGH RESEARCH, EDUCATION AND ADVOCACY. THE WORK OF THE AMERICAN LUNG ASSOCIATION IS FOCUSED ON FOUR STRATEGIC IMPERATIVES: TO DEFEAT LUNG CANCER, TO IMPROVE THE AIR WE BREATHE, TO REDUCE THE BURDEN OF LUNG DISEASE ON INDIVIDUALS AND THEIR FAMILIES, AND TO ELIMINATE TOBACCO USE AND TOBACCO-RELATED DISEASES.

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

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

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

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

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

4a	(Code)	(Expenses \$ 55,222,255	including grants of \$	(Revenue \$ 3,555,896)
See Additional Data				

4b	(Code)	(Expenses \$ 17,201,765	including grants of \$ 8,693,751)	(Revenue \$ 1,107,663)
See Additional Data				

4c	(Code)	(Expenses \$ 16,583,025	including grants of \$	(Revenue \$ 1,067,821)
See Additional Data				

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

4e	Total program service expenses ▶	89,007,045
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

		Yes	No	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	601	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	691			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

Part VI

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: **AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, VA, WA, WV, WI**

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

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

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

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 ☐

1

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	3,794,869	0	488,459

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 ▶ 57

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RR DONNELLEY 1333 SCHEURING RD DE PERE, WI 54115	SUPPLY CHAIN MANAGEMENT	2,539,357
ALANIZ METRO GROUP PO BOX 799 MOUNT PLEASANT, IA 52641	DIGITAL PRINTING	1,909,239
DANIEL EDLEMAN INC 200 E RANDOLPH ST FLR 63 CHICAGO, IL 60601	PUBLIC RELATIONS	1,771,148
BRICKMILL MARKETING SERVICES 24 MILL BROOK RD WILTON, NH 03086	MARKETING	1,497,760
AD COUNCIL 815 SECOND AVENUE 9TH FLOOR NEW YORK, NY 10017	PUBLIC SERVICE ADVERTISING	1,441,628

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 ► 115	
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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	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	17,692,221				
	d Related organizations	1d					
	e Government grants (contributions)	1e	24,133,769				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	51,603,575				
	g Noncash contributions included in lines 1a - 1f \$		320,504				
	h Total. Add lines 1a-1f ▶		93,429,565				
Program Service Revenue			Business Code				
	2a PROGRAM SERVICE CONTRA		900099	4,934,539	4,934,539		
	b MEMBERSHIP DUES		900099	140,279	140,279		
	c						
	d						
	e						
	f All other program service revenue						
	9 Total. Add lines 2a-2f ▶			5,074,818			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			3,336,791			3,336,791
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶			1,818,905	656,562	10,994	1,151,349
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss) ▶			160,347			160,347
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss) ▶			6,816,359			6,816,359
	8a Gross income from fundraising events (not including \$ 17,692,221 of contributions reported on line 1c) See Part IV, line 18 a						
		b Less direct expenses b					
		c Net income or (loss) from fundraising events ▶		-2,465,395			-2,465,395
	9a Gross income from gaming activities See Part IV, line 19 a						
		b Less direct expenses b					
		c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances a						
b Less cost of goods sold b							
c Net income or (loss) from sales of inventory ▶							
Miscellaneous Revenue		Business Code					
11a PROGRAM PARTICIPANT FE		900099	2,129,521			2,129,521	
b TRUST INCOME		900099	1,706,953			1,706,953	
c RESEARCH GRANT SERVICE		900099	408,500			408,500	
d All other revenue			808,279			808,279	
e Total. Add lines 11a-11d ▶			5,053,253				
12 Total revenue. See Instructions ▶			113,224,643	5,731,380	10,994	14,052,704	

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 ☒

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	8,693,751	8,693,751		
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	3,747,193	3,291,493	96,410	359,290
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.	32,386,028	28,460,645	828,556	3,096,827
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.	6,180,525	5,409,872	165,823	604,830
10 Payroll taxes.	2,514,423	2,200,898	67,462	246,063
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	731,870			731,870
f Investment management fees.	121,411		121,411	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	23,756,816	22,957,277	98,715	700,824
12 Advertising and promotion.	2,056,632	1,844,748	47,290	164,594
13 Office expenses.	2,097,991	1,635,754	168,342	293,895
14 Information technology.				
15 Royalties.				
16 Occupancy.	3,846,966	2,751,445	669,265	426,256
17 Travel.	1,672,502	1,566,297	26,912	79,293
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	374,225	332,165	16,125	25,935
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	421,534	301,492	73,335	46,707
23 Insurance.	547,931	427,209	43,966	76,756
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a DIRECT MAIL	10,426,115	6,583,211	557,899	3,285,005
b MISCELLANEOUS	2,525,044	1,941,783	182,406	400,855
c PRINTING	481,635	416,647	14,987	50,001
d POSTAGE & SHIPPING	232,297	192,358	5,881	34,058
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	102,814,889	89,007,045	3,184,785	10,623,059
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	76,099	1	123,298
	2 Savings and temporary cash investments	37,155,757	2	35,301,581
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	12,946,620	4	11,041,511
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	2,038,664	7	1,594,237
	8 Inventories for sale or use	125,125	8	125,489
	9 Prepaid expenses and deferred charges	1,370,190	9	1,896,033
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 20,253,000		
	b Less: accumulated depreciation	10b 9,913,737	10,566,611	10c 10,339,263
	11 Investments—publicly traded securities	103,882,168	11	108,409,356
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	36,025,973	15	37,439,764
16 Total assets. Add lines 1 through 15 (must equal line 34)	204,187,207	16	206,270,532	
Liabilities	17 Accounts payable and accrued expenses	8,948,271	17	10,671,602
	18 Grants payable	6,618,850	18	7,881,670
	19 Deferred revenue	19,790,399	19	16,792,727
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	19,999,331	25	17,692,330
	26 Total liabilities. Add lines 17 through 25	55,356,851	26	53,038,329
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	106,001,896	27	108,723,005
	28 Temporarily restricted net assets	5,011,492	28	4,760,037
	29 Permanently restricted net assets	37,816,968	29	39,749,161
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	148,830,356	33	153,232,203
34 Total liabilities and net assets/fund balances	204,187,207	34	206,270,532	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	113,224,643
2	Total expenses (must equal Part IX, column (A), line 25)	2	102,814,889
3	Revenue less expenses Subtract line 2 from line 1	3	10,409,754
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	148,830,356
5	Net unrealized gains (losses) on investments	5	-4,929,506
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,078,401
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	153,232,203

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

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

Additional Data

Software ID:

Software Version:

EIN: 13-1632524

Name: AMERICAN LUNG ASSOCIATION

Form 990 (2018)

Form 990, Part III, Line 4a:

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 ALONE KILLS MORE PEOPLE THAN ANY OTHER CANCER EVERY DAY, THE AMERICAN 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 327+ MILLION AMERICANS WITH LUNGS OUR LUNG FORCE INITIATIVE, WHICH IS UNITING THE NATION IN THE FIGHT AGAINST LUNG CANCER, CONTINUED TO RAISE AWARENESS, OFFER PATIENT SUPPORT AND FUND MEDICAL RESEARCH IN FY19, OUR HISTORIC LUNG FORCE COLLABORATION WITH STAND UP TO CANCER AND THE LUNGevity FOUNDATION THAT CREATED TWO GROUNDBREAKING LUNG CANCER RESEARCH TEAMS REACHED THE MID-WAY POINT OF ITS TWO YEAR MISSION THESE TEAMS REPRESENT OUR LARGEST FUNDING INITIATIVE YET FOR LUNG CANCER RESEARCH IN TOTAL, WE INVESTED MORE THAN \$3 MILLION TO LUNG CANCER RESEARCH OUR FOURTH ANNUAL LUNG FORCE ADVOCACY DAY IN WASHINGTON DC DREW LUNG FORCE HEROES FROM ALL 50 STATES ALONG WITH VOLUNTEERS AND STAFF TO VISIT CONGRESS MEMBERS, TO ADVOCATE FOR INCREASED LUNG CANCER RESEARCH AT THE NATIONAL INSTITUTES OF HEALTH AND ACCESS TO QUALITY, AFFORDABLE HEALTHCARE FOR PEOPLE WITH PREEXISTING CONDITIONS LIKE LUNG DISEASE 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 DRIVE HIGH-RISK INDIVIDUALS TO TAKE AN ONLINE SCREENING ELIGIBILITY QUIZ BY THE END OF ITS SECOND YEAR, 245,000 PEOPLE HAD TAKEN THE SCREENING ELIGIBILITY QUIZ, AND MORE THAN 34% OF THOSE WERE FOUND TO BE AT HIGH RISK AND WERE URGED TO TALK TO THEIR DOCTOR ABOUT GETTING SCREENED IN FY19 WE ALSO LAUNCHED OUR "MY LUNG CANCER TREATMENT PLANNING TOOL" AN INTERACTIVE TOOL THAT HELPS PATIENTS LEARN ABOUT THEIR TYPE OF LUNG CANCER AND POTENTIAL TREATMENT OPTIONS EVERY YEAR, THE LUNG ASSOCIATION HELPS PEOPLE UNDERSTAND AND MANAGE THEIR LUNG DISEASE, OVERCOME THEIR NICOTINE ADDICTION AND LIVE HEALTHIER LIVES THIS YEAR WE ADDED A PULMONARY ARTERIAL HYPERTENSION (PAH) GROUP TO OUR ONLINE SUPPORT COMMUNITIES WHICH HELPED REACH MORE THAN 140,000 PATIENTS AND CAREGIVERS OUR FREE LUNG HELPLINE PROVIDED HELP AND SUPPORT TO CONSTITUENTS MAKING OVER 138,000 CONTACTS HELPING SMOKERS QUIT AND REDUCING EVERYONE'S EXPOSURE TO SECONDHAND SMOKE ARE ESSENTIAL PARTS OF OUR MISSION THIS YEAR, WE ALSO FULLY INTEGRATED EDUCATION ABOUT LUNG CANCER SCREENING INTO OUR FREEDOM FROM SMOKING CESSATION CURRICULUM ON JULY 30, THE LONG-AWAITED RULE BY THE U S DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT WENT INTO EFFECT MAKING ALL FEDERALLY-OWNED PUBLIC HOUSING ACROSS THE NATION SMOKEFREE WE PLAYED A MAJOR ROLE WORKING TO GET THIS RULE PASSED AND OUR ADVOCACY WORK IN THIS SPACE OVER THE PAST 10 YEARS WILL PAY OFF IN PROTECTING CLOSE TO TWO MILLION PUBLIC HOUSING RESIDENTS FROM THE DANGERS OF SECONDHAND SMOKE, INCLUDING CLOSE TO 690,000 CHILDREN AS PART OF THIS EFFORT, WE WORKED THROUGHOUT THE FISCAL YEAR WITH HOUSING AUTHORITIES AND PROPERTY MANAGERS TO IMPLEMENT THE RULE AND DIRECTLY WITH RESIDENTS TO PROVIDE TOOLS AND RESOURCES TO HELP THOSE WHO SMOKE QUIT MORE THAN 25 MILLION AMERICANS LIVE WITH ASTHMA, INCLUDING MORE THAN 6 MILLION CHILDREN THIS YEAR, WE WERE ABLE TO BRING OUR ENHANCING ASTHMA CARE FOR CHILDREN TO 65 COMMUNITY HEALTH CENTERS ACROSS FOUR STATES WITH ONE-ON-ONE ATTENTION, OUR STAFF WAS ABLE TO PROVIDE EXTENSIVE TRAINING FOR PROVIDERS AND OTHER CLINIC STAFF ON ASTHMA DIAGNOSIS, MEDICATIONS, ASTHMA MANAGEMENT PLANS, ONGOING ASTHMA MANAGEMENT AND PATIENT EDUCATION WE ALSO MADE MAJOR ADVANCEMENTS TO OUR ASTHMA RESOURCES, INCLUDING OUR ASTHMA IN SCHOOLS ONLINE RESOURCE INCLUDING OUR ASTHMA FRIENDLY SCHOOLS INITIATIVE AND BACK TO SCHOOL WITH ASTHMA CHECKLIST THROUGH OUR ASTHMA BASICS COURSE 5,255 PATIENTS AND CAREGIVERS LEARNED HOW TO BETTER MANAGE THEIR ASTHMA COPD IS THE THIRD LEADING CAUSE OF DISEASE DEATH IN THE U S AND IMPACTS MORE THAN 15 MILLION AMERICANS THIS YEAR OFFERED A WIDE VARIETY OF HELPFUL RESOURCES, INCLUDING OUR NEW TOOLS AND VIDEOS ON OXYGEN THERAPY, THE LUNG HELPLINE, OUR BETTER BREATHERS CLUBS AND INSPIRE ONLINE LIVING WITH COPD SUPPORT COMMUNITY WHERE ONE OF OUR VOLUNTEER EXPERT SPOKESPERSON DR DAVID HILL HOSTED A MULTI-DAY "ASK THE EXPERT" SERIES TO BETTER SUPPORT PULMONARY FIBROSIS PATIENTS, WE DEVELOPED NEW ONLINE CONSTITUENTS' PATHWAYS ON LUNG.ORG/PF TO DOWNLOAD RESOURCES AND VIDEOS, LEARN ABOUT TREATMENT INFORMATION, JOIN A LOCAL BETTER BREATHERS CLUB, SIGN UP FOR CONTINUING MEDICAL EDUCATION (CME) COURSES AND FIND LOCAL RESOURCES IN ADDITION, OUR INSPIRE "LIVING WITH PULMONARY FIBROSIS AND "CARING FOR PULMONARY FIBROSIS" ONLINE SUPPORT COMMUNITIES CONTINUED TO GROW AND HELP PATIENTS WITH PULMONARY FIBROSIS AND CAREGIVERS TO CONNECT WITH OTHERS CLOSE TO THE CHRONIC LUNG DISEASE

Form 990, Part III, Line 4b:

RESEARCH FOR 115 YEARS, THE AMERICAN LUNG ASSOCIATION HAS FOCUSED ON DRIVING EXCELLENCE AND INNOVATION THROUGH RESEARCH. TODAY, WE CONTINUE TO SUPPORT TRAILBLAZING RESEARCH, NOVEL IDEAS AND INNOVATIVE APPROACHES 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 AIRWAYS CLINICAL RESEARCH CENTERS NETWORK (ACRC). OUR TOTAL INVESTMENT IN THESE TWO AREAS WAS MORE THAN \$7.3 MILLION THIS YEAR. THE AMERICAN LUNG ASSOCIATION WAS AWARDED ONE OF ITS LARGEST GRANTS EVER TO STUDY MILLENNIALS' LUNG HEALTH. IN LATE JUNE, 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 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 17 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. OUR AWARDS AND GRANTS PROGRAM PROVIDES INVESTIGATORS WITH THE FUNDS, AT ALL LEVELS OF THEIR CAREER, TO CONDUCT NOVEL AND PROMISING RESEARCH TO PREVENT, TREAT AND EVEN CURE LUNG DISEASE. THIS YEAR, THE PROGRAM FUNDED 23 NEW AWARDEES AND 35 CONTINUING AWARDEES. 58 AWARDS, TOTALING OVER \$4.1 MILLION IN FUNDING. OUR RESEARCH TEAM IS ENGAGED IN A WIDE RANGE OF STUDIES EXPLORING AN ARRAY OF LUNG HEALTH ISSUES, INCLUDING LUNG CANCER, ASTHMA, COPD, TUBERCULOSIS, INFLUENZA AND MANY MORE. THIS YEAR, WE ALSO ADDED SEVERAL EXCITING NEW AWARDS TO OUR AWARDS AND GRANTS PROGRAM, INCLUDING THE CATALYST AWARD, SUPPORTING THE NEXT GENERATION OF SCIENTISTS WHO ARE ASCENDING TOWARD INDEPENDENCE, INNOVATION AWARD, SUPPORTING THE WORK OF SCIENTISTS WITH A PROVEN TRACK RECORD OF SUCCESS, POISED TO MAKE A SIGNIFICANT IMPACT IN LUNG HEALTH DISCOVERIES, AND, PUBLIC POLICY RESEARCH AWARD, DESIGNED TO HELP STIMULATE AND INFORM IMPORTANT PUBLIC POLICY DEBATES AROUND HEALTHY AIR AND LUNG DISEASE. FINDINGS FROM SEVERAL OF OUR AWARDS AND GRANTS STUDIES WERE PUBLISHED, INCLUDING RESULTS FROM RECIPIENT MATTHEW DRAKE, MD, WHICH WERE PUBLISHED IN SCIENCE TRANSLATIONAL MEDICINE. THE STUDY LOOKED AT THE ROLE OF EOSINOPHILS IN DISEASE-FIGHTING WHITE BLOOD CELLS IN WORSENING ASTHMA SYMPTOMS. PATIENTS WITH HIGH LEVELS OF EOSINOPHILS IN THE LUNGS MAY SUFFER FROM INFLAMMATION, TISSUE DAMAGE, AND AIRWAY REMODELING (STRUCTURAL CHANGES), WHICH MAKE IT DIFFICULT TO BREATHE. DR. DRAKE AND HIS TEAM CONCLUDED THAT AIRWAY REMODELING CONTRIBUTES TO THE OVERALL WORSENING OF EOSINOPHILIC ASTHMA. OUR ACRC IS THE NATION'S LARGEST NOT-FOR-PROFIT NETWORK OF CLINICAL RESEARCH CENTERS DEDICATED TO ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) TREATMENT RESEARCH. THE ACRC NETWORK NOW CONSISTS OF 17 AIRWAYS CLINICAL RESEARCH CENTERS, WITH 22 TRIAL SITES, ONE DATA COORDINATING CENTER AT THE JOHNS HOPKINS HOSPITAL IN BALTIMORE, MD AND 100+ ASTHMA AND COPD SPECIALISTS. THIS YEAR, PUBLISHED STUDIES FROM OUR ACRC HELPED US BETTER UNDERSTAND THE EFFECTIVENESS OF QUESTIONNAIRES EVALUATING ANXIETY IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) PATIENTS, INCREASED OUR UNDERSTANDING OF RISK FACTORS FOR ASTHMA EXACERBATION AND TREATMENT FAILURE IN ADULTS AND ADOLESCENTS WITH WELL-CONTROLLED ASTHMA DURING CONTINUATION AND STEP-DOWN THERAPY, AND, EXPLORED THE EFFECT OF OBESITY ON SINONASAL DISEASE IN ASTHMA.

Form 990, Part III, Line 4c:

ADVOCACY AND ENVIRONMENTAL EVERY YEAR, THE AMERICAN LUNG ASSOCIATION, THROUGH THE ADVOCACY EFFORTS OF BOTH VOLUNTEERS AND STAFF, 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 2019 WE PUSHED BACK AGAINST A LEGISLATIVE CLIMATE THAT POSED NEW CHALLENGES TO PROTECTING HEALTHY LUNGS AND HEALTHY AIR THIS YEAR, OUR HEALTHY AIR CAMPAIGN CONTINUED TO FIGHT FOR HEALTHY AIR FOR ALL AMERICANS IN JANUARY WE LAUNCHED THE YEAR OF AIR POLLUTION AND HEALTH 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 OUR POLLING SHOWED AN OVERWHELMING MAJORITY OF AMERICAN VOTERS NEARLY 3 OUT OF 4 ACROSS VIRTUALLY ALL MAJOR DEMOGRAPHIC GROUPS SUPPORT KEEPING STRONG FUEL EFFICIENCY STANDARDS PUT IN PLACE BY THE PREVIOUS ADMINISTRATION CLEANER, MORE EFFICIENT VEHICLES HELP PROTECT THE HEALTH OF ALL AMERICANS, PARTICULARLY THE MOST VULNERABLE, SUCH AS CHILDREN, OLDER ADULTS, AND PEOPLE LIVING WITH LUNG DISEASES LIKE ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) THIS DATA HAS BEEN VALUABLE TO US AND OTHERS OPPOSING THE ADMINISTRATION'S EFFORTS TO WEAKEN VEHICLE FUEL STANDARDS, WHICH WOULD INCREASE AIR POLLUTION FROM TAILPIPES WE'VE ALSO FOUGHT OTHER THREATS TO HEALTHY AIR, INCLUDING EPA'S PLAN TO REPLACE THE CLEAN POWER PLAN WITH ONE THAT WILL ALLOW MORE POWER PLANT POLLUTION, AND THE LOOSENING OF THE MERCURY AND AIR TOXICS STANDARDS TACTICS INCLUDED LAUNCHING A HEALTH PROFESSIONALS FOR CLEAN AIR AND CLIMATE ACTION WEBPAGE AND NEWSLETTER AND STAGING A SUCCESSFUL MEDICAL PROFESSIONALS HILL VISITS ON CLIMATE AND HEALTH OUR ADVOCACY EFFORTS HELPED 11 MORE STATES AND MULTIPLE CITIES AND MUNICIPALITIES PASS LAWS RAISING THE LEGAL SALES AGE FOR TOBACCO PRODUCTS TO 21 TOBACCO 21 LAWS HAVE BEEN PROVEN TO REDUCE YOUTH SMOKING RATES WE ALSO ADVOCATED INCLUDING TAKING LEGAL ACTION TO PUSH THE U S FOOD AND DRUG ADMINISTRATION (FDA) TO PROPERLY REGULATE HARMFUL E-CIGARETTE PRODUCTS AND TO REMOVE FROM THE MARKET ALL FLAVORED TOBACCO PRODUCTS, WHICH APPEAL TO KIDS AND CREATE THE NEXT GENERATION ADDICTED TO NICOTINE WE ALSO WON CRITICAL LEGAL VICTORIES IN LAWSUITS AGAINST THE FDA, REQUIRING THE AGENCY TO USE ITS FULL REGULATORY POWER OVER ALL TOBACCO PRODUCTS, INCLUDING SMALL CIGARS AND E-CIGARETTES, AND TO IMPLEMENT A POLICY REQUIRING GRAPHIC WARNING LABELS ON TOBACCO PRODUCT PACKAGING PROTECTING QUALITY, AFFORDABLE HEALTHCARE FOR ALL AMERICANS, ESPECIALLY THE MORE THAN 35.7 MILLION WITH CHRONIC LUNG DISEASE, WAS A TOP PRIORITY THIS YEAR THE LUNG ASSOCIATION WROTE AND RELEASED AN ISSUE BRIEF THAT HIGHLIGHTED MULTIPLE EFFORTS BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES TO WORK WITH STATES IN ENACTING BARRIERS TO HEALTHCARE WE ALSO MOBILIZED THE PATIENT COMMUNITY TO WEIGH IN AGAINST THESE BARRIERS, INCLUDING SO-CALLED WORK REQUIREMENT PROPOSALS, INCLUDING IN KENTUCKY, NEW HAMPSHIRE, MICHIGAN AND OTHERS THE LUNG ASSOCIATION HAS ALSO BEEN A VOCAL OPPONENT OF SURPRISE MEDICAL BILLING IN OUR BIGGEST SINGLE-DAY ADVOCACY EFFORT, WE SENT LUNG FORCE HEROES FROM ALL 50 STATES, ALONG WITH OTHER VOLUNTEERS AND STAFF TO VISIT NEARLY 200 MEMBERS OF CONGRESS, ASKING THEM TO SUPPORT \$41.6 BILLION IN RESEARCH FUNDING FOR THE NATIONAL INSTITUTES OF HEALTH (NIH) IN FISCAL YEAR 2020 AND PROTECT PATIENTS WITH PRE-EXISTING CONDITIONS, INCLUDING LUNG CANCER OUR 17TH ANNUAL "STATE OF TOBACCO CONTROL" REPORT RELEASED IN JANUARY 2019, GRADING STATES AND THE FEDERAL GOVERNMENT ON THE PROVEN-EFFECTIVE TOBACCO CONTROL LAWS AND POLICIES NECESSARY TO SAVE LIVES IT FOUND THAT FDA FAILED TO PROTECT KIDS FROM E-CIGARETTES, AND STATES NOT FUNDING PROVEN TOBACCO PREVENTION EFFORTS OUR 20TH ANNUAL "STATE OF THE AIR" REPORT FOUND THAT 4 IN 10 AMERICANS LIVE IN COUNTIES WITH UNHEALTHY AIR AND EIGHT CITIES EXPERIENCED THEIR WORST AIR QUALITY EVER RECORDED

Form 990, Part VII – Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PENNY J SCHILZ CHAIR	2 00	X		X				0	0	0
JOHN F EMANUEL JD PAST CHAIR	2 00	X		X				0	0	0
STEPHEN R O'KANE SECRETARY / TREASURER	2 00	X		X				0	0	0
JENNIFER M BAZANTE DIRECTOR (ENDING DEC 2019)	2 00	X						0	0	0
RABIH BECHARA MD FCCP DIRECTOR	2 00	X						0	0	0
LINN P BILLINGSLEY BSN DIRECTOR	2 00	X						0	0	0
LARRY BLUMENTHAL DIRECTOR	2 00	X						0	0	0
MICHAEL F BUSK MD MPH DIRECTOR	2 00	X						0	0	0
CHERYL CALHOUN BA MBA DIRECTOR	2 00	X						0	0	0
MICHAEL V CARSTENS DIRECTOR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID CASEY DIRECTOR	2 00	X						0	0	0
ANNE DIXON MD DIRECTOR	2 00	X						0	0	0
DAVID HILL MD DIRECTOR	2 00	X						0	0	0
MARK JOHNSON MBA DIRECTOR	2 00	X						0	0	0
SUMITA B KHATRI MD MS DIRECTOR	2 00	X						0	0	0
ROBERT K MERCHANT MD MS DIRECTOR	2 00	X						0	0	0
JONATHON ROSEN BA DIRECTOR	2 00	X						0	0	0
AL ROWE DIRECTOR	2 00	X						0	0	0
KATHLEEN M SKAMBIS BS JD MBA DIRECTOR	2 00	X						0	0	0
JOHNNY A SMITH JR DIRECTOR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KARIN A TOLLEFSON PHARM D DIRECTOR	2 00	X						0	0	0
STERLING QL YEE DIRECTOR	2 00	X						0	0	0
HAROLD WIMMER PRESIDENT & CEO	40 00			X				500,373	0	54,339
LAURA SCOTT CHIEF FINANCIAL OFFICER	40 00			X				254,351	0	19,552
SUE SWAN CHIEF DEVELOPMENT OFFICER	40 00			X				221,660	0	27,327
DEBORAH BROWN CHIEF MISSION OFFICER	40 00			X				226,023	0	25,615
LEWIS BARTFIELD CHIEF DIVISION OFFICER, WEST	40 00			X				272,086	0	21,273
JEFF SEYLER CHIEF DIVISION OFFICER, EAST	40 00			X				247,350	0	34,318
JULIA FITZGERALD CMO (BEGINNING DEC 2018)	40 00			X				10,000	0	41
SARAH KRIKORIAN CHRO (BEGINNING JUNE 2019)	40 00			X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL BILLINGS SVP, ADVOCACY	40 00				X			204,641	0	22,283
SUSAN RAPPAPORT VP, RESEARCH & SCIENTIFIC AFFAIRS	40 00				X			192,955	0	30,788
MARTHA BOGDAN EXE VP, SOUTHEAST REGION	40 00				X			238,414	0	44,394
BARRY GOTTSCHALK EXE VP, MIDLAND STATES REGION	40 00				X			205,177	0	43,657
ALLISON HICKEY EXE VP, MOUNTAIN PACIFIC	40 00				X			193,390	0	19,105
WILLIAM PFEIFER VP, GOVERNANCE	40 00				X			236,695	0	56,269
SALLY DRAPER VP, DEVELOPMENT	40 00					X		190,430	0	23,806
EMILY MURPHY DIVISION SENIOR VP, DEV	40 00					X		160,993	0	20,346
NEIL BALLENTINE VP, DIGITAL STRATEGY/INFO TECH	40 00					X		148,820	0	21,890
CRAIG FINSTAD AVP, DIRECT RESPONSE OPS	40 00					X		145,666	0	16,378

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RITA REDAELLI EXE DIRECTOR, SAN DIEGO	40 00					X		145,845	0	7,078

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
AMERICAN LUNG ASSOCIATION

Employer identification number
13-1632524

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

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

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	9,782,765	8,128,925	10,298,737	90,355,569	93,429,565	211,995,561
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	9,782,765	8,128,925	10,298,737	90,355,569	93,429,565	211,995,561
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)						18,230,853
6	Public support. Subtract line 5 from line 4						193,764,708

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	9,782,765	8,128,925	10,298,737	90,355,569	93,429,565	211,995,561
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	986,268	1,065,862	942,085	4,736,244	4,659,481	12,389,940
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)	884,922	878,412	1,041,521	6,592,177	5,053,253	14,450,285
11	Total support. Add lines 7 through 10						238,835,786
12	Gross receipts from related activities, etc (see instructions)					12	109,529,007
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 2018 (line 6, column (f) divided by line 11, column (f))	14 81.130 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15 75.790 %
16a	33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		
	2	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ 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 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS INCOME - 2014 AMOUNT \$ 19,801 2015 AMOUNT \$ 41,524 2016 AMOUNT \$ 4,386 2017 AMOUNT \$ 547,995 2018 AMOUNT \$ 808,279 RESEARCH GRANT SERVICE FEE - 2015 AMOUNT \$ 500,753 2016 AMOUNT \$ 728,827 2017 AMOUNT \$ 1,378,900 2018 AMOUNT \$ 408,500 TRUS T INCOME - 2014 AMOUNT \$ 134,248 2015 AMOUNT \$ 107,401 2016 AMOUNT \$ 66,748 2017 AMO UNT \$ 2,353,015 2018 AMOUNT \$ 1,706,953 PROGRAM PARTICIPANT FEES - 2014 AMOUNT \$ 236, 168 2015 AMOUNT \$ 228,734 2016 AMOUNT \$ 241,560 2017 AMOUNT \$ 2,312,267 2018 AMOUNT \$ 2,129,521 SERVICE FEE - 2014 AMOUNT \$ 494,705

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

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

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

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

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

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

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

Part I-A

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

- 1
- Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2
- Political campaign activity expenditures (see instructions)
- ▶
- \$
- 3
- Volunteer hours for political campaign activities (see instructions)

Part I-B

Complete if the organization is exempt under section 501(c)(3).

- 1
- Enter the amount of any excise tax incurred by the organization under section 4955
- ▶
- \$
- 2
- Enter the amount of any excise tax incurred by organization managers under section 4955
- ▶
- \$
- 3
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- ☐ 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-
1				
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)****(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)****Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		213
e	Publications, or published or broadcast statements?	Yes		1,436
f	Grants to other organizations for lobbying purposes?	Yes		21,850
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		788,327
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		1,943
i	Other activities?		No	
j	Total. Add lines 1c through 1i			813,769
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

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SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2018

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 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.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

Held at the End of the Year

2a

2b

2c

2d

3

Number of conservation easements on a certified historic structure included in (a)

4

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

5

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

6

Number of states where property subject to conservation easement is located ►

7

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

☐ Yes

☐ No

8

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

9

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

10

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

☐ Yes

☐ No

11

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

1b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	7,773,457	1,207,060	1,114,016	1,237,670	1,405,053
b Contributions	1,003,500	7,380,831			
c Net investment earnings, gains, and losses	256,966	467,650	206,965	-26,949	-59,489
d Grants or scholarships	253,927	1,261,111	107,275	92,182	98,509
e Other expenditures for facilities and programs					
f Administrative expenses		20,973	6,646	4,523	9,385
g End of year balance	8,779,996	7,773,457	1,207,060	1,114,016	1,237,670

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,793,914		2,793,914
b Buildings		13,235,059	6,010,173	7,224,886
c Leasehold improvements		323,974	277,419	46,555
d Equipment		3,749,568	3,626,145	123,423
e Other		150,485		150,485
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				10,339,263

Schedule D (Form 990) 2018

Part VII

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

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

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	36,155,691
(2) AMOUNTS HELD ON BEHALF OF OTHERS	1,003,294
(3) REFUNDABLE DEPOSITS	280,779
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	37,439,764

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	
PENSION & LIFE INSURANCE BENEFITS	13,544,373
AMOUNTS HELD ON BEHALF OF OTHERS	1,003,294
ANNUITY FUND INVESTMENTS	968,589
OTHER LIABILITIES	2,176,074
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	17,692,330

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	126,070,484
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-4,929,506
b	Donated services and use of facilities	2b	18,853,748
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-1,078,401
e	Add lines 2a through 2d	2e	12,845,841
3	Subtract line 2e from line 1	3	113,224,643
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	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	113,224,643

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	121,668,637
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	18,853,748
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	18,853,748
3	Subtract line 2e from line 1	3	102,814,889
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	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	102,814,889

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-1632524
Name: AMERICAN LUNG ASSOCIATION

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	PROCEEDS EARNED FROM THE CORPUS OF THESE NUMEROUS ENDOWMENT FUNDS MAY BE EXPENDED FOR RESE ARCH, RESEARCH FELLOWSHIPS, LUNG-HEALTH EDUCATION, CONTINUING MEDICAL EDUCATION LECTURES, SCHOLARSHIPS, PATIENT ASSISTANCE, ADVOCACY, TOBACCO CESSATION ASSISTANCE, AND GENERAL OPER ATIONS IN ACCORDANCE WITH DONOR STIPULATIONS

Supplemental Information

Return Reference	Explanation
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

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUSTS 1,015,865 CHANGE IN VALUE OF SPLIT INTEREST TRUSTS 3,141 PENSION AND POST RETIREMENT PLAN CHANGES -125,761 CHANGE IN VALUE OF EQUITY METHOD INVESTMENTS -1,971,646

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SCHEDULE G (Form 990 or 990-EZ)		Supplemental Information Regarding Fundraising or Gaming Activities				OMB No 1545-0047																																																																																													
Department of the Treasury Internal Revenue Service		Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information				2018																																																																																													
Name of the organization AMERICAN LUNG ASSOCIATION		Employer identification number 13-1632524				Open to Public Inspection																																																																																													
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.																																																																																																			
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.																																																																																																			
a ☒ Mail solicitations																																																																																																			
b ☒ Internet and email solicitations																																																																																																			
c ☒ Phone solicitations																																																																																																			
d ☐ In-person solicitations																																																																																																			
e ☐ Solicitation of non-government grants																																																																																																			
f ☐ Solicitation of government grants																																																																																																			
g ☐ Special fundraising events																																																																																																			
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No																																																																																																			
b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.																																																																																																			
<table><tr><th rowspan="2">(i) Name and address of individual or entity (fundraiser)</th><th rowspan="2">(ii) Activity</th><th colspan="2">(iii) Did fundraiser have custody or control of contributions?</th><th rowspan="2">(iv) Gross receipts from activity</th><th rowspan="2">(v) Amount paid to (or retained by) fundraiser listed in col (i)</th><th rowspan="2">(vi) Amount paid to (or retained by) organization</th></tr><tr><th>Yes</th><th>No</th></tr><tr><td>NNE MARKETING 1666 MASSACHUSETTS AVE SUITE 14 LEXINGTON, MA 02420</td><td>DIRECT MAIL</td><td></td><td>No</td><td>16,461,237</td><td>360,000</td><td>16,101,237</td></tr><tr><td>BETTER SERIES 9655 SW SUNSHINE CT STE 500 BEAVERTON, OR 97005</td><td>SPECIAL EVENT MANAGEMENT</td><td></td><td>No</td><td>1,220,499</td><td>138,370</td><td>1,082,129</td></tr><tr><td>THE HERITAGE COMPANY 2402 WILDWOOD AVENUE SUITE 500 SHERWOOD, AR 42120</td><td>TELEMARKETING</td><td></td><td>No</td><td>143,027</td><td>119,697</td><td>23,330</td></tr><tr><td>INFOCISION MANAGEMENT CORP 325 SPRINGSIDE DR AKRON, OH 44333</td><td>TELEMARKETING</td><td></td><td>No</td><td>134,854</td><td>113,803</td><td>21,051</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="4">Total ▶</td><td>17,959,617</td><td>731,870</td><td>17,227,747</td></tr></table>							(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization	Yes	No	NNE MARKETING 1666 MASSACHUSETTS AVE SUITE 14 LEXINGTON, MA 02420	DIRECT MAIL		No	16,461,237	360,000	16,101,237	BETTER SERIES 9655 SW SUNSHINE CT STE 500 BEAVERTON, OR 97005	SPECIAL EVENT MANAGEMENT		No	1,220,499	138,370	1,082,129	THE HERITAGE COMPANY 2402 WILDWOOD AVENUE SUITE 500 SHERWOOD, AR 42120	TELEMARKETING		No	143,027	119,697	23,330	INFOCISION MANAGEMENT CORP 325 SPRINGSIDE DR AKRON, OH 44333	TELEMARKETING		No	134,854	113,803	21,051																																																		Total ▶				17,959,617	731,870	17,227,747
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Total ▶				17,959,617	731,870	17,227,747																																																																																													
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.																																																																																																			
AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, DC																																																																																																			
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2018																																																																																																			

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.

Revenue		(a) Event #1 FIGHT FOR AIR CLIMBS (event type)	(b) Event #2 LUNG FORCE WALKS (event type)	(c) Other events 52 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	7,953,969	3,056,194	7,954,831	18,964,994
	2 Less Contributions	7,953,969	3,056,194	6,682,058	17,692,221
	3 Gross income (line 1 minus line 2)			1,272,773	1,272,773
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	69,179	12,122	100,042	181,343
	6 Rent/facility costs	16,564	94,122	561,750	672,436
	7 Food and beverages	58,192	34,233	675,272	767,697
	8 Entertainment	11,381	9,256	100,574	121,211
	9 Other direct expenses	564,514	259,856	1,171,111	1,995,481
	10 Direct expense summary Add lines 4 through 9 in column (d) ►				3,738,168
	11 Net income summary Subtract line 10 from line 3, column (d) ►				-2,465,395

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.

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

Name ►

Address ►

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

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

Part I 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

(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
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 46
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
PART I, LINE 2	AWARD RECIPIENTS ARE REQUIRED TO SUBMIT A RENEWAL APPLICATION AFTER THEIR FIRST YEAR OF FUNDING RENEWAL APPLICATIONS ARE THEN REVIEWED BY OUR RESEARCH COMMITTEE CHAIRS FOR APPROVAL OF SECOND YEAR FUNDING AT THE TIME OF TERMINATION (AFTER THE SECOND YEAR OF FUNDING), AWARD RECIPIENTS ARE REQUIRED TO SUBMIT A SUMMARY OF THEIR ACTIVITIES, COPIES OF PRESENTATIONS AND/OR PUBLICATIONS, AND A CASH DISBURSEMENT REPORT FOR THE ENTIRE GRANT TIME

Additional Data

Software ID:
Software Version:
EIN: 13-1632524
Name: AMERICAN LUNG ASSOCIATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	153,333				RESEARCH
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE BOSTON, MA 02215	04-2103881	501(C)(3)	100,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	400,000				RESEARCH
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	200,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BOSTON COLLEGE 140 COMMONWEALTH AVE CHESTNUT HILL, MA 02467	04-2103545	501(C)(3)	100,000				RESEARCH
COLUMBIA UNIVERSITY 615 WEST 131ST STREET NEW YOU, NY 10027	13-5598093	501(C)(3)	362,233				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
DUKE UNIVERSITY BOX 104132 DURHAM, NC 27708	56-0532129	501(C)(3)	186,633				RESEARCH
H LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE 12902 MAGNOLIA DRIVE TAMPA, FL 33612	59-2451713	501(C)(3)	200,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
INDIANA UNIVERSITY PO BOX 78000 DETROIT, MI 48278	35-6001673	501(C)(3)	100,000				RESEARCH
JOHNS HOPKINS UNIVERSITY 1101 E33RD STREET SUITE D200 BALTIMORE, MD 21218	52-0595110	501(C)(3)	698,505				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	100,000				RESEARCH
NATIONAL JEWISH MEDICAL AND RESEARCH CENTER 1400 JACKSON STREET DENVER, CO 80206	74-2044647	501(C)(3)	207,533				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NEMOURS CHILDREN CLINIC 10140 CENTURION PARKWAY NORTH JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	192,443				RESEARCH
NORTHWESTERN UNIVERSITY 619 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	224,903				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NEW YORK UNIVERSITY SCHOOL OF MEDICINE 545 FIRST AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	200,000				RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA DAVIS 1850 RESEARCH PARK DRIVE SUITE 300 DAVIS, CA 95618	94-6036494	501(C)(3)	150,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	501(C)(3)	83,800				RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO 1855 FOLSOM STREET SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	285,483				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
RESEARCH INSTITUTE OF FOX CHASE CANCER CENTER 333 COTTMAN AVE PHILADELPHIA, PA 19111	23-6296135	501(C)(3)	200,000				RESEARCH
ROSWELL PARK CANCER INSTITUTE HEALTH RESEARCH INC ELM CARLTON STREET BUFFALO, NY 14263	14-1402155	501(C)(3)	200,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SEATTLE BIOMEDICAL RESEARCH INSTITUTE 307 WESTLAKE AVENUE SEATTLE, WA 98109	91-1452438	501(C)(3)	152,583				RESEARCH
SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE PO BOX 5371 SEATTLE, WA 98145	91-0564748	501(C)(3)	150,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH 1275 YORK AVENUE BOX 071 NEW YORK, NY 10065	13-1924236	501(C)(3)	200,000				RESEARCH
ST VINCENT OF INDIANA 1 HOSPITAL DRIVE INDIANAPOLIS, IN 46260	35-0869066	501(C)(3)	161,583				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
STANFORD UNIVERSITY 3145 PORTER DRIVE PALO ALTO, CA 94304	94-1156365	501(C)(3)	200,000				RESEARCH
TEMPLE UNIVERSITY 1852 N 10TH STREET PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	287,533				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE OHIO STATE UNIVERSITY RESEARCH FOUNDATION 1960 KENNY ROAD COLUMBUS, OH 43210	31-6401599	501(C)(3)	200,000				RESEARCH
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	13,135				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 MEDICAL OF SOUTH FLORIDA - TAMPA 3802 SPECTRUM BLVD TAMPA, FL 33612	59-2959590	501(C)(3)	104,800				RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM UNIVERSITY STATION BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	168,633				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 ARIZONA PO BOX 3308 TUCSON, AZ 85722	74-2652689	501(C)(3)	158,733				RESEARCH
UNIVERSITY OF CENTRAL FLORIDA 122001 RESEARCH PKWY SUITE 201 ORLANDO, FL 32826	59-2924021	501(C)(3)	200,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 CHICAGO 5801 S ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	150,000				RESEARCH
UNIVERSITY OF CINCINNATI SRS ACCOUNTING DIVISION PO BOX 932641 CLEVELAND, OH 44193	31-6000989	501(C)(3)	150,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 GEORGIA RESEARCH 310 EAST CAMPUS RD TUCKER HALL RM 411 ATHENS, GA 30602	53-1351349	501(C)(3)	100,000				RESEARCH
TRUSTEES OF THE UNIVERSITY OF ILLINOIS 28395 NETWORK PLACE CHICAGO, IL 06073	37-6000511	501(C)(3)	200,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 MARYLAND - BALTIMORE PO BOX 41428 BALTIMORE, MD 21203	52-6002033	501(C)(3)	100,000				RESEARCH
UNIVERSITY OF MARYLAND - COLLEGE PARK 4101 CHEASEPEAKE BLDG 4300 TERRAPIN TERRAPIN COLLEGE PARK, MD 20742	52-6002033	501(C)(3)	250,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 MICHIGAN 5082 WOLVERINE TOWER 3003 S STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	162,533				RESEARCH
UNIVERSITY OF PITTSBURGH OFFICE OF FINANCIAL INFORMATION PITTSBURGH, PA 15260	25-0965591	501(C)(3)	150,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 TEXAS - MD ANDERSON CANCER CENTER 1515 HOLCOMBE BOULEVARD HOUSTON, TX 77030	74-6001118	501(C)(3)	550,000				RESEARCH
UNIVERSITY OF TEXAS - HEATH SCIENCE CENTER AT HOUSTON 7000 FANNIN STREET HOUSTON, TX 77030	74-1761309	501(C)(3)	100,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 UTAH 201 S PRESIDENTS CIRCLE SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	150,000				RESEARCH
UNIVERSITY OF VERMONT 85 SOUTH PROSPECT STREET BURLINGTON, VT 05405	03-0179440	501(C)(3)	146,533				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 WISCONSIN 600 HIGHLAND AVE MADISON, WI 53792	39-0743975	501(C)(3)	75,000				RESEARCH
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE 902 YALEM BOX 8052 660 S EUCLID AVE AVE ST LOUIS, MO 63110	43-0653611	501(C)(3)	176,283				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
REFUNDED GRANTS 55 W WACKER DRIVE CHICAGO, IL 60601	99-9999999	501(C)(3)	-108,464				RESEARCH

Schedule J (Form 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization AMERICAN LUNG ASSOCIATION	Employer identification number 13-1632524
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Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
☒ Compensation committee	☐ Written employment contract		
☒ Independent compensation consultant	☒ Compensation survey or study		
☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

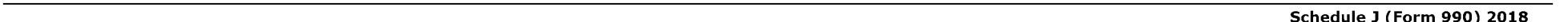
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

See Additional Data Table**Schedule J (Form 990) 2018**

Part III **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 4B	HAROLD WIMMER RECEIVED \$18,500 FROM A 457(F) PLAN LEWIS BARTFIELD RECEIVED \$2,391 FROM A 457(F) PLAN



Additional Data

Software ID:
Software Version:
EIN: 13-1632524
Name: AMERICAN LUNG ASSOCIATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
HAROLD WIMMER PRESIDENT & CEO	(i)	440,373	60,000	0	27,450	26,889	554,712	0
	(ii)	0	0	0	0	0	0	0
LAURA SCOTT CHIEF FINANCIAL OFFICER	(i)	234,351	20,000	0	17,897	1,655	273,903	0
	(ii)	0	0	0	0	0	0	0
SUE SWAN CHIEF DEVELOPMENT OFFICER	(i)	211,660	10,000	0	15,067	12,260	248,987	0
	(ii)	0	0	0	0	0	0	0
DEBORAH BROWN CHIEF MISSION OFFICER	(i)	216,023	10,000	0	12,291	13,324	251,638	0
	(ii)	0	0	0	0	0	0	0
LEWIS BARTFIELD CHIEF DIVISION OFFICER, WEST	(i)	257,086	15,000	0	16,655	4,618	293,359	0
	(ii)	0	0	0	0	0	0	0
JEFF SEYLER CHIEF DIVISION OFFICER, EAST	(i)	237,350	10,000	0	16,980	17,338	281,668	0
	(ii)	0	0	0	0	0	0	0
PAUL BILLINGS SVP, ADVOCACY	(i)	199,641	5,000	0	20,610	1,673	226,924	0
	(ii)	0	0	0	0	0	0	0
SUSAN RAPPAPORT VP, RESEARCH & SCIENTIFIC AFFAIRS	(i)	187,955	5,000	0	19,157	11,631	223,743	0
	(ii)	0	0	0	0	0	0	0
MARTHA BOGDAN EXE VP, SOUTHEAST REGION	(i)	228,414	10,000	0	33,378	11,016	282,808	0
	(ii)	0	0	0	0	0	0	0
BARRY GOTTSCHALK EXE VP, MIDLAND STATES REGION	(i)	202,677	2,500	0	22,569	21,088	248,834	0
	(ii)	0	0	0	0	0	0	0
ALLISON HICKEY EXE VP, MOUNTAIN PACIFIC	(i)	190,890	2,500	0	9,195	9,910	212,495	0
	(ii)	0	0	0	0	0	0	0
WILLIAM PFEIFER VP, GOVERNANCE	(i)	226,695	10,000	0	38,951	17,318	292,964	0
	(ii)	0	0	0	0	0	0	0
SALLY DRAPER VP, DEVELOPMENT	(i)	180,430	10,000	0	13,121	10,685	214,236	0
	(ii)	0	0	0	0	0	0	0
EMILY MURPHY DIVISION SENIOR VP, DEV	(i)	155,993	5,000	0	8,472	11,874	181,339	0
	(ii)	0	0	0	0	0	0	0
NEIL BALLENTINE VP, DIGITAL STRATEGY/INFO TECH	(i)	138,820	10,000	0	7,894	13,996	170,710	0
	(ii)	0	0	0	0	0	0	0
CRAIG FINSTAD AVP, DIRECT RESPONSE OPS	(i)	145,666	0	0	14,467	1,911	162,044	0
	(ii)	0	0	0	0	0	0	0
RITA REDAELLI EXE DIRECTOR, SAN DIEGO	(i)	143,345	2,500	0	0	7,078	152,923	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
AMERICAN LUNG ASSOCIATION

Employer identification number
13-1632524

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>SUPPLIES</u>)	X	1,000	320,504	FMV
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

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

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 is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

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

31

Yes

No

32a

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

32a

Yes

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2018)

Part II**Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
AMERICAN LUNG ASSOCIATION

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

13-1632524

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE SHALL ACT IN PLACE OF AND WITH THE FULL AUTHORITY OF THE BOARD OF DIRECTORS WHEN THE BOARD OF DIRECTORS IS NOT IN SESSION, SUBJECT TO THE BOARD'S POWER TO AMEND OR CHANGE THOSE ACTIONS WHICH HAVE NOT BEEN IMPLEMENTED PRIOR TO THE BOARD MEETING OR MEETINGS FOLLOWING THE EXECUTIVE MEETING AT WHICH SUCH ACTION WAS TAKEN THE BOARD OF DIRECTORS HAS THE POWER TO AUTHORIZE AND DELEGATE TO THE EXECUTIVE COMMITTEE TO THE EXTENT PERMITTED BY THE ASSOCIATION'S BYLAWS AND APPLICABLE LAW THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE AUTHORITY TO APPOINT OFFICERS EXCEPT ON AN INTERIM BASIS TO FILL A VACANCY, ENTER INTO OR AMEND CONTRACTS WITH OFFICERS, AMEND THE POLICIES MANUAL, OR BORROW MONEY IN EXCESS OF THE AMOUNTS EXPRESSLY AUTHORIZED BY THE BOARD THE EXECUTIVE COMMITTEE SHALL HAVE NO AUTHORITY TO AMEND THE ARTICLES OF INCORPORATION, ADOPT A PLAN OF MERGER OR CONSOLIDATION, AUTHORIZE THE SALE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY AND ASSETS OF THE ASSOCIATION, AUTHORIZE THE VOLUNTARY DISSOLUTION OF THE ASSOCIATION OR REVOCATION OF SUCH DISSOLUTION, OR AMEND THE BYLAWS OF THE ASSOCIATION THE EXECUTIVE COMMITTEE MAY ESTABLISH A LEADERSHIP SUBCOMMITTEE CONSISTING OF THE CHAIR, VICE-CHAIR, AND PAST-CHAIR, WHICH SHALL SERVE AS THE EXECUTIVE COMMITTEE'S LIAISON TO THE PRESIDENT AND CEO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE GOVERNANCE COMMITTEE, TAKING INTO ACCOUNT GEOGRAPHY, EXPERTISE, RACE, ETHNICITY, GENDER, AGE AND OTHER DIVERSITY FACTORS, SHALL PRESENT ANNUALLY TO THE BOARD OF DIRECTORS ITS RECOMMENDED NOMINEES FOR MEMBERS OF THE BOARD OF DIRECTORS, MEMBERS OF THE GOVERNANCE COMMITTEE AND OFFICERS (OTHER THAN THE PRESIDENT AND CHIEF EXECUTIVE OFFICER) OF THE ASSOCIATION (INCLUDING A RECOMMENDATION WHERE APPROPRIATE, FOR THE DESIGNATION OF THE VICE-CHAIR AS CHAIR-ELECT) OTHER NOMINATIONS MAY NOT BE MADE AT THE MEETING OF THE BOARD OF DIRECTORS FROM THE FLOOR

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE AMERICAN LUNG ASSOCIATION HAS ESTABLISHED A COMPENSATION POLICY FOR ITS LEADERSHIP COMMITTEE TO FOLLOW IN ESTABLISHING THE COMPENSATION FOR ITS CEO, TOP MANAGEMENT OFFICIAL, OTHER OFFICERS OR KEY EMPLOYEES. THE POLICY MANDATES THAT EXECUTIVE COMPENSATION BE PERIODICALLY REVIEWED BY THE COMMITTEE AND THAT THE COMMITTEE SHOULD BE FREE OF CONFLICTS OF INTEREST. IN ADDITION, THE APPROVING COMMITTEE NEEDS TO REVIEW APPROPRIATE AND ADEQUATE DATA TO DETERMINE THE REASONABLENESS OF THE COMPENSATION BEING CONSIDERED. THE COMMITTEE MAY USE A VARIETY OF INFORMATION AND STUDIES THAT ARE AVAILABLE TO DETERMINE THAT THE APPROPRIATE LEVEL OF COMPENSATION IS BEING PAID TO ITS EXECUTIVES. THE COMMITTEE'S DECISION ON THE AMOUNT OF COMPENSATION PAID IS DOCUMENTED IN A CONTEMPORANEOUSLY WRITTEN FORMAT AND DOCUMENTS THE DATE OF THE DECISION, THE MEMBERS PRESENT DURING THE MEETING AND THOSE WHO VOTED ON IT, THE DETAILS OF THE TRANSACTION THAT WAS APPROVED AND THE COMPARABILITY DATA USED AND RELIED UPON TO MAKE THE DECISION. ALA DID A COMPENSATION REVIEW FOR THE CEO AS WELL AS ALL OTHER OFFICERS AND KEY EMPLOYEES DURING THE 2017/2018 FISCAL YEAR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER PROGRAM SERVICE EXPENSES 22,957,277 MANAGEMENT AND GENERAL EXPENSES 98,715 FUNDRAISING EXPENSES 700,824 TOTAL EXPENSES 23,756,816

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUSTS 1,015,865 CHANGE IN VALUE OF SPLIT- INTEREST AGREEMENTS 3,141 BENEFIT RELATED CHANGES -1,971,646 CHANGE IN VALUE OF EQUITY M ETHOD INVESTMENTS -125,761

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR