

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

B Check if applicable: C Name of organization: AMERICAN LUNG ASSOCIATION D Employer identification number: 13-1632524 E Telephone number: 217-787-5864 G Gross receipts \$: 141,855,527. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: WWW.LUNG.ORG K Form of organization: L Year of formation: 1918 M State of legal domicile: ME

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance... 8-12 Revenue... 13-19 Expenses... 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: Signature of officer: LAURA SCOTT, CFO Date: 3/17/25. Paid Preparer: KIMBERLY A RYAN, RUBINBROWN LLP, 7676 FORSYTH BLVD, SUITE 2100, SAINT LOUIS, MO 63105. Date: PTIN: P00829977. Firm's EIN: 43-0765316. Phone no.: (314) 290-3300.

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 55,290,754. including grants of \$ ) (Revenue \$ 2,429,036. ) LUNG CANCER, ASTHMA, LUNG DISEASE AND TOBACCO CONTROL:

AS PART OF OUR MISSION, WE'RE COMMITTED TO SUPPORTING AND IMPROVING THE LIVES OF THE MORE THAN 35 MILLION PEOPLE LIVING WITH CHRONIC LUNG DISEASE - A LEADING CAUSE OF DEATH IN THE U.S. WE DO THIS BY INVESTING IN RESEARCH; ADVOCATING FOR POLICIES AND LEGISLATION THAT CHAMPION CLEAN AIR, OPTIMAL CARE AND REDUCED ACCESS TO TOBACCO PRODUCTS; AND PROVIDING PROGRAMS, RESOURCES AND SUPPORT TO HELP INDIVIDUALS LIVING WITH LUNG DISEASE AND THEIR FAMILIES TO BETTER UNDERSTAND AND MANAGE THEIR DISEASE.

IN FISCAL YEAR 2024, THE AMERICAN LUNG ASSOCIATION RESEARCH INSTITUTE

4b (Code: ) (Expenses \$ 21,455,848. including grants of \$ 12,784,781. ) (Revenue \$ 954,328. ) RESEARCH:

FOR MORE THAN A CENTURY, THE AMERICAN LUNG ASSOCIATION HAS DRIVEN LUNG HEALTH ADVANCEMENTS AND INNOVATION BY SUPPORTING MEDICAL RESEARCH. THIS YEAR, THE AMERICAN LUNG ASSOCIATION RESEARCH INSTITUTE CONTINUED TO FUND HIGH-IMPACT, LIFESAVING RESEARCH, BRINGING TOGETHER THE BEST SCIENTIFIC MINDS TO ADDRESS CRITICAL LUNG HEALTH CHALLENGES.

IN SEPTEMBER, THE AMERICAN LUNG ASSOCIATION RESEARCH INSTITUTE AWARDED GRANTS TO 129 PROMISING SCIENTISTS COMMITTED TO IMPROVING THE PREVENTION, DETECTION AND TREATMENT OF LUNG DISEASE. AND OUR GRANTS ARE HAVING AN ENORMOUS IMPACT, AS RESEARCHERS TELL US THAT EVERY DOLLAR WE

4c (Code: ) (Expenses \$ 21,473,274. including grants of \$ ) (Revenue \$ 812,460. ) ADVOCACY AND ENVIRONMENTAL:

EACH YEAR, THE AMERICAN LUNG ASSOCIATION SUPPORTS POLICIES AND LEGISLATION THAT HELP EVERYONE BREATHE EASIER. THIS INCLUDES ADVOCATING FOR LAWS THAT PROTECT OUR CHILDREN FROM DEADLY AIR POLLUTION AND TOBACCO PRODUCTS AND PROVIDE FUNDING FOR CRITICAL LUNG DISEASE RESEARCH AND HEALTH PROGRAMS.

IN FISCAL YEAR 2024, WE SHOWED CONTINUED LEADERSHIP IN ADVOCATING FOR FEDERAL AND STATE POLICY CHANGES THAT PROTECT AND IMPROVE ACCESS TO CARE FOR INDIVIDUALS LIVING WITH SERIOUS, ACUTE AND CHRONIC HEALTH CONDITIONS. OUR EFFORTS INCLUDED HOSTING OUR FIRST RESPIRATORY ADVOCACY

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

4e Total program service expenses 98,219,876.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 19; 1b Enter the number of voting members included... 19; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b 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 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
LAURA SCOTT, CFO - 217-787-5864
3000 KELLY LANE, SPRINGFIELD, IL 62711

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HAROLD WIMMER PRESIDENT & CEO	40.00			X			618,373.	0.	67,644.	
(2) LAURA SCOTT CHIEF FINANCIAL OFFICER	40.00			X			309,373.	0.	35,386.	
(3) SUE SWAN CHIEF DEVELOPMENT OFFICER	40.00			X			292,377.	0.	51,241.	
(4) DEBORAH BROWN CHIEF MISSION OFFICER	40.00			X			291,377.	0.	46,036.	
(5) JEFF SEYLER CHIEF FIELD OFFICER	40.00			X			286,377.	0.	44,933.	
(6) SARAH KRIKORIAN CHIEF HUMAN RESOURCES OFFICER	40.00			X			275,000.	0.	38,071.	
(7) NEIL BALLENTINE CHIEF TECHNOLOGY OFFICER	40.00			X			245,373.	0.	38,076.	
(8) JOENELL HENRY-TANNER CHIEF OF STAFF, SVP GOVERNANCE	40.00			X			257,873.	0.	17,262.	
(9) PAUL BILLINGS NATIONAL SENIOR VP, PUBLIC POLICY	40.00					X	236,762.	0.	30,556.	
(10) ALLISON HICKEY EXECUTIVE VP, MOUNTAIN PACIFIC & CA	40.00					X	215,911.	0.	28,857.	
(11) SUSAN RAPPAPORT NATIONAL VP, RESEARCH	40.00					X	207,035.	0.	37,151.	
(12) LEA GUTIERREZ CHIEF DIVERSITY, EQUITY & INCLUSION	40.00			X			199,707.	0.	26,123.	
(13) EMILY MURPHY DIVISION SENIOR VP, DEVELOPMENT	40.00					X	187,251.	0.	33,418.	
(14) MARIA VANEGAS-ZEA NATIONAL AVP, HUMAN RESOURCES	40.00					X	169,123.	0.	42,357.	
(15) CHERYL A. CALHOUN, CPA, MBA CHAIR	2.00	X		X			0.	0.	0.	
(16) MICHAEL V. CARSTENS SECRETARY/TREASURER	2.00	X		X			0.	0.	0.	
(17) STEPHEN R. O'KANE PAST CHAIR	2.00	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHNNY A. SMITH, JR., MA VICE CHAIR	2.00	X		X				0.	0.	0.
(19) RABIH I. BECHARA, M.D., FCCP DIRECTOR	2.00	X						0.	0.	0.
(20) ANNE E. DIXON, M.D. DIRECTOR	2.00	X						0.	0.	0.
(21) AFIF EL-HASAN, M.D. DIRECTOR	2.00	X						0.	0.	0.
(22) DAVID G. HILL, M.D. DIRECTOR	2.00	X						0.	0.	0.
(23) MARK C. JOHNSON, CFA, MBA DIRECTOR	2.00	X						0.	0.	0.
(24) WENDY LAWSON, MPH, RRT DIRECTOR	2.00	X						0.	0.	0.
(25) COLLEEN M. MCINTOSH, J.D., LL.M DIRECTOR	2.00	X						0.	0.	0.
(26) JUANITA MORA, M.D. DIRECTOR	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								3,791,912.	0.	537,111.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,791,912.	0.	537,111.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 105

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRODUCTION SOLUTIONS, 1953 GALLOWS RD, SUITE 500, VIENNA, VA 22182	MARKETING	4,131,680.
RR DONNELLEY 35 W WACKER DRIVE, CHICAGO, IL 60601	MARKETING	2,242,737.
AD COUNCIL, 815 SECOND AVENUE, 9TH FLOOR, NEW YORK, NY 10017	PUBLIC SERVICE ADVERTISING	2,199,950.
INNOVAIRRE/BRICKMILL MARKETING SERVICES, 2 EXECUTIVE CAMPUS, SUITE 200, CHERRY HILL,	MARKETING	2,080,442.
RESCUE AGENCY PUBLIC BENEFIT, LLC 2437 MORENA BLVD, SAN DIEGO, CA 92110	MARKETING	1,775,677.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 72

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	14,540,724.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	32,097,825.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	50,381,664.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 87,245.				
	<b>h Total.</b> Add lines 1a-1f .....		97,020,213.				
Program Service Revenue	<b>2 a</b> PROGRAM PARTICIPANT FEE	Business Code					
		541900	1,377,131.	1,377,131.			
	<b>b</b> PROGRAM SERVICE CONTRACTS	541900	499,035.	499,035.			
	<b>c</b> MEMBERSHIP DUES	541900	73,385.	73,385.			
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		1,949,551.					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		5,204,715.			5204715.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....		1,099,184.			1099184.	
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
			173,770.				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	173,770.				
	<b>d</b> Net rental income or (loss) .....		173,770.			173,770.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
			29,704,131.	2896577.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	29,130,487.	1611266.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	573,644.	1285311.			
	<b>d</b> Net gain or (loss) .....		1,858,955.			1858955.	
<b>8 a</b> Gross income from fundraising events (not including \$ 14,540,724. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		1,561,113.				
		<b>8b</b>	3,370,451.				
<b>c</b> Net income or (loss) from fundraising events .....		-1,809,338.			-1809338.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
		<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
		<b>10b</b>					
		<b>c</b> Net income or (loss) from sales of inventory .....					
Miscellaneous Revenue	<b>11 a</b> RESEARCH GRANT SERVICE FEE	Business Code					
		541900	1,813,451.	1,813,451.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....	541900	432,822.	432,822.			
<b>e Total.</b> Add lines 11a-11d .....		2,246,273.					
<b>12 Total revenue.</b> See instructions .....		107743323.	4,195,824.	0.	6527286.		

**Part IX Statement of Functional Expenses**

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

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

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

**Part X Balance Sheet**

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

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

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	107,743,323.
2	Total expenses (must equal Part IX, column (A), line 25)	2	113,812,580.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,069,257.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	174,398,631.
5	Net unrealized gains (losses) on investments	5	10,797,214.
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	2,156,011.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	181,282,599.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2023)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	89851926.	83540236.	112291164	100309671	97020213.	483013210
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	89851926.	83540236.	112291164	100309671	97020213.	483013210
<b>5</b> 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.
<b>6 Public support.</b> Subtract line 5 from line 4.						482796292

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	89851926.	83540236.	112291164	100309671	97020213.	483013210
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	4822544.	4656339.	8400917.	6512649.	6477669.	30870118.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	452,244.	311,677.				763,921.
<b>11 Total support.</b> Add lines 7 through 10						514647249
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	29,707,805.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	93.81 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	92.24 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 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**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the 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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	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	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

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

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

MISCELLANEOUS INCOME

2019 AMOUNT: \$ 452,244.

2020 AMOUNT: \$ 311,677.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

**AMERICAN LUNG ASSOCIATION**

Employer identification number

**13-1632524**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** 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**

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 ..... \$ \_\_\_\_\_

**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.

Schedule B (Form 990) (2023)

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

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>5,024,493.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>2,520,191.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>2,300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>5,692,566.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>2,969,658.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>2,909,157.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space 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, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 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.

Table with 2 columns: Name of organization (AMERICAN LUNG ASSOCIATION) and Employer identification number (13-1632524)

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2023

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

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....	X		165,635.
<b>d</b> Mailings to members, legislators, or the public? .....	X		34,729.
<b>e</b> Publications, or published or broadcast statements? .....	X		711.
<b>f</b> Grants to other organizations for lobbying purposes? .....	X		88,836.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		751,999.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	X		97,489.
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			1,139,399.
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

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

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



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, modified easements, states where located, monitoring policy, staff hours, expenses, and requirements for section 170(h)(4)(B)(i) and (ii).

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include elected not to report art collections, elected to report art collections with amounts, and received or held art collections for financial gain with amounts.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,104,563.	7,970,231.	9,016,928.	8,600,852.	8,779,996.
b Contributions	56,000.	1,005,405.	5,300.	5,000.	6,100.
c Net investment earnings, gains, and losses	734,541.	648,658.	-952,335.	1,326,442.	-40,790.
d Grants or scholarships	545,412.	519,731.	99,662.	915,366.	144,454.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	9,349,692.	9,104,563.	7,970,231.	9,016,928.	8,600,852.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment 100 %
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations?   |     | X  |
| (ii) Related organizations?  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,490,989.		2,490,989.
b Buildings		12,161,164.	6,023,388.	6,137,776.
c Leasehold improvements		455,278.	351,507.	103,771.
d Equipment		3,638,060.	3,578,020.	60,040.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 8,792,576.

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	38,765,184.
(2) AMOUNTS HELD ON BEHALF OF OTHERS	1,099,850.
(3) REFUNDABLE DEPOSITS	224,385.
(4) RIGHT-OF-USE-ASSETS	4,284,020.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	44,373,439.

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AMOUNTS HELD ON BEHALF OF OTHERS	1,099,850.
(3) ANNUITY FUND INVESTMENTS	709,590.
(4) LEASE LIABILITIES	4,596,514.
(5) OTHER LIABILITIES	18,351.
(6) PENSION & LIFE INSURANCE BENEFITS	5,340,091.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	11,764,396.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	166,353,530.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	10,797,214.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	45,747,647.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	2,156,011.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	58,700,872.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	107,652,658.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	90,665.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	90,665.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	107,743,323.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	159,469,562.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	45,747,647.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	45,747,647.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	113,721,915.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	90,665.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	90,665.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	113,812,580.

**Part XIII Supplemental Information**

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

**PART V, LINE 4:**

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

**PART X, LINE 2:**

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

**Part XIII** Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUSTS	2,580,727.
CHANGE IN VALUE OF SPLIT-INTEREST TRUSTS	138,395.
PENSION AND POSTRETIREMENT PLAN CHANGES	-563,111.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	2,156,011.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		FIGHT FOR AIR CLIMB (event type)	LUNG FORCE WALKS (event type)	57 (total number)	(add col. (a) through col. (c))
Revenue	1	6,350,764.	2,248,750.	7,502,323.	16,101,837.
	2	6,350,764.	2,248,750.	5,941,210.	14,540,724.
	3			1,561,113.	1,561,113.
Direct Expenses	4	53,178.	5,328.	138,660.	197,166.
	5				
	6	143,444.	86,258.	586,233.	815,935.
	7	49,613.	15,015.	537,090.	601,718.
	8	14,814.	6,707.	32,158.	53,679.
	9	484,147.	219,734.	998,072.	1,701,953.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-1,809,338.

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

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

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

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: NNE MARKETING

(I) ADDRESS OF FUNDRAISER:

1666 MASSACHUSETTS AVE. SUITE 14, LEXINGTON, MA 02420

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

**THE AMERICAN LUNG ASSOCIATION ACQUIRES CONTRIBUTIONS FROM DIRECT MAIL AND TELEMARKETING SERVICES. IN ORDER TO MANAGE THESE ACTIVITIES, THE AMERICAN**

**Part IV** Supplemental Information (continued)

LUNG ASSOCIATION CONTRACTS WITH PROFESSIONAL FUNDRAISERS TO DEVELOP  
FUNDRAISING STRATEGIES ON THESE INITIATIVES.

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
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	501(C)(3)	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	501(C)(3)	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

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 49.
- 3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2023

**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) 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 non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA UNIVERSITY 615 WEST 131ST STREET 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.	0.			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

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) 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 non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC 200 FIRST STREET SW 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
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - 550 FIRST AVENUE - NEW YORK, NY 10016	13-5562308	501(C)(3)	298,105.	0.			RESEARCH
NORTHWESTERN UNIVERSITY 619 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	462,675.	0.			RESEARCH
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 - SEATTLE, WA 98109	91-1452438	501(C)(3)	135,000.	0.			RESEARCH

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) 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 non-cash assistance	(h) Purpose of grant or assistance
ST. VINCENT OF INDIANA 1 HOSPITAL DRIVE INDIANAPOLIS INDIANAPOLIS, IN 46260	35-0869066	501(C)(3)	132,810.	0.			RESEARCH
STATE UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242	42-6004813	STATE OF IA	100,000.	0.			RESEARCH
TEMPLE UNIVERSITY 1852 N. 10TH STREET PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	246,050.	0.			RESEARCH
THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 485 BROADWAY, MAIL CODE 8838 - REDWOOD CITY, CA 94063	94-1156365	501(C)(3)	400,000.	0.			RESEARCH
THE OHIO STATE UNIVERSITY 901 WOODY HAYES DR, 2020 BLANKENSHIP HALL - COLUMBUS, OH 43210	31-6025986	STATE OF OH	232,790.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS - 1850 RESEARCH PARK DRIVE - DAVIS, CA 95618	94-6036494	STATE OF CA	250,000.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 10889 WILSHIRE BLVD SUITE 700 - LOS ANGELES, 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 92093	95-6006144	STATE OF CA	305,455.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM STREET - SAN FRANCISCO, CA 94143	94-6036493	STATE OF CA	815,160.	0.			RESEARCH

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) 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 non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2103547	501(C)(3)	400,000.	0.			RESEARCH
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 PITTSBURGE, PA 15260	25-0965591	501(C)(3)	245,000.	0.			RESEARCH

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) 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 non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER - 1515 HOLCOMBE BLVD - HOUSTON, TX 77030-7009	74-6001118	STATE OF TX	200,000.	0.			RESEARCH
UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON - 301 UNIVERSITY BLVD - GALVESTON, TX 77555-1166	74-6000949	STATE OF TX	200,000.	0.			RESEARCH
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BLVD, MC9029 - DALLAS, TX 75390	75-6002868	STATE OF TX	100,000.	0.			RESEARCH
UNIVERSITY OF VERMONT 85 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 ST. LOUIS, MO 63112-1408	43-0653611	501(C)(3)	200,000.	0.			RESEARCH
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 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 60601	13-1632524	501(C)(3)	-204,920.	0.			RESEARCH

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

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

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

**PART I, LINE 2:**

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**AMERICAN LUNG ASSOCIATION**

Employer identification number

**13-1632524**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HAROLD WIMMER PRESIDENT & CEO	(i)	558,373.	60,000.	0.	37,022.	30,622.	686,017.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LAURA SCOTT CHIEF FINANCIAL OFFICER	(i)	284,373.	25,000.	0.	33,681.	1,705.	344,759.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SUE SWAN CHIEF DEVELOPMENT OFFICER	(i)	272,377.	20,000.	0.	32,952.	18,289.	343,618.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DEBORAH BROWN CHIEF MISSION OFFICER	(i)	271,377.	20,000.	0.	34,245.	11,791.	337,413.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JEFF SEYLER CHIEF FIELD OFFICER	(i)	271,377.	15,000.	0.	34,270.	10,663.	331,310.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SARAH KRIKORIAN CHIEF HUMAN RESOURCES OFFICER	(i)	255,000.	20,000.	0.	18,083.	19,988.	313,071.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NEIL BALLENTINE CHIEF TECHNOLOGY OFFICER	(i)	230,373.	15,000.	0.	24,689.	13,387.	283,449.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOENELL HENRY-TANNER CHIEF OF STAFF, SVP GOVERNANCE	(i)	237,873.	20,000.	0.	15,524.	1,738.	275,135.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PAUL BILLINGS NATIONAL SENIOR VP, PUBLIC POLICY	(i)	229,004.	7,758.	0.	28,391.	2,165.	267,318.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ALLISON HICKEY EXECUTIVE VP, MOUNTAIN PACIFIC & CA	(i)	215,161.	750.	0.	17,568.	11,289.	244,768.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SUSAN RAPPAPORT NATIONAL VP, RESEARCH	(i)	206,285.	750.	0.	24,761.	12,390.	244,186.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) LEA GUTIERREZ CHIEF DIVERSITY, EQUITY & INCLUSION	(i)	199,707.	0.	0.	15,248.	10,875.	225,830.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) EMILY MURPHY DIVISION SENIOR VP, DEVELOPMENT	(i)	180,904.	6,347.	0.	20,570.	12,848.	220,669.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) MARIA VANEGAS-ZEA NATIONAL AVP, HUMAN RESOURCES	(i)	161,973.	7,150.	0.	20,388.	21,969.	211,480.	0.
	(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)**

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( <b>SUPPLIES</b> )	<b>X</b>	<b>92</b>	<b>87,245 . FMV</b>	
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	<b>X</b>	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

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

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.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization AMERICAN LUNG ASSOCIATION	Employer identification number 13-1632524
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DIAGNOSED WITH LUNG CANCER, WE ALSO LAUNCHED AN INFORMATIONAL CAMPAIGN 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

Name of the organization AMERICAN LUNG ASSOCIATION	Employer identification number 13-1632524
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WORK-RELATED COPD" CAMPAIGN, HIGHLIGHTING HOW TO PROTECT YOUR LUNGS IN THE WORKPLACE. FOR INDIVIDUALS LIVING WITH ASTHMA, WE EXPANDED 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

Name of the organization <b>AMERICAN LUNG ASSOCIATION</b>	Employer identification number <b>13-1632524</b>
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ENDING THE YOUTH VAPING MODEL IN FISCAL YEAR 2024, PROVIDING A ROADMAP FOR SCHOOL ADMINISTRATORS TO CREATE A TOBACCO-FREE FUTURE. THE MULTI-FACETED PROGRAM PROMOTES STUDENT ENGAGEMENT, EDUCATES SCHOOL PERSONNEL IN TOBACCO INTERVENTION STRATEGIES, PROVIDES ASSESSMENTS 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 FOR NICOTINE DEPENDENCE: EDUCATION, PREVENTION, TOBACCO AND HEALTH) PROGRAM, AN ALTERNATIVE TO SUSPENSIONS AND OTHER DISCIPLINARY MEASURES 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

Name of the organization AMERICAN LUNG ASSOCIATION	Employer identification number 13-1632524
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FROM SMOKING PLUS PROGRAM, AND EXPANDED OUR ASK, ADVISE, REFER TO QUIT  
DON'T SWITCH TOBACCO INTERVENTION TRAINING PROGRAM FOR HEALTHCARE  
PROVIDERS TO INCLUDE A SHORT LUNG CANCER RISK ASSESSMENT.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:  
SPEND ON RESEARCH GENERATES 11 TIMES THAT AMOUNT IN ADDITIONAL FUNDING  
FROM GOVERNMENT AGENCIES, LIKE NIH. WE ALSO REACHED A CRITICAL  
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, RECRUITING  
NEARLY 2,000 PARTICIPANTS. TO ENSURE THAT THE STUDY INCLUDES BROAD  
REPRESENTATION, WE COLLABORATED WITH INFLUENCERS TO PROMOTE 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

Name of the organization AMERICAN LUNG ASSOCIATION	Employer identification number 13-1632524
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TURNING INTO CANCER CELLS. WE ALSO LAUNCHED A \$1 MILLION RESEARCH ENDOWMENT HONORING COURTNEY COX COLE, AN INDIANA MOM AND BUSINESS OWNER WHO LOST HER BATTLE WITH EGFR MUTANT LUNG CANCER AT THE AGE 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 EXPERIMENTAL 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 THE END OF THE PUBLIC HEALTH EMERGENCY.

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

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OF WILDFIRE SMOKE AND TO EDUCATE PEOPLE ON HOW TO PROTECT THEMSELVES FROM POOR AIR QUALITY. TOGETHER, OUR ORGANIZATIONS ARE ALSO ADVOCATING 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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THE EXECUTIVE COMMITTEE SHALL ACT IN PLACE OF AND WITH THE FULL AUTHORITY OF THE BOARD OF DIRECTORS WHEN THE BOARD OF DIRECTORS IS NOT IN SESSION, SUBJECT TO THE BOARD'S POWER TO AMEND OR CHANGE THOSE ACTIONS WHICH HAVE NOT BEEN IMPLEMENTED PRIOR TO THE BOARD MEETING OR MEETINGS FOLLOWING THE EXECUTIVE MEETING AT WHICH SUCH ACTION WAS TAKEN. THE BOARD OF DIRECTORS HAS THE POWER TO AUTHORIZE AND DELEGATE TO THE EXECUTIVE COMMITTEE TO THE EXTENT PERMITTED BY THE ASSOCIATION'S BYLAWS AND APPLICABLE LAW.

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

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

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

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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.

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IN ADDITION, THE APPROVING COMMITTEE NEEDS TO REVIEW APPROPRIATE AND ADEQUATE DATA TO DETERMINE THE REASONABLENESS OF THE COMPENSATION BEING CONSIDERED. THE COMMITTEE MAY USE A VARIETY OF INFORMATION AND STUDIES THAT ARE AVAILABLE TO DETERMINE THAT THE APPROPRIATE LEVEL OF COMPENSATION IS BEING PAID TO ITS EXECUTIVES.

THE COMMITTEE'S DECISION ON THE AMOUNT OF COMPENSATION PAID IS DOCUMENTED IN A CONTEMPORANEOUSLY WRITTEN FORMAT AND DOCUMENTS THE DATE OF THE DECISION, THE MEMBERS PRESENT DURING THE MEETING AND THOSE WHO VOTED ON IT. THE DETAILS OF THE TRANSACTION THAT WAS APPROVED AND THE COMPARABILITY DATA USED AND RELIED UPON TO MAKE THE DECISION. ALA 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 22,782,605.

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<b>TOTAL EXPENSES</b>	<b>22,782,605.</b>
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**OTHER FEES:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>6,383,444.</b>
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<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>685,737.</b>
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<b>FUNDRAISING EXPENSES</b>	<b>539,017.</b>
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<b>TOTAL EXPENSES</b>	<b>7,608,198.</b>
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<b>TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A</b>	<b>30,390,803.</b>
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**FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:**

<b>CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUSTS</b>	<b>2,580,727.</b>
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<b>CHANGE IN VALUE OF SPLIT-INTEREST TRUSTS</b>	<b>138,395.</b>
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<b>PENSION AND RETIREMENT PLAN CHANGES</b>	<b>-563,111.</b>
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<b>TOTAL TO FORM 990, PART XI, LINE 9</b>	<b>2,156,011.</b>
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**FORM 990, PART XII, LINE 2C:**

**THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.**

**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](http://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](http://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.

**Part I - Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions. <b>AMERICAN LUNG ASSOCIATION</b>	Taxpayer identification number (TIN) <b>13-1632524</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>55 W. WACKER DRIVE, 1150</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CHICAGO, IL 60601</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (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
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **LAURA SCOTT, CFO**  
**3000 KELLY LANE - SPRINGFIELD, IL 62711**

Telephone No. **217-787-5864** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 \_\_\_\_ or  
 tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**