## EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



Department of the Treasury Internal Revenue Service

Α	For th	e 2021 calendar year, or tax year beginning	and ending		
В	Check i applical	le: <b>C</b> Name of organization		D Employer identifi	cation number
	Addr				
	Nam chan			13-26035	90
	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	e E Telephone numbe	r
	Final	1250 CONNECTICUT AVE, NW, 7TH FL		202-659-	4310
_	term ated	City or town, state or province, country, and ZIP or foreign postal code	9	<b>G</b> Gross receipts \$	3,361,066.
	Ame	WASHINGTON, DC 20030		H(a) Is this a group re	
	Appl tion pend			for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
			a)(1) or 🛄 52		list. See instructions
		ite: WWW.ASH.ORG		H(c) Group exemptio	
		f organization: Corporation X Trust Association Other	L Yea	ar of formation: 1907	A State of legal domicile: DC
F	art I	Summary			
Governance	1	Briefly describe the organization's mission or most significant activities: TC AND POLICY MEASURES TO END THE GLOBAL	TOBACCO	EPIDEMIC.	ATIVE DEGAD
rna	2	Check this box      if the organization discontinued its operations or c	lisposed of mo	ore than 25% of its net as	ssets.
ove	3			3	6
		Number of independent voting members of the governing body (Part VI, line			6
Activities &	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			6
,iti	6	Total number of volunteers (estimate if necessary)			9
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
<	l t	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		, , ,		Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)		585,686.	
nu	9	Program service revenue (Part VIII, line 2g)		100,664.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		96,625.	591,521.
č	11			0.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line		782,975.	2,077,512.
	13			0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5		856,175.	898,841.
Expenses	16a			0.	0.
be	l t	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	,763.		
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		328,677.	357,959.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,184,852.	
	19	Revenue less expenses. Subtract line 18 from line 12		-401,877.	
or	Ş			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		5,765,858.	6,651,186.
Asse	21	Total liabilities (Part X, line 26)		313,958.	429,139.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		5,451,900.	6,222,047.
	art II	Signature Block			
Und	der per	alties of perjury, I declare that I have examined this return, including accompanying sch	edules and state	ments, and to the best of m	y knowledge and belief, it is
true	e, corre	ct, and complete. Declaration of 🛛 🧹 🚛 🖓 based on all information	of which prepar	er has any knowledge.	
		Paureton vo.		9.20.	2022
Sig	ŋn	Signature of officer		Date	
He	re	LAURENT HUBER, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	id	TRACY M. MOREY, CPA 7racy M. Morey		8/8/2022 if self-employ	
Pre	eparer	Firm's name FIHOMPSON GREENSPON			54-1029635
Use	e Only	Firm's address 4035 RIDGE TOP RD, SUITE 700			
		FAIRFAX, VA 22030		Phone no. ( 7	03)385-8888
Ma	iy the	RS discuss this return with the preparer shown above? See instructions	<u></u>	·····	X Yes No
132	001 12	09-21 LHA For Paperwork Reduction Act Notice, see the separate inst	ructions.		Form <b>990</b> (2021)

	13-2603	590 <sub>Pa</sub>
atement of Program Service Accomplishments		
eck if Schedule O contains a response or note to any line in this Part III		
escribe the organization's mission:		
DVOCATE FOR INNOVATIVE LEGAL AND POLICY MEASURES TO	END THE	GLOBAI
CCO EPIDEMIC.		
organization undertake any significant program services during the year which were not listed on the	Г	
m 990 or 990-EZ?	L	Yes X
describe these new services on Schedule O.	Г	
organization cease conducting, or make significant changes in how it conducts, any program services?	L	Yes X
describe these changes on Schedule O.		
the organization's program service accomplishments for each of its three largest program services, as m	•	-
501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total exp	enses, and
if any, for each program service reported.		
) (Expenses \$ 855,150. including grants of \$ ) (Revenue IC EDUCATION - ASH STRIVES TO RAISE PUBLIC AWARENESS		DTOVO
CIATED WITH TOBACCO AND ENGAGES IN GLOBAL CAMPAIGNS		KIPVP
ENTION OF TOBACCO-RELATED DAMAGES. ASH IS ALSO ACTIV ROMOTING PUBLIC AWARENESS ON TRADE POLICIES INVOLVING		
ONS OF THE TOBACCO INDUSTRY, AND ON POVERTY AND HUMAN		
ED TO TOBACCO USE. ASH WANTS TO MAKE THE PUBLIC COGI		
IS AND THEIR LEGAL PROTECTIONS THROUGH THE MEDIA, NEW		
CT MAIL. ASH CONTINUES TO DEVELOP NEW, EFFECTIVE WAY		
EXPERIENCE, EXPERTISE, AND LEADERSHIP OF THE TOBACCO		
OUNTER THE POWER AND INFLUENCE OF THE GLOBAL TOBACCO		
JONTER THE FOWER AND INFOUNCE OF THE GLOBAL TODACCO	INDOSTI	
) (Expenses \$) (Revenue ) (Revenue )	\$	
ogram services (Describe on Schedule O.)		
\$ including grants of \$ ) (Revenue \$	)	
gram service expenses <b>855</b> , 150.		
		Form <b>990</b> (2
	3	3

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 Form 990 (2021)
 ACTION
 ON
 SMOKING
 AND
 HEALTH

 Part IV
 Checklist of Required Schedules
 AND
 HEALTH

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4	х	
5	during the tax year? If "Yes," complete Schedule C, Part II	4	23	
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
d	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	id 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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	Х	<u> </u>
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			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		X
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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
D				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	00-		x
00	"Yes," complete Schedule L, Part IV	28c		X
29 00	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
~	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			x
~~	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
• •	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
<b>0</b> 5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
~-	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	x	
Par		30	21	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10		.03	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	1c	х	
132004	(gamenng) winninge te pri≥e winnerer			(2021)
	5			

Form 990	(2021)
Part V	Sta

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 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	_
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		-
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		-
	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		-
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the exemptation receive a numeration exercises of $C_{25}$ mode path as a contribution and partly for goods and convises provided to the payor?	-		
	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?			-
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		•
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		i
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	8		
0	sponsoring organization have excess business holdings at any time during the year?	0		
	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		•
	Section 501(c)(7) organizations. Enter:	30		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
	Section 501(c)(12) organizations. Enter:	-		
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	-		
	amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			Ī
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		Ì
	Note: See the instructions for additional information the organization must report on Schedule O.			ĺ
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			
с	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.			l
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			ļ
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would reput in the imposition of an evolve tay under eaction 4051, 4052 or 40522	17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			

Form 990	(2021)
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#### ACTION ON SMOKING AND HEALTH

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

X

Sec	tion A. Governing Body and Management					
		1.	Ι <del>ε</del>		Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		2		
	If there are material differences in voting rights among members of the governing body, or if the governing					
h	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	4	6			
b	Enter the number of voting members included on line 1a, above, who are independent	-		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh					х
~	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the of officers, directors, thuteas, or low employees to a management company or other person?			2		x
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			6		X
6 70	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or a			0		
7a				70		x
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,			7a		
D				7b		x
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year					- 23
8		-	-	0.0	x	
a h	The governing body? Each committee with authority to act on behalf of the governing body?			8a 8b	X	<u> </u>
ь 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re			00		<u> </u>
9				9		x
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
000	tion <b>B. Toncies</b> (mis Section B requests information about policies not required by the internal r	nevenu	e Coue.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?			10a	165	X
	If "Yes," did the organization have written policies and procedures governing the activities of such			104		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a	x	<u> </u>
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	uy ber				
12a				12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			12.0		
Ũ	on Schedule O how this was done			12c	x	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					
а	The organization's CEO, Executive Director, or top management official	-		15a	х	
	Other officers or key employees of the organization			15b	Х	
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu		participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed >AL , AR , CA , GA ,	IL,K	S, KY, MD, MA	A,MI	, MN	,NH
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, i					
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	n on Sc	chedule O)			
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and fina				nd fina	ncial	
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 b	ooks aı	nd records 🕨			
	ELIZABETH FURGURSON - 202-659-4310					
	1250 CONNECTICUT AVE, NW, 7TH FL, WASHINGTON, DC	200	36			
13200	SEE SCHEDULE O FOR FULL LIST OF STATES			Form	<b>990</b>	(2021)
	7					

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A) Name and title	(B) Average	(C) Position (do not check more than one						<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week	box offic	not c , unle cer an	ss pe	rson	is bot	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) LAURENT HUBER	40.00			v				100 151	0.	E2 246
EXECUTIVE DIRECTOR (2) CHRIS BOSTIC	40.00			X				188,151.	0.	53,246.
(2) CHRIS BOSTIC DEPUTY DIRECTOR FOR POLICY	40.00					x		123,474.	0.	23,047.
(3) ELIZABETH FURGURSON	40.00							125,4740	•	23,047.
CHIEF OPERATING OFFICER				x				125,465.	0.	16,884.
(4) DR. ALFRED MUNZER	1.00									
CHAIR		x		x				0.	0.	0.
(5) DOUG BLANKE	1.00									
SECRETARY-TREASURER		X		X				0.	0.	0.
(6) MARION WELLS	1.00									
VICE CHAIR UNTIL SEPTEMBER		Х		Х				0.	0.	0.
(7) BUNYAN BRYANT	1.00									
TRUSTEE		х						0.	0.	0.
(8) STANLEY HARMON	1.00									
TRUSTEE	1 00	X						0.	0.	0.
(9) CHERYL HEALTON	1.00									0
TRUSTEE	1.00	X						0.	0.	0.
(10) JOHN MIRISCH TRUSTEE	1.00	x						0.	0.	0.
								0.	0.	0.
							-			
122007 12 00 21	1							1		Eorm <b>990</b> (2021)

132007 12-09-21

Form 990 (2021)

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	990 (2021) ACTION O									13-26	503	590	P	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus (A) Name and title	(B) (C) Average hours per week week					l than is bot	one h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related	n	an	(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org and	pensa om th anizat d relat anizati	ie tion ted
	Subtotal Total from continuation sheets to Part VI								437,090.		0.	9	3,1	77.
	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization								437,090. eceived more than \$100	0,000 of reportabl	<b>0.</b> e	9	3,1	3
3 4	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the su	uch individual								•		3	Yes	No X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> <b>tion B. Independent Contractors</b>	0,000? <i>If "Yes,</i> accrue comper	" <i>co</i> nsat	<i>mple</i> ion f	ete S irom	Sche any	edule v unr	e <i>J f</i> elat	for such individual ed organization or indiv	idual for services		4 5	X	x
1	Complete this table for your five highest co the organization. Report compensation for (A)										ipens	ation f		
	Name and business	address	NC	ONE	2				Description of s	ervices	C	ompe		n
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lii	nite	a to	τηο: (	se lis )	sted	a above) who received n	iore than		Form	990 (	2021)

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Form **990** (2021)

			Check if Schedule O	conta	ains a respo	onse	or note to any lin				
								<b>(A)</b> Total revenue	( <b>B</b> ) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
ts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
Υü Ω			Fundraising events								
ìifts ar ∕			Related organizations								
s, G milâ			Government grants (cont				42,019.				
Sil			All other contributions, gifts,								
her		•	similar amounts not included				1,443,972.				
ot it		g	Noncash contributions included in				17,254.				
Con		-	Total. Add lines 1a-1f				,	1,485,991.			
			Total. Add intes faith				Business Code	1,100,551.			
ø	2	2					Business Obue				
vice	2										
Program Service Revenue		b									
rer Ver		C									
gra Re		d									
Pro		e	All all and a second and a second a sec								
_			All other program service								
		g	Total. Add lines 2a-2f								
	3		Investment income (inclue					120 220			120 220
			other similar amounts)					139,330.			139,330.
	4		Income from investment o		•		· · ·				
	5		Royalties	· · · · · · ·							
			<b>_</b>		(i) Rea		(ii) Personal				
			Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss	s)	(1) 01						
	7	а	Gross amount from sales of		(i) Securit		(ii) Other				
			assets other than inventory	7a	1,735,	/45.					
6		b	Less: cost or other basis								
nu			and sales expenses		1,283,						
eve			Gain or (loss)								
Other Revenue			Net gain or (loss)			· · · · · ·	▶	452,191.			452,191.
the	8	а	Gross income from fundraisi	-	•						
0			including \$								
			contributions reported on								
			Part IV, line 18								
			Less: direct expenses								
			Net income or (loss) from				····· •				
	9	а	Gross income from gamir								
			Part IV, line 19								
			Less: direct expenses			9b					
			Net income or (loss) from			s	▶				
	10	а	Gross sales of inventory,								
			and allowances								
			Less: cost of goods sold								
		С	Net income or (loss) from	sales	s of invento	ry					
s							Business Code				
eor	11	а					ļļ				
Miscellaneous Revenue		b					ļļ				
Sev Sel		с									
Mis			All other revenue								
_		е	Total. Add lines 11a-11d				►				
	12		Total revenue. See instruction	ons			►	2,077,512.	0.	0.	591,521.
13200	9 12-	09-									Form <b>990</b> (2021)

ACTION ON SMOKING AND HEALTH

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Form 990 (2021)

Part VIII Statement of Revenue

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13-2603590

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ACTION ON SMOKING AND HEALTH

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

Dar	Check if Schedule O contains a response	(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	383,746.	311,950.	40,539.	31,257
	Compensation not included above to disqualified	-	-		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	391,842.	321,363.	25,092.	45,387
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	15,671.	12,852. 41,340.	1,004.	1,815 5,677
	Other employee benefits	51,509.	41,340.	4,492.	5,677
	Payroll taxes	56,073.	45,743.	4,732.	5,598
	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	65,009.		65,009.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	28,840.		28,840.	
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	98,274.	14,818.	25,000.	58,456
12	Advertising and promotion	34,345.			34,345
	Office expenses	45,444.	38,673.	3,101.	3,670
	Information technology	3,940.	3,214.	333.	393
	Royalties				
	Occupancy	15,721.	12,825.	1,327.	1,569
	Travel	5,205.	4,246.	439.	520
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
3	Insurance	16,765.	13,676.	1,415.	1,674
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	DUES AND SUBSCRIPTIONS	22,240.	18,143.	1,877.	2,220
b	REPAIRS AND MAINTENANCE	19,990.	16,307.	1,687.	1,996
с	REGISTRATION FEES	2,186.			2,186
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,256,800.	855,150.	204,887.	196,763
	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)				

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8 8 503. c 9 10 0. 10c 557. 4,662,907. 11 11 12 12 13 13 14 14 Intangible assets 5,085. 15 15 Other assets. See Part IV, line 11 5,765,858. 6,651,186. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 233,432. 236,114. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 80,526. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 124,380. Unsecured notes and loans payable to unrelated third parties 24 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 25 313,958. 429,139. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. 495,753. 1,523,374. Net assets without donor restrictions 27 27 4,956,147. 4,698,673. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨

6,651,186. Form 990 (2021)

6,222,047.

year

,823.

477.

749.

664.

1

2

3

4

5

6 7

29

30

31

32

33

5,451,900.

5,765,858.

(B)

End of year

123,657.

691,939.

17,233.

5,085.

68,645.

0.

1,150,365.

#### Form 99

Assets

Liabilities

Net Assets or Fund Balances

29

30 31

32

33

and complete lines 29 through 33.

Total liabilities and net assets/fund balances ...

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Part X

90 (;	ACTION ON SMOK	TNG	AND HEALTH					
Χ	Balance Sheet							
	Check if Schedule O contains a response or note	e to ar	y line in this Part X					
				<b>(A)</b> Beginning of				
1	Cash - non-interest-bearing			42				
2	Savings and temporary cash investments			622				
3	Pledges and grants receivable, net			42				
4				100				
5	Loans and other receivables from any current or	r officer, director,						
	trustee, key employee, creator or founder, substa							
	controlled entity or family member of any of these							
6	Loans and other receivables from other disqualif	rsons (as defined						
	under section 4958(f)(1)), and persons described	l in see	ction 4958(c)(3)(B)					
7	Notes and loans receivable, net							
8	Inventories for sale or use							
9	Prepaid expenses and deferred charges			12				
10a	Land, buildings, and equipment: cost or other							
	basis. Complete Part VI of Schedule D	10a	-					
b	Less: accumulated depreciation	10b	1,343.					
11	Investments - publicly traded securities			4,939				
12	Investments - other securities. See Part IV, line 1	1						
13	Investments - program-related. See Part IV, line 11							

Form	ACTION ON SMOKING AND HEALTH	13-2	2603590	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,07	7,5	12.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,25	6,8	00.
3	Revenue less expenses. Subtract line 2 from line 1	3			12.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,45	1,9	00.
5	Net unrealized gains (losses) on investments	5	-5	0,5	65.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,22	2,0	47.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audi	t		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audi	t		1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Form	990	(2021)

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13

SCHEDULE A	١
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Department of the Treasury

Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

2021	
Open to Public Inspection	

OMB No. 1545-0047

Name of the	organization
-------------	--------------

Nam	e of t	he organization							identification number		
_				ING AND HEAL					3-2603590		
Pa	tI	Reason for Public (	Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instructior	IS.			
The c	organ	ization is not a private found	lation because it is:	(For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of ch	urches, or associati	on of churches described	d in <b>sectio</b>	n 170(b)(1	l)(A)(i).				
2		A school described in secti	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	า 990).)						
3		A hospital or a cooperative	hospital service org	anization described in <b>s</b> e	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organiz	ation operated in co	onjunction with a hospital	described	d in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental u	unit descrik	bed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or govern	mental unit described in	section 17	′0(b)(1)(A)	(v).				
7	Х										
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)								
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	l in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	grant college of agrid	culture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or		
		university:									
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from o	contributio	ns, members	hip fees, a	nd gross receipts from		
		activities related to its exem	npt functions, subje	ct to certain exceptions;	and (2) no	more thar	n 33 1/3% of	its support	from gross investment		
		income and unrelated busir	ness taxable income	e (less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)								
11		An organization organized a	and operated exclus	sively to test for public sa	ifety. See	section 50	)9(a)(4).				
12		An organization organized a	and operated exclus	sively for the benefit of, to	perform	the functio	ons of, or to ca	arry out the	e purposes of one or		
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on									
		lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
а		<b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving									
		the supported organization	on(s) the power to re	egularly appoint or elect a	a majority (	of the dire	ctors or truste	es of the s	supporting		
		organization. You must c	complete Part IV, S	ections A and B.							
b		<b>Type II.</b> A supporting org	anization supervise	d or controlled in connec	tion with it	s supporte	ed organizatio	on(s), by ha	ving		
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
с		] Type III functionally inte	grated. A supportir	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,		
		its supported organization	n(s) (see instruction	s). <b>You must complete l</b>	Part IV, Se	ctions A,	D, and E.				
d		] Type III non-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)		
		that is not functionally int	tegrated. The organi	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness		
		requirement (see instruct	ions). <b>You must co</b> i	mplete Part IV, Sections	A and D,	and Part	<b>v</b> .				
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	. Туре I, Туре	II, Type III			
		functionally integrated, or	r Type III non-functio	onally integrated support	ing organi:	zation.					
f	Ente	r the number of supported o	organizations								
g	Prov	ide the following information	n about the support	ed organization(s).							
	<b>(</b> i	) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of		(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)		
Fota											
UTA											

#### Schedule A (Form 990) 2021

Part II

ACTION ON SMOKING AND HEALTH

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	842,045.	808,348.	483,738.	585,686.	1,485,991.	4,205,808.
2	Tax revenues levied for the organ-						
	ization'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	842,045.	808,348.	483,738.	585,686.	1,485,991.	4,205,808.
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)						1,757,547.
	Public support. Subtract line 5 from line 4.						2,448,261.
	ction B. Total Support	() 00/-	(1) 00 (0)	() 00 (0	( )) 0000		(0)
	ndar year (or fiscal year beginning in)	(a) 2017 842,045.	(b) 2018 808,348.	(c) 2019 483,738.	(d) 2020 585,686.	(e) 2021 1,485,991.	(f) Total
-	Amounts from line 4	042,043.	000,540.	405,750.	505,000.	1,405,991.	4,205,808.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	139,374.	221 800	149,879.	152 804	139,330.	803,196.
~	and income from similar sources	139,374.	221,009.	149,079.	152,004.	139,330.	003,190.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	10.					10.
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10	100					5,009,014.
	Gross receipts from related activities,	etc. (see instruction	one)			12	100,664.
	First 5 years. If the Form 990 is for th			fourth or fifth tax			200,0020
10	organization, check this box and <b>stor</b>						
Sec	ction C. Computation of Publ		rcentage				
-	Public support percentage for 2021 (			column (f))		14	48.88 %
	Public support percentage from 2020		•			15	56.98 %
	33 1/3% support test - 2021. If the o					nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	1			► X
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organization	on qualifies as a p	ublicly supported o	organization		
b	10% -facts-and-circumstances tes	<b>t - 2020.</b> If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circur	nstances test, che	ck this box and <b>st</b>	<b>op here.</b> Explain ii	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	/ supported organ	ization	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instructions	s ►
						Schedule A	Form 990) 2021

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#### ACTION ON SMOKING AND HEALTH

### 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.)

Sec	cion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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 per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization'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 disgualified 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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)					1	
	First 5 years. If the Form 990 is for th	Le organization's fi	rst second third	I fourth or fifth tax	vear as a section		zation
••		0	, , ,	,	,		
Sec	tion C. Computation of Publ						·····
	Public support percentage for 2021 (			column (f))		15	%
	Public support percentage from 2020					16	%
	tion D. Computation of Inve						/0
			•			17	%
17 18	Investment income percentage for					18	%
	33 1/3% support tests - 2021. If the						
130	more than 33 1/3%, check this box a						
h							
a	<b>33 1/3% support tests - 2020.</b> If the						
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n dia not check a	50X OFFILE 14, 19	a, UL ISD, CHECK I	INS DUX AND SEE IN		
13202	3 01-04-22			16		Schedu	le A (Form 990) 2021

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#### ACTION ON SMOKING AND HEALTH

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2021

#### Schedule A (Form 990) 2021 ACTION ON SMOKING AND HEALTH

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C.	туре п	Supporting	Organizations	

Part IV Supporting Organizations (continued)

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

 Section D. All Type III Supporting Organizations
 1
 1
 1

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	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 yea(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 governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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3b | | Schedule A (Form 990) 2021

2a

2b

За

Yes No

18

Schedule A	(Form 990	) 2021	ACI	ION	ON	SMOKING	AND	HEALT	H
Part V	Type II	Non-	Functionally	/ Integ	rated	d 509(a)(3)	Suppor	ting Orga	nizations

I ype III NON-FUNCTIONALLY Integrated 509(a)(3     Check here if the organization satisfied the Integral Part Tes			Part VI). See instructio
All other Type III non-functionally integrated supporting orga			<b>)</b> -
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 instru	ctions) 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</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 <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for great	er amount,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column	A) <b>1</b>		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, colur	mn 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).

Schedule A (Form 990) 2021

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Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continue	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	IS	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

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Supplemental Ir Part IV, Section A, lin ine 1; Part IV, Section Section D, lines 5, 6, See instructions.)	nes 1, 2, 3b, 3c, 4b n D, lines 2 and 3;	o, 4c, 5a, 6, 9a ; Part IV, Secti	a, 9b, 9c, 11a ion E, lines 1	a, 11b, and 1 <sup>-</sup> c, 2a, 2b, 3a,	1c; Part IV, Se and 3b; Part \	ction B, lines 1 /, line 1; Part V	l and 2; Part I\ /, Section B, li	V, Section C, ine 1e; Part V
See instructions.)			, o, all					
							Schedule /	4 (Form 990)
				21				
		701392 TM42321		701392 TM42321 2021.04012				

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

#### Internal Revenue Service

Name of the organization

Organization type (check one):

## **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Employer identification number

L3-2603590
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ACTION	ON	SMOKING	AND	HEALTH	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

ACTION ON SMOKING AND HEALTH

Name of organization

Employer identification number

13-2603590

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    1</u>	THE ALLIANCE AGAINST TOBACCO          13 RUE D'UZS         75002, PARIS, FRANCE	\$32,267.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HELUNA HEALTH 13300 CROSSROADS PARKWAY NORTH, SUITE 450 CITY OF INDUSTRY, CA 91746	\$93,183.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JOHN F STRANGMAN TRUST 100 W. LIBERTY STREET, SUITE 100 RENO, NV 89501	\$ <u>1,129,356.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123450 11 1		\$	Person Payroll Occupied Part II for noncash contributions.)
123452 11-1	23		Schedule B (Form 990) (2021)

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ON SMOKING AND HEALTH	1	3-2603590
Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Noncash Property (see instructions). Use duplicate copies of Pa         (b)         Description of noncash property given         (b)         Description of noncash property given	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.         (b)       FM (or estimate) (See instructions.)         (c)       FM (or estimate) (See instructions.)         (b)       (c)         (c)       FM (or estimate) (See instructions.)         (c)       FMV (or estimate) (See instructions.)         (b)       FMV (or estimate) (See instructions.)         (c)       FMV (or estimate) (See instructions.)         (c)       FMV (or estimate) (See instructions.)         (b)       Escription of noncash property given         (c)       FMV (or estimate) (See instructions.)         (c)       FMV (or estimate) (See instructions.)

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2021.04012 ACTION ON SMOKING AND HEALT TM423211

Page 3

Employer identification number

13-2603590

Name of organization

Schedule E	B (Form 990) (2021)		Page <b>4</b>
Name of or	rganization		Employer identification number
ACTIO	N ON SMOKING AND HEALT	Ή	13-2603590
Part III	Exclusively religious, charitable, etc., contril from any one contributor. Complete columns completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	(a) through (e) and the following line er us, charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.) \$
(a) No. from			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of git	
-	Transferee's name, address	, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	
-	Transferee's name, address	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	
-	Transferee's name, address	and ZIP + 4	Relationship of transferor to transferee
123454 11-11	1-21		Schedule B (Form 990) (2021)

11050808 701392 TM42321

SCHEDULE C (Form 990)	Po	litical Campaign	and Lobbyin	g Activities	OMB No. 1545-0047
<b>、</b> ,		anizations Exempt From Incon			
Department of the Treasury Internal Revenue Service	-	if the organization is describe to to www.irs.gov/Form990 for			EZ. Open to Public Inspection
If the organization answ • Section 501(c)(3) org • Section 501(c) (other • Section 527 organization If the organization answ • Section 501(c)(3) org • Section 501(c)(3) org If the organization answ Tax) (See separate inst • Section 501(c)(4), (5 Name of organization	wered "Yes," on ganizations: Com r than section 50 ations: Complete wered "Yes," on ganizations that h ganizations that h ganizations that h wered "Yes," on tructions), then ), or (6) organizat	Form 990, Part IV, line 3, or For plete Parts I-A and B. Do not co 11(c)(3)) organizations: Complete	orm 990-EZ, Part V, Ii omplete Part I-C. Parts I-A and C below orm 990-EZ, Part VI, I nder section 501(h)): C ion under section 501( (y Tax) (See separate EALTH	ne 46 (Political Campaign A. Do not complete Part I-B ine 47 (Lobbying Activitie Complete Part II-A. Do not of (h)): Complete Part II-B. Do instructions) or Form 990 Emp	n Activities), then a. b. complete Part II-B. not complete Part II-A. D-EZ, Part V, line 35c (Proxy Dioyer identification number 13-2603590
	activity expendit	ation's direct and indirect politic ures gn activities			\$
		anization is exempt und	. ,		
		ncurred by the organization unc			*
		ncurred by organization managen 4955 tax, did it file Form 4720			
		14955 tax, did it life Form 4720			
<b>b</b> If "Yes," describe in					
		anization is exempt und	ler section 501(c)	, except section 501	(c)(3).
<ol> <li>Enter the amount on exempt function action</li> <li>Total exempt function</li> </ol>	f the filing organ tivities ion expenditures	by the filing organization for se zation's funds contributed to ot . Add lines 1 and 2. Enter here a	her organizations for s and on Form 1120-POL	ection 527	\$
					Yes No
made payments. Fo contributions receiv political action com	or each organiza ved that were pro mittee (PAC). If a	ployer identification number (El cion listed, enter the amount pair omptly and directly delivered to additional space is needed, prov	d from the filing organi a separate political org vide information in Part	zation's funds. Also enter t janization, such as a separ IV.	the amount of political rate segregated fund or a
(a) Name	•	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
For Paperwork Reduct	ion Act Notice,	see the Instructions for Form §	990 or 990-EZ.		Schedule C (Form 990) 2021

132041 11-03-21

Schedule C (Form 990) 2021 AC	CTION ON S	MOKING AND	HEALTH	13-2	603590 Page 2
Part II-A Complete if the organ	nization is exer	mpt under section	n 501(c)(3) and fil	ed Form 5768 (el	ection under
section 501(h)).					
A Check 🕨 🛄 if the filing organizatio			Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share o		• •			
B Check ▶ if the filing organizatio	n checked box A ar	nd "limited control" pro	visions apply.		
Limits	on Lobbying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expendite	ures" means amou	ints paid or incurred.)		totals	totalo
<b>1a</b> Total lobbying expenditures to influer	nce public opinion (	arassroots lobbvina)			
<b>b</b> Total lobbying expenditures to influer		o , , ,		1,183.	
c Total lobbying expenditures (add lines 1a and 1b)			1,183.		
d Other exempt purpose expenditures			1,255,617.		
e Total exempt purpose expenditures (add lines 1c and 1d)			1,256,800.		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			200,680.		
If the amount on line 1e, column (a) or (	b) is: The lob	bying nontaxable amo	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000,0	00 \$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500	,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,00	0,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
				E0 170	
g Grassroots nontaxable amount (enter	,			50,170. 0.	
h Subtract line 1g from line 1a. If zero c				0.	
i Subtract line 1f from line 1c. If zero o				0.	
j If there is an amount other than zero				Г	Yes No
reporting section 4911 tax for this ye		eraging Period Under		L	
(Some organizations that				of the five columns b	elow.
(		ate instructions for lir			
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	(e) Total
2a Lobbying nontaxable amount		197,660.	193,485.	200,680.	591,825.
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))					887,738.
			705	1 100	1 122
c Total lobbying expenditures		2,524.	725.	1,183.	4,432.
d Gragorata portavable amount		49,415.	48,371.	50,170.	147,956.
d Grassroots nontaxable amount e Grassroots ceiling amount		<i><b>⊒</b><i>J</i>, <b>∃</b>⊥<i>J</i>•</i>	±0,571•	50,170.	±=7,550•
(150% of line 2d, column (e))					221,934.
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
f Grassroots lobbying expenditures		214.			214.

Schedule C (Form 990) 2021

132042 11-03-21

## 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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(t	o)
of the	e lobbying activity.	Yes	Νο	Amo	ount
1 a	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: Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
_	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		-		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6)	on 501(c)(	5), or se	ection	
	501(c)(6).			Yes	No
				165	NO
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section			otion	
rai	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ie 3, is
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).				
а	Current year		2a		
	Carryover from last year				
	Total		-		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information				
Drout	do the descriptions required for Dort IA, line 1, Dort ID, line 4, Dort IC, line 5, Dort IIA (officiend group				

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.

Schedule C (Form 990) 2021

132043 11-03-21

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No. 1545-0047 l Open to Public Inspection

Employer identification number 13-2603590

Name of the organization

ACTION ON SMOKING AND HEALTH

1		(a) Donor advised func	ls	(b) Funds and other acco	ounts
	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
	Aggregate value at end of year				
	Did the organization inform all donors and donor advisors		donor advised fur	nds	
	are the organization's property, subject to the organization	-			
6	Did the organization inform all grantees, donors, and dono				
	for charitable purposes and not for the benefit of the dono	r or donor advisor, or for any oth	er purpose confe	rring	
	impermissible private benefit?		· · ·	Yes	
Par	t 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 organiz	ation (check all that apply).			
	Preservation of land for public use (for example, recr	eation or education)	ervation of a histo	orically important land ar	ea
	Protection of natural habitat	Pres	ervation of a cert	ified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qu	alified conservation contribution	in the form of a co		
	day of the tax year.			Held at the End of	the Tax
а	Total number of conservation easements			2a	
	Total acreage restricted by conservation easements			2b	
	Number of conservation easements on a certified historic			2c	
d	Number of conservation easements included in (c) acquire	d after 7/25/06, and not on a his	toric structure		
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred,	released, extinguished, or termin	ated by the orga	nization during the tax	
	year 🕨				
4	Number of states where property subject to conservation	easement is located			
	Does the organization have a written policy regarding the		andling of		
	violations, and enforcement of the conservation easement			Yes	
6	Staff and volunteer hours devoted to monitoring, inspectin				e vear
	•		0	C C	,
7	Amount of expenses incurred in monitoring, inspecting, ha	ndling of violations, and enforcin	g conservation ea	asements during the yea	r
	► \$	5	5	5,	
в	Does each conservation easement reported on line 2(d) at	ove satisfy the requirements of s	ection 170(h)(4)(	B)(i)	
В	Does each conservation easement reported on line 2(d) at and section 170(h)(4)(B)(ii)?				
	and section 170(h)(4)(B)(ii)?			Yes	
	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conserv	ation easements in its revenue a	nd expense state	ment and	
	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conserv balance sheet, and include, if applicable, the text of the fo	ation easements in its revenue a	nd expense state	ment and	
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conserv balance sheet, and include, if applicable, the text of the fo organization's accounting for conservation easements.	ation easements in its revenue a otnote to the organization's finan	nd expense state cial statements tl	ment and hat describes the	
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conserv balance sheet, and include, if applicable, the text of the fo organization's accounting for conservation easements. t III Organizations Maintaining Collections	ation easements in its revenue an otnote to the organization's finan of Art, Historical Treasu	nd expense state cial statements tl	ment and hat describes the	
9 Par	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conserv balance sheet, and include, if applicable, the text of the fo organization's accounting for conservation easements. <b>t III</b> Organizations Maintaining Collections Complete if the organization answered "Yes" on Fo	ation easements in its revenue an otnote to the organization's finan <b>of Art, Historical Treasu</b> rm 990, Part IV, line 8.	nd expense state cial statements th r <b>es, or Other</b>	ment and hat describes the Similar Assets.	
9 Par	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conserv balance sheet, and include, if applicable, the text of the fo organization's accounting for conservation easements. <b>t III</b> Organizations Maintaining Collections Complete if the organization answered "Yes" on Fo If the organization elected, as permitted under FASB ASC	ation easements in its revenue a otnote to the organization's finan <b>of Art, Historical Treasu</b> rm 990, Part IV, line 8. 958, not to report in its revenue	nd expense state cial statements th res, or Other statement and ba	The section of the se	
9 Par	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conserv balance sheet, and include, if applicable, the text of the for organization's accounting for conservation easements. <b>t III Organizations Maintaining Collections</b> Complete if the organization answered "Yes" on Fo If the organization elected, as permitted under FASB ASC of art, historical treasures, or other similar assets held for p	ation easements in its revenue a otnote to the organization's finan <b>of Art, Historical Treasu</b> rm 990, Part IV, line 8. 958, not to report in its revenue s ublic exhibition, education, or re	nd expense state cial statements th res, or Other statement and ba search in furthera	The section of the s	
9 Par	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conserv balance sheet, and include, if applicable, the text of the fo- organization's accounting for conservation easements. <b>TIII</b> Organizations Maintaining Collections Complete if the organization answered "Yes" on Fo If the organization elected, as permitted under FASB ASC of art, historical treasures, or other similar assets held for p service, provide in Part XIII the text of the footnote to its fin	ation easements in its revenue an otnote to the organization's finan <b>of Art, Historical Treasu</b> rm 990, Part IV, line 8. 958, not to report in its revenue s ublic exhibition, education, or re nancial statements that describes	nd expense state cial statements th res, or Other statement and ba search in furthera s these items.	Yes ment and hat describes the Similar Assets. lance sheet works ance of public	
9 Dar 1a	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conserv balance sheet, and include, if applicable, the text of the fo organization's accounting for conservation easements. <b>t III Organizations Maintaining Collections</b> Complete if the organization answered "Yes" on Fo If the organization elected, as permitted under FASB ASC of art, historical treasures, or other similar assets held for p service, provide in Part XIII the text of the footnote to its fin If the organization elected, as permitted under FASB ASC	ation easements in its revenue an otnote to the organization's finan <b>of Art, Historical Treasu</b> m 990, Part IV, line 8. 958, not to report in its revenue s ublic exhibition, education, or re nancial statements that describes 958, to report in its revenue state	nd expense state cial statements th res, or Other statement and ba search in furthera s these items. ement and balance	Yes ment and hat describes the Similar Assets.  alance sheet works ance of public ce sheet works of	
Par 1a	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservent balance sheet, and include, if applicable, the text of the for organization's accounting for conservation easements. <b>TIII</b> Organizations Maintaining Collections Complete if the organization answered "Yes" on For If the organization elected, as permitted under FASB ASC of art, historical treasures, or other similar assets held for pre- service, provide in Part XIII the text of the footnote to its fir If the organization elected, as permitted under FASB ASC art, historical treasures, or other similar assets held for put	ation easements in its revenue an otnote to the organization's finan <b>of Art, Historical Treasu</b> m 990, Part IV, line 8. 958, not to report in its revenue s ublic exhibition, education, or re nancial statements that describes 958, to report in its revenue state	nd expense state cial statements th res, or Other statement and ba search in furthera s these items. ement and balance	Yes ment and hat describes the Similar Assets.  alance sheet works ance of public ce sheet works of	
9 Par	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conserv balance sheet, and include, if applicable, the text of the for organization's accounting for conservation easements. <b>TIII</b> Organizations Maintaining Collections Complete if the organization answered "Yes" on For If the organization elected, as permitted under FASB ASC of art, historical treasures, or other similar assets held for p service, provide in Part XIII the text of the footnote to its fir If the organization elected, as permitted under FASB ASC art, historical treasures, or other similar assets held for put provide the following amounts relating to these items:	ation easements in its revenue an otnote to the organization's finan <b>of Art, Historical Treasu</b> rm 990, Part IV, line 8. 958, not to report in its revenue s ublic exhibition, education, or re nancial statements that describes 958, to report in its revenue state lic exhibition, education, or reserve	nd expense state cial statements the res, or Other statement and ba search in furthera s these items. ement and balance arch in furtherance	Yes ment and hat describes the Similar Assets. alance sheet works ance of public ce sheet works of ce of public service,	
9 Par	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conserv balance sheet, and include, if applicable, the text of the for organization's accounting for conservation easements. <b>t III</b> Organizations Maintaining Collections Complete if the organization answered "Yes" on Fo If the organization elected, as permitted under FASB ASC of art, historical treasures, or other similar assets held for p service, provide in Part XIII the text of the footnote to its fin If the organization elected, as permitted under FASB ASC art, historical treasures, or other similar assets held for put provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	ation easements in its revenue an otnote to the organization's finan <b>of Art, Historical Treasu</b> rm 990, Part IV, line 8. 958, not to report in its revenue s ublic exhibition, education, or re nancial statements that describes 958, to report in its revenue state lic exhibition, education, or rese	nd expense state cial statements th res, or Other statement and ba search in furthera s these items. ement and balanc arch in furtheranc	Yes ment and hat describes the Similar Assets.  Idance sheet works ance of public ce sheet works of ce of public service,	
9 Par 1a b	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conserv balance sheet, and include, if applicable, the text of the for organization's accounting for conservation easements. <b>TIII</b> Organizations Maintaining Collections Complete if the organization answered "Yes" on Fo If the organization elected, as permitted under FASB ASC of art, historical treasures, or other similar assets held for p service, provide in Part XIII the text of the footnote to its fin If the organization elected, as permitted under FASB ASC art, historical treasures, or other similar assets held for put 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	ation easements in its revenue an otnote to the organization's finan <b>of Art, Historical Treasu</b> rm 990, Part IV, line 8. 958, not to report in its revenue s ublic exhibition, education, or re nancial statements that describes 958, to report in its revenue state lic exhibition, education, or rese	nd expense state cial statements th res, or Other statement and ba search in furthera s these items. ement and balanc arch in furtheranc	Yes ment and hat describes the Similar Assets. ance of public ce sheet works of ce of public service,	
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9 <b>Dar</b> 1a b	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservent balance sheet, and include, if applicable, the text of the for- organization's accounting for conservation easements. <b>t III</b> Organizations Maintaining Collections Complete if the organization answered "Yes" on For- If the organization elected, as permitted under FASB ASC of art, historical treasures, or other similar assets held for pre- service, provide in Part XIII the text of the footnote to its fir- If the organization elected, as permitted under FASB ASC art, historical treasures, or other similar assets held for put- 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 If the organization received or held works of art, historical the following amounts required to be reported under FASB ASC the following amounts required to be reported under FASB assets.	ation easements in its revenue an otnote to the organization's finan <b>of Art, Historical Treasu</b> m 990, Part IV, line 8. 958, not to report in its revenue s ublic exhibition, education, or re nancial statements that describes 958, to report in its revenue state lic exhibition, education, or reser- lic exhibition, education, or reser- seasures, or other similar assets ASC 958 relating to these items	nd expense state cial statements th res, or Other statement and ba search in furthera s these items. ement and balance arch in furtherance for financial gain,	Yes ment and hat describes the Similar Assets.  Iance sheet works ance of public ce sheet works of ce of public service,	
9 <b>Par</b> 1a b	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservent balance sheet, and include, if applicable, the text of the for- organization's accounting for conservation easements. <b>TIII</b> Organizations Maintaining Collections Complete if the organization answered "Yes" on For- If the organization elected, as permitted under FASB ASC of art, historical treasures, or other similar assets held for pre- service, provide in Part XIII the text of the footnote to its fir If the organization elected, as permitted under FASB ASC art, historical treasures, or other similar assets held for put 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 If the organization received or held works of art, historical the the following amounts required to be reported under FASB Revenue included on Form 990, Part VIII, line 1	ation easements in its revenue an otnote to the organization's finan <b>of Art, Historical Treasu</b> m 990, Part IV, line 8. 958, not to report in its revenue s ublic exhibition, education, or re nancial statements that describes 958, to report in its revenue state lic exhibition, education, or reser- lic exhibition, education, or reser- reasures, or other similar assets ASC 958 relating to these items	nd expense state cial statements th res, or Other statement and ba search in furthera s these items. ement and balance arch in furtherance for financial gain,	Yes ment and hat describes the Similar Assets.          Similar Assets.         alance sheet works ance of public         ce sheet works of ce of public service,         > \$	
9 Par 1a b	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservent balance sheet, and include, if applicable, the text of the for- organization's accounting for conservation easements. <b>t III</b> Organizations Maintaining Collections Complete if the organization answered "Yes" on For- If the organization elected, as permitted under FASB ASC of art, historical treasures, or other similar assets held for pre- service, provide in Part XIII the text of the footnote to its fir- If the organization elected, as permitted under FASB ASC art, historical treasures, or other similar assets held for put- 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 If the organization received or held works of art, historical the following amounts required to be reported under FASB ASC the following amounts required to be reported under FASB assets.	ation easements in its revenue an otnote to the organization's finan <b>of Art, Historical Treasu</b> m 990, Part IV, line 8. 958, not to report in its revenue s ublic exhibition, education, or re nancial statements that describes 958, to report in its revenue state lic exhibition, education, or rese reasures, or other similar assets ASC 958 relating to these items	nd expense state cial statements th res, or Other statement and ba search in furthera s these items. ement and balance arch in furtherance for financial gain,	Yes ment and hat describes the Similar Assets.          Similar Assets.         alance sheet works ance of public         ce sheet works of the service,         > \$	

Sche		ON SMOKING				13-26			age <b>2</b>
Par	t III Organizations Maintaining C	collections of Ar	t, Historical Ti	reasures, or Oth	ner Simil	ar Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that make	e significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	change program					
b	Scholarly research	е	U Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	how they further	the organization's ex	empt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	asures, or other simi	lar assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's c	ollection?			Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organization	on answered "Yes" o	on Form 990	), Part IV,	line 9, or	r	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributio	ns or other assets n	ot included		_		_
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amoun	t	
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on F					C	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has beer	n provided on Part X	III				
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on F	orm 990, Part IV, line	e 10.		_		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four	r years	back
1a	Beginning of year balance	4,977,860.	4,977,442	4,329,696	. 4,8	81,810.	4	,485	,209.
	Contributions		504	. 566					
	Net investment earnings, gains, and losses	512,053.	379,822	. 876,260	3	20,529.		648	,527.
	Grants or scholarships								
	Other expenditures for facilities								
	and programs	736,478.	379,908	. 229,080	. 2	31,585.		224	136.
f	Administrative expenses	,	,	,				27	790.
	End of year balance	4,753,435.	4,977,860	4,977,442	. 4.3	29,696.	4	.881	,810.
2	Provide the estimated percentage of the cur				,			, ,	
	Board designated or quasi-endowment	12.0000	%						
	Permanent endowment ► 53.0000	%							
	Term endowment ► 35.0000								
Ŭ	The percentages on lines 2a, 2b, and 2c sho								
39	Are there endowment funds not in the posse	•	ation that are held a	and administered for	the organiz	zation			
ou	by:				the organiz	ation	I	Yes	No
	(i) Unrelated organizations						3a(i)		x
	(ii) Related organizations								x
h	If "Yes" on line 3a(ii), are the related organizations	itions listed as requir	ed on Schedule B?	)			3b		
4	Describe in Part XIII the intended uses of the								
	t VI Land, Buildings, and Equipm		wither it fullus.						
	Complete if the organization answere		). Part IV. line 11a.	See Form 990, Part	X. line 10.				
	Description of property	(a) Cost or of	· · · · · · · · · · · · · · · · · · ·	,	Accumulate	d I	(d) Boo	k volu	
	Description of property	basis (investr		• • •	epreciation	<sup>,</sup> u	( <b>u</b> ) 600	r valu	e
10	Land	· · · · · · · · · · · · · · · · · · ·			Spicolation				
	Land								
	Buildings					<u> </u>			
	Leasehold improvements			1,343.	1,3	13			0.
	Equipment			±,J±J•	т, э	<u>-</u> ,			0.
	Other		V. aaluses (D) "	10-)					0.
Iota	. Add lines 1a through 1e. (Column (d) must e	quai ⊢orm 990, Part	х, column (B), line	IUC.)			<b>-</b> /=		
						Schedule	D (Forn	n 990)	) 2021

Part VII	Investments - Other Securities.			
(a) Decerir	Complete if the organization answered "Yes"			d of yoor market yolyo
	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
.,	al derivatives			
(2) Closely (3) Other	held equity interests			
(A)				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VII	Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
<u>(4)</u> (5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.		·	
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u> (8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X	Other Liabilities.	,	<b>-</b>	1
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
1.	(a) Description of liability			(b) Book value
(1) Feo	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total (Coll	imp (b) must equal Form 000 Port V and (D) line	25)		
	<i>umn (b) must equal Form 990, Part X, col. (B) line</i> r for uncertain tax positions. In Part XIII, provide			L that reports the
	ation's liability for uncertain tax positions under		-	

132053 10-28-21

11050808 701392 TM42321

ıle D (Form 990) 2021	ACTION	ON	SMOKING	AND	HEALTH	

13-2603590 Page **3** 

Sche	dule D (Form 990) 2021 ACTION ON SMOKING AND HEAL	TH		13-	2603590 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With			
	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	1,998,107.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-50,565.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	-50,565.
3	Subtract line 2e from line 1			3	2,048,672.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	28,840.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	28,840.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				2,077,512.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		h Expenses per	Retu	irn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1,227,960.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses				
	Other (Describe in Part XIII.)				•
е	Add lines <b>2a</b> through <b>2d</b>			2e	0.
3	Subtract line 2e from line 1			3	1,227,960.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		~ ~ ~ ~ ~		
а	Investment expenses not included on Form 990, Part VIII, line 7b		28,840.		
b	Other (Describe in Part XIII.)	4b			~~ ~ ~ ~
С	Add lines <b>4a</b> and <b>4b</b>			4c	28,840.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>t XIII Supplemental Information.</b>			5	1,256,800.

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

#### PART V, LINE 4:

PART X, LINE 2:

CA	PII	AL	OF	DONO	R REST	RIC	red ei	NDOWM	ENT	FUN	DS	IS	PRES	SERVE	D AT	TH	E FAI	ER	VALU	Έ
OF	TH	ΙE	ORI	GINAL	GIFT	AS (	OF THI	E GIF	тD	ATE	OF	THE	DON	IOR-R	ESTR	ICTI	ED EI	1DC	WMEN	т
AB	SEN	1T	EXPI	LICIT	DONOF	R STI	[PULA:	TIONS	то	THE	со	NTR	ARY.	тн	E IN	СОМІ	E FRO	M	SUCH	
FU	NDS	S I	S D	ONOR-1	RESTRI	CTEI	) AND	CAN	BE	USED	то	CA	RRY	OUT	ASH'	s ci	IARI	ГАЕ	BLE	
WO	RK.	,																		

ASH COMPLIES WITH THE PROVISIONS OF FASB ASC TOPIC 740, ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER

TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE

### RECORDED IN THE FINANCIAL STATEMENTS. MANAGEMENT EVALUATED ASH'S TAX

132054 10-28-21

	ON SMOKING	AND HEA	LTH			13-260	3590 Page 5
Part XIII Supplemental Information (cont	tinued)						
POSITIONS AND CONCLUDED THA	AT ASH HAD T	AKEN NO	UN	CERTAIN	TAX	POSITI	ONS THAT
REQUIRE ADJUSTMENT TO THE F	FINANCIAL ST	ATEMENT	SТ	O COMPLY	WI1	H THE	
PROVISIONS OF THIS GUIDANCE	E. FOR THE Y	EARS EN	DED	DECEMBE	R 31	, 2021	AND
2020, NO UNRECOGNIZED TAX E	PROVISION OR	BENEFI	ΤE	XISTS IN	THE	ACCOM	PANYING
FINANCIAL STATEMENTS.							
132055 10-28-21						Schedule E	0 (Form 990) 2021
050808 701392 TM42321	2021.04012	33 ACTION	ON	SMOKING	AND	HEALT	тм423211

SCHEDULE F	Stateme	nt of Act	ivities Outside the Un	ited Sta	ates	OMB	No. 1545-0047
(Form 990)	Complete if	the organizatio	n answered "Yes" on Form 990, Part	IV, line 14b, 1	5, or 16.	2!	U27
Department of the Treasury			Attach to Form 990.				o Public
Internal Revenue Service	Go to	www.irs.gov/Fo	orm990 for instructions and the latest	information.		Inspect	
Name of the organization					Employer	identifica	ation number
ACTION ON SMO						03590	
		Activities Ou	tside the United States. Comple	te if the orgar	ization answ	vered "Ye	s" on
,	art IV, line 14b.	n maintain recor	ds to substantiate the amount of its gra	ints and other	assistance		
-	-		the selection criteria used to award the				'es 🗌 No
2 For grantmakers. D United States.	Describe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assista	nce outsic	le the
3 Activities per Regior	n. (The following Par		an be duplicated if additional space is r				
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in the region		vity listed in		(f) Total expenditures
	offices in the region	agents, and	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram servic e specific ty	<u>,</u>	for and
	in the region	independent contractors	recipients located in the region)		(s) in the reg	nion	investments in the region
EUROPE (INCLUDING		in the region			.,		In the region
ICELAND & GREENLAND							
- ALBANIA, ANDORRA,							
AUSTRIA, BELGIUM	C	0	FUNDRAISING				0
						<u> </u>	
						—	
3 a Subtotal	0	C					0
<b>b</b> Total from continuat	ion						
sheets to Part I $\ldots$	C	c					0
c Totals (add lines 3a and 3b)	C	, c					0

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

Schedule F (Form 990) 2021

OMB No. 1545-0047

132071 12-20-21

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
			recognized as charities by the				1	1
			or counsel has provided a sec					

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021

13-2603590

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed. 

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021

#### Schedule F (Form 990) 2021 ACTION ON SMOKING AND HEALTH Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

132074 12-20-21

Schedule F (Form 990) 2021	ACTION	$\mathbf{ON}$	SMOKING	AND	HEALTH
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#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

	2021	.04012	38 ACTION	ON	SMOKING	AND		TM423211
132075 12-20-21							Schedule	<sup>-</sup> (Form 990) 2021

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	_	20	21	l
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		i
Depa	tment of the Treasury	Attach to Form 990.		Open to		
Intern	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	e of the organizatio		Employer i			mber
		ACTION ON SMOKING AND HEALTH	13-2	260359	0	
Pa	rt I Question	s Regarding Compensation				
4-		inte la sula de la familia de la companya de la com			Yes	No
а		iate box(es) if the organization provided any of the following to or for a person listed on Forn	1990,			
	First-class or o	line 1a. Complete Part III to provide any relevant information regarding these items.				
	Travel for con	, j				
		cation and gross-up payments X Health or social club dues or initiation fee				
		spending account				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	•			1b	Х	
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х	
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization?	s			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	tion to			
	establish compens	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant IX Compensation survey or study				
	X Form 990 of c	ther organizations	committee			
_						
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
_	organization or a re					x
a L		ce payment or change-of-control payment?				X
b		ceive payment from a supplemental nonqualified retirement plan?				X
с		eive payment from an equity-based compensation arrangement?		4C		- 23
	IT TES TO ATTY OF IN	$105 4a^{\circ}$ , list the persons and provide the applicable amounts for each term in Part III.				
	Only section 501(	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
-	contingent on the					
а				5a		X
b		ation?				X
		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 compensati	on			
	contingent on the r	net earnings of:				
а	The organization?			6a		X
b		ation?				X
	If "Yes" on line 6a	or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				37
_		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in		_		
		n 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forr	n 990)	) 2021

132111 11-02-21

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LAURENT HUBER	(i)	188,151.	0.	0.	7,718.	45,528.	241,397.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.		
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	[(II)							

Schedule J (Form 990) 2021

#### Part III Supplemental Information

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

#### PART I, LINE 1A:

#### EMPLOYEES AT ASH HAVE THE OPTION TO RECEIVE AN EMPLOYEE BENEFIT OF A

#### PERCENTAGE OF A GYM MEMBERSHIP

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.				
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>		Open to Public Inspection		
Name of the organization	ACTION ON SMOKING AND HEALTH		identification num		

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE FORM 990 IS PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S

GOVERNING BODY, AS WELL AS TO KEY STAFF MEMBERS, FOR THEIR REVIEW BEFORE IT

IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

ISSUES RELATED TO ANY CONFLICT OF INTEREST ARE SUBJECT TO RESOLUTION BY THE

BOARD OF TRUSTEES AT LEAST ANNUALLY. ANY TRUSTEE HAVING A CONFLICT OF

INTEREST SHALL NOT VOTE, OR BE PRESENT DURING THE VOTE, ON OR RELATING TO ANY SUCH CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION OF ALL TOP EMPLOYEES IS DETERMINED BY THE BOARD OF TRUSTEES

ANNUALLY AND IS BASED IN PART UPON PERFORMANCE, FINANCIAL RESOURCES

AVAILABLE, EMPLOYMENT AND COMPENSATION HISTORY, COMPENSATION FOR EMPLOYEES

AT OTHER ORGANIZATIONS, AND OTHER FACTORS.

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

AL, AR, CA, GA, IL, KS, KY, MD, MA, MI, MN, NH, NJ, NY, NC, OK, OR, PA, TN, VA, WI

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

ASH'S AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON ITS

WEBSITE. ASH'S GOVERNING DOCUMENTS, INCLUDING ITS CONFLICT OF INTEREST

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POLICY, ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

Schedule O (Form 990) 2021

132211 11-11-21

11050808 701392 TM42321

(Rev. January 2022)

### Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

►	File a	separate	application	for eac	h return.

Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.			Taxpayer	axpayer identification number (TIN)		
print	ACTION ON SMOKING AND HEALTH				13-2603590		
File by the due date for filing your return. See	nor Number, street, and room or suite no. If a P.O. box, see instructions.						
instruction	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036						
Enter th	e Return Code for the return that this application is for (fil	e a separa	te application for each return)				
Application		Return	Application			Return	
Is For		Code	Is For			Code	
Form 990 or Form 990-EZ		01	Form 1041-A			08	
Form 4720 (individual)		03	Form 4720 (other than individual)			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870			12	
Form 99	0-T (corporation) ELIZABETH FURG	07					
Telephone No. ▶       202-659-4310       Fax No. ▶         • If the organization does not have an office or place of business in the United States, check this box       ▶         • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)       . If this is for the whole group, check this box         • If this is for part of the group, check this box       ▶       and attach a list with the names and TINs of all members the extension is for.         1       I request an automatic 6-month extension of time until       NOVEMBER 15, 2022       , to file the exempt organization return for the organization named above. The extension is for the organization's return for:         ▶       X       calendar year 2021       or         ▶       tax year beginning							
	this application is for Forms 990-PF, 990-T, 4720, or 6069	), enter the	e tentative tax, less			0.	
	any nonrefundable credits. See instructions.			3a	\$	0.	
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			0	<u>^</u>	0.	
_	estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by			3b	\$	0.	
				20	¢	0.	
using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c   \$ Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for pa							
instructi		quirect de	DIG WITH THIS FORM 8808, SEE FORM 8	400-1E ar	iu FUIII 88/9-	i ⊏ ior payment	
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form <b>88</b>	68 (Rev. 1-2022)	

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