00	0	Return of Organization Ex	empt From	n Inc	ome Tax	Ē	OMB No. 1545-0047	
orm 99	U	Under section 501(c), 527, or 4947(a)(1) of the Intern				ns)	2023	
epartment of th	e Treasury	Do not enter social security numbers on					Open to Public Inspection	
Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024								
			and ending					
Check if applicable:		organization		D	Employer identifi	cation	number	
Name	AMER	ICAN LUNG ASSOCIATION						
change	Doing bu	siness as		_	13-16325	24		
return		and street (or P.O. box if mail is not delivered to street addres			Telephone numbe			
Final return/ termin-		. WACKER DRIVE	1150		217-787-			
ated Amended		wwn, state or province, country, and ZIP or foreign posta	al code		Gross receipts \$		1,855,527.	
return Applica-	CRIC	AGO, IL 60601		— н	(a) Is this a group re			
tion pending		d address of principal officer: HAROLD WIMMER		н	for subordinates (b) Are all subordinates in			
Tax-exem	pt status:	🗴 501(c)(3) 🚺 501(c) ( ) (insert no.)	4947(a)(1) or	527	lf "No," attach a	list. Se	e instructions	
Website:		LUNG.ORG		н	(c) Group exemptio	n num	ber	
Form of or		Corporation 🔄 Trust 🦳 Association 🔄 Oth	er LY	Year of fo	ormation: 1918	A State	of legal domicile: ME	
	Summary							
a 1 Bri		the organization's mission or most significant activities					5 ТО	
2 Ch 2 Ch 3 Nu 4 Nu	AVE LI	VES BY IMPROVING LUNG HEALTH	AND PREVE	ITTN	NG LUNG DI	SEA	SE.	
2 Ch	neck this boy	if the organization discontinued its operation	ns or disposed of m	nore that	n 25% of its net ass	sets.		
3 Nu							19	
4 Nu		ependent voting members of the governing body (Part V					19	
5 To		f individuals employed in calendar year 2023 (Part V, lin				_	543	
6 To		f volunteers (estimate if necessary)					85714	
		business revenue from Part VIII, column (C), line 12				_	0.	
b Ne	t unrelated l	ousiness taxable income from Form 990-T, Part I, line 11				-	0.	
				100	Prior Year		Current Year	
8 Co	ontributions a	nd grants (Part VIII, line 1h)			,309,671.		7,020,213.	
ומ	+	e revenue (Part VIII, line 2g)			2,320,005.	-	1,949,551.	
10 Inv		ome (Part VIII, column (A), lines 3, 4, and 7d)			,245,323.		7,063,670.	
- 11 Oti		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			2,714,063.		1,709,889.	
		add lines 8 through 11 (must equal Part VIII, column (A)	), line 12)	-	3,589,062.		7,743,323.	
				13	,632,659.	1.	2,784,781.	
				10	0.	E	0. 0,073,138.	
		compensation, employee benefits (Part IX, column (A), li		40	378,000.	50	378,000.	
<b>N</b>		ndraising fees (Part IX, column (A), line 11e)			578,000.	-	578,000.	
			235,616.	5.2	,613,030.	5(	0,576,661.	
		s (Part IX, column (A), lines 11a-11d, 11f-24e)			,961,068.	111	3,812,580.	
		. Add lines 13-17 (must equal Part IX, column (A), line 25			,372,006.		5,069,257.	
	venue less e	xpenses. Subtract line 18 from line 12			ing of Current Year	_	End of Year	
20 Tot	tal accata (D	art X, line 16)			,359,539.		5,692,916.	
22					,960,908.		4,410,317.	
		Part X, line 26) Ind balances. Subtract line 21 from line 20			,398,631.		L,282,599.	
	Signature				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10.	2/202/0000	
	-	declare that I have examined this return, including accompanyi	ng schedules and stat	ements	and to the best of my	knowle	doe and belief it is	
		Declaration of preparer (other than officer) is based on all inform					ago and bonoi, it io	
,	LALIA	3 Scott CEO	mation of which prope		317	175	5	
n Si	gnature of off	Cer			Date	a.		
	AURA SC	OTT, CFO						
	pe or print na							
Pr	int/Type prepa	rer's name Preparer's signature		Date	Check		PTIN	
		A RYAN			if self-employe	ed P(	0829977	
	rm's name	RUBINBROWN LLP		-			765316	
_	rm's address	7676 FORSYTH BLVD, SUITE 210	00	-				
		SAINT LOUIS, MO 63105			Phone no. ( 3:	14)	290-3300	
the IRS	discuss this	return with the preparer shown above? See instructions	3		Transition ( D.		Yes No	
		duction Act Notice, see the separate instructions.	332001 12-21-23				Form 990 (2023)	

Form	990 (2023) AMERICAN LUNG ASSOCIATION	13-1632524 P	age <b>2</b>
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE AMERICAN LUNG ASSOCIATION'S MISSION IS TO SAVE LIVES	BY IMPROVING	
	LUNG HEALTH AND PREVENTING LUNG DISEASE. WE DO THIS THRO	UGH EDUCATION,	
	ADVOCACY, AND RESEARCH.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes X	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.	, , ,	
4a		nue\$ 2,429,03	6.)
	LUNG CANCER, ASTHMA, LUNG DISEASE AND TOBACCO CONTROL:	<u> </u>	/
	AS PART OF OUR MISSION, WE'RE COMMITTED TO SUPPORTING AN	D IMPROVING TH	E
	LIVES OF THE MORE THAN 35 MILLION PEOPLE LIVING WITH CHR		
	DISEASE - A LEADING CAUSE OF DEATH IN THE U.S. WE DO THI	S BY INVESTING	
	IN RESEARCH; ADVOCATING FOR POLICIES AND LEGISLATION THA		
	CLEAN AIR, OPTIMAL CARE AND REDUCED ACCESS TO TOBACCO PR		
	PROVIDING PROGRAMS, RESOURCES AND SUPPORT TO HELP INDIVI	DUALS LIVING	
	WITH LUNG DISEASE AND THEIR FAMILIES TO BETTER UNDERSTAN		
	THEIR DISEASE.		
	IN FISCAL YEAR 2024, THE AMERICAN LUNG ASSOCIATION RESEA	RCH INSTITUTE	
4b	(Code:) (Expenses \$ 21,455,848. including grants of \$ 12,784,781. ) (Reven		8.)
	RESEARCH:		
	FOR MORE THAN A CENTURY, THE AMERICAN LUNG ASSOCIATION H	AS DRIVEN LUNG	
	HEALTH ADVANCEMENTS AND INNOVATION BY SUPPORTING MEDICAL	RESEARCH. THI	S
	YEAR, THE AMERICAN LUNG ASSOCIATION RESEARCH INSTITUTE C	ONTINUED TO	
	FUND HIGH-IMPACT, LIFESAVING RESEARCH, BRINGING TOGETHER	THE BEST	
	SCIENTIFIC MINDS TO ADDRESS CRITICAL LUNG HEALTH CHALLEN	GES.	
	IN SEPTEMBER, THE AMERICAN LUNG ASSOCIATION RESEARCH INS	TITUTE AWARDED	
	GRANTS TO 129 PROMISING SCIENTISTS COMMITTED TO IMPROVIN	G THE	
	PREVENTION, DETECTION AND TREATMENT OF LUNG DISEASE. AND	OUR GRANTS AR	E
	HAVING AN ENORMOUS IMPACT, AS RESEARCHERS TELL US THAT E	VERY DOLLAR WE	
4c	(Code:) (Expenses \$ 21,473,274. including grants of \$) (Reven	nue\$ 812,46	0.)
	ADVOCACY AND ENVIRONMENTAL:		
	EACH YEAR, THE AMERICAN LUNG ASSOCIATION SUPPORTS POLICI	ES AND	
	LEGISLATION THAT HELP EVERYONE BREATHE EASIER. THIS INCL	UDES ADVOCATIN	G
	FOR LAWS THAT PROTECT OUR CHILDREN FROM DEADLY AIR POLLU	TION AND	
	TOBACCO PRODUCTS AND PROVIDE FUNDING FOR CRITICAL LUNG D	ISEASE RESEARC	Η
	AND HEALTH PROGRAMS.		
	IN FISCAL YEAR 2024, WE SHOWED CONTINUED LEADERSHIP IN A	DVOCATING FOR	
	FEDERAL AND STATE POLICY CHANGES THAT PROTECT AND IMPROV	E ACCESS TO	
	CARE FOR INDIVIDUALS LIVING WITH SERIOUS, ACUTE AND CHRO	NIC HEALTH	
	CONDITIONS. OUR EFFORTS INCLUDED HOSTING OUR FIRST RESPI		Y
4d	Other program services (Describe on Schedule O.)	-	
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 98,219,876.	,	
		Form <b>990</b>	(2023)
332002	SEE SCHEDULE O FOR CONTINUATION (S		, - <b></b> )
	2		
202		AGGOGTANTON 12	1 2 7

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<sup>2023.05060</sup> AMERICAN LUNG ASSOCIATION 13137.01

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⊢orm	990	(2023)

 Form 990 (2023)
 AMERICAN
 LUNG
 ASSOCIATION

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		v	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		х
6	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		<u></u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		- 23
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
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			
	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			37
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
102	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1 11	- 23	
120	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
~	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</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		v	
10	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? <i>If</i> "Yes,"	10		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a 20b		- 23
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
332003	3 12-21-23			(2023)

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Form	990	(2023)
	330	

			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		<u> </u>
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	06		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	0-		x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
~~	"Yes," complete Schedule L, Part IV	28c	v	<u> </u>
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
• •	contributions? If "Yes," complete Schedule M	30		X 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? If "Yes," complete			77
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Des	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
-			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 515	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	<u>  1c</u>	900	(2023)
332004	<b>4</b>	Form	550	2023)

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	990 (2023) AMERICAN LUNG ASSOCIATION t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		13-1632	524	P	age <b>5</b>				
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1			Tes	NO				
	filed for the calendar year ending with or within the year covered by this return	2a	543							
b	<ul> <li>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</li> </ul>									
				3a		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	ο		3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		X				
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	count	s (FBAR).							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		X				
	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			<b>A</b> -		х				
L	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>						
a	If "Yes," did the organization include with every solicitation an express statement that such contributivity were not tax deductible?			6b						
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			00						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices n	rovided to the navor?	7a	х					
				70 7b	X					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa									
	to file Form 8282?			7c		х				
d	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 co	ontract	?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	99 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	e a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	9							
	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.									
а				9a						
b				9b						
10	Section 501(c)(7) organizations. Enter:	40-								
a	Initiation fees and capital contributions included on Part VIII, line 12	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	10b								
11 a	Gross income from members or shareholders	11a								
	Gross income from other sources. (Do not net amounts due or paid to other sources against	114								
D.	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		)	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
				14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner									
	excess parachute payment(s) during the year?			15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.					v				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ie?	16		X				
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any active traction 4051, 4052 or 40522			4-						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
33300	If "Yes," complete Form 6069.			Form	990	(2023)				
002000				10111		(2020)				

5

Form	990	(2023)	)

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 Form 990 (2023)
 AMERICAN LUNG ASSOCIATION
 13-1632524
 Page

 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. X

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

					X	
4.	Fater the sumber of unting meanshare of the second in the share the second of the terrors	4.	19		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>				
	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.	46	19			
b	Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship	<b>1b</b>				
2	officer director tructor or low employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under th			2		
3				3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9		a filod?	4		X
- 5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6				6		X
0 7a	Did the organization have members or stockholders, or other persons who had the power to elect or ap					
74	and the second			7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			14		
D	a support of the state of the second state of the state o			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			10		
a	The governing body?			8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			0.0		
Ū	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
		<u>venue</u>	0000./		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
			, , 	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	-	-			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," d	escribe			
	on Schedule O how this was done	· · · · · · · · · · · · · · ·		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	X	
	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	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	'S			
	exempt status with respect to such arrangements?	<u></u>		16b		
	tion C. Disclosure			<u></u>	<del></del>	<del></del>
17	List the states with which a copy of this Form 990 is required to be filedAL, AK, AZ, AR, C					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	-T (section 501(c)(3)s	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain		,	-		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest policy, and	financ	ial	
	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 boundary LAURA SCOTT, CFO $-217-787-5864$	oks and	1 records			

			, , , , , ,	· · · ·	, 0, , , , 0,							
	300	)O KELI	Y LANE	I, SPRINGE	FIELD,	IL	62711					
	332006 12-21	-23	SEE	SCHEDULE	O FOR	FULL	LIST	OF	STATES		Form	<b>990</b> (2023)
							6					
155	30313	132842	13137	.0000		202	23.050	60	AMERICAN	LUNG	ASSOCIATION	13137.01

#### 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, box 6 of 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.

Name and tile         Average hours per list any hours for weak bill any hours for weak bill any hours for weak bill any hours for bill any hours for hours	(A)	(B) (C)							(D)	(E)	(F)
House per week (list any mounts for balance mark assertance) (list any line)         Doc. unserption is bein any line (list any balance mark assertance) (list any line)         Compensation for motion (W-2/1099-MISC/ 1099-NEC)         Compensation annount of the organizations (W-2/1099-MISC/ 1099-NEC)         annount of the organizations (W-2/1099-MISC/ 1099-NEC)           (1) HAROLD WIEMER (2) LAURA SCOTT         40.00         X         618,373.         0.         67,644.           (2) LAURA SCOTT         40.00         X         292,377.         0.         51,241.           (4) EBRORAH BROWN         40.00         X         286,377.         0.         44,933.           (5) OPFICER         40.00         X         236,762.         0.         38,071.           (1) EBRORAH BROWN PERSION VP, PUBLIC POLICY         40.00         X         236,762.         0.         30,556.           (11) SUSAN HARPAPROR (11) SUSAN HARPAPAPORE         40.00         X         207,035.         0.	Name and title	Average					ne	Reportable	Reportable	Estimated	
Week (starp) hous for malated organizations (1) HAROLD WIMMER         Week (starp) hous for melated organizations (w2/1099-MEC/ 109-MEC/ 100-MEC/ 109-MEC/ 10			box, unless person is both an			s both	n an	compensation	•		
(1)         HAROLD WIMMER         40.00         X         618,373.         0.         67,644.           (2)         LAURA SCOTT         40.00         X         309,373.         0.         35,386.           (3)         SUE SWAN         40.00         X         292,377.         0.         51,241.           (4)         DEBORAH EROWN         40.00         X         291,377.         0.         46,036.           (5)         JEF SPELRE         40.00         X         291,377.         0.         46,036.           (6)         SARAH KRIKOLAN         40.00         X         286,377.         0.         44,933.           (6)         SARAH KRIKOLAN         40.00         X         275,000.         0.         38,071.           (7)         NEIL BALLENTINE         40.00         X         245,373.         0.         37,262.           (8)         JOENTARRE 40.00         X         236,762.         0.         30,556.           (10)         ALLION HICKEY         40.00         X         215,911.         0.         28,857.           (11)         SUBAN REPENCER         40.00         X         207,035.         0.         37,151.           (11)         S						reciu	i/irus	lee)			
(1)         HAROLD WIMMER         40.00         X         618,373.         0.         67,644.           (2)         LAURA SCOTT         40.00         X         309,373.         0.         35,386.           (3)         SUE SWAN         40.00         X         292,377.         0.         51,241.           (4)         DEBORAH EROWN         40.00         X         291,377.         0.         46,036.           (5)         JEF SPELRE         40.00         X         291,377.         0.         46,036.           (6)         SARAH KRIKOLAN         40.00         X         286,377.         0.         44,933.           (6)         SARAH KRIKOLAN         40.00         X         275,000.         0.         38,071.           (7)         NEIL BALLENTINE         40.00         X         245,373.         0.         37,262.           (8)         JOENTARRE 40.00         X         236,762.         0.         30,556.           (10)         ALLION HICKEY         40.00         X         215,911.         0.         28,857.           (11)         SUBAN REPENCER         40.00         X         207,035.         0.         37,151.           (11)         S			irecto							U U	
(1)         HAROLD WIMMER         40.00         X         618,373.         0.         67,644.           (2)         LAURA SCOTT         40.00         X         309,373.         0.         35,386.           (3)         SUE SWAN         40.00         X         292,377.         0.         51,241.           (4)         DEBORAH EROWN         40.00         X         291,377.         0.         46,036.           (5)         JEF SPELRE         40.00         X         291,377.         0.         46,036.           (6)         SARAH KRIKOLAN         40.00         X         286,377.         0.         44,933.           (6)         SARAH KRIKOLAN         40.00         X         275,000.         0.         38,071.           (7)         NEIL BALLENTINE         40.00         X         245,373.         0.         37,262.           (8)         JOENTARRE 40.00         X         236,762.         0.         30,556.           (10)         ALLION HICKEY         40.00         X         215,911.         0.         28,857.           (11)         SUBAN REPENCER         40.00         X         207,035.         0.         37,151.           (11)         S			e or d	tee			sated		e e		
(1)         HAROLD WIMMER         40.00         X         618,373.         0.         67,644.           (2)         LAURA SCOTT         40.00         X         309,373.         0.         35,386.           (3)         SUE SWAN         40.00         X         309,373.         0.         35,386.           (3)         SUE SWAN         40.00         X         292,377.         0.         51,241.           (4)         DEBORAH EROWN         40.00         X         291,377.         0.         46,036.           (5)         JEF SPELRE         40.00         X         286,377.         0.         44,933.           (6)         SARAH KRIKOLAN         40.00         X         275,000.         0.         38,071.           (7)         NEIL BALLENTINE         40.00         X         245,373.         0.         17,262.           (8)         JOENTARE MEROURCES OFFICER         X         236,762.         0.         30,556.           (10)         ALLION HICKEY         40.00         X         215,911.         0.         28,857.           (11)         SUBAN REPENCER         40.00         X         207,035.         0.         37,151.           (11)			ruster	l trus		/ee	npen		· ·	1099-NEO)	
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(1) HAROLD WITMER       40.00       x       618,373.       0.       67,644.         PRESIDENT & CEO       (2) LAWA SCOTT       40.00       x       309,373.       0.       35,386.         (3) SUE SWAN       40.00       x       292,377.       0.       51,241.         (4) DEBORAH BROWN       40.00       x       291,377.       0.       46,036.         (5) JEFF SENLER       40.00       x       286,377.       0.       44,933.         (6) SARAH KRIKOTAN       40.00       x       286,377.       0.       44,933.         (7) NEIL BALLENTINE       40.00       x       245,373.       0.       38,071.         (7) NEIL BALLENTINE       40.00       x       257,873.       0.       17,262.         (8) JOENSKING VP, FUELIC POLICY       x       236,762.       0.       30,556.         (10) ALLISON HICKEY       40.00       x       207,035.       0.       37,151.         (11) SUBAN AREPAPORT       40.00       x       207,035.       0.       37,151.         (12) LENKY AREPAPORT       40.00       x       215,911.       0.       28,857.         (13) SUBAN AREPAPORT       40.00       x       207,035.       0.       37,151.			Indivi	Institu	Office	Key ei	Highe	Forme			
(2) LAURA SCOTT         40.00         x         309,373.         0.         35,386.           (3) SUE SWAN         40.00         x         292,377.         0.         51,241.           (4) DEBORAH BROWN         40.00         x         291,377.         0.         46,036.           (5) JEFF SEYLER         40.00         x         291,377.         0.         46,036.           (5) JEFF SEYLER         40.00         x         286,377.         0.         44,933.           (6) SARAH REIGORIAN         40.00         x         245,373.         0.         38,071.           (7) NEIL BALLENTINE         40.00         x         245,373.         0.         38,076.           (8) JOENELL HENRY-TAINER         40.00         x         257,873.         0.         17,262.           (9) PAUL BILLINGS         40.00         x         215,911.         0.         28,857.           (10) ALLISON HICKEY         40.00         x         215,911.         0.         28,857.           (11) SUSAN RAPEAPORT         40.00         x         207,035.         0.         37,151.           (12) GUENEL HENRY - REPORT         40.00         x         215,911.         0.         28,857.           (13)	(1) HAROLD WIMMER	40.00									
(2) LAURA SCOTT         40.00         x         309,373.         0.         35,386.           (3) SUE SWAN         40.00         x         292,377.         0.         51,241.           (4) DEORAH EROWN         40.00         x         291,377.         0.         46,036.           (5) JEFF SEYLER         40.00         x         291,377.         0.         46,036.           (5) JEFF SEYLER         40.00         x         286,377.         0.         44,933.           (6) SARAK REKTORIAN         40.00         x         286,377.         0.         44,933.           (7) NEIL BALLENTINE         40.00         x         245,373.         0.         38,076.           (8) JOENELL HENKY TAINER         40.00         x         257,873.         0.         17,262.           (9) FAUE BILLINGS         40.00         x         236,762.         0.         30,556.           (10) ALLISON HICKEY         40.00         x         215,911.         0.         28,857.           (11) SUSAN RAPEAPORT         40.00         x         207,035.         0.         37,151.           (12) LER GUTTEREZ         40.00         x         207,035.         0.         37,151.           (13) SUSAN RAPE	PRESIDENT & CEO				X				618,373.	Ο.	67,644.
(3) SUE SWAN         40.00         x         292,377.         0.         51,241.           (4) DEDGARH BROWN         40.00         x         291,377.         0.         46,036.           (5) JEFF SEYLER         40.00         x         291,377.         0.         46,036.           (5) JEFF SEYLER         40.00         x         286,377.         0.         44,933.           (6) SRAH KRIKORIAN         40.00         x         275,000.         0.         38,071.           (7) NEIL BALLENTINE         40.00         x         245,373.         0.         38,076.           (8) JOENBLL HENY TANNER         40.00         x         257,873.         0.         17,262.           (9) FADE ILLINGS         40.00         x         236,762.         0.         30,556.           (10) ALLIGON HICKEY         40.00         x         215,911.         0.         28,857.           (11) SUSAN RAPPAPORT         40.00         x         207,035.         0.         37,151.           (12) LEA GUTIEREZ         40.00         x         207,035.         0.         33,418.           (13) SUSAN RAPPAPORT         40.00         x         199,707.         0.         26,123.           (13) MIL WIN	(2) LAURA SCOTT	40.00									
CHIEF DEVELOPMENT OFFICER         X         292,377.         0.         51,241.           (4) DEBORAH BRONN         40.00         X         291,377.         0.         46,036.           (5) JEFF SEVLER         40.00         X         291,377.         0.         46,036.           (6) SARAH KRIKORIAN         40.00         X         286,377.         0.         44,933.           (6) SARAH KRIKORIAN         40.00         X         275,000.         0.         38,071.           (7) NEIL BALLENTINE         40.00         X         245,373.         0.         38,076.           (8) JOENELH HENRY-TANNER         40.00         X         257,873.         0.         17,262.           (9) FAUL BILLINGS         40.00         X         236,762.         0.         30,556.           (10) ALISON HICKEY         40.00         X         207,035.         0.         37,151.           (11) SUSAN RAPAPAORT         40.00         X         207,035.         0.         37,151.           (12) LEA GUTTEREZ         40.00         X         207,035.         0.         37,151.           (13) MILY MURPHY         1099,707.         0.         26,123.         0.         199,707.         0.         26,123.	CHIEF FINANCIAL OFFICER				Х				309,373.	0.	35,386.
(4)         DEBORAH BROWN         40.00         x         291,377.         0.         46,036.           (5)         JEFF SEYLER         40.00         x         286,377.         0.         44,933.           (6)         SARAH KRIKORIAN         40.00         x         275,000.         0.         38,071.           (7)         NEIL BALLENTINE         40.00         x         245,373.         0.         38,076.           (8)         JOENELL HENRY-TANNER         40.00         x         257,873.         0.         17,262.           (9)         FAUL SILLINGS         40.00         x         236,762.         0.         30,556.           (10)         ALLISON HICKEY         40.00         x         215,911.         0.         28,857.           (11)         SUSARATEREZ         40.00         x         207,035.         0.         37,151.           (12)         LEA GUTIEREZ         40.00         x         199,707.         0.         26,123.           (13)         SUSARATEREZ         40.00         x         199,707.         0.         26,123.           (14)         MARIA VANGAS-ZEA         40.00         x         169,123.         0.         42,357. <tr< td=""><td>(3) SUE SWAN</td><td>40.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr<>	(3) SUE SWAN	40.00									
(4) DEBORAH BROWN         40.00         x         291,377.         0.         46,036.           (1) JEFF SEYLER         40.00         x         286,377.         0.         44,933.           (6) SARAH KRIKORIAN         40.00         x         275,000.         0.         38,071.           (7) NEIL BALLENTINE         40.00         x         275,000.         0.         38,071.           (7) NEIL BALLENTINE         40.00         x         257,873.         0.         38,076.           (8) JOENELL HERRY-TANNER         40.00         x         257,873.         0.         17,262.           (9) FOLD HILLINGS         40.00         x         236,762.         0.         30,556.           (10) ALLISON HICKEY         40.00         x         215,911.         0.         28,857.           (11) SUBAR RAPPAPORT         40.00         x         207,035.         0.         37,151.           (12) LEA GUTIERREZ         40.00         x         199,707.         0.         26,123.           (13) SUBAR RAPPAPORT         40.00         x         199,707.         0.         26,123.           (14) MARIA VANGAS-ZEA         40.00         x         199,707.         0.         26,123.	CHIEF DEVELOPMENT OFFICER					Х			292,377.	0.	51,241.
(5)         JEFF SEYLER         40.00         X         286,377.         0.         44,933.           (6)         SARAH KRIKORIAN         40.00         X         275,000.         0.         38,071.           (7)         NEIL BALLENTINE         40.00         X         245,373.         0.         38,076.           (7)         NEIL BALLENTINE         40.00         X         257,873.         0.         17,262.           (8)         JOENELL HENRY-TANNER         40.00         X         236,762.         0.         30,556.           (19)         PAUL BILLINGS         40.00         X         215,911.         0.         28,857.           (10)         ALISON HICKEY         40.00         X         207,035.         0.         37,151.           (11)         BUSAN RAPPAPORT         40.00         X         207,035.         0.         37,151.           (12)         LEA GUTITRREZ         40.00         X         199,707.         0.         26,123.           (13)         BMILY MURPHY         40.00         X         169,123.         0.         42,357.           (14)         MATI VAREGAS-ZEA         40.00         X         169,123.         0.         42,357.	(4) DEBORAH BROWN	40.00									
CHIEF FIELD OFFICER         X         286,377.         0.         44,933.           (6)         SARAH KRIKORIAN         40.00         X         275,000.         0.         38,071.           (7)         NEIL BALLENTINE         40.00         X         245,373.         0.         38,076.           (7)         NEIL BALLENTINE         40.00         X         245,373.         0.         38,076.           (8)         JOENELL HENRY-TANNER         40.00         X         257,873.         0.         17,262.           (9)         PAUL BILLINGS         40.00         X         236,762.         0.         30,556.           (10)         ALLISON HICKEY         40.00         X         215,911.         0.         28,857.           (11)         SUSAN RAPPAPORT         40.00         X         207,035.         0.         37,151.           (12)         LEA GUTIERREZ         40.00         X         199,707.         0.         26,123.           (13)         EMILY MURPHY         40.00         X         187,251.         0.         33,418.           (14)         MATIA VANEGAS-ZEA         40.00         X         169,123.         0.         42,357.           (15)	CHIEF MISSION OFFICER					Х			291,377.	0.	46,036.
(6)       SARAH KRIKORIAN       40.00       X       275,000.       0.       38,071.         (7)       NEIL BALLENTINE       40.00       X       245,373.       0.       38,076.         (8)       JOENELL HENRY-TANNER       40.00       X       245,373.       0.       17,262.         (9)       PAUL BILLINGS       40.00       X       236,762.       0.       30,556.         (10)       ALLISON HICKEY       40.00       X       215,911.       0.       28,857.         (11)       SUSAN RAPPAPORT       40.00       X       207,035.       0.       37,151.         (12)       LEA GUTIERREZ       40.00       X       207,035.       0.       37,151.         (13)       EMILY MURPHY       40.00       X       187,251.       0.       33,418.         (14)       MARIA VANEGAS-ZEA       40.00       X       169,123.       0.       42,357.         (13)       EMILY MURPHY       40.00       X       169,123.       0.       42,357.         (14)       MARIA VANEGAS-ZEA       40.00       X       169,123.       0.       42,357.         (15)       CHREY LA. CALHOUN, CPA, MBA       2.00       X       0.	(5) JEFF SEYLER	40.00									
CHIEF HUMAN RESOURCES OFFICER         X         275,000.         0.         38,071.           (7) NEIL BALLENTINE         40.00         X         245,373.         0.         38,076.           (8) JOENELL HENRY-TANNER         40.00         X         245,373.         0.         38,076.           (8) JOENELL HENRY-TANNER         40.00         X         257,873.         0.         17,262.           (9) PAUL BILLINGS         40.00         X         236,762.         0.         30,556.           (10) ALLISON HICKEY         40.00         X         215,911.         0.         28,857.           (11) SUSAN RAPPAPORT         40.00         X         207,035.         0.         37,151.           (12) LEA GUTIERREZ         40.00         X         199,707.         0.         26,123.           (13) EMILY MURHY         40.00         X         199,707.         0.         26,123.           (14) MARIA VANEGAS-ZEA         40.00         X         169,123.         0.         42,357.           (15) CHERYL A. CALHOUN, CPA, MBA         2.00         X         0.         0.         0.           CHARK         X         X         0.         0.         0.         0.         0.	CHIEF FIELD OFFICER					Х			286,377.	0.	44,933.
(7) NEIL BALLENTINE       40.00       X       245,373.       0.38,076.         (8) JOENELL HENRY-TANNER       40.00       X       257,873.       0.17,262.         (9) FALF SVP GOVERNANCE       X       257,873.       0.17,262.         (9) FAL BILLINGS       40.00       X       236,762.       0.30,556.         (10) ALLISON HICKEY       40.00       X       215,911.       0.28,857.         (11) SUSAN RAPPAPORT       40.00       X       207,035.       0.37,151.         (12) LEA GUTIEREZ       40.00       X       199,707.       0.26,123.         (13) EMILY MORPHY       40.00       X       187,251.       0.33,418.         (14) MARIA VANEGAS-ZEA       40.00       X       169,123.       0.42,357.         (15) CHERYL A. CALHOUN, CPA, MBA       2.00       X       0.0.       0.0.         (16) MICHAEL V. CARSTENS       2.00       X       0.0.       0.0.         SECRETARY/TREASURER       X       X       0.0.       0.0.         (16) MICHAEL V. CARSTENS       2.00       X       X       0.0.       0.0.         (16) MICHAEL V. CARSTENS       2.00       X       X       0.0.       0.0.         SECRETARY/TREASURER       X	(6) SARAH KRIKORIAN	40.00									
CHIEF TECHNOLOGY OFFICER       X       245,373.       0.       38,076.         (8) JOENELL HENRY-TANNER       40.00       X       257,873.       0.       17,262.         (9) PAUL BILLINGS       40.00       X       236,762.       0.       30,556.         (10) ALLISON HICKEY       40.00       X       215,911.       0.       28,857.         (11) SUSAN RAPPAPORT       40.00       X       207,035.       0.       37,151.         (11) SUSAN RAPPAPORT       40.00       X       207,035.       0.       37,151.         (12) LEA GUTIERREZ       40.00       X       199,707.       0.       26,123.         (13) EMILY MURPHY       40.00       X       187,251.       0.       33,418.         (14) MARIA VANEGAS-ZEA       40.00       X       169,123.       0.       42,357.         (15) CHERYL A. CALHOUN, CPA, MBA       2.00       X       X       0.       0.       0.         (16) MICHAEL V. CARSTENS       2.00       X       X       0.       0.       0.       0.         SECRETARY/TREASURER       X       X       0.       0.       0.       0.       0.       0.       0.         NATIONAL AVP, HUMAN RESOURCES	CHIEF HUMAN RESOURCES OFFICER					Х			275,000.	0.	38,071.
(8) JOENELL HENRY-TANNER       40.00       X       257,873.       0.       17,262.         (9) PAUL BILLINGS       40.00       X       236,762.       0.       30,556.         (10) ALLISON HICKEY       40.00       X       215,911.       0.       28,857.         (11) SUSAN RAPPAPORT       40.00       X       207,035.       0.       37,151.         (12) LEA GUTIERREZ       40.00       X       199,707.       0.       26,123.         (13) EMILY MURPHY       40.00       X       187,251.       0.       33,418.         (14) MARIA VANEGAS-ZEA       40.00       X       169,123.       0.       42,357.         (14) MARIA VANEGAS-ZEA       40.00       X       169,123.       0.       0.       0.         NATIONAL AVP, HUMAN RESOURCES       X       X       0.	(7) NEIL BALLENTINE	40.00									
CHIEF OF STAFF, SVP GOVERNANCE       X       257,873.       0.       17,262.         (9) PAUL BILLINGS       40.00       X       236,762.       0.       30,556.         (10) ALLISON HICKEY       40.00       X       215,911.       0.       28,857.         (11) SUSAN RAPPAPORT       40.00       X       207,035.       0.       37,151.         (11) SUSAN RAPPAPORT       40.00       X       207,035.       0.       37,151.         (12) LEA GUTIERREZ       40.00       X       199,707.       0.       26,123.         (13) EMILY MURPHY       40.00       X       187,251.       0.       33,418.         (14) MARIA VANEGAS-ZEA       40.00       X       169,123.       0.       42,357.         (15) CHERYL A. CALHOUN, CPA, MBA       2.00       X       0.       0.       0.         (16) MICHAEL V. CARSTENS       2.00       X       0.       0.       0.       0.         (17) STEPHEN R. O'KANE       2.00       X       X       0.       0.       0.       0.	CHIEF TECHNOLOGY OFFICER					Х			245,373.	0.	38,076.
(9) PAUL BILLINGS       40.00       X       236,762.       0.       30,556.         (10) ALLISON HICKEY       40.00       X       215,911.       0.       28,857.         (11) SUSAN RAPPAPORT       40.00       X       207,035.       0.       37,151.         (12) LEA GUTTEREZ       40.00       X       199,707.       0.       26,123.         (13) EMILY MURPHY       40.00       X       199,707.       0.       26,123.         (13) EMILY MURPHY       40.00       X       187,251.       0.       33,418.         (14) MARIA VANEGAS-ZEA       40.00       X       169,123.       0.       42,357.         (15) CHERYL A. CALHOUN, CPA, MBA       2.00       X       0.       0.       0.         (16) MICHAEL V. CARSTENS       2.00       X       X       0.       0.       0.         SECRETARY/TREASURER       X       X       0. </td <td>(8) JOENELL HENRY-TANNER</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(8) JOENELL HENRY-TANNER	40.00									
NATIONAL SENIOR VP, PUBLIC POLICY       X       236,762.       0.       30,556.         (10) ALLISON HICKEY       40.00       X       215,911.       0.       28,857.         (11) SUSAN RAPPAPORT       40.00       X       207,035.       0.       37,151.         (11) SUSAN RAPPAPORT       40.00       X       207,035.       0.       37,151.         (12) LEA GUTIERREZ       40.00       X       199,707.       0.       26,123.         (13) EMILY MURPHY       40.00       X       199,707.       0.       26,123.         (14) MARIA VANEGAS-ZEA       40.00       X       187,251.       0.       33,418.         (14) MARIA VANEGAS-ZEA       40.00       X       169,123.       0.       42,357.         (15) CHERYL A. CALHOUN, CPA, MBA       2.00       X       0.       0.       0.         (16) MICHAEL V. CARSTENS       2.00       X       0.       0.       0.       0.         SECRETARY/TREASURER       X       X       0.       0.       0.       0.       0.         (17) STEPHEN R. O'KANE       2.00       X       X       0.       0.       0.       0.       0.       0. <td>· · ·</td> <td></td> <td></td> <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td>257,873.</td> <td>0.</td> <td>17,262.</td>	· · ·					Х			257,873.	0.	17,262.
(10) ALLISON HICKEY       40.00       X       215,911.       0.       28,857.         (11) SUSAN RAPPAPORT       40.00       X       207,035.       0.       37,151.         (11) SUSAN RAPPAPORT       40.00       X       207,035.       0.       37,151.         (12) LEA GUTIERREZ       40.00       X       199,707.       0.       26,123.         (13) EMILY MURPHY       40.00       X       187,251.       0.       33,418.         (14) MARIA VANEGAS-ZEA       40.00       X       169,123.       0.       42,357.         (15) CHERYL A. CALHOUN, CPA, MBA       2.00       X       0.       0.       0.         (16) MICHAEL V. CARSTENS       2.00       X       X       0.       0.       0.         SECRETARY/TREASURER       X       X       0.       0.       0.       0.       0.         (17) STEPHEN R. O'KANE       2.00       X       X       0.       0.       0.       0.         PAST CHAIR       X       X       X       0.       0.       0.       0.       0.       0.       0.	(9) PAUL BILLINGS	40.00									
EXECUTIVE VP, MOUNTAIN PACIFIC & CA         X         215,911.         0.         28,857.           (11) SUSAN RAPPAPORT         40.00         X         207,035.         0.         37,151.           NATIONAL VP, RESEARCH         X         207,035.         0.         37,151.           (12) LEA GUTIERREZ         40.00         X         199,707.         0.         26,123.           (13) EMILY MURPHY         40.00         X         187,251.         0.         33,418.           (14) MARIA VANEGAS-ZEA         40.00         X         169,123.         0.         42,357.           NATIONAL AVP, HUMAN RESOURCES         X         X         0.         0.         0.           (15) CHERYL A. CALHOUN, CPA, MBA         2.00         X         X         0.         0.         0.           (16) MICHAEL V. CARSTENS         2.00         X         X         0.         0.         0.           SECRETARY/TREASURER         X         X         0.         0.         0.         0.           (17) STEPHEN R. O'KANE         2.000         X         X         0.         0.         0.	· · ·						X		236,762.	0.	30,556.
(11) SUSAN RAPPAPORT       40.00       X       207,035.       0.       37,151.         (12) LEA GUTIERREZ       40.00       X       199,707.       0.       26,123.         (13) EMILY MURPHY       40.00       X       199,707.       0.       26,123.         (14) MARIA VANEGAS-ZEA       40.00       X       187,251.       0.       33,418.         (14) MARIA VANEGAS-ZEA       40.00       X       169,123.       0.       42,357.         (15) CHERYL A. CALHOUN, CPA, MBA       2.00       X       0.       0.       0.         (16) MICHAEL V. CARSTENS       2.00       X       0.       0.       0.       0.         SECRETARY/TREASURER       X       X       0.       0.       0.       0.       0.         PAST CHAIR       X       X       X       0.       0.       0.       0.       0.       0.       0.	(10) ALLISON HICKEY	40.00									
NATIONAL VP, RESEARCH       X       207,035.       0.       37,151.         (12) LEA GUTIERREZ       40.00       X       199,707.       0.       26,123.         CHIEF DIVERSITY, EQUITY & INCLUSION       40.00       X       199,707.       0.       26,123.         (13) EMILY MURPHY       40.00       X       187,251.       0.       33,418.         (14) MARIA VANEGAS-ZEA       40.00       X       169,123.       0.       42,357.         (15) CHERYL A. CALHOUN, CPA, MBA       2.00       X       X       0.       0.       0.         CHAIR       X       X       X       0.       0.       0.       0.         SECRETARY/TREASURER       2.00       X       X       0.       0.       0.       0.         PAST CHAIR       X       X       X       0.       0.       0.       0.       0.							X		215,911.	0.	28,857.
(12) LEA GUTIERREZ       40.00       X       199,707.       0.26,123.         (13) EMILY MURPHY       40.00       X       187,251.       0.33,418.         (14) MARIA VANEGAS-ZEA       40.00       X       169,123.       0.42,357.         (15) CHERYL A. CALHOUN, CPA, MBA       2.00       X       0.0.0.0.       0.0.0.         CHAIR       X       X       0.0.0.0.       0.0.0.         SECRETARY/TREASURER       X       X       0.0.0.0.       0.0.0.         PAST CHAIR       X       X       X       0.0.0.0.       0.0.	(11) SUSAN RAPPAPORT	40.00									
CHIEF DIVERSITY, EQUITY & INCLUSION       X       199,707.       0.       26,123.         (13) EMILY MURPHY       40.00       X       187,251.       0.       33,418.         DIVISION SENIOR VP, DEVELOPMENT       X       187,251.       0.       33,418.         (14) MARIA VANEGAS-ZEA       40.00       X       169,123.       0.       42,357.         NATIONAL AVP, HUMAN RESOURCES       X       X       169,123.       0.       0.       0.         CHAIR       X       X       0.       0.       0.       0.       0.         SECRETARY/TREASURER       2.00       X       X       0.       0.       0.       0.         PAST CHAIR       X       X       X       0.       0.       0.       0.       0.	•						X		207,035.	0.	37,151.
(13) EMILY MURPHY       40.00       X       187,251.       0.       33,418.         DIVISION SENIOR VP, DEVELOPMENT       40.00       X       187,251.       0.       33,418.         (14) MARIA VANEGAS-ZEA       40.00       X       169,123.       0.       42,357.         (15) CHERYL A. CALHOUN, CPA, MBA       2.00       X       X       0.       0.       0.         (16) MICHAEL V. CARSTENS       2.00       X       X       0.       0.       0.         SECRETARY/TREASURER       X       X       0.       0.       0.       0.         (17) STEPHEN R. O'KANE       2.00       X       X       0.       0.       0.         PAST CHAIR       X       X       X       0.       0.       0.       0.	(12) LEA GUTIERREZ	40.00									
DIVISION SENIOR VP, DEVELOPMENT       X       187,251.       0.       33,418.         (14) MARIA VANEGAS-ZEA       40.00       X       169,123.       0.       42,357.         (15) CHERYL A. CALHOUN, CPA, MBA       2.00       X       169,123.       0.       42,357.         (16) MICHAEL V. CARSTENS       2.00       X       X       0.       0.       0.         SECRETARY/TREASURER       X       X       0.       0.       0.       0.         (17) STEPHEN R. O'KANE       2.00       X       X       0.       0.       0.         PAST CHAIR       X       X       0.       0.       0.       0.						X			199,707.	0.	26,123.
(14) MARIA VANEGAS-ZEA       40.00       X       169,123.       0.       42,357.         NATIONAL AVP, HUMAN RESOURCES       X       X       169,123.       0.       42,357.         (15) CHERYL A. CALHOUN, CPA, MBA       2.00       X       X       0.       0.       0.         CHAIR       X       X       0.       0.       0.       0.       0.         (16) MICHAEL V. CARSTENS       2.00       X       X       0.       0.       0.         SECRETARY/TREASURER       X       X       0.       0.       0.       0.         (17) STEPHEN R. O'KANE       2.00       X       X       0.       0.       0.         PAST CHAIR       X       X       0.       0.       0.       0.		40.00									
NATIONAL AVP, HUMAN RESOURCES       X       169,123.       0.       42,357.         (15) CHERYL A. CALHOUN, CPA, MBA       2.00       X       X       0.       0.       0.         CHAIR       X       X       X       0.       0.       0.       0.         (16) MICHAEL V. CARSTENS       2.00       X       X       0.       0.       0.         SECRETARY/TREASURER       X       X       0.       0.       0.       0.         (17) STEPHEN R. O'KANE       2.00       X       X       0.       0.       0.         PAST CHAIR       X       X       0.       0.       0.       0.							X		187,251.	0.	33,418.
(15) CHERYL A. CALHOUN, CPA, MBA2.00XX0.0.0.CHAIRXXX0.0.0.0.(16) MICHAEL V. CARSTENS2.00XX0.0.0.SECRETARY/TREASURERXX0.0.0.0.(17) STEPHEN R. O'KANE2.00XX0.0.0.PAST CHAIRXXX0.0.0.		40.00									
CHAIRXX0.0.0.(16) MICHAEL V. CARSTENS2.00XX0.0.SECRETARY/TREASURERXX0.0.0.(17) STEPHEN R. O'KANE2.00XX0.0.PAST CHAIRXXX0.0.0.							X		169,123.	0.	42,357.
(16) MICHAEL V. CARSTENS2.00XX0.0.0.SECRETARY/TREASURERXXX0.0.0.(17) STEPHEN R. O'KANE2.00XXX0.0.PAST CHAIRXXX0.0.0.		2.00									-
SECRETARY/TREASURERXX0.0.0.(17) STEPHEN R. O'KANE2.00XX0.0.0.PAST CHAIRXX0.0.0.0.			Х		X				0.	0.	0.
(17) STEPHEN R. O'KANE         2.00         X         X         0.<		2.00								•	<u>^</u>
PAST CHAIR X X 0. 0. 0.		0.00	X		X				0.	0.	U .
		2.00								•	<u>^</u>
			Х		X				0.	0.	

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Form **990** (2023)

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Form 990 (2023) AMERICAN	LUNG AS	SO	CI	$\mathbf{AT}$	IO	N			13-1632	2524	Page <b>8</b>
Part VII Section A. Officers, Directors, Trust	tees, Kev Emr	olove	ees.	and	l Hic	ahes	t C	ompensated Employee	s (continued)		
(A)	(B)		,	(0				(D)	(E)		(F)
Name and title	Average			Pos	ition			Reportable	Reportable		mated
Name and the	hours per					than o s both		compensation	compensation		ount of
	week					r/trust		from	from related		ther
	(list any	tor						the	organizations		ensation
	hours for	trustee or director				-		organization	(W-2/1099-MISC/		m the
	related	e or	stee			Isate		(W-2/1099-MISC/	1099-NEC)		nization
	organizations	ruste	ll tru:		,ee	mper		1099-NEC)	1000 1120)	J v	related
	below	dual t	ution	-	i pl o	st co iyee	5	,			izations
	line)	Individual t	nstitutional trustee	Officer	ey en	Highest compensated employee	Former			- Jongan	
(18) JOHNNY A. SMITH, JR., MA	2.00			0	×						
VICE CHAIR	2:00	x		Х				0.	0.		0.
	2 00	Δ		Δ				0.	0.0	, 	
(19) RABIH I. BECHARA, M.D., FCCP	2.00								0		•
DIRECTOR		Х						0.	0.	,	0.
(20) ANNE E. DIXON, M.D.	2.00										
DIRECTOR		Х						0.	0.		0.
(21) AFIF EL-HASAN, M.D.	2.00										
DIRECTOR		х						0.	0.	,	0.
(22) DAVID G. HILL, M.D.	2.00										
DIRECTOR		х						0.	0.		0.
(23) MARK C. JOHNSON, CFA, MBA	2.00	Δ						0.	0.0	, 	
, ,	2.00								0		•
DIRECTOR		Х						0.	0.	,	0.
(24) WENDY LAWSON, MPH, RRT	2.00										
DIRECTOR		Х						0.	0.	,	0.
(25) COLLEEN M. MCINTOSH, J.D., LL.M	2.00										
DIRECTOR		х						0.	0.		Ο.
(26) JUANITA MORA, M.D.	2.00										
DIRECTOR		х						0.	0.		0.
								3,791,912.	0.		,111.
1b Subtotal										_	
c Total from continuation sheets to Part VI	, Section A							0.	0.	_	0.
d Total (add lines 1b and 1c)								3,791,912.	0.	537	,111.
2 Total number of individuals (including but ne	ot limited to th	ose	liste	d ab	ove	) who	o re	eceived more than \$100,	000 of reportable		
compensation from the organization											105
										١	res No
<b>3</b> Did the organization list any <b>former</b> officer,	director. truste	ee. k	ev e	mpl	ove	e. or	hia	hest compensated empl	ovee on		
line 1a? If "Yes," complete Schedule J for si	-		•	•	-		Ŭ	· · ·		3	X
<ul><li>4 For any individual listed on line 1a, is the su</li></ul>											
											x
and related organizations greater than \$150										4	
5 Did any person listed on line 1a receive or a	•							ed organization or individ	lual for services		
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich p	perso	on .				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest cor	mpensated ind	leper	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of compens	ation from	า
the organization. Report compensation for t	he calendar ye	ear e	ndin	ıg w	ith o	or wit	hin	the organization's tax ye	ear.		
(A)								(B)		(C)	
Name and business	address							Description of s	ervices	Compens	
PRODUCTION SOLUTIONS, 195	3 GALLO	ws	R	D							
SUITE 500, VIENNA, VA 221			11.	, 0				MARKETING		1 1 3 1	,680.
· · · · · · · · · · · · · · · · · · ·	02						-1	MARKETING		±,⊥J⊥	,000.
RR DONNELLEY	0 77 6	~ ~	<b>^</b> 1								<b>-</b>
35 W WACKER DRIVE, CHICAG							_	MARKETING		2,242	<u>,737.</u>
AD COUNCIL, 815 SECOND AV	ENUE, 9	ΤH	$\mathbf{F}$	LO	OR	,		PUBLIC SERVI			
NEW YORK, NY 10017								ADVERTISING		<u>2,19</u> 9	,950.
INNOVAIRRE/BRICKMILL MARK	ETING S	ER	VI	CE	S,	2					
EXECUTIVE CAMPUS, SUITE 2					-			MARKETING		2.080	,442.
RESCUE AGENCY PUBLIC BENE						<u>,</u>	f			_,	, •
	-		11	0				ͷ៱៰៷៰៳៹៶៶៸	.	1 775	677
2437 MORENA BLVD, SAN DIE	GU, CA	24	тт	0				MARKETING		L, // J	,677.

2Total number of independent contractors (including but not limited to those listed above) who received more than<br/>\$100,000 of compensation from the organization72

\$100,000 of compensation from the organization 72 SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

332008 12-21-23

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Form 990 AMERICAN LUNG ASSOCIATION 13-1632524							2524			
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, ai	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(B)							(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(cl	(check all that apply)			app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for	e or d	tee			sated		(W-2/1099-MISC)		organization
	related organizations	rustee	I trus		ee,	npen				and related organizations
	below	dual t	Itiona		n ploy	st coi	7			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former			
(27) SEAN R. MULDOON, MD, MPH, FCCP	2.00	-	-		-	-	-			
DIRECTOR		х						0.	0.	0.
(28) JOE OCHIPINTI	2.00									
DIRECTOR		x						0.	0.	0.
(29) SUSAN B. PADERNACHT, EDD, PCC	2.00									
DIRECTOR		x						0.	0.	0.
(30) CLAUDE A. ROBINSON JR.	2.00									
DIRECTOR		х						0.	0.	0.
(31) JONATHON K. ROSEN, BA	2.00									
DIRECTOR		х						0.	0.	0.
(32) LAURIE SHELBY	2.00									
DIRECTOR		х						0.	0.	0.
(33) MICHELLE SYLVIA SPRIGGS, CPA	2.00									
, DIRECTOR		x						0.	0.	0.
(34) STERLING QL YEE, MBA	2.00									
DIRECTOR		x						0.	0.	0.
								• •		
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
Total to Part VII, Section A, line 1c										
,,								·		

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ar	t VII	Statement of Re	ven	ue						
		Check if Schedule O	conta	ains a respo	onse (	or note to any line		/ <b>-</b> `	(6)	
							(A)	<b>(B)</b> Related or exempt	(C) Unrelated	(D) Revenue exclu
							Total revenue		business revenue	from tax und
										sections 512 -
S	1 a	Federated campaigns		1a						
un		Membership dues								
Ē		Fundraising events				14,540,724.				
IL A		Related organizations								
nii		Government grants (contr				32,097,825.				
2		All other contributions, gifts,								
ner		similar amounts not included				50,381,664.				
5	a	Noncash contributions included in			æ	87,245.				
and Other Similar Amounts	-					,	97,020,213.			
						Business Code	<u> </u>			
	2 a	PROGRAM PARTICIPANT	FEF			541900	1,377,131.	1,377,131.		
	2 a b	PROGRAM SERVICE CON				541900	499,035.	499,035.		
ne	0	MEMBERSHIP DUES				541900	73,385.	73,385.		
ven	с С					011900	, , , , , , , , , , , , , , , , , , , ,	, 5 , 505 .		
Revenue	d									
	e					├				
		All other program service					1 0/0 551			
+							1,949,551.			
	3	Investment income (includ	Ŭ	-			F 004 71F			50047
		other similar amounts)					5,204,715.			52047
	4	Income from investment of		•	•	F				10001
	5	Royalties	· <u>·····</u>	1			1,099,184.			10991
				(i) Rea		(ii) Personal				
	6 a	Gross rents	6a	173,7						
	b	Less: rental expenses $\dots$	6b		0.					
	с	Rental income or (loss)	6c	173,7	770.					
	d	Net rental income or (loss)	) <u></u>				173,770.			173,7
	7 a	Gross amount from sales of		(i) Securit	ties	(ii) Other				
		assets other than inventory	7a	29,704,1	131.	2896577.				
	b	Less: cost or other basis								
		and sales expenses	7b	29,130,4	187.	1611266.				
	с	Gain or (loss)	7c	573,6	544.	1285311.				
		Net gain or (loss)	-				1,858,955.			18589
		Gross income from fundraisi								
	•	including \$ 14,	-							
		contributions reported on								
		Part IV, line 18			8a	1,561,113.				
	h	Less: direct expenses			8b	3,370,451.				
							-1,809,338.			-18093
		Net income or (loss) from					_,,			20055
	ษล	Gross income from gamin								
		Part IV, line 19			9a					
		Less: direct expenses			9b	L				
		Net income or (loss) from			s					
	10 a	Gross sales of inventory, I								
		and allowances			10a					
		Less: cost of goods sold			10b	L				
+	С	Net income or (loss) from	sales	s of invento	ry					
						Business Code				
Kevenue	11 a	RESEARCH GRANT SERV	ICE	FEE		541900	1,813,451.	1,813,451.		
enu	b									
ev	с					ļ ļ				
r	d	All other revenue				541900	432,822.	432,822.		
		Total. Add lines 11a-11d					2,246,273.			
_		Total revenue. See instruction					107743323.	4,195,824.	0.	65272

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AMERICAN LUNG ASSOCIATION Part IX Statement of Functional Expenses

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

#### Х Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising expenses (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 12,784,781. 12,784,781. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 2,718,945. 3,089,714. 92,696. 278,073. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 36,884,628. 31,417,476. 948,779. 4,518,373. Other salaries and wages 7 8 Pension plan accruals and contributions (include 2,932,699. 2,496,190. 75,407. 361,102. section 401(k) and 403(b) employer contributions) <u>113,279</u>. 4,366,712. 3,723,445. 529,988. Other employee benefits 9 2,799,385. 337,473. 2,388,996. 72,916. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal Accounting С Lobbying d 378,000. 378,000. Professional fundraising services. See Part IV, line 17 е 90,665. 90,665. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 30,390,803. 29,166,049. 685,737. column (A), amount, list line 11g expenses on Sch 0.) 539,017. 1,435,006. 1,084,182. 350,824. Advertising and promotion 12 1,107,638. 849,203. 72,218. 186,217. Office expenses 13 Information technology 14 Royalties 15 2,984,871. 2,359,334. 238,909. 386,628. 16 Occupancy 1,290,342. 1,168,529. 28,184. 93,629. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials .... 26,298. 299,051. 247,648. 25,105. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 388,602. 214. 388,388. Depreciation, depletion, and amortization 22 459,747. 357,207. 42,725. 59,815. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) 6,860,305. 449,856. 3,936,242. 11,246,403. DIRECT MAIL а 189,185. MISCELLANEOUS 649,690. 432,703. 27,802. h 127,830. 87,351. 876. 39,603. PRINTING С d POSTAGE & SHIPPING 106,013. 77,318. 2,353. 26,342. e All other expenses 113,812,580. 98,219,876. 3,357,088. 12,235,616. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 6,860,305. 3,936,242. 11,246,403. 449,856. Check here X if following SOP 98-2 (ASC 958-720)

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15530313 132842 13137.0000

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2023.05060 AMERICAN LUNG ASSOCIATION 13137.01

Form 990 (2023)

15530313 132842 13137.0000

33

Total liabilities and net assets/fund balances

221,359,539.

33

225,692,916.

Form 990 (2023)

#### AMERICAN LUNG ASSOCIATION

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

(A) Beginning of year (B) End of year 240,090. 388,273. 1 1 Cash - non-interest-bearing 17,483,806. 13,624,344. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 18,912,971. 15,873,955. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 637. Notes and loans receivable, net 7 7 Assets 90,095. 69,333. 8 Inventories for sale or use 8 2,144,445. 2,098,381. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 18,745,491. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation 10b 9,952,915. 10,693,763. 8,792,576. 10c 129,437,208. 140,472,615. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 42,356,524. 44,373,439. 15 15 Other assets. See Part IV, line 11 221,359,539. 225,692,916. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 13,316,160. 12,028,062. Accounts payable and accrued expenses 17 17 13,598,538. 18 12,728,843. 18 Grants payable 7,889,016. 7,612,007. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 12,434,203. 11,764,396. 25 of Schedule D 46,960,908. 44,410,317. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 128,984,881. 126,807,362. 27 27 Net assets without donor restrictions 52,297,718. Net assets with donor restrictions 47,591,269. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 174,398,631. 181,282,599. 32 Total net assets or fund balances 32

13-1632524 Page 11

Form 990 (2023)
Part X Balance Sheet

Form	AMERICAN LUNG ASSOCIATION	13-2	1632524	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	107,743		
2	Total expenses (must equal Part IX, column (A), line 25)	2	113,812		
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,069		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	174,398		
5	Net unrealized gains (losses) on investments	5	10,79	7,2	14.
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	2,150	5,0	<u>11.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	181,282	2,5	<u>99.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·····		X
				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 Schedule	0.			
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	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			37	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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			37	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			77	1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi			77	1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2023)

332012 12-21-23

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.

OMB No. 1545-0047
2023
Open to Public Inspection

### Name of the organization

Name	ame of the organization Employer identification number								
				ASSOCIATION					3-1632524
Par	tl	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	s.	
The o	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	l)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service orga	inization described in se	ection 170	(b)(1)(A)(ii	i).		
4 [		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
г		city, and state:							
5 [		An organization operated for		lege or university owned	l or operate	ed by a go	vernmental ur	nit describe	ed in
г		section 170(b)(1)(A)(iv). (Complete Part II.)							
<b>6</b> [		A federal, state, or local gov	-						
7 [	X	An organization that norma	-	ntial part of its support fr	rom a gove	ernmental	unit or from th	e general p	oublic described in
•	_	section 170(b)(1)(A)(vi). (C							
8 [		A community trust describe							
9 [		An agricultural research org				-		-	-
		or university or a non-land-g	rant college of agrici	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
10 [		university: An organization that norma	lly reacives (1) more	than 22 1/20/ of its supp	ort from o	ontributior	na mambarab	in food and	d aroog regeinte from
		activities related to its exem						•	•
		income and unrelated busir		•	. ,				•
		See section 509(a)(2). (Con				oco doqui	ica by the org		
11 [		An organization organized a		velv to test for public sa	fetv. See	section 50	)9(a)(4).		
12		An organization organized a	-	•	•			rrv out the	purposes of one or
_		more publicly supported or	-	-	-			•	
		lines 12a through 12d that	-						
а		] Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting
		organization. You must o	omplete Part IV, Se	ctions A and B.					
b		] Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organization	n(s), by hav	ring
		control or management o	f the supporting orga	anization vested in the sa	ame persoi	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,
		its supported organization		-					
d		<b>Type III non-functionally</b>	• · ·					· ·	
		that is not functionally int	•		•		-	an attentiv	/eness
		requirement (see instructi		-					
е		Check this box if the orga					Type I, Type I	I, Type III	
	<b>-</b>	functionally integrated, or			ng organiz	ation.			
		r the number of supported c ide the following informatior	•	d organization(c)					
<u> </u>		) Name of supported	(ii) EIN	(iii) Type of organization		nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	in your governi Yes	ng document? No	support (see in	structions)	support (see instructions)
				above (see instructions))	100				
Total									

Part II

AMERICAN LUNG ASSOCIATION

13-1632524 Page 2

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)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	89851926.	83540236.	112291164	100309671	97020213.	483013210
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	89851926.	83540236.	112291164	<u>100309671</u>	<u>97020213.</u>	483013210
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)						216,918.
	Public support. Subtract line 5 from line 4.						482796292
	ction B. Total Support	Ţ	<b></b>			1	
	ndar year (or fiscal year beginning in)	(a) 2019 89851926.	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	09021920.	83340230.	112291104	T0020301T	97020213.	403013210
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	4822544.	4656339.	8400917.	6512649.	6177660	30870118.
•	and income from similar sources	4022344.	4050559.	0400917.	0512049.	04//009.	500/0110.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	452 244	311,677.				763,921.
44	<b>Total support.</b> Add lines 7 through 10	152,2110	511,011.				514647249
	Gross receipts from related activities,	etc. (see instruction	ns)			12 29	,707,805.
	First 5 years. If the Form 990 is for th		,	fourth or fifth tax y	vear as a section 5	· · · · · · · · · · · · · · · · · · ·	1.0.10000
	organization, check this box and <b>sto</b>	-					
Sec	ction C. Computation of Publi						
14	Public support percentage for 2023 (I	line 6, column (f), d	ivided by line 11, o	column (f))		14	93.81 %
	Public support percentage from 2022					15	92.24 %
	33 1/3% support test - 2023. If the					ore, check this bo	
	stop here. The organization qualifies						37
b	33 1/3% support test - 2022. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	lifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	t - 2023. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	<b>re.</b> Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	t - 2022. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and <b>st</b>	<b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circ		•				
18	Private foundation. If the organization	on did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2023

332022 12-21-23

Schedule A					ASSOCIATIO	
Part III	Support	: Schedule f	or Organization	is Desc	ribed in Section	509(a)(2)

#### AMERICAN LUNG ASSOCIATION

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 (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						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	<del></del>	1		1	1	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 <b>(f)</b> Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	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 assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the						nization,
80	check this box and stop here						
	ction C. Computation of Public						
	Public support percentage for 2023 (		•			15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Invest					16	%
	Investment income percentage for 20			ine 13 column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box a						
ł	<b>33 1/3% support tests - 2022.</b> If the	-					
	line 18 is not more than 33 1/3%, che	-					
20	<b>Private foundation.</b> If the organization						
3320	23 12-21-23						dule A (Form 990) 2023
			16	5			

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#### AMERICAN LUNG ASSOCIATION

1

Yes No

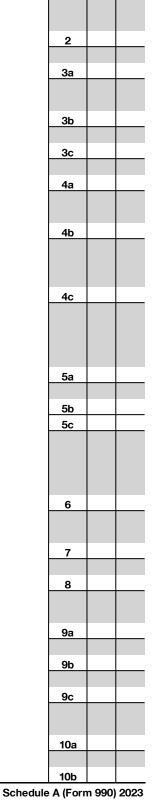
#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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) 2023 AMERICAN LUNG ASSOCIATION

1

2

No

Pa	t IV Supporting Organizations (continued)		
		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 Part VI. 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 V</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. T	pe II Supp	orting Orga	anizations

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

Section D	. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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 year	(see instructions).
•		(000 110 1 00 1010)

- 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 ent	ity (see instruction <u>s).</u>
-----	--	---	-------------------------	----------------------------------	---------------------------------

- 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.* 

Yes No
Yes No
Yes
No

Schedule A (Form 990) 2023

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Schedule A	(Form 990	) 2023 A	MERICAN	LUNG	ASSOCIATIO	ON
Part V	Type II	I Non-Functiona	ally Integrat	ted 509(	a)(3) Supporting	g Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 ( <i>explain in</i> <b>F</b>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2023

332026 12-21-23

1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	i de la companya de l	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 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-2023	IS	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
	From 2019				
	From 2020				
	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Carryover from 2018 not applied (see instructions)				
;	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				
				Sc	hedule A (Form 990) 2023

\_\_\_\_\_13-1632524 Page 7

**Current Year** 

 Schedule A (Form 990) 2023
 AMERICAN
 LUNG
 ASSOCIATION

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

Section D - Distributions

Part IV, S	Section A, I	lines 1, 2	2, 3b, 3c, 4	lb, 4c,⊧	5a, 6, 9a,	9b, 9c, 11a	a, 11b, a	ınd 11c;	Part IV, S	Section B, lines	or 17b; Part III, line a 1 and 2; Part IV, S	Section C,	,
Section I	D, lines 5, 6	ion D, lir 3, and 8;	es 2 and and and and and Part	3; Part V, Sect	IV, Sectio ion E, lin	on E, lines 1 es 2, 5, and	c, 2a, 2t I 6. Also	o, 3a, an complet	nd 3b; Pa te this pa	rt V, line 1; Par rt for any addit	t V, Section B, line ional information.	1e; Part V	,
(See inst	ructions.)	-								-			
SCHEDULE A,	PART	II,	LINE	10,	EXPI	LANATI	ON F	or o	THER	INCOME:			
MISCELLANEO	US IN	COME											
2019 AMOUNT			,244.										
2020 AMOUNT	• \$		,677.										
<u></u>	• •	<u> </u>	, , , , ,										
332028 12-21-23											Schedule A (I	Form QQA	0000
						23						5	, _020

MERICAN LUNG ASSOCIATION

\*\* PUBLIC DISCLOSURE COPY \*\*

## **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

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Department of the Treasury Internal Revenue Service

Schedule B

Name of the organization

Organization type (check one):

AM

ERICAN LUNG ASSOCIATION
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	_			_	_	-	_	-	
1	3	_	1	6	3	2	5	2	4
-	~		÷.	~	~	~	~	~	-

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.

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, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

**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).

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

Name of organization

Page 2 Employer identification number

13-1632524

### AMERICAN LUNG ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    1</u>		\$5,024,493.	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		\$ 2,520,191.	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		\$ 2,300,000.	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
4		\$ <u>5,692,566.</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
5		\$ <u>2,969,658.</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
<u> </u>		\$ <u>2,909,157.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

23

90) (2023)

Name of organization

Page 3

Employer identification number

13-1632524

AMERICAN LUNG ASSOCIATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	

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Schedule	B (Form 990) (2023)		Page 4
Name of c	organization		Employer identification number
AMERI	CAN LUNG ASSOCIATION		13-1632524
Part III			tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, checking and the completing Part III.	naritable, etc., contributions of \$1,000 or le	ss for the year. (Enter this info. once.)
	Use duplicate copies of Part III if additional s	bace is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	·		
		(e) Transfer of gift	I
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	
	Transferee's name, address, an	d 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 gift	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee

Schedule B (Form 990) (2023)

#### 15530313 132842 13137.0000

SCHEDULE C	;
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Department of the Treasury

Internal Revenue Service

(Form 990)

## **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

• Section 527 organizations: Complete Part I A only.

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

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

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

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

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

Nam	ne of organization				Emplo	oyer identification number
	AMERICA	N LUNG ASSOCIATIO	N			13-1632524
Pa		anization is exempt unde		r is a section 52	?7 org	anization.
2 3	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures gn activities				
	rt I-B Complete if the org					
2 3 4a b Pa 1	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section Was a correction made? If "Yes," describe in Part IV. If "Yes," describe in Part IV. If <b>TI-C</b> Complete if the org Enter the amount directly expended Enter the amount of the filing organ exempt function activities	incurred by organization manager n 4955 tax, did it file Form 4720 for anization is exempt under I by the filing organization for sect ization's funds contributed to othe	s under section 4955 or this year? r section 501(c), e ion 527 exempt functio er organizations for sec	except section 5 on activities tion 527	\$ 501(c) \$	Yes No Yes No (3).
4	Total exempt function expenditures line 17b Did the filing organization file <b>Form</b> Enter the names, addresses, and er made payments. For each organizat contributions received that were pro- political action committee (PAC). If a	<b>1120-POL</b> for this year? nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a	) of all section 527 poli from the filing organiza separate political orgar	tical organizations to tion's funds. Also en nization, such as a se	which ter the	the filing organization amount of political
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2023

OMB No. 1545-0047

**Open to Public** 

Inspection

23

LHA 332041 11-06-23

Schedule C (Form 990) 2023	AMERI	CAN LU	NG ASSOCIAT	ION		632524 Page 2
Part II-A Complete if the orga	anizatio	on is exen	npt under sectior	n 501(c)(3) and file	ed Form 5768 (ele	ection under
section 501(h)).				<b>D</b> . N		
				Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share		, ,	• •			
<b>B</b> Check if the filing organizat	ion check	ked box A ar	nd "limited control" pro	ovisions apply.		
		bying Exper leans amou	nditures nts paid or incurred.)		<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence pub	lic opinion (	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influe	ence a leç	gislative bod	ly (direct lobbying)			
c Total lobbying expenditures (add lin	nes 1a and	d 1b)				
d Other exempt purpose expenditures						
e Total exempt purpose expenditures	add line	s 1c and 1d	)			
f Lobbying nontaxable amount. Enter	r the amo	unt from the	e following table in bot	h columns.		
If the amount on line 1e, column (a) or	(b) is:	The lob	bying nontaxable am	ount is:		
not over \$500,000,		20% of 1	the amount on line 1e.			
over \$500,000 but not over \$1,000,	000,	\$100,00	0 plus 15% of the exc	ess over \$500,000.		
over \$1,000,000 but not over \$1,50			00 plus 10% of the exc			
over \$1,500,000 but not over \$17,0			0 plus 5% of the exce			
over \$17,000,000,		\$1,000,				
g Grassroots nontaxable amount (ent	er 25% of	Line 1f				
<b>h</b> Subtract line 1g from line 1a. If zero		,				
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than zero						
reporting section 4911 tax for this y			, C			Yes No
			eraging Period Under			
(Some organizations th		a section 5		have to complete all o	of the five columns b	elow.
	Lobl	bying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2020	( <b>b)</b> 2021	(c) 2022	( <b>d)</b> 2023	(e) Total
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2023

332042 11-06-23

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(k	<b>)</b>
of the lobbying activity.	Yes	No	Amo	ount
<ul> <li>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:</li> </ul>	x			
<ul><li>a Volunteers?</li><li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li></ul>	X			
c Media advertisements?	X		165	5,635.
d Mailings to members, legislators, or the public?	X			,729.
	X			711.
<ul> <li>Publications, or published or broadcast statements?</li> <li>f Grants to other organizations for lobbying purposes?</li> </ul>	X		88	3,836.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X			,999.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X			,489.
i Other activities?		X		
j Total. Add lines 1c through 1i			1,139	,399.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		Х		
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(	5), or sec	tion	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from th				
Part III-B Complete if the organization is exempt under section 501(c)(4), sectio			tion	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	'No" OR	(b) Part I	II-A, line	3, is
answered "Yes."				
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	al			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
<b>b</b> Carryover from last year		2b		
<b>c</b> Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
expenditures next year?		4		
5 Taxable amount of lobbying and political expenditures. See instructions		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (see	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.				
PART II-B, LINE 1, LOBBYING ACTIVITIES:				
THE AMERICAN LUNG ASSOCIATION VOLUNTEERS AND STAFF ENG	AGE IN	I A WI	DE	
RANGE OF ADVOCACY ACTIVITIES TO FURTHER OUR MISSION TO	SAVE	LIVES	BY	
IMPROVING LUNG HEALTH AND PREVENTING LUNG DISEASE. OUR	WORK	INCLU	DES	
EFFORTS TO EDUCATE ELECTED OFFICIALS, THEIR STAFF AND	THE PU	JBLIC	ON	
LUNG HEALTH ISSUES AND ACCESS TO HEALTHCARE. WE ADVOCA	TE FOF	R CLEA	N,	
		Schedu	le C (Form	990) 2023

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Schedule C (Form 990) 2023 AMERICAN LUNG ASSOCIATION	13-1632524	Page 4
Part IV Supplemental Information (continued)		
HEALTHY AIR TO REDUCE THE HEALTH IMPACTS OF AIR POLLUTION. W	IE FOCUS ON	
SUPPORTING THE IMPLEMENTATION AND STRENGTHENING OF THE NATIO	N'S CLEAN	
AIR LAWS. WE STRONGLY SUPPORT THE PUBLIC HEALTH INFRASTRUCTU	JRE AND LUNG	
HEALTH RESEARCH FUNDING INCLUDING FUNDING FOR LUNG CANCER, C	CHRONIC	
OBSTRUCTIVE PULMONARY DISEASE (COPD), ASTHMA, TUBERCULOSIS A	ND OTHER	
LUNG DISEASES. FURTHERMORE, THE AMERICAN LUNG ASSOCIATION VC	LUNTEERS	
AND STAFF ACTIVELY ADVOCATE AT THE NATIONAL, STATE AND LOCAL	LEVELS FOR	
TOBACCO CONTROL LAWS, INCLUDING EFFORTS TO REGULATE TOBACCO	PRODUCTS	
INCLUDING E-CIGARETTES, PROMOTE TOBACCO CESSATION AND ELIMIN	IATE	
EXPOSURE TO SECONDHAND SMOKE.		

332044 11-06-23

SCHEDULE D
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#### (Form 990)

### **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.

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



OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

### ERICAN LUNG ASSOCTATION

Employer identification number

Do	AMERICAN LUNG ASSU		Similar Eunda		<u>13-163252</u>	
Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accou	Ints. Complete if the	e
		(a) Donor adv	ised funds	(b) Fi	unds and other accoun	nte
	Tatel number at and of year			(6) 1 (		11.5
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3 4	Aggregate value of grants from (during year)					
4 5	Aggregate value at end of year Did the organization inform all donors and donor advisors in v		hold in depart advise	ad funda		
5	are the organization's property, subject to the organization's	-			Yes	No
6	Did the organization inform all grantees, donors, and donor a					
0	for charitable purposes and not for the benefit of the donor o	-	-	-		
	impermissible private benefit?	,	, , ,	0	Yes	No No
Par						
1	Purpose(s) of conservation easements held by the organization			,		
	Preservation of land for public use (for example, recrea	r		a historical	ly important land area	
	Protection of natural habitat	, [			historic structure	
	Preservation of open space	-				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribution in the form o	of a conserv	vation easement on the	e last
	day of the tax year.				Held at the End of the	
а	Total number of conservation easements			2a		
b						
с	Number of conservation easements on a certified historic stru					
d	Number of conservation easements included on line 2c acqui	ired after July 25, 200	6, and not			
	on a historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or terminated by the	organizatio	n during the tax	
	year					
4	Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the per	iodic monitoring, insp	ection, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	No No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	and enforcing cons	ervation ea	sements during the yea	ar
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enforcing conservat	ion easeme	ents during the year	
				( .) (=) (i)		
8	Does each conservation easement reported on line 2d above				<b>—</b>	<b>—</b>
	and section 170(h)(4)(B)(ii)?					No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footn	note to the organizatio	n's financial stateme	ents that de	scribes the	
Par	organization's accounting for conservation easements. T III Organizations Maintaining Collections of	Art Historical T	reasures or Ot	her Simil	ar Assots	
1 41	Complete if the organization answered "Yes" on Form					
10	If the organization elected, as permitted under FASB ASC 95		ovonuo statomont a	ad balanco	shoot works	
Ia	of art, historical treasures, or other similar assets held for pub	· ·				
	service, provide in Part XIII the text of the footnote to its finar					
b	If the organization elected, as permitted under FASB ASC 95				et works of	
D	art, historical treasures, or other similar assets held for public					
	provide the following amounts relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1				\$	
					\$	
2	If the organization received or held works of art, historical trea					
-	the following amounts required to be reported under FASB A			gain, provi		
а	Revenue included on Form 990, Part VIII, line 1	-			\$	
	Assets included in Form 990, Part X				\$	
	For Paperwork Reduction Act Notice, see the Instructions				Schedule D (Form 9	990) 2023
	09-28-23	· · · · · · · · · · · · · · · · · · ·				,

3	0						
-	-	_	-	-	-	_	

Sche		N LUNG ASSO				13-16			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Simila	ir Assets	s (contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant	use of its			
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's ex	empt purp	ose in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations of	f art, historical treas	sures, or other simil	ar assets		_		_
	to be sold to raise funds rather than to be ma				<u></u>	<u></u>	Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		e if the organization	answered "Yes" of	n Form 990	), Part IV, li	ne 9, or		
1a	Is the organization an agent, trustee, custodia	an, or other intermedi	ary for contribution	s or other assets no	ot included				
	on Form 990, Part X?		-				Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
							Amoun	t	
с	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e	<u> </u>			
f	Ending balance				<b>1</b> f		_		
	Did the organization include an amount on Fo		•			L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds Complete if					veere beek	(a) [au		haali
		(a) Current year	(b) Prior year	(c) Two years back	-	years back			
	Beginning of year balance	9,104,563.	7,970,231.	9,016,928		600,852.	8	,779,	
b	Contributions	56,000. 734,541.	1,005,405.	,		5,000. 326,442.		,	100.
C	Net investment earnings, gains, and losses	545,412.	519,731.	,	,	915,366.		,	454.
d	Grants or scholarships	545,412.	519,751.	99,002	•	915,300.		144,	434.
е	Other expenditures for facilities								
	and programs								
	Administrative expenses	9,349,692.	9,104,563.	7,970,231	9	016,928.	8	,600,	852
g 2	End of year balance [ Provide the estimated percentage of the curr		, ,	, ,	•			,,	
2	Board designated or quasi-endowment	ent year end balance	%	i) field as.					
h	Permanent endowment100	%	_/0						
c		%							
Ū	The percentages on lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posses		ion that are held ar	nd administered for	the				
	organization by:	5					]	Yes	No
	(i) Unrelated organizations?						3a(i)		X
							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm	ent							
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part >	K, line 10.				
	Description of property	<b>(a)</b> Cost or ot basis (investm			Accumula <sup>:</sup> lepreciatio		<b>(d)</b> Boo	k valu	е
<b>1</b> a	Land		2,49	0,989.			2,49	0,9	89.
	Buildings		12,16	1,164. 6	,023,3	88.	6,13	-	
	Leasehold improvements		45	5,278.	351,5	07.		3,7	
	Equipment		3,63		,578,0	20.	6	0,0	40.
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	(, line 10c, column	<u>(B))</u>		<u></u>	8,79	2,5	76.

Schedule D (Form 990) 2023

332052 09-28-23

Dart VII	Investments -	Other Securities			-
Schedule D	(Form 990) 2023	AMERICAN	LUNG	ASSOCIATION	

	(b) Book value	11b. See Form 990, Part X, line 12.(c) Method of valuation: Cost or en	d-of-year market value
) Financial derivatives			-
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [	Description		
			(b) Book value
(1) BENEFICIAL INTEREST IN PER		S	38,765,184
(2) AMOUNTS HELD ON BEHALF OF		S	38,765,184 1,099,850
		S	38,765,184 1,099,850
(2) AMOUNTS HELD ON BEHALF OF		S	38,765,184 1,099,850 224,385
(2) AMOUNTS HELD ON BEHALF OF (3) REFUNDABLE DEPOSITS		S	38,765,184 1,099,850 224,385
(2) AMOUNTS HELD ON BEHALF OF (3) REFUNDABLE DEPOSITS (4) RIGHT-OF-USE-ASSETS		S	38,765,184 1,099,850 224,385
<ul> <li>(2) AMOUNTS HELD ON BEHALF OF</li> <li>(3) REFUNDABLE DEPOSITS</li> <li>(4) RIGHT-OF-USE-ASSETS</li> <li>(5)</li> </ul>		S	38,765,184 1,099,850 224,385
<ul> <li>(2) AMOUNTS HELD ON BEHALF OF</li> <li>(3) REFUNDABLE DEPOSITS</li> <li>(4) RIGHT-OF-USE-ASSETS</li> <li>(5)</li> <li>(6)</li> </ul>		S	38,765,184 1,099,850 224,385
<ul> <li>(2) AMOUNTS HELD ON BEHALF OF</li> <li>(3) REFUNDABLE DEPOSITS</li> <li>(4) RIGHT-OF-USE-ASSETS</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> </ul>		S	38,765,184 1,099,850 224,385 4,284,020
<ul> <li>(2) AMOUNTS HELD ON BEHALF OF</li> <li>(3) REFUNDABLE DEPOSITS</li> <li>(4) RIGHT-OF-USE-ASSETS</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>otal. (Column (b) must equal Form 990, Part X, line 15, col.</li> </ul>	OTHERS		38,765,184 1,099,850 224,385 4,284,020
<ul> <li>(2) AMOUNTS HELD ON BEHALF OF</li> <li>(3) REFUNDABLE DEPOSITS</li> <li>(4) RIGHT-OF-USE-ASSETS</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>otal. (Column (b) must equal Form 990, Part X, line 15, col.</li> <li>Part X Other Liabilities</li> </ul>	OTHERS (B))		38,765,184 1,099,850 224,385 4,284,020 44,373,439
<ul> <li>(2) AMOUNTS HELD ON BEHALF OF</li> <li>(3) REFUNDABLE DEPOSITS</li> <li>(4) RIGHT-OF-USE-ASSETS</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>otal. (Column (b) must equal Form 990, Part X, line 15, col.</li> </ul>	OTHERS (B))		38,765,184 1,099,850 224,385 4,284,020 4,284,020 44,373,439
<ul> <li>(2) AMOUNTS HELD ON BEHALF OF</li> <li>(3) REFUNDABLE DEPOSITS</li> <li>(4) RIGHT-OF-USE-ASSETS</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>otal. (Column (b) must equal Form 990, Part X, line 15, col.</li> <li>Part X Other Liabilities</li> </ul>	OTHERS (B))		38,765,184 1,099,850 224,385 4,284,020 44,373,439
<ul> <li>(2) AMOUNTS HELD ON BEHALF OF</li> <li>(3) REFUNDABLE DEPOSITS</li> <li>(4) RIGHT-OF-USE-ASSETS</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>otal. (Column (b) must equal Form 990, Part X, line 15, col.</li> <li>Part X Other Liabilities</li> <li>Complete if the organization answered "Yes" or</li> </ul>	OTHERS (B))		38,765,184 1,099,850 224,385 4,284,020 4,284,020 44,373,439 5. (b) Book value
<ul> <li>(2) AMOUNTS HELD ON BEHALF OF</li> <li>(3) REFUNDABLE DEPOSITS</li> <li>(4) RIGHT-OF-USE-ASSETS</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>otal. (Column (b) must equal Form 990, Part X, line 15, col.</li> <li>Part X Other Liabilities</li> <li>Complete if the organization answered "Yes" of</li> <li>(a) Description of liability</li> </ul>	OTHERS (B)) on Form 990, Part IV, line		38,765,184 1,099,850 224,383 4,284,020 4,284,020 44,373,439 6. (b) Book value 1,099,850
<ul> <li>(2) AMOUNTS HELD ON BEHALF OF</li> <li>(3) REFUNDABLE DEPOSITS</li> <li>(4) RIGHT-OF-USE-ASSETS</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>otal. (Column (b) must equal Form 990, Part X, line 15, col.</li> <li>Part X Other Liabilities</li> <li>Complete if the organization answered "Yes" of</li> <li>(a) Description of liability</li> <li>(1) Federal income taxes</li> </ul>	OTHERS (B)) on Form 990, Part IV, line		38,765,184 1,099,859 224,389 4,284,029 4,284,029 44,373,439 5. (b) Book value 1,099,859 709,599
<ul> <li>(2) AMOUNTS HELD ON BEHALF OF</li> <li>(3) REFUNDABLE DEPOSITS</li> <li>(4) RIGHT-OF-USE-ASSETS</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>Other Liabilities</li> <li>Complete if the organization answered "Yes" c</li> <li>(a) Description of liability</li> <li>(1) Federal income taxes</li> <li>(2) AMOUNTS HELD ON BEHALF OF</li> <li>(3) ANNUITY FUND INVESTMENTS</li> <li>(4) LEASE LIABILITIES</li> </ul>	OTHERS (B)) on Form 990, Part IV, line		38,765,18 1,099,85 224,38 4,284,02 44,373,43 (b) Book value 1,099,85 709,59 4,596,51
<ul> <li>(2) AMOUNTS HELD ON BEHALF OF</li> <li>(3) REFUNDABLE DEPOSITS</li> <li>(4) RIGHT-OF-USE-ASSETS</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>otal. (Column (b) must equal Form 990, Part X, line 15, col.</li> <li>Part X Other Liabilities</li> <li>Complete if the organization answered "Yes" construction of liability</li> <li>(1) Federal income taxes</li> <li>(2) AMOUNTS HELD ON BEHALF OF</li> <li>(3) ANNUITY FUND INVESTMENTS</li> </ul>	OTHERS (B)) on Form 990, Part IV, line		38,765,18 1,099,85 224,38 4,284,02 4,284,02 44,373,43 5. (b) Book value 1,099,85 709,59 4,596,51 18,35
<ul> <li>(2) AMOUNTS HELD ON BEHALF OF</li> <li>(3) REFUNDABLE DEPOSITS</li> <li>(4) RIGHT-OF-USE-ASSETS</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>otal. (Column (b) must equal Form 990, Part X, line 15, col.</li> <li>Part X Other Liabilities</li> <li>Complete if the organization answered "Yes" construction of liability</li> <li>(1) Federal income taxes</li> <li>(2) AMOUNTS HELD ON BEHALF OF</li> <li>(3) ANNUITY FUND INVESTMENTS</li> <li>(4) LEASE LIABILITIES</li> </ul>	OTHERS (B)) on Form 990, Part IV, line OTHERS		38,765,18 1,099,85 224,38 4,284,02 4,284,02 44,373,43 5. (b) Book value 1,099,85 709,59 4,596,51 18,35
<ul> <li>(2) AMOUNTS HELD ON BEHALF OF</li> <li>(3) REFUNDABLE DEPOSITS</li> <li>(4) RIGHT-OF-USE-ASSETS</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>otal. (Column (b) must equal Form 990, Part X, line 15, col.</li> <li>Part X Other Liabilities</li> <li>Complete if the organization answered "Yes" of</li> <li>(a) Description of liability</li> <li>(1) Federal income taxes</li> <li>(2) AMOUNTS HELD ON BEHALF OF</li> <li>(3) ANNUITY FUND INVESTMENTS</li> <li>(4) LEASE LIABILITIES</li> <li>(5) OTHER LIABILITIES</li> </ul>	OTHERS (B)) on Form 990, Part IV, line OTHERS		38,765,18 1,099,85 224,38 4,284,02 4,284,02 44,373,43 6 (b) Book value 1,099,85 709,59 4,596,51 18,35
<ul> <li>(2) AMOUNTS HELD ON BEHALF OF</li> <li>(3) REFUNDABLE DEPOSITS</li> <li>(4) RIGHT-OF-USE-ASSETS</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>(9)</li> <li>(1) Federal income taxes</li> <li>(2) AMOUNTS HELD ON BEHALF OF</li> <li>(3) ANNUITY FUND INVESTMENTS</li> <li>(4) LEASE LIABILITIES</li> <li>(5) OTHER LIABILITIES</li> <li>(6) PENSION &amp; LIFE INSURANCE B</li> <li>(7)</li> </ul>	OTHERS (B)) on Form 990, Part IV, line OTHERS		38,765,184 1,099,850 224,381 4,284,020 4,284,020 44,373,439
<ul> <li>(2) AMOUNTS HELD ON BEHALF OF</li> <li>(3) REFUNDABLE DEPOSITS</li> <li>(4) RIGHT-OF-USE-ASSETS</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>otal. (Column (b) must equal Form 990, Part X, line 15, col.</li> <li>Part X Other Liabilities Complete if the organization answered "Yes" c <ul> <li>(a) Description of liability</li> </ul> </li> <li>(1) Federal income taxes</li> <li>(2) AMOUNTS HELD ON BEHALF OF</li> <li>(3) ANNUITY FUND INVESTMENTS</li> <li>(4) LEASE LIABILITIES</li> <li>(5) OTHER LIABILITIES</li> <li>(6) PENSION &amp; LIFE INSURANCE B</li> </ul>	OTHERS (B)) on Form 990, Part IV, line OTHERS		38,765,18 1,099,85 224,38 4,284,02 4,284,02 44,373,43 6 (b) Book value 1,099,85 709,59 4,596,51 18,35

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .... 🚺

Schedule D (Form 990) 2023

332053 09-28-23

	dule D (Form 990) 2023 AMERICAN LUNG ASSOCIATION				1032324 Pag	je <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Wi	th Revenue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.				
1	Total revenue, gains, and other support per audited financial statements			1	166,353,530	0.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	10,797,214.			
b	Donated services and use of facilities	. 2b	45,747,647.			
с	Recoveries of prior year grants	. 2c				
d	Other (Describe in Part XIII.)	. 2d	2,156,011.			
е	Add lines 2a through 2d			2e	58,700,872	
3	Subtract line 2e from line 1			3	107,652,658	8.
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	. <b>4</b> a	90,665.			
b	Other (Describe in Part XIII.)	. 4b				
	Add lines <b>4a</b> and <b>4b</b>			4c	90,66 107,743,32	5.
			• • • • • • • • • • • • • • • • • • • •			
с 5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990 Part 1 line 12)			5	107,743,32	3.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents W		5 Retur	<u>107,743,323</u> n	3.
с 5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990 Part 1 line 12)	ents W		Retur	n	
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents W	ith Expenses per F	Retur	107,743,323 n 159,469,563	
c 5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         t XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents W	ith Expenses per F	Retur	n	
с 5 Ра 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         t XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements	ents W	ith Expenses per F	Retur	n	
с 5 Ра 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         t XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents W	ith Expenses per F	Retur	n	
с 5 Ра 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>T XII</b> Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents W	ith Expenses per F	Retur	n	
c 5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>T</b> XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	ents W 	ith Expenses per F	Retur	n 159,469,562	2.
c 5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>Total Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	ents W 	ith Expenses per F 45,747,647.	Retur	n 159,469,562 45,747,64	2.
c 5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>t XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	ents W 	ith Expenses per F 45,747,647.	Retur	n	2.
c 5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>t XII</b> Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	ents W 	ith Expenses per F 45,747,647.	Retur	n 159,469,562 45,747,64	2.
c 5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>t XII</b> Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	ents W 	ith Expenses per F 45,747,647.	Retur	n 159,469,562 45,747,64	2.
c 5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other losses       Other (Describe in Part XIII.)         Add lines 2a through 2d       Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents W 	ith Expenses per F 45,747,647.	Retur	n 159,469,562 45,747,64 113,721,91	2. 7. 5.
c 5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other losses         Other losses         Other losses         Other statement         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	ents W 	ith Expenses per F 45,747,647. 90,665.	2e 3 4c	n 159,469,562 45,747,64 113,721,915 90,665	<u>2.</u> <u>7.</u> <u>5.</u>
c 5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	ents W 	ith Expenses per F 45,747,647. 90,665.	2e 3 4c	n 159,469,562 45,747,64 113,721,91	<u>2.</u> <u>7.</u> <u>5.</u>

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

PART V, LINE 4:

PROCEEDS EARNED FROM THE CORPUS OF THESE NUMEROUS ENDOWMENT FUNDS MAY BE

EXPENDED FOR RESEARCH, RESEARCH FELLOWSHIPS, LUNG-HEALTH EDUCATION,

CONTINUING MEDICAL EDUCATION LECTURES, SCHOLARSHIPS, PATIENT ASSISTANCE,

ADVOCACY, TOBACCO CESSATION ASSISTANCE, AND GENERAL OPERATIONS IN

ACCORDANCE WITH DONOR STIPULATIONS.

PART X, LINE 2:

THE ASSOCIATION IS DESIGNATED AS A NON-PROFIT ORGANIZATION AND IS EXEMPT

FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IT

HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION.

#### THEREFORE, CHARITABLE CONTRIBUTIONS ARE TAX DEDUCTIBLE.

332054 09-28-23

33

Schedule D	(Form 990)	) 2023	AMERICAN	LUNG	ASSOCIATION	
Part XIII	Supple	mental I	Information (continu	(ad)		

ART XI, LINE 2D - OTHER ADJUSTMENTS:	
HANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUSTS	2,580,727
CHANGE IN VALUE OF SPLIT-INTEREST TRUSTS	138,395
PENSION AND POSTRETIREMENT PLAN CHANGES	-563,111
FOTAL TO SCHEDULE D, PART XI, LINE 2D	2,156,011

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities o	DMB No. 1545-0047
(Form 990)		e organization answered "Yes" or organization entered more than \$"				r 19,	or if the	2023
Department of the Treasury		Attach to Form 990	or For	n 990	-EZ.			Open to Public
Internal Revenue Service	Go t	o www.irs.gov/Form990 for instru	ctions	and t	he latest informatio	n.		Inspection
Name of the organization	n						Employer ide	ntification number
	AMERICA	N LUNG ASSOCIATION	ſ				13-1632	524
	complete this part	Complete if the organization answ t.	ered "Y	'es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
1 Indicate whether th	e organization rais	ed funds through any of the followi	na activ	/ities.	Check all that apply.			
a X Mail solicitat	-		-		overnment grants			
	email solicitations			0	mment grants			
c X Phone solici			l fundra	•	•			
d In-person so		<b>y</b> open	in rantare	aloning				
•		or oral agreement with any individua	l (inclue	tina of	fficers directors trus	toos	or	
· ·		art VII) or entity in connection with		Ũ		1003,	X Yes	s 🗌 No
, , ,		viduals or entities (fundraisers) pursi			•	oo fuu		
compensated at le	0	( 71		ayreer		ie iui		5
	ast \$5,000 by the							
(i) Name and addres or entity (fund		(ii) Activity	have c	Did raiser ustody ntrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser	<b>(vi)</b> Amount paid to (or retained by)
or onliny (land				utions?	inoin douvry		ted in col. (i)	organization
NNE MARKETING - 160	66		Yes	No				
MASSACHUSETTS AVE.		DIRECT MARKETING		X	14,199,395.		378,000.	13,821,395.
			_					
			_					
Total			<u></u>		14,199,395.		378,000.	13,821,395.
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from re	gistration

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2023

LHA 332081 09-13-23

AMERICAN LUNG ASSOCIATION

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr	USS INCOME ON FORM 990	EZ, III es T and ob. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				LUNG FORCE		(add col. (a) through
				WALKS	57	col. (c))
e			(event type)	(event type)	(total number)	
Hevenue	1	Gross receipts	6,350,764.	2,248,750.	7,502,323.	16,101,837
	2	Less: Contributions	6,350,764.	2,248,750.	5,941,210.	14,540,724
	3	Gross income (line 1 minus line 2)			1,561,113.	1,561,113
	4	Cash prizes	53,178.	5,328.	138,660.	197,166
	5	Noncash prizes				
benses	6	Rent/facility costs	143,444.	86,258.	586,233.	815,935
Direct Expenses	7	Food and beverages	49,613.	15,015.	537,090.	601,718
- I	8	Entertainment	14,814.	6,707.	32,158.	53,679
	-					,
		Other direct expenses	484,147.	6,707. 219,734.	998,072.	1,701,953
	9		484,147.	219,734.	998,072.	1,701,953 3,370,451
	9  0  1	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I	484,147. 9 in column (d) ine 3, column (d)		998,072.	1,701,953 3,370,451
1	9  0  1	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I <b>II Gaming.</b> Complete if the organization	484,147. 9 in column (d) ine 3, column (d)		998,072.	1,701,953 3,370,451
Par	9  0  1	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I	484,147. 9 in column (d) ine 3, column (d)		998,072.	1,701,953 3,370,451 -1,809,338 (d) Total gaming (add col. (a) through col. (c
ar	9  0   <u>1</u>	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	484,147. 9 in column (d) ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant	998,072. eported more than	1,701,953 3,370,451 -1,809,338 (d) Total gaming (add
1 Par	9  0   <u>1</u>  1	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I <b>II Gaming.</b> Complete if the organization	484,147. 9 in column (d) ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant	998,072. eported more than	1,701,953 3,370,451 -1,809,338 (d) Total gaming (add
1 Par	9  0 <u> 1</u> <u>t   </u> 2	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	484,147. 9 in column (d) ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant	998,072. eported more than	1,701,953 3,370,451 -1,809,338 (d) Total gaming (add
Pevenue	9  0 <u> 1</u> <u>t   </u> 2 3	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	484,147. 9 in column (d) ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant	998,072. eported more than	1,701,953 3,370,451 -1,809,338 (d) Total gaming (add
t Expenses Revenue	9 10 11 1 1 2 3 4	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	484,147.	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	998,072. eported more than (c) Other gaming	1,701,953 3,370,451 -1,809,338 (d) Total gaming (add
1 Par	9 10 11 1 2 3 4 5	Other direct expenses	484,147. n 9 in column (d) answered "Yes" on Form (a) Bingo (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	998,072.	1,701,953 3,370,451 -1,809,338 (d) Total gaming (add
	9 10 11 1 2 3 4 5 6	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	484,147. n 9 in column (d) answered "Yes" on Form (a) Bingo (a) Bingo Yes% No	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	998,072. eported more than (c) Other gaming	1,701,953 3,370,451 -1,809,338 (d) Total gaming (add

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes **b** If "Yes," explain:

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Schedule G (Form 990) 2023

No

No

Sch	edule G (Form 990) 2023	AMERICAN LUI	NG	ASSOCIATION	13-1	632	524	Page 3
	Is the organization a grantor, bene	eficiary or trustee of a tru	ıst, or	pers?			Yes	No
							Yes	No
	Indicate the percentage of gaming					13a	I	%
						13b		<u>%</u>
				ganization's gaming/special events books and recor				
	Name							
	Address							
15a	Does the organization have a con	tract with a third party fro	om w	hom the organization receives gaming revenue?			Yes	No No
b	If "Yes," enter the amount of gam	ing revenue received by	the o	rganization \$ and the ar	nount			
	of gaming revenue retained by the							
С	If "Yes," enter name and address	of the third party:						
	Name							
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation	\$						
	Description of services provided							
	Director/officer	Employee		Independent contractor				
17	Mandatory distributions:							
а				distributions from the gaming proceeds to				
	retain the state gaming license?						Yes	└── No
b	organization's own exempt activit	-	to be	e distributed to other exempt organizations or spent	in the			
Pa				ations required by Part I, line 2b, columns (iii) and (v	); and Part	: III, lin	es 9, 9	)b, 10b,
_				additional information. See instructions.				
SC	HEDULE G, PART I,	LINE 2B, LIS	ST (	OF TEN HIGHEST PAID FUNDRA	ISERS	:		
<u>(I</u>	) NAME OF FUNDRAIS	SER: NNE MARK	(ET	ING				
<u>(I</u>	) ADDRESS OF FUND	RAISER:						
16	66 MASSACHUSETTS 2	AVE. SUITE 14	1, 1	LEXINGTON, MA 02420				
PA	RT I, LINE 2B, CO	LUMN (V):						
				IRES CONTRIBUTIONS FROM DI				
		LES. IN ORDER	( 'T')	O MANAGE THESE ACTIVITIES,				<u>AN</u> 990) 2023
JJ208	33 09-13-23				Jonedu	ne a (I		JUUJ 2023

15530313 132842 13137.0000

37 2023.05060 AMERICAN LUNG ASSOCIATION 13137.01

Part IV Supplemental Information (continued)

## LUNG ASSOCIATION CONTRACTS WITH PROFESSIONAL FUNDRAISERS TO DEVELOP

FUNDRAISING STRATEGIES ON THESE INITIATIVES.

Schedule G (Form 990)

332084 04-01-23

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.												
Department of the Treasury		U U	Attach to Form				Open to Public						
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest inform	ation.		Inspection						
Name of the organization AMERICAN	LUNG ASSO	CIATION					Employer identification number $13 - 1632524$						
Part I General Information on Grants a	nd Assistance												
<ol> <li>Does the organization maintain records t criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro-</li> </ol>	tance?				v		on 🔀 Yes 🗌 No						
Part II Grants and Other Assistance to I	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any						
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         1 (a) Name and address of organization or government       (b) EIN       (c) IRC section (if applicable)       (d) Amount of cash grant       (e) Amount of noncash assistance       (f) Method of valuation (book, FMV, appraisal, other)       (g) Description of noncash assistance       (h)													
AMERICAN THORACIC SOCIETY, INC. 25 BROADWAY, 4TH FL NEW YORK, NY 10004	06-1548706	501(C)(3)	46,666.	0.			RESEARCH						
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030-3411	74-1613878		323,105.	0.			RESEARCH						
BOARD OF TRUSTEES OF THE UNIVERISTY OF ILLINOIS - 809 S MARSHFIELD AVE (M/C 551) - CHICAGO, IL 60612-7502	37-6000511		95,000.	0.			RESEARCH						
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	200,000.	0.			RESEARCH						
BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	102,500.	0.			RESEARCH						
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106-7037	34-1018992	501(C)(3)	150,000.	0.			RESEARCH						
<ul> <li>2 Enter total number of section 501(c)(3) an</li> <li>3 Enter total number of other organizations</li> </ul>	с с		e line 1 table				<u> </u>						

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

#### AMERICAN LUNG ASSOCIATION Schedule I (Form 990)

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

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
COLUMBIA UNIVERSITY							
615 WEST 131ST STREET	12 5500000	501 ( 2) ( 2)	515 140				
NEW YORK, NY 10027	13-5598093	501(C)(3)	517,140.	0.			RESEARCH
DUKE UNIVERSITY							
BOX 104132							
DURHAM, NC 27708	56-0532129	501(C)(3)	296,485.	٥.			RESEARCH
GATEWAY FOR CANCER RESEARCH							
20 NORTH MARTINGALE ROAD, SUITE 180							
SCHAUMBURG, IL 60173	73-1386920	501(C)(3)	25,000.	0.			RESEARCH
H. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE, INC - 12902							
MAGNOLIA DRIVE - TAMPA, FL 33612	59-2451713	501(C)(3)	200,000.	0.			RESEARCH
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE,							
BOX 3500 - NEW YORK, NY 10029-6574	13-6171197	501(C)(3)	500,000.	0.			RESEARCH
INDIANA UNIVERSITY 1024 E 3RD STREET, ROOM 132 BLOOMINGTON, IN 47405	35-6001673	STATE OF IN	300,000.	0.			RESEARCH
JOHNS HOPKINS UNIVERSITY 3910 KESWICH RD, N4 327-B BALTIMORE, MD 21211	52-0595110	501(C)(3)	970,310.	0.			RESEARCH
,			, ,				
LOYOLA UNIVERSITY MEDICAL CENTER							
2160 S. FIRST AVENUE							
MAYWOOD, IL 60153	36-4015560	501(C)(3)	200,000.	0.			RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-1564655	501(C)(3)	250,000.	0.			RESEARCH

Т

Schedule I (Form 990)

Page 1

# Schedule I (Form 990) AMERICAN LUNG ASSOCIATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

SEATTLE, WA 98109

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC							
200 FIRST STREET SW	41 6011500	501 ( 2) ( 2)					
ROCHESTER, MN 55905	41-6011702	501(C)(3)	200,000.	0.			RESEARCH
MEMORIAL SLOAN KETTERING CANCER							
CENTER - 1275 YORK AVENUE - NEW							
YORK, NY 10065	13-1924236	501(C)(3)	400,000.	0.			RESEARCH
NATIONAL JEWISH MEDICAL AND							
RESEARCH CENTER - 1400 JACKSON							
STREET - DENVER, CO 80206	74-2044647	501(C)(3)	253,265.	0.			RESEARCH
NEMOURS CHILDREN CLINIC							
10140 CENTURION PARKWAY NORTH							
JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	165,000.	0.			RESEARCH
		501(0)(3)	105,000.				
NEW YORK UNIVERSITY SCHOOL OF							
MEDICINE - 550 FIRST AVENUE - NEW							
YORK, NY 10016	13-5562308	501(C)(3)	298,105.	٥.			RESEARCH
NORTHWESTERN UNIVERSITY							
619 CLARK STREET							
EVANSTON, IL 60208	36-2167817	501(C)(3)	462,675.	0.			RESEARCH
OVI MONA MEDICAL DECENDOR							
OKLAHOMA MEDICAL RESEARCH FOUNDATION - 825 NE 13TH STREET -							
OKLAHOMA CITY, OK 73104	73-0580274	501(C)(3)	100,000.	0.			RESEARCH
	/			···			
RHODE ISLAND HOSPITAL							
593 EDDY STREET							
PROVIDENCE, RI 02903	05-0258954	501(C)(3)	100,000.	0.			RESEARCH
SEATTLE BIOMEDICAL RESEARCH							
INSTITUTE – 307 WESTLAKE AVENUE –							

Т

Schedule I (Form 990)

RESEARCH

135,000.

Ο.

91-1452438 501(C)(3)

13-1632524 Page 1

Т

# AMERICAN LUNG ASSOCIATION

Schedule I (Form 990) AMERICAN							.3-1632524 Pag
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINGING OF THETANA							
ST. VINCENT OF INDIANA 1 HOSPITAL DRIVE INDIANAPOLIS							
		F01 ( g) ( 2 )	122 010	0			
INDIANAPOLIS, IN 46260	35-0869066	501(C)(3)	132,810.	0.			RESEARCH
STATE UNIVERSITY OF IOWA							
.05 JESSUP HALL							
IOWA CITY, IA 52242	42-6004813	STATE OF IA	100,000.	0.			RESEARCH
. ONA CITI, IA 32242	42-0004013	DIALE OF IA	100,000.	0.			NEGRARCH
TEMPLE UNIVERSITY							
1852 N. 10TH STREET							
PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	246,050.	0.			RESEARCH
THE BOARD OF TRUSTEES OF THE	23 1303371	501(0/(5/	240,030.	••			
ELAND STANFORD JUNIOR UNIVERSITY							
- 485 BROADWAY, MAIL CODE 8838 -							
REDWOOD CITY, CA 94063	94-1156365	F(1)(2)(2)	400,000.	0.			RESEARCH
	94-1150505	501(C)(3)	400,000.	0.			RESEARCH
THE OHIO STATE UNIVERSITY							
001 WOODY HAYES DR, 2020							
BLANKENSHIP HALL - COLUMBUS, OH	21 6005006		000 500				
13210	31-6025986	STATE OF OH	232,790.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF							
CALIFORNIA, DAVIS - 1850 RESEARCH							
,	04 6036404	STATE OF CA	250 000	0.			RESEARCH
ARK DRIVE - DAVIS, CA 95618	94-0030494	STATE OF CA	250,000.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF							
CALIFORNIA, LOS ANGELES - 10889							
VILSHIRE BLVD SUITE 700 - LOS				-			
NGELES, CA 90095-1406	95-6006143	STATE OF CA	200,000.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF							
CALIFORNIA, SAN DIEGO - 9500							
GILMAN DIVE MC 0955 - LA JOLLA, CA							
2093	95-6006144	STATE OF CA	305,455.	0.			RESEARCH
HE REGENTS OF THE UNIVERSITY OF							
ALIFORNIA, SAN FRANCISCO - 1855							
OLSOM STREET - SAN FRANCISCO, CA							
4143	94-6036493	STATE OF CA	815,160.	Ο.			RESEARCH

# Schedule I (Form 990) AMERICAN LUNG ASSOCIATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRUSTEES OF BOSTON UNIVERSITY							
881 COMMONWEALTH AVENUE							
BOSTON, MA 02215	04-2103547	501(C)(3)	400,000.	0.			RESEARCH
	01 210001/	501(0)(3)	100,000.				
TRUSTEES OF TUFTS COLLEGE							
80 GEORGE STREET							
MEDFORD, MA 02155	04-2103634	501(C)(3)	100,000.	0.			RESEARCH
/			,				
UNIVERSITY OF ALABAMA AT							
BIRMINGHAM - UNIVERSITY STATION -							
BIRMINGHAM, AL 35294	63-6005396	STATE OF AL	530,000.	0.			RESEARCH
UNIVERSITY OF ARIZONA							
PO BOX 3308							
TUCSON, AZ 85722	74-2652689	501(C)(3)	266,615.	0.			RESEARCH
UNIVERSITY OF KANSAS CENTER FOR							
RESEARCH - 2385 IRVING HILL ROAD -							
LAWRENCE, KS 66045	48 - 0680117	501(C)(3)	465,000.	0.			RESEARCH
UNIVERSITY OF LOUISVILLE RESEARCH							
FOUNDATION - CONTROLLERS OFFICE							
SERVICE COMPLES BLDG - LOUISVILLE,							
KY 40292	61-1029626	501(C)(3)	200,000.	0.			RESEARCH
UNIVERSITY OF MICHIGAN							
5082 WOLVERINE TOWER, 3003 S. STATE							
ANN ARBOR, MI 48109	38-6006309	STATE OF MI	305,570.	0.			RESEARCH
UNIVERSITY OF NORTH CAROLINA AT							
CHAPEL HILL - 104 AIRPORT DRIVE,							
SUITE 2200 - CHAPEL HILL, NC 25799	56-6001393	501(C)(3)	95,000.	0.			RESEARCH
UNIVERSITY OF PITTSBURGH							
116 ATWOOD STREET, SUITE 201		501 ( 3) ( 2)		-			
PITTSBURGE, PA 15260	25-0965591	POT(C)(3)	245,000.	0.			RESEARCH

# Schedule I (Form 990) AMERICAN LUNG ASSOCIATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER - 1515 HOLCOMBE BLVD - HOUSTON, TX 77030-7009	74-6001118	STATE OF TX	200,000.	0.			RESEARCH
JNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON - 301 UNIVERSITY BLVD - GALVESTON, TX 77555-1166	74-6000949	STATE OF TX	200,000.	0.			RESEARCH
JNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER – 5323 HARRY HINES BLVD, MC9029 – DALLAS, TX 75390	75-6002868	STATE OF TX	100,000.	0.			RESEARCH
JNIVERSITY OF VERMONT 35 SOUTH PROSPECT STREET BURLINGTON, VT 05405	03-0179440	501(C)(3)	365,000.	0.			RESEARCH
VIRGINIA COMMONWEALTH UNIVERSITY 800 E LEIGH STREET SUITE 3100 RICHMOND, VA 23284	54-6001758	STATE OF VA	100,000.	0.			RESEARCH
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE CAMPUS BOX 1034 5T. LOUIS, MO 63112-1408	43-0653611	501(C)(3)	200,000.	0.			RESEARCH
VEILL MEDICAL COLLEGE OF CORNELL INIVERSITY - P.O. BOX 22371 - NEW YORK, NY 10087-2371	13-1623978	501(C)(3)	245,000.	0.			RESEARCH
RETURNED FUNDS & CANCELLED PAYMENTS - VARIOUS UNIVERSITIES - 55 W. WACKER DR - CHICAGO, IL 50601	13-1632524	501(C)(3)	-204,920.	0.			RESEARCH

332102 11-01-23

Schedule I (Form 990) 2023

Part III

AMERICAN LUNG ASSOCIATION

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assis
Supplemental Information. Provide the information re	quired in Part I, lin	e 2: Part III. column	(b): and any other ad	ditional information.	

PART I, LINE 2:

AWARD RECIPIENTS ARE REQUIRED TO SUBMIT A RENEWAL APPLICATION AFTER THEIR

FIRST YEAR OF FUNDING. RENEWAL APPLICATIONS ARE THEN REVIEWED BY OUR

RESEARCH COMMITTEE CHAIRS FOR APPROVAL OF SECOND YEAR FUNDING. AT THE TIME

OF TERMINATION (AFTER THE SECOND YEAR OF FUNDING), AWARD RECIPIENTS ARE

REQUIRED TO SUBMIT A SUMMARY OF THEIR ACTIVITIES, COPIES OF PRESENTATIONS

AND/OR PUBLICATIONS, AND A CASH DISBURSEMENT REPORT FOR THE ENTIRE GRANT

TIME.

13 - 1632524

Page 2

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	_	20	2			
-	-	Compensated Employees		20	Ľ٦	)		
Dene	terrant of the Treesury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic		
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction			
Nam	e of the organization	1		identificatio		mber		
		AMERICAN LUNG ASSOCIATION	13-1	163252	4			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c	harter travel Housing allowance or residence for perso	nal use					
	Travel for com	panions Payments for business use of personal re	sidence					
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s					
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)					
b	,	on line 1a are checked, did the organization follow a written policy regarding payment or						
		rovision of all of the expenses described above? If "No," complete Part III to explain		1b				
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
-								
3		ny, of the following the organization used to establish the compensation of the organization's						
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to					
		ation of the CEO/Executive Director, but explain in Part III.						
	X Compensation							
		ompensation consultant						
	X Form 990 of o	ther organizations	ommittee					
4	During the year dia	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
4	organization or a re							
а	-	e payment or change-of-control payment?		4a		x		
b		eive payment from a supplemental nonqualified retirement plan?			Х	<u> </u>		
c	•	eive payment from an equity-based compensation arrangement?				x		
•	•	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	·····,							
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
	contingent on the r							
а	The organization?			5a		X		
b	Any related organiz	ation?				X		
		r 5b, describe in Part III.						
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n					
	contingent on the n	et earnings of:						
а	The organization?			6a		X		
	Any related organiz				X			
	If "Yes" on line 6a c	r 6b, describe in Part III.						
7	For persons listed of							
	not described on lir		7		X			
8	Were any amounts	ıe						
	initial contract exce		8		X			
9								
	Regulations section	53.4958-6(c)?	<u></u>	9				
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)	2023		

LHA 332111 11-06-23

### 13-1632524

#### 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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation 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) HAROLD WIMMER	(i)	558,373.	60,000.	0.	37,022.	30,622.	686,017.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LAURA SCOTT	(i)	284,373.	25,000.	0.	33,681.	1,705.	344,759.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SUE SWAN	(i)	272,377.	20,000.	0.	32,952.	18,289.	343,618.	0.
CHIEF DEVELOPMENT OFFICER		0.	0.	0.	0.	0.	0.	0.
(4) DEBORAH BROWN	(i)	271,377.	20,000.	0.	34,245.	11,791.	337,413.	0.
CHIEF MISSION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JEFF SEYLER	(i)	271,377.	15,000.	0.	34,270.	10,663.	331,310.	0.
CHIEF FIELD OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SARAH KRIKORIAN	(i)	255,000.	20,000.	0.	18,083.	19,988.	313,071.	0.
CHIEF HUMAN RESOURCES OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NEIL BALLENTINE	(i)	230,373.	15,000.	0.	24,689.	13,387.	283,449.	0.
CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOENELL HENRY-TANNER	(i)	237,873.	20,000.	0.	15,524.	1,738.	275,135.	0.
CHIEF OF STAFF, SVP GOVERNANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PAUL BILLINGS	(i)	229,004.	7,758.	0.	28,391.	2,165.	267,318.	0.
NATIONAL SENIOR VP, PUBLIC POLICY	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ALLISON HICKEY	(i)	215,161.	750.	0.	17,568.	11,289.	244,768.	0.
EXECUTIVE VP, MOUNTAIN PACIFIC & CA	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SUSAN RAPPAPORT	(i)	206,285.	750.	0.	24,761.	12,390.	244,186.	0.
NATIONAL VP, RESEARCH	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) LEA GUTIERREZ	(i)	199,707.	0.	0.	15,248.	10,875.	225,830.	0.
CHIEF DIVERSITY, EQUITY & INCLUSION	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) EMILY MURPHY	(i)	180,904.	6,347.	0.	20,570.	12,848.	220,669.	0.
DIVISION SENIOR VP, DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) MARIA VANEGAS-ZEA	(i)	161,973.	7,150.	0.	20,388.	21,969.	211,480.	0.
NATIONAL AVP, HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

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

### PART I, LINE 4B:

HAROLD WIMMER RECEIVED \$39,330 FROM A 457(F) PLAN.

### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

# **Noncash Contributions**

OMB No. 1545-0047

2023 Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organization

Employer	identification number
1	3-1632524

# AMERICAN LUNG ASSOCIATION

<u> </u>		(a) Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contri amounts report Form 990, Part VI	ted on	<b>(d)</b> Method of de noncash contribu	etermin	•	s
1	Art - Works of art				n, mo rg				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
••	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ( SUPPLIES )	Х	92	87	,245.	FMV			
26	Other ()								
27	Other ()								
28	Other ( )								
29	Number of Forms 8283 received by the organ	nization during	g the tax year for c	ontributions					
	for which the organization completed Form 8	283, Part V, D	onee Acknowledg	ement	29				
								Yes	No
30a	During the year, did the organization receive		, , , , ,	,	0	,			
	must hold for at least 3 years from the date of	f the initial co	ntribution, and whi	ch isn't required to	be used t	or			
	exempt purposes for the entire holding perio	d?					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	ions?	31	X					
32a	Does the organization hire or use third partie contributions?		•				32a		x
b									
33	If the organization didn't report an amount in	column (c) fo	r a type of property	for which column	(a) is cheo	ked,			
	describe in Part II.				-				
	Denerwork Deduction Act Nation and the In					Cala aduda N	- /		

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Schedule M	(Form 990) 2023 AMERICAN LUNG ASSOCIATION	13-1632524	Page <b>2</b>
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information.	and whether the organizat ination of both. Also comp	ion lete

Schedule M (Form 990) 2023

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SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



13-1632524

AMERICAN LUNG ASSOCIATION

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

AGAIN PROVIDED ANNUAL GRANTS TO PROMISING SCIENTISTS TACKLING THE BROAD

CHALLENGES OF LUNG HEALTH AND ACADEMIC MEDICAL CENTERS CONDUCTING

CLINICAL TRIALS ON CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) AND

ASTHMA.

DURING LUNG CANCER ACTION WEEK (MAY 6-12, 2024), WE CELEBRATED THE 10TH

ANNIVERSARY OF OUR LUNG FORCE INITIATIVE - UNITING INDIVIDUALS IMPACTED

BY LUNG CANCER TO RAISE AWARENESS AND FUNDS TO SUPPORT RESEARCH,

EDUCATION, EARLY DETECTION AND TREATMENTS TO SAVE LIVES. TO DATE, LUNG

FORCE HAS RAISED MORE THAN \$32 MILLION FOR LIFESAVING CANCER RESEARCH,

ALLOWING US TO EXPAND OUR RESEARCH COMMITMENT BY 146%.

THROUGHOUT THE YEAR, WE ALSO ADVOCATED FOR CONGRESSIONAL FUNDING FOR

LUNG CANCER AND LUNG DISEASE. THIS INCLUDED OUR LUNG FORCE HEROES

TRAVELING TO WASHINGTON, DC, IN MARCH SEEKING \$51.3 BILLION FOR THE

NATIONAL INSTITUTES OF HEALTH (NIH) FOR BETTER EARLY DETECTION,

TREATMENT AND A CURE FOR LUNG CANCER, AND ANOTHER \$11.6 BILLION FOR THE

CENTERS FOR DISEASE CONTROL (CDC) TO BUILD HEALTHIER COMMUNITIES AND

PROTECT OUR NATION'S COMMUNITIES FROM DISEASE, INCLUDING LUNG CANCER.

IN ADDITION, WE HELPED TO EXPAND ACCESS TO BIOMARKER TESTING - THE EVALUATION OF LUNG TUMOR TISSUE TO HELP DETERMINE AN INDIVIDUAL'S SPECIFIC TYPE OF LUNG CANCER (NON-SMALL CELL, SMALL CELL OR CARCINOID), ALLOWING FOR PRECISE AND POTENTIALLY SUCCESSFUL TREATMENT - IN COLORADO, CONNECTICUT, IOWA, INDIANA AND FLORIDA. FOR INDIVIDUALS NEWLY For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 51

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ON LUNG NODULES, INCLUDING STAGING AND TREATMENT.

IN OCTOBER, WE RELEASED OUR 6TH ANNUAL "STATE OF LUNG CANCER" REPORT, HIGHLIGHTING LUNG CANCER BREAKTHROUGHS AND STATE-BY-STATE LUNG CANCER RATES, AND THE LIFESAVING POTENTIAL OF LUNG CANCER SCREENING WHICH CAN DETECT THE DISEASE AT AN EARLIER STAGE WHEN IT'S MORE CURABLE. IN FISCAL YEAR 2024, OUR LUNG CANCER SCREENING ELIGIBILITY QUIZ, PART OF OUR SAVED BY THE SCAN CAMPAIGN, ENABLED MORE THAN 260,000 PEOPLE TO LEARN IF THEY ARE AT HIGH RISK FOR LUNG CANCER AND ELIGIBLE FOR SCREENING. SINCE THE CAMPAIGN WAS LAUNCHED IN 2017, LUNG CANCER SCREENING RATES AMONG THOSE WHO ARE ELIGIBLE INCREASED MORE THAN 170%. IF LUNG CANCER IS CAUGHT BEFORE IT SPREADS, THE LIKELIHOOD OF SURVIVING FIVE YEARS OR MORE JUMPS TO 64%.

FOR OUR PATIENTS AND CAREGIVERS, WE CONTINUED TO OFFER NEW AND ENHANCED EDUCATIONAL CAMPAIGNS, PROGRAMS AND RESOURCES. IN JUNE, WE ADDED THE WELLNESS HUB TO OUR PATIENT & CAREGIVER NETWORK, OFFERING FREE, ONLINE MENTAL HEALTH AND WELLNESS RESOURCES INCLUDING ARTICLES, VIDEOS, WEBCASTS, DISEASE MANAGEMENT TOOLS AND DISEASE-SPECIFIC ONLINE COMMUNITIES. RESOURCE TOPICS INCLUDE MINDFULNESS, MOVEMENT AND SELF-DISCOVERY PRACTICES, AND NUTRITION TIPS AND RECIPES FOR PEOPLE LIVING WITH LUNG DISEASE.

 THIS YEAR, WE ALSO LAUNCHED TWO COPD CAMPAIGNS: A "COPD FOR LIFE"

 CAMPAIGN, PROVIDING INFORMATION AND RESOURCES FOR INDIVIDUALS LIVING

 WITH COPD - THE SIXTH LEADING CAUSE OF DEATH IN THE U.S. - ON THE

 LATEST TREATMENT AND CARE GUIDELINES; AND "THE EARLY WARNING SIGNS OF

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Name of the organization AMERICAN LUNG ASSOCIATION	Employer identification number 13-1632524
AMERICAN LUNG ASSOCIATION	13-1632524
	VOUD LUNGS IN
WORK-RELATED COPD" CAMPAIGN, HIGHLIGHTING HOW TO PROTECT	YOUR LUNGS IN
THE WORKPLACE. FOR INDIVIDUALS LIVING WITH ASTHMA, WE EXP.	ANDED OUR
ASTHMA FOR LIFE-BREATHE WELL, LIVE WELL EDUCATION SERIES	TO INCLUDE AN
ONLINE, SELF-PACED 90-MINUTE PROGRAM.	

AS THE FALL APPROACHED, WE ENHANCED OUR CAMPAIGNS TO EDUCATE INDIVIDUALS AND FAMILIES ABOUT THE DANGERS OF SEASONAL RESPIRATORY DISEASE - INFLUENZA, OR THE FLU, RESPIRATORY SYNCYTIAL DISEASE (RSV) AND COVID-19 - AND THE IMPORTANCE OF IMMUNIZATIONS.

THIS PAST YEAR, WE TRANSLATED OUR FREEDOM FROM SMOKING PLUS DIGITAL SMOKING CESSATION PROGRAM INTO 38 LANGUAGES, LAUNCHED A DIGITAL ADVERTISING CAMPAIGN TO MORE BROADLY PROMOTE OUR SAVED BY THE SCAN PROGRAM, AND COLLABORATED WITH INFLUENCERS TO ENSURE GREATER REPRESENTATION IN OUR LUNG HEALTH COHORT RESEARCH STUDY.

IN ADDITION, WE CONTINUED TO SUPPORT THE AWARENESS, TRUST, AND ACTION

PROGRAM TO REDUCE MISTRUST AND TO MORE BROADLY PROMOTE CLINICAL TRIALS.

OUR GOAL CONTINUES TO BE A TOBACCO-FREE FUTURE FOR ALL. OUR 22ND "STATE OF TOBACCO CONTROL" REPORT HIGHLIGHTED THE ONGOING DEVASTATION CAUSED BY TOBACCO USE AND THE AGGRESSIVE MARKETING TACTICS USED BY TOBACCO COMPANIES AIMED AT TEENS AND YOUNG ADULTS. THROUGHOUT THE YEAR, WE CHAMPIONED POLICIES AND LEGISLATION THAT WOULD END THE SALE OF MENTHOL CIGARETTES, FLAVORED CIGARS AND UNAUTHORIZED E-CIGARETTE PRODUCTS.

AS SCHOOLS ACROSS THE COUNTRY CONTINUE TO GRAPPLE WITH AN EPIDEMIC OF TOBACCO USE AMONG TEENS, WE LAUNCHED OUR COMPREHENSIVE APPROACH TO 332212 11-14-23 Schedule O (Form 990) 2023 53 15530313 132842 13137.0000 2023.05060 AMERICAN LUNG ASSOCIATION 13137.01

Schedule O (Form 990) 2023 Name of the organization	Page 2 Employer identification number
AMERICAN LUNG ASSOCIATION	13-1632524
ENDING THE YOUTH VAPING MODEL IN FISCAL YEAR 2024, PROVID	ING A ROADMAP
FOR SCHOOL ADMINISTRATORS TO CREATE A TOBACCO-FREE FUTURE	. THE
MULTI-FACETED PROGRAM PROMOTES STUDENT ENGAGEMENT, EDUCAT	ES SCHOOL
PERSONNEL IN TOBACCO INTERVENTION STRATEGIES, PROVIDES AS	SESSMENTS FOR
SCHOOL DISTRICTS TO EVALUATE THEIR STUDENT ENGAGEMENT AND	TOBACCO-FREE
CAMPUS PROGRAMS, AND PROVIDES AN EVIDENCE-BASED CESSATION	PROGRAM FOR
TEENS WHO ARE USING TOBACCO PRODUCTS AND WANT TO QUIT. IN	ADDITION, WE
LAUNCHED AN ONLINE VERSION OF OUR INDEPTH (INTERVENTION F	OR NICOTINE
DEPENDENCE: EDUCATION, PREVENTION, TOBACCO AND HEALTH) PR	OGRAM, AN
ALTERNATIVE TO SUSPENSIONS AND OTHER DISCIPLINARY MEASURE	S FOR STUDENTS
WHO VIOLATE SCHOOL POLICIES THAT PROHIBIT VAPING.	

OUR YOUTH VAPING PREVENTION CAMPAIGN PROVIDES RESOURCES AND ENCOURAGES PARENTS TO TALK TO THEIR KIDS, AGES 10-14, ABOUT THE DANGERS OF VAPING. SINCE THE PROGRAM'S LAUNCH IN 2020, THIS CAMPAIGN HAS ENABLED MORE THAN 4.3 MILLION PEOPLE TO GET THE FACTS ABOUT VAPING. AND OUR EFFORTS ARE WORKING! NEW 2024 NATIONAL YOUTH TOBACCO SURVEY E-CIGARETTE AND NICOTINE POUCH DATA FROM THE FDA SHOWED A 70% DECLINE IN THE NUMBER OF MIDDLE AND HIGH SCHOOL STUDENTS USING E-CIGARETTES SINCE THE PEAK OF THE EPIDEMIC.

FINALLY, AS WE BELIEVE THAT WITH HELP EVERYONE CAN QUIT TOBACCO, WE CONTINUED TO EXPAND OUR SMOKING AND TOBACCO CESSATION EDUCATION AND SUPPORT PROGRAMS. IN FISCAL YEAR 2024, WE LAUNCHED A NEW FREEDOM FROM SMOKING MOTIVATIONAL TEXTING PROGRAM PROVIDING WEEKLY MOTIVATIONAL MESSAGES, ALONG WITH TIPS AND RESOURCES, TO HELP INDIVIDUALS QUIT FOR GOOD. WE ALSO PROVIDED FREE TOBACCO CESSATION PROGRAMMING FOR ACTIVE MILITARY PERSONNEL, VETERANS AND THEIR FAMILIES THROUGH OUR FREEDOM 332212 11-14-23 Schedule O (Form 990) 2023 54

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Name of the organization	Employer identification number
AMERICAN LUNG ASSOCIATION	13-1632524
FROM SMOKING PLUS PROGRAM, AND EXPANDED OUR ASK, ADVISE, H	REFER TO QUIT
DON'T SWITCH TOBACCO INTERVENTION TRAINING PROGRAM FOR HEA	ALTHCARE
PROVIDERS TO INCLUDE A SHORT LUNG CANCER RISK ASSESSMENT.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	NTS:
SPEND ON RESEARCH GENERATES 11 TIMES THAT AMOUNT IN ADDIT	IONAL FUNDING
FROM GOVERNMENT AGENCIES, LIKE NIH. WE ALSO REACHED A CRIT	FICAL
MILESTONE IN OUR LUNG HEALTH COHORT RESEARCH STUDY, WHERE	WE EXPECT TO
FOLLOW 4,000 YOUNG, HEALTHY ADULTS FOR APPROXIMATELY FIVE	YEARS WITH
THE GOAL OF IDENTIFYING RISK FACTORS FOR LUNG DISEASE. AT	THE END OF
THE FISCAL YEAR 2024, WE HAD REACHED THE HALFWAY POINT, RE	SCRUITING
NEARLY 2,000 PARTICIPANTS. TO ENSURE THAT THE STUDY INCLU	DES BROAD
REPRESENTATION, WE COLLABORATED WITH INFLUENCERS TO PROMO	TE THE VALUE
OF THE STUDY.	

OUR RESEARCH INSTITUTE ALSO SUPPORTS OUR AIRWAYS CLINICAL RESEARCH CENTERS NETWORK, THE LARGEST NONPROFIT CLINICAL RESEARCH NETWORK PROVIDING ASTHMA AND COPD CLINICAL TRIALS AT PROMINENT ACADEMIC MEDICAL CENTERS, AS WELL AS INNOVATIVE INDUSTRY AND NONPROFIT PARTNERSHIPS TO ACCELERATE DISCOVERY AND INNOVATION. THIS PAST YEAR WE AWARDED \$500,000 TO TEXAS BIOMEDICAL RESEARCH INSTITUTE TO SUPPORT RESEARCH TO DEVELOP A UNIVERSAL FLU VACCINE, WHICH WOULD IMMUNIZE PEOPLE AGAINST ALL INFLUENZA STRAINS AND PROVIDE LONG-LASTING PROTECTION, POTENTIALLY ELIMINATING YEARLY SHOTS.

IN FISCAL YEAR 2024, WE JOINED THE LUNGEVITY FOUNDATION IN ANNOUNCING A \$3 MILLION RESEARCH PARTNERSHIP TO "INTERCEPT LUNG CANCER" - CREATING INNOVATIVE STRATEGIES TO CATCH PRECANCEROUS CELLS AND BLOCK THEM FROM 332212 11-14-23 55

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Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization AMERICAN LUNG ASSOCIATION	Employer identification number 13-1632524
	15 1052524
TURNING INTO CANCER CELLS. WE ALSO LAUNCHED A \$1 MILLION R	ESEARCH
ENDOWMENT HONORING COURTNEY COX COLE, AN INDIANA MOM AND B	USINESS OWNER
WHO LOST HER BATTLE WITH EGFR MUTANT LUNG CANCER AT THE AG	E OF 48. THE
INAUGURAL COURTNEY COX COLE LUNG CANCER RESEARCH AWARD WAS	PRESENTED TO
WEI TAO, PHD OF HARVARD UNIVERSITY-AFFILIATED BRIGHAM AND	WOMEN'S
HOSPITAL IN BOSTON, WHO IS CONDUCTING TRAILBLAZING WORK ON	COMBINATION
LUNG CANCER THERAPIES USING NANOPARTICLES TO DELIVER EXPER	IMENTAL DRUGS
THROUGH INHALATION.	

IN PARTNERSHIP WITH THE PULMONARY HYPERTENSION ASSOCIATION WE HOSTED OUR FIRST SCIENTIFIC ROUNDTABLE, BRINGING TOGETHER PULMONARY AND CARDIAC EXPERTS TO SHARE INSIGHTS ON THE LATEST DIAGNOSIS AND TREATMENT OF PULMONARY HYPERTENSION. THE GOAL OF THE ROUNDTABLE WAS TO GAIN A BETTER UNDERSTANDING OF THE GUIDELINES TO PROVIDE RESOURCES AND GUIDANCE TO HEALTHCARE PROVIDERS IN OPTIMALLY CARING FOR PATIENTS WITH PULMONARY HYPERTENSION, A SERIOUS CONDITION THAT CAUSES ABNORMALLY HIGH PRESSURE IN THE BLOOD VESSELS BETWEEN THE LUNGS AND HEART.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: DAY IN SEPTEMBER; BRINGING MEMBERS OF OUR ASTHMA AND COPD PATIENT ADVISORY GROUPS TO WASHINGTON, D.C. IN MARCH TO ADVOCATE FOR ACCESS TO LIFESAVING AND LIFE-ENHANCING SUPPLEMENTAL OXYGEN; AND SUPPORTING THE FAMILY ASTHMA ACT THROUGHOUT THE YEAR TO EXPAND ASTHMA SUPPORT AND RESOURCES TO ALL 50 STATES.

WE ALSO ASKED STATES AND THE FEDERAL GOVERNMENT TO PROTECT MEDICAID

ACCESS AND ELIGIBILITY AS MILLIONS OF PEOPLE WERE DISENROLLED FOLLOWING

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THE END OF THE PUBLIC HEALTH EMERGENCY.

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13-1632524

AS WE KNOW THAT WITHOUT CLEAN AIR WE CAN'T BREATHE, WE CONTINUED TO ADDRESS ONGOING THREATS TO AIR QUALITY AND LUNG HEALTH AND TO STRONGLY ADVOCATE FOR CRUCIAL CLEAN AIR LAWS AND POLICY CHANGES, INCLUDING TIGHTER LIMITS ON MERCURY, AIR TOXICS AND CARBON POLLUTION APPROVED BY THE U.S. ENVIRONMENTAL PROTECTION AGENCY (EPA). THE EPA ALSO UPDATED THE NATIONAL STANDARDS FOR PARTICLE POLLUTION.

IN APRIL, WE RELEASED THE 25TH ANNUAL "STATE OF THE AIR" REPORT HIGHLIGHTING STATE AND NATIONAL AIR QUALITY STATISTICS AND REVEALING HISTORIC SPIKES IN DEADLY AIR PARTICLE POLLUTION, WITH PEOPLE LIVING IN THE U.S. EXPERIENCING THE MOST DAYS WITH "VERY UNHEALTHY" AND "HAZARDOUS" AIR QUALITY IN 25 YEARS. THIS STEADY INCREASE IN DEADLY PARTICLE POLLUTION, ESPECIALLY IN THE WESTERN U.S., IS DUE TO EXTREME HEAT, DROUGHT AND WILDFIRES, ACCORDING TO THE REPORT, WHICH GRADED EXPOSURE TO UNHEALTHY LEVELS OF GROUND-LEVEL OZONE AIR POLLUTION (ALSO KNOWN AS SMOG) AND SHORT-TERM SPIKES AND ANNUAL AVERAGE OF PARTICLE POLLUTION (SOOT) OVER A THREE-YEAR PERIOD.

AIR POLLUTION IS NOT GOOD FOR ANYONE TO BREATHE; HOWEVER, SOME INDIVIDUALS ARE MORE AT RISK OF ITS EFFECTS, INCLUDING CHILDREN, OLDER ADULTS, INDIVIDUALS WHO ARE PREGNANT, PEOPLE LIVING WITH ASTHMA, COPD AND OTHER CHRONIC DISEASES.

AS THE PREVALENCE OF WILDFIRES IN NORTH AMERICA AND THEIR IMPACT ON AIR QUALITY AND LUNG HEALTH CONTINUED TO GROW (2023 WAS THE WORST YEAR EVER FOR WILDFIRES IN CANADA AND PARTS OF THE U.S.), WE PARTNERED WITH THE CANADIAN LUNG ASSOCIATION TO RAISE AWARENESS ABOUT THE HEALTH IMPACTS 332212 11-14-23 Schedule O (Form 990) 2023 57

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FOR WAYS TO MITIGATE CATASTROPHIC WILDFIRES.

AND UNHEALTHY AIR ISN'T ONLY OUTDOORS. THIS PAST YEAR, WE CONTINUED TO RAISE AWARENESS OF INDOOR AIR RISKS; PROMOTE IMPORTANT CLEAN AIR POLICY AND INITIATIVES; AND OFFER ESSENTIAL RESOURCES ON HOW TO MAINTAIN CLEAN AIR IN SCHOOLS, WORKPLACES AND HOMES, EMPOWERING INDIVIDUALS TO SAFEGUARD THEIR HEALTH.

OUR NEW RESOURCES INCLUDE A VIDEO AND FACT SHEETS ON VOLATILE ORGANIC COMPOUNDS, OR VOCS. THESE CHEMICALS, FOUND IN THOUSANDS OF EVERYDAY PRODUCTS, INCLUDING HOUSEHOLD CLEANING SUPPLIES, CAN VAPORIZE AT ROOM TEMPERATURE, POTENTIALLY CAUSING CANCER. WE ALSO LAUNCHED A NEW CAMPAIGN ON WORK-RELATED, OR OCCUPATIONAL COPD, INCLUDING AN OVERVIEW OF EARLY WARNING SIGNS AND SYMPTOMS, AND AN ASSESSMENT TO DETERMINE WORKPLACE EXPOSURE TO DUST, CHEMICALS, VAPORS OR FUMES.

RADON, A COLORLESS, TASTELESS AND ODORLESS GAS THAT CAUSES CANCER, CAN BE FOUND IN HOMES AND BUILDINGS THROUGHOUT THE U.S. THIS PAST YEAR, WE CONTINUED TO EDUCATE INDIVIDUALS ABOUT THE IMPORTANCE OF HOME RADON TESTING, AND IF WARRANTED, REMEDIATION. THIS INCLUDED HELPING THOUSANDS OF HOMES IN PENNSYLVANIA RECEIVE FREE RADON TEST KITS DURING FISCAL YEAR 2024.

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

EXECUTIVE COMMITTEE:

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Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization	Employer identification number
AMERICAN LUNG ASSOCIATION	13-1632524
THE EXECUTIVE COMMITTEE SHALL ACT IN PLACE OF AND WITH THE	FULL AUTHORITY
OF THE BOARD OF DIRECTORS WHEN THE BOARD OF DIRECTORS IS N	OT IN SESSION,
SUBJECT TO THE BOARD'S POWER TO AMEND OR CHANGE THOSE ACTI	ONS WHICH HAVE
NOT BEEN IMPLEMENTED PRIOR TO THE BOARD MEETING OR MEETING	S FOLLOWING THE
EXECUTIVE MEETING AT WHICH SUCH ACTION WAS TAKEN. THE BOAR	D OF DIRECTORS
HAS THE POWER TO AUTHORIZE AND DELEGATE TO THE EXECUTIVE C	OMMITTEE TO THE
EXTENT PERMITTED BY THE ASSOCIATION'S BYLAWS AND APPLICABL	E LAW.
THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE AUTHORITY TO AP	POINT OFFICERS

EXCEPT ON AN INTERIM BASIS TO FILL A VACANCY, ENTER INTO OR AMEND CONTRACTS WITH OFFICERS, AMEND THE POLICIES MANUAL, OR BORROW MONEY IN EXCESS OF THE AMOUNTS EXPRESSLY AUTHORIZED BY THE BOARD. THE EXECUTIVE COMMITTEE SHALL HAVE NO AUTHORITY TO AMEND THE ARTICLES OF INCORPORATION, ADOPT A PLAN OF MERGER OR CONSOLIDATION, AUTHORIZE THE SALE OR OTHER DISPOSITION OF ALL OR SUBSTANTAILLY ALL OF THE PROPERTY AND ASSETS OF THE ASSOCIATION, AUTHORIZE THE VOLUNTARY DISSOLUTION OF THE ASSOCIATION OR REVOCATION OF SUCH DISSOLUTION, OR AMEND THE BYLAWS OF THE ASSOCIATION.

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

THE GOVERNANCE COMMITTEE SHALL PRESENT ANNUALLY TO THE BOARD OF DIRECTORS ITS RECOMMENDED NOMINEES FOR MEMBERS OF THE BOARD OF DIRECTORS, MEMBERS OF THE GOVERNANCE COMMITTEE AND OFFICERS (OTHER THAN THE PRESIDENT AND CHIEF EXECUTIVE OFFICER) OF THE ASSOCIATION (INCLUDING A RECOMMENDATION WHERE APPROPRIATE, FOR THE DESIGNATION OF THE VICE-CHAIR AS CHAIR-ELECT). OTHER NOMINATIONS MAY NOT BE MADE AT THE MEETING OF THE BOARD OF DIRECTORS FROM 332212 11-14-23 59

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THE FLOOR.

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

AMERICAN LUNG ASSOCIATION HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND REVIEWED BY THE CFO. PRIOR TO ELECTRONIC SUBMISSION, IT IS REVIEWED BY THE ORGANIZATION'S DELEGATED RESPONSIBLE BODY, THE AUDIT AND RISK OVERSIGHT COMMITTEE, FOR APPROVAL. AFTER APPROVAL BY THE AROC COMMITTEE, THE MEMBERS OF THE GOVERNING BODY REVIEW THE FORM PRIOR TO SUBMISSION. ALL COMMENTS ARE DOCUMENTED, ADDRESSED AND FINALIZED BEFORE SUBMISSION.

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

ALA CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH IT MONITORS AND ENFORCES ANNUALLY AND HAS A STANDING GOVERNANCE COMMITTEE THAT OVERSEES ITS EXECUTION. THE ORGANIZATION CURRENTLY MANDATES THAT ALL MEMBERS OF THE GOVERNING BODY, COMMITTEE MEMBERS AND ALL STAFF ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. THE SIGNED CONFLICT OF INTEREST POLICY STATEMENTS ARE SUBMITTED TO THE GOVERNANCE COMMITTEE. THESE STATEMENTS ARE REVIEWED FOR POTENTIAL OR ACTUAL CONFLICTS.

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

THE AMERICAN LUNG ASSOCIATION HAS ESTABLISHED A COMPENSATION POLICY FOR ITS

EXECUTIVE COMMITTEE TO FOLLOW IN ESTABLISHING THE COMPENSATION FOR ITS CEO,

TOP MANAGEMENT OFFICIAL, OTHER OFFICERS OR KEY EMPLOYEES. THE POLICY

MANDATES THAT EXECUTIVE COMPENSATION BE PERIODICALLY REVIEWED BY THE

COMMITTEE AND THAT THE COMMITTEE SHOULD BE FREE OF CONFLICTS OF INTEREST. 332212 11-14-23 60 15530313 132842 13137.0000 2023.05060 AMERICAN LUNG ASSOCIATION 13137.01

Name of the organization AMERICAN LUNG ASSOCIATION	Employer identification number
IN ADDITION, THE APPROVING COMMITTEE NEEDS TO REVIEW APPRO	OPRIATE AND
ADEQUATE DATA TO DETERMINE THE REASONABLENESS OF THE COMPI	ENSATION BEING
CONSIDERED. THE COMMITTEE MAY USE A VARIETY OF INFORMATION	N AND STUDIES THAT
ARE AVAILABLE TO DETERMINE THAT THE APPROPRIATE LEVEL OF (	COMPENSATION IS

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

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AZ,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC ND,OH,OK,OR,PA,RI,SC,TN,VA,WA,WV,WI

FORM 990, PART VI, SECTION C, LINE 19: THE THREE MOST RECENT YEARS OF FORM 990 AND ANNUAL REPORTS ARE AVAILABLE ON AMERICAN LUNG ASSOCIATION'S WEBSITE, WWW.LUNG.ORG. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST. OUR WEBSITE ALSO PROVIDES THE NAMES OF OUR BOARD OF DIRECTORS AND OUR ETHICS POLICY.

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

PROGRAM CONSULTING:

PROGRAM SERVICE EXPENSES

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22,782,605.

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Schedule O (Form 990) 2023 Name of the organization AMERICAN LUNG ASSOCIATION	Employer identification number
TOTAL EXPENSES	22,782,605.
OTHER FEES:	
PROGRAM SERVICE EXPENSES	6,383,444.
MANAGEMENT AND GENERAL EXPENSES	685,737.
FUNDRAISING EXPENSES	539,017.
TOTAL EXPENSES	7,608,198.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	30,390,803.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUSTS	2,580,727.
CHANGE IN VALUE OF SPLIT-INTEREST TRUSTS	138,395.
PENSION AND RETIREMENT PLAN CHANGES	-563,111.
TOTAL TO FORM 990, PART XI, LINE 9	2,156,011.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

332212 11-14-23

(Rev. January 2024)

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

## File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

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

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 payment instructions.

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.

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must use	Form 7004 to request an extension of time to file incom	ie tax retur	ns.			
Part I - Ic	lentification			-		
Type or	Name of exempt organization, employer, or other file	r, see instri	uctions.	Taxpayer	identificati	on number (TIN)
Print	AMERICAN LUNG ASSOCIATION				13-16	532524
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	see instruct	tions			
filing your	55 W. WACKER DRIVE, 1150					
return. See instructions.		araian add				
insi ucions.	City, town or post office, state, and ZIP code. For a field CHICAGO, IL 60601	oreign add	ress, see instructions.			
Entor the	Return Code for the return that this application is for (fil		to application for each raturn)			01
		1	· · · · · · · · · · · · · · · · · · ·			
Applicati	on Is For	Return	Application Is For			Return
		Code				Code
Form 990	) or Form 990-EZ	01	Form 4720 (other than individual)			09
Form 472	20 (individual)	03	Form 5227			10
Form 990	)-PF	04	Form 6069			11
Form 990	)-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
Form 990	)-T (trust other than above)	06	Form 5330 (individual)			13
	)-T (corporation)	07	Form 5330 (other than individual)			14
Form 104		08				
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For Privacy Act and Paperwork Reduction Act Notice, see instructions.