

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2022

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation): Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 07-01-2022, and ending 06-30-2023

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: AMERICAN LUNG ASSOCIATION
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 55 W WACKER DRIVE 1150
City or town, state or province, country, and ZIP or foreign postal code: CHICAGO, IL 60601

D Employer identification number: 13-1632524
E Telephone number: (217) 787-5864
G Gross receipts \$ 122,295,456

F Name and address of principal officer: HAROLD WIMMER, 55 W WACKER DRIVE 1150, CHICAGO, IL 60601

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
H(c) Group exemption number

I Tax-exempt status: 501(c)(3), 501(c) () (insert no.), 4947(a)(1) or 527

J Website: WWW.LUNG.ORG

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: 1918
M State of legal domicile: ME

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE ALA IS TO SAVE LIVES BY IMPROVING LUNG HEALTH AND PREVENTING LUNG DISEASE.
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.
3 Number of voting members of the governing body (Part VI, line 1a) 3 16
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 16
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 558
6 Total number of volunteers (estimate if necessary) 6 76,396
7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0

Revenue

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12: Contributions and grants, Program service revenue, Investment income, Other revenue, Total revenue.

Expenses

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19: Grants and similar amounts paid, Benefits paid, Salaries, Professional fundraising fees, Total fundraising expenses, Other expenses, Total expenses, Revenue less expenses.

Net Assets or Fund Balances

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: Total assets, Total liabilities, 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: 2024-03-25
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN P00829977, Firm's name RUBINBROWN LLP, Firm's EIN 43-0765316, Firm's address 7676 FORSYTH BLVD SUITE 2100, SAINT LOUIS, MO 63105, Phone no. (314) 290-3300

May the IRS discuss this return with the preparer shown above? See Instructions. 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

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 No

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

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

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

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

4a (Code:) (Expenses \$ 56,291,897 including grants of \$) (Revenue \$ 2,611,452)

LUNG CANCER, ASTHMA, LUNG DISEASE AND TOBACCO CONTROL: LUNG DISEASE, INCLUDING COPD AND LUNG CANCER, IS A LEADING CAUSE OF DEATH IN THE U.S. AND LUNG CANCER IS THE LEADING CAUSE OF CANCER DEATH. THE COVID-19 PANDEMIC, IN ITS FOURTH YEAR, CONTINUES TO BE A PRIORITY FOR THE COUNTRY AND FOR THE AMERICAN LUNG ASSOCIATION. THE LUNG ASSOCIATION WORKS EVERY DAY ACROSS THE U.S. TO RAISE AWARENESS FOR THE NEED TO PRIORITIZE LUNG DISEASE PREVENTION AND TREATMENT, PROTECT OUR AIR, REDUCE TOBACCO USE, PROVIDE SUPPORT FOR PEOPLE LIVING WITH LUNG DISEASE AND THEIR CAREGIVERS, AND RAISE FUNDS FOR RESEARCH TO BENEFIT EVERYONE'S LUNGS. AS THE COVID-19 PANDEMIC EVOLVED IN THIS COUNTRY, OUR RESPONSE ADAPTED AS WELL. WE LEVERAGED OUR MYRIAD COMMUNICATIONS VEHICLES, PR EFFORTS AND SOCIAL MEDIA TO HELP THE PUBLIC UNDERSTAND WHAT THE ANNOUNCED EMERGENCY'S END MEANT TO THEM AND URGED THEM TO KEEP UP WITH VACCINATIONS. OUR COVID-19 ACTION INITIATIVE, LAUNCHED IN THE FIRST YEAR OF THE PANDEMIC, CONTINUED BECAUSE THE DISEASE WAS FAR FROM GONE, AND PREVENTING FUTURE PANDEMICS LIKE COVID-19 IS ONE OF ITS PRIMARY GOALS. THE INITIATIVE HAS BEEN AN ONGOING CATALYST FOR NEW COVID ADVOCACY, OUTREACH AND THE COVID-19 AND OUR RESPIRATORY VIRUS RESEARCH AWARD WHICH PROVIDES FUNDING OF \$100,000 A YEAR FOR TWO YEARS. OUR LUNGCAST PODCAST SERIES CONTINUED TO PROVIDE HEALTHCARE PROFESSIONALS WITH THE LATEST SCIENCE IN COVID-19, AND OTHER LUNG TOPICS AND INCLUDING SESSIONS ON COPD, LUNG CANCER SCREENING, HEALTH IMPACTS OF AIR POLLUTION AND MORE. THIS YEAR WE ALSO MADE PAST SESSIONS AVAILABLE ON OUR YOUTUBE CHANNEL, CREATING A VITAL AND GROWING LIBRARY FOR HEALTHCARE PROFESSIONALS. AS THE PROBLEM OF "LONG COVID" CONTINUED TO GROW, OUR ONLINE SUPPORT COMMUNITY CALLED LIVING WITH LONG COVID LAUNCHED LAST YEAR, EXPANDED AND KEPT PACE. THIS COMMUNITY ALLOWS THOSE FACING LONG COVID SYMPTOMS AND THEIR LOVED ONES TO CONNECT WITH OTHER PEOPLE IN THEIR SHOES FOR PEER-TO-PEER SUPPORT. IT JOINS OUR TEN OTHER ONLINE SUPPORT COMMUNITIES. THE FULL LIST IS AVAILABLE AT WWW.LUNG.ORG/COMMUNITY. OUR BETTER BREATHERS CLUBS ALSO CONTINUED TO WELCOME MORE AND MORE PEOPLE WITH LONG COVID SYMPTOMS. TO INCREASE ACCESS TO IMPORTANT HEALTH EDUCATION, WE UNVEILED IMPORTANT NEWS ENHANCEMENT TO OUR WEBSITE LUNG.ORG. THE ENHANCEMENTS INCLUDED ADDING AN "ACCESSIBILITY" BUTTON ON LUNG.ORG, WHICH GIVES USERS A MENU OF OPTIONS THAT ALLOWS THEM TO ENABLE SEVERAL ACCESSIBILITY FEATURES, SUCH AS DYSLEXIA-FRIENDLY FONT OPTIONS, CONTRAST ADJUSTMENTS, TEXT SIZE AND SPACING MODIFICATIONS, AND THE ABILITY TO PAUSE ANIMATIONS. IN ADDITION TO COVID-19, WE CONTINUED TO FOCUS ON ALL LUNG DISEASES, INCLUDING LUNG CANCER. WE CONTINUED OUR FOCUS ON REDUCING LUNG CANCER THROUGH OUR ONGOING LUNG FORCE INITIATIVE WHICH RAISES AWARENESS, LUNG CANCER RESEARCH FUNDING, AND PROVIDES EDUCATION AND SUPPORT TO LUNG CANCER PATIENTS AND CAREGIVERS. IN JUNE 2022, WE MARKED THE MILESTONE OF ONE MILLION LUNG CANCER SCREENING ELIGIBILITY QUIZ COMPLETIONS FOR THE SAVED BY THE SCAN CAMPAIGN. SINCE WE LAUNCHED SAVED BY THE SCAN IN 2017 IN PARTNERSHIP WITH THE AD COUNCIL, LUNG CANCER SCREENING RATES AMONG THOSE ELIGIBLE HAVE INCREASED BY MORE THAN 170%. IN NOVEMBER 2022, WE OBSERVED LUNG CANCER AWARENESS MONTH BY RELEASING OUR ANNUAL "STATE OF LUNG CANCER" REPORT WHICH SHOWS THE TOLL LUNG CANCER TAKES ON EACH STATE IN THE COUNTRY. THIS REPORT REVEALED THAT STATES MUST DO MORE TO PROTECT THEIR RESIDENTS FROM LUNG CANCER. FOR THE THIRD CONSECUTIVE YEAR, THE "STATE OF LUNG CANCER" REPORT ALSO EXPLORED THE LUNG CANCER BURDEN AMONG RACIAL AND ETHNIC GROUPS AT THE NATIONAL AND STATE LEVELS. RADON EXPOSURE IS THE SECOND LEADING RISK FACTOR FOR LUNG CANCER. DURING JANUARY, RADON ACTION MONTH, AND THROUGHOUT THE YEAR, WE ENCOURAGED EVERYONE TO TEST THEIR HOMES FOR RADON AND SEEK RADON MITIGATION IF NECESSARY. THE LUNG ASSOCIATION PLAYED A LEADERSHIP ROLE IN DEVELOPING AND RELEASING THE FIVE-YEAR NATIONAL RADON ACTION PLAN. WE ALSO CONTINUED TO OFFER OUR FREE RADON BASICS ONLINE COURSE, APPROPRIATE FOR ANYONE WHO WANTS TO LEARN MORE ABOUT RADON AND ABOUT HOW TO TEST FOR IT AND FIX PROBLEMS. IN MARCH, WE HELD OUR EIGHTH ANNUAL LUNG FORCE ADVOCACY DAY. LUNG FORCE HEROES - THOSE PERSONALLY AFFECTED BY LUNG CANCER - CAME TOGETHER FROM ACROSS THE COUNTRY IN WASHINGTON, DC TO MEET WITH THEIR MEMBERS OF CONGRESS ABOUT THE URGENT NEED TO ADDRESS LUNG CANCER. THEY ASKED CONGRESS TO SUPPORT \$51 BILLION IN RESEARCH FUNDING FOR THE NATIONAL INSTITUTES OF HEALTH, SUPPORT \$11.6 BILLION IN FUNDING FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION TO REBUILD HEALTHIER COMMUNITIES AND PROTECT OUR NATION'S HEALTH FROM DISEASE, INCLUDING LUNG CANCER AND TO SUPPORT AND PROTECT MEDICAID. ASTHMA MAKES BREATHING DIFFICULT FOR MILLIONS LIVING IN AMERICA, INCLUDING 5.5 MILLION CHILDREN. IN AUGUST 2022, WE LAUNCHED OUR PROMOTING ASTHMA FRIENDLY ENVIRONMENTS THROUGH PARTNERSHIPS AND COLLABORATIONS PROJECT WHICH USES PROVEN-EFFECTIVE STRATEGIES OUTLINED IN THE CDC EXHALE TECHNICAL PACKAGE TO IMPROVE ASTHMA CONTROL IN POPULATIONS. THIS RESOURCE JOINED OUR OTHER POPULAR ASTHMA TOOLS, INCLUDING THE INDOOR AIR QUALITY IN SCHOOLS GUIDE, OUR ASTHMA FRIENDLY SCHOOLS ONLINE MODULE, OPEN AIRWAYS FOR SCHOOLS AND MUCH MORE. WE ALSO PUBLISHED OUR VOICE OF THE PATIENT REPORT ABOUT ASTHMA IN CHILDHOOD, AS PART OF THE LITTLE AIRWAYS, BIG VOICES INITIATIVE. THIS PAST YEAR, A NEW INFECTIOUS LUNG DISEASE ROSE TO PROMINENCE RESPIRATORY SYNCYNTAL VIRUS OR RSV. WHEN RSV CASES ROSE DRAMATICALLY, WE TOOK ACTION TO HELP EDUCATE THE PUBLIC, CREATING AN ENTIRE LIBRARY OF TOOLS TO HELP THEM UNDERSTAND AND REDUCE ITS SPREAD. RSV IS A LEADING CAUSE OF HOSPITALIZATION AMONG INFANTS. TO HELP EXPECTANT AND NEW PARENTS BE PREPARED FOR THIS SEASONAL RESPIRATORY VIRUS, WE PARTNERED WITH SANOFI TO CREATE NEW WEB CONTENT INCLUDING AN "UNDERSTANDING RSV" ANIMATION IN ENGLISH AND SPANISH, A BLOG HIGHLIGHTING A PERSONAL STORY, A PSA, AND PATIENT AND PROVIDER VIDEOS. WE LAUNCHED A CUSTOM RSV LANDING PAGE AT LUNG.ORG/RSV. IN FEBRUARY 2023, WE WERE PROUD TO LAUNCH THE AMERICAN LUNG ASSOCIATION PATIENT & CAREGIVER NETWORK TO PROVIDE SUPPORT, EDUCATION AND ACCESS TO RESEARCH FOR THE 34 MILLION PEOPLE NATIONWIDE LIVING WITH LUNG DISEASE. THE PATIENT & CAREGIVER NETWORK IS AN ONLINE SUPPORT PROGRAM PROVIDING DIRECT ACCESS TO LUNG DISEASE MANAGEMENT TOOLS, EDUCATION, AND CONNECTION TO OTHER PATIENTS AND CAREGIVERS. WE ALSO CREATED A SERIES OF NEW LEARNING MODULES, INCLUDING COPD BASICS COURSE AND INFECTIOUS RESPIRATORY DISEASE BASICS COURSE. TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE CAUSES MORE THAN 480,000 DEATHS EVERY YEAR IN THE U.S. AND TRAGICALLY, EACH DAY THOUSANDS OF KIDS STILL PICK UP A TOBACCO PRODUCT FOR THE FIRST TIME. CREATING A TOBACCO-FREE FUTURE FOR AMERICA IS A CORE PART OF OUR MISSION. WE ARE FUNDING A ROBUST NUMBER OF RESEARCH PROJECTS TO HELP US BETTER UNDERSTAND TOBACCO USE, NICOTINE ADDICTION AND HOW TO REDUCE IT. AS THE NEW YEAR ROLLED AROUND, WE USED OUR EXTENSIVE MEDIA NETWORK TO ENCOURAGE SMOKERS TO "GO TOBACCO FREE IN 23." THROUGH OUR "TOBACCO-FREE '23" CAMPAIGN, WE WORKED TO INCREASE AWARENESS OF THE MANY RESOURCES, PROGRAMS AND SERVICES WE OFFER IN CREATING A TOBACCO-FREE FUTURE IN THE NEW YEAR, INCLUDING OUR LUNG HELPLINE AND TOBACCO QUITLINE (1-800-LUNGUSA), FREEDOM FROM SMOKING PROGRAM AND SUPPORT GROUPS. IN AN EFFORT TO FURTHER ADDRESS TOBACCO USE IN DIVERSE COMMUNITIES, WE RELEASED TWO NEW COMMUNITY TOOLKITS. THE AMERICAN LUNG ASSOCIATION'S ADDRESSING COMMERCIAL TOBACCO USE IN INDIGENOUS COMMUNITIES TOOLKIT EXAMINES ISSUES RELATED TO COMMERCIAL TOBACCO USE AND NICOTINE DEPENDENCE IN INDIGENOUS COMMUNITIES AND PROVIDES CULTURALLY COMPETENT STRATEGIES, TOOLS AND LESSONS LEARNED THAT CAN BE IMPLEMENTED BY PUBLIC HEALTH PROFESSIONALS SERVING DIVERSE INDIGENOUS COMMUNITIES. WE ALSO RELEASED THE ADDRESSING TOBACCO USE IN HISPANIC OR LATINO COMMUNITIES TOOLKIT WITH NUMEROUS COMMUNITY TOOLS AND RESOURCES IN ENGLISH AND SPANISH. AS PART OF OUR EDUCATION AND AWARENESS EFFORTS ON YOUTH VAPING, WE PROMOTED OUR "DOTHEVAPETALK" CAMPAIGN, PRODUCED IN COLLABORATION WITH THE AD COUNCIL. IN JUST TWO YEARS, OUR YOUTH VAPING PUBLIC AWARENESS CAMPAIGN HAS HELPED THOUSANDS OF PARENTS ACROSS THE COUNTRY TALK WITH THEIR CHILDREN ABOUT THE DANGERS OF VAPING. OVER 3.4M PEOPLE HAVE VISITED OUR "GET THE FACTS" PAGE. WE LAUNCHED NEW PUBLIC SERVICE ANNOUNCEMENTS AND EVEN RECEIVED DIGITAL MEDIA SUPPORT FROM NEW YORK TIMES BY FEATURING IT IN THEIR PODCASTS THIS YEAR. OUR 21ST ANNUAL "STATE OF TOBACCO CONTROL" REPORT, LAUNCHED IN JANUARY, REVEALING THE STATES WITH THE BEST AND WORST POLICIES TO PREVENT AND REDUCE TOBACCO USE AND FINDS DRAMATIC DIFFERENCES IN THE STRENGTH OF STATES' TOBACCO CONTROL LAWS. THE REPORT SERVES AS A BLUEPRINT FOR WHAT STATE AND FEDERAL LEADERS NEED TO DO TO ELIMINATE THE DEATH AND DISEASE CAUSED BY TOBACCO USE.

4b (Code:) (Expenses \$ 22,116,160 including grants of \$ 13,632,659) (Revenue \$ 1,025,996)

RESEARCH: FEW THINGS PROMISE TO IMPROVE PATIENTS' LIVES MORE THAN MEDICAL RESEARCH. FOR NEARLY 120 YEARS, THE AMERICAN LUNG ASSOCIATION HAS FOCUSED ON DRIVING EXCELLENCE AND INNOVATION THROUGH RESEARCH. THIS YEAR WE LAUNCHED THE AMERICAN LUNG ASSOCIATION RESEARCH INSTITUTE WHICH WILL FUND HIGH-IMPACT, LIFESAVING RESEARCH AND BRING TOGETHER THE BEST SCIENTIFIC MINDS TO ADDRESS CRITICAL LUNG HEALTH CHALLENGES. THE RESEARCH INSTITUTE WILL INCREASE OUR ANNUAL LUNG DISEASE RESEARCH INVESTMENT TO \$25 MILLION BY 2030, EXPAND PARTNERSHIPS WITH GOVERNMENT AND COLLABORATION WITH INDUSTRY AND EMPOWER PROMISING SCIENTISTS TO ACCELERATE DISCOVERY AND INNOVATION. WE ALSO CONTINUED TO SUPPORT PROMISING RESEARCH IN ALL AREAS OF LUNG DISEASE, WITH THE HOPE OF ELIMINATING LUNG DISEASE AND IMPROVING THE LIVES OF THOSE LIVING WITH LUNG DISEASE. OUR RESEARCH PROGRAM INCLUDES OUR AWARDS AND GRANTS PROGRAM AND OUR EXPANDED AIRWAYS CLINICAL RESEARCH CENTERS NETWORK (ACRC), THE LARGEST NOT-FOR-PROFIT CLINICAL RESEARCH NETWORK DEDICATED TO ASTHMA AND COPD IN THE COUNTRY. THIS NETWORK CONDUCTS LARGE PATIENT-FOCUSED CLINICAL TRIALS LED BY SOME OF THE BEST INVESTIGATORS NATIONWIDE TO IMPROVE LUNG HEALTH. THIS YEAR, WE PUBLISHED NUMEROUS RESULTS FROM ACRC RELATED INVESTIGATIONS. ONE OF THESE, BY MARIO CASTRO, M.D. FOUND THE DRUG DUPILUMAB HELPED TO REDUCE EXACERBATIONS AND INCREASE LUNG FUNCTION IN PATIENTS WITH ASTHMA, REGARDLESS OF ALLERGIC ASTHMA STATUS. THIS IS IMPORTANT BECAUSE IT PROVIDES NEW GUIDELINES FOR ASTHMA THERAPY IN PATIENTS TO REDUCE THEIR SYMPTOMS AND IMPROVE THEIR QUALITY OF LIFE.

THE LANDMARK AMERICAN LUNG ASSOCIATION LUNG HEALTH COHORT STUDY EXPANDED ENROLLMENT OF PARTICIPANTS. THIS IS THE FIRST-EVER LARGE-SCALE LUNG HEALTH STUDY THAT WILL TRACK THE LUNG HEALTH OF 4,000 YOUNG ADULTS STARTING AT AN AGE OF PEAK LUNG HEALTH. IN OCTOBER 2022, WE WERE PROUD TO ANNOUNCE WE WERE INVESTING AN ADDITIONAL \$13.1 MILLION TO ACCELERATE LUNG HEALTH RESEARCH FOR 2022-2023. OUR ANNUAL ADVANCING RESEARCH PUBLICATION ILLUSTRATED OUR ONGOING RESEARCH INITIATIVES, FROM PATIENT STORIES TO SCIENTIFIC ARTICLES, AND RESEARCHER PROFILES AND CREATED A NEW WAY TO KEEP UP WITH OUR CUTTING-EDGE RESEARCH PROGRAM WITH OUR RESEARCH NEWS WEBSITE - [HTTPS://WWW.LUNG.ORG/RESEARCH/ABOUT-OUR-RESEARCH/NEWS](https://www.lung.org/research/about-our-research/news). DIVERSITY AND INCLUSION CONTINUE TO BE A KEY NEED IN THE WORLD OF RESEARCH, INCLUDING THE NEED TO IMPROVE ACCESS TO CLINICAL TRIALS. THE BLACK COMMUNITY IS DISPROPORTIONALLY IMPACTED BY LUNG CANCER AND UNDERREPRESENTED IN LUNG CANCER CLINICAL TRIALS. WE CONTINUED OUR PROGRAM AWARENESS, TRUST, AND ACTION - THE IMPORTANCE OF LUNG CANCER CLINICAL TRIALS TO REDUCE MISTRUST AND UNDER REPRESENTATION IN CLINICAL TRIALS, ESPECIALLY IN THE BLACK COMMUNITY. WE ALSO PLACED A FOCUS ON RESEARCH GRANTS THAT FOCUS ON EQUITY LIKE FUNDING TO SUPPORT THE HAROLD AMOS SCHOLAR PROGRAM.

4c (Code:) (Expenses \$ **18,828,433** including grants of \$) (Revenue \$ **873,475**)

ADVOCACY AND ENVIRONMENTAL: EVERY YEAR, THE AMERICAN LUNG ASSOCIATION SUPPORTS POLICIES AND LEGISLATION THAT CAN LEAD TO BETTER LUNG HEALTH ACROSS THE NATION. THESE INCLUDE LAWS THAT PROTECT OUR CHILDREN FROM DEADLY AIR POLLUTION AND TOBACCO PRODUCTS, SUPPORT FUNDING FOR CRITICAL LUNG DISEASE RESEARCH AND HEALTH PROGRAMS AT THE FEDERAL LEVEL, PROVIDE AFFORDABLE, QUALITY HEALTHCARE FOR MORE PEOPLE, AND MUCH MORE. THIS YEAR WE FUNDED MULTIPLE RESEARCH PROJECTS THAT WILL BUILD OUR UNDERSTANDING OF THE MANY WAYS AIR POLLUTION IMPACTS OUR LUNGS. WE ALSO ADVOCATED FOR STRONGER POLICIES TO CLEAN UP AIR POLLUTION AND CURB CLIMATE CHANGE. WE WORKED TO EDUCATE THE PUBLIC, MEDIA AND OUR NATION'S LEADERS ABOUT THE HARMFUL EFFECT DIRTY AIR HAS ON HEALTH AND WHAT WE NEED TO DO TO CLEAN IT UP. WITHOUT QUESTION, OUR CHANGING CLIMATE IS HARMING HEALTH NOW. DROUGHT, WILDFIRES, HEAT, FLOODING, INCREASED AIR POLLUTION ARE JUST A FEW OF THE CHALLENGES WE ENCOUNTER FROM CLIMATE CHANGE. A REAL-LIFE EXAMPLE WAS THE WILDFIRES IN CANADA, WHICH BLANKETED MUCH OF THE U.S. IN LIFE-THREATENING PARTICLE POLLUTION DURING THE SUMMER OF 2023. WE WORKED HARD TO HELP THE PUBLIC UNDERSTAND THE RISK AND STAY SAFE BY SUPPLYING THE MEDIA WITH EXPERT INFORMATION AND PROVIDING ESSENTIAL TIPS AND INFORMATION AT LUNG.ORG/WILDFIRES. THIS PAST YEAR, WE SAW THE POSITIVE EFFECTS OF OUR CLEAN AIR ADVOCACY, SUCH AS WHEN CALIFORNIA VOTED TO REQUIRE 100% ZERO-EMISSION VEHICLE SALES BY 2035. IN OCTOBER 2022, EPA ANNOUNCED NEARLY \$1 BILLION IN AWARDS FOR SCHOOL DISTRICTS TO PURCHASE CLEAN SCHOOL BUSES. WE RAN A VIGOROUS ADVOCACY CAMPAIGN IN SUPPORT OF CONGRESS PASSING INVESTMENTS IN ELECTRIC SCHOOL BUSES. THIS IS A MAJOR STEP FORWARD FOR HEALTH, BOTH FOR KIDS WHO RIDE BUSES AND SCHOOL COMMUNITIES AND NEIGHBORHOODS WHO ARE EXPOSED TO DANGEROUS EMISSIONS FROM DIESEL BUSES. IT'S ALSO A VICTORY FOR HEALTH EQUITY, WITH 99% OF THE FUNDS GOING TO DISTRICTS SERVING LOW-INCOME, RURAL OR TRIBAL STUDENTS. THE PAST YEAR SAW MANY SIGNIFICANT DEVELOPMENTS IN TERMS OF OUR TOBACCO ADVOCACY, SUCH AS WHEN FDA CLOSED THE "PUFF BAR LOOPHOLE" WHICH GAVE A PASS TO PRODUCTS CONTAINING ARTIFICIAL NICOTINE. AND WHEN A COURT ORDER WAS ISSUED THAT REQUIRED TOBACCO COMPANIES TO POST SIGNS ABOUT HEALTH RISKS OF SMOKING AT 200,000 STORES ACROSS U.S. WE CONTINUED OUR FOCUS ON REDUCING TAILPIPE POLLUTION, WHICH DRIVES AIR POLLUTION AND CLIMATE CHANGE WITH A SERIES OF REPORTS. IN OCTOBER 22, WE RELEASED "DELIVERING CLEAN AIR: HEALTH BENEFITS OF ZERO-EMISSION TRUCKS AND ELECTRICITY" SHOWING A MOVE TO ZERO-EMISSION TRUCKS COULD SAVE MORE THAN 66,000 LIVES, RESULT IN \$735 BILLION IN PUBLIC HEALTH BENEFITS OVER THE NEXT 30 YEARS AND HELP CREATE A MORE EQUITABLE FUTURE. IN JUNE OF 2023 OUR REPORT "DRIVING TO CLEAN AIR: HEALTH BENEFITS OF ZERO-EMISSION CARS AND ELECTRICITY," FURTHER SHOWED THAT A WIDESPREAD TRANSITION TO ZERO-EMISSION PASSENGER VEHICLES AND ELECTRICITY WOULD DRAMATICALLY IMPROVE HEALTH AND SAVE LIVES. IN SEPTEMBER 2022, WE RELEASED A NEW REPORT "HEALTH IMPACTS OF COMBUSTION IN HOMES," EXPLORED THE HEALTH AND ENVIRONMENTAL IMPACTS OF INDOOR COMBUSTION AND THE LITERATURE ON THE NUMBER AND TYPE OF APPLIANCES IN U.S. HOMES, THEIR EMISSIONS, AND IMPACTS ON HEALTH AND THE INDOOR AND OUTDOOR ENVIRONMENT. TWO THIRDS OF U.S. HOUSEHOLDS BURN FUEL IN THEIR HOMES, WHICH PRODUCES EMISSIONS THAT ARE HARMFUL TO HUMAN HEALTH AND THE ENVIRONMENT. IN APRIL, WE RELEASED OUR ANNUAL "STATE OF THE AIR" REPORT, WHICH REVEALED GROWING DISPARITIES IN EXPOSURE TO AIR POLLUTION. THIS 24TH ANNUAL REPORT ALSO FINDS THAT 1 IN 3 PEOPLE LIVING IN THE U.S. ARE EXPOSED TO UNHEALTHY LEVELS OF AIR POLLUTION. THE REPORT FINDS THAT PEOPLE OF COLOR ARE SIGNIFICANTLY MORE LIKELY TO BREATHE POLLUTED AIR THAN WHITE PEOPLE. AS THE NATION WORKS TO ADDRESS CLIMATE CHANGE AND CONTINUE REDUCING AIR POLLUTION, WE MUST PRIORITIZE THE HEALTH OF DISPROPORTIONATELY BURDENED COMMUNITIES. QUALITY AND AFFORDABLE HEALTHCARE ACCESS IS CRUCIAL TO ALL AMERICANS, ESPECIALLY LUNG DISEASE PATIENTS, AND OUR ADVOCACY TEAM WORKED TO PROTECT ACCESS TO HEALTHCARE. WE CELEBRATED AN IMPORTANT VICTORY, WITH THE PASSAGE OF THE INFLATION REDUCTION ACT WHICH HAS PROVISIONS TO PROTECT HEALTHCARE FOR MILLIONS. WHEN HEALTHCARE ENROLLMENT OPENED AT HEALTHCARE.GOV, WE ROLLED OUT A SERIES OF UPDATED TOOLS TO HELP PEOPLE UNDERSTAND THEIR CHOICES AND THE ENROLLMENT PROCESS.

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

4e **Total program service expenses** ▶ **97,236,490**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

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

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

Form 990 (2022) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued). Includes sections 2a through 17, covering employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, deductible contributions, 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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect... 7b Are any governance decisions reserved to members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions... 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 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?

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? 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? 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? 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 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? 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, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, VA, WA, WV, WI
18 Section 6104 requires an organization to make its Form 1023 (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 in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: LAURA SCOTT CFO 3000 KELLY LANE SPRINGFIELD, IL 62711 (217) 787-5864

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) CHERYL A CALHOUN CPA MBA CHAIR	2.00	X		X				0	0	0
(2) MICHAEL V CARSTENS SECRETARY / TREASURER	2.00	X		X				0	0	0
(3) SUMITA B KHATRI MD MS CHAIR ELECT, DIRECTOR (THRU 3/23)	2.00	X		X				0	0	0
(4) STEPHEN R O'KANE PAST CHAIR	2.00	X		X				0	0	0
(5) JOHNNY A SMITH JR MA VICE CHAIR	2.00	X		X				0	0	0
(6) FELIX AGUILAR MD MPH DIRECTOR (THRU 5/23)	2.00	X						0	0	0
(7) RABIH I BECHARA MD FCCP DIRECTOR	2.00	X						0	0	0
(8) ANNE E DIXON MD DIRECTOR	2.00	X						0	0	0
(9) AFIF EL-HASAN MD DIRECTOR	2.00	X						0	0	0
(10) DAVID G HILL MD DIRECTOR	2.00	X						0	0	0
(11) MARK C JOHNSON CFA MBA DIRECTOR	2.00	X						0	0	0
(12) WENDY LAWSON MPH RRT DIRECTOR	2.00	X						0	0	0
(13) COLLEEN M MCINTOSH JD LLM DIRECTOR	2.00	X						0	0	0
(14) SEAN R MULDOON MD MPH FCCP DIRECTOR	2.00	X						0	0	0
(15) JOE OCHIPINTI DIRECTOR	2.00	X						0	0	0
(16) JONATHON K ROSEN BA DIRECTOR	2.00	X						0	0	0
(17) LAURIE SHELBY DIRECTOR	2.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/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			
(18) STERLING QL YEE MBA DIRECTOR	2.00	X					0	0	0
(19) HAROLD WIMMER PRESIDENT & CEO	40.00			X			589,964	0	65,363
(20) LAURA SCOTT CHIEF FINANCIAL OFFICER	40.00			X			297,372	0	30,977
(21) JEFF SEYLER CHIEF FIELD OFFICER	40.00				X		281,280	0	44,499
(22) SUE SWAN CHIEF DEVELOPMENT OFFICER	40.00				X		272,073	0	51,998
(23) JULIA FITZGERALD CHIEF MARKETING OFFICER	40.00				X		281,280	0	37,567
(24) DEBORAH BROWN CHIEF MISSION OFFICER	40.00				X		272,073	0	40,914
(25) SARAH KRIKORIAN CHIEF HUMAN RESOURCES OFFICER	40.00				X		260,000	0	37,527
(26) NEIL BALLENTINE CHIEF TECHNOLOGY OFFICER	40.00				X		225,372	0	36,151
(27) LEA GUTIERREZ CHIEF DIVERSITY OFFICER	40.00				X		202,042	0	20,743
(28) JOENELL HENRY-TANNER CHIEF OF STAFF, SVP GOVERNANCE	40.00				X		207,841	0	11,422
(29) PAUL BILLINGS NATIONAL SENIOR VP, PUBLIC POLICY	40.00					X	231,142	0	29,119
(30) ALLISON HICKEY EXECUTIVE VP, MOUNTAIN PACIFIC & CA	40.00					X	218,223	0	28,549
(31) SUSAN RAPPAPORT NATIONAL VP, RESEARCH	40.00					X	202,359	0	36,047
(32) EMILY MURPHY DIVISION SENIOR VP, DEVELOPMENT	40.00					X	182,607	0	30,863
(33) MARIA VANEGAS-ZEA NATIONAL AVP, HUMAN RESOURCES	40.00					X	165,285	0	39,041
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						3,888,913	0	540,780	

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 **80**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRODUCTION SOLUTIONS 1953 GALLOWES RD SUITE 500 VIENNA, VA 22182	MARKETING	4,460,810
AD COUNCIL 815 SECOND AVENUE 9TH FLOOR NEW YORK, NY 10017	PUBLIC SERVICE ADVERTISING	2,981,070
RR DONNELLEY 35 W WACKER DRIVE CHICAGO, IL 60601	MARKETING	2,854,643
INNOVAIRREBRICKMILL MARKETING SERVICES 2 EXECUTIVE CAMPUS SUITE 200 CHERRY HILL, NJ 08002	MARKETING	2,261,054
RESCUE AGENCY PUBLIC BENEFIT LLC 2437 MORENA BLVD SAN DIEGO, CA 92110	MARKETING	1,219,257

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 **73**

Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Similar Amounts				
1a Federated campaigns		1a		
b Membership dues		1b		
c Fundraising events		1c	13,603,221	
d Related organizations		1d		
e Government grants (contributions)		1e	30,465,862	
f All other contributions, gifts, grants, and similar amounts not included above		1f	56,240,588	
g Noncash contributions included in lines 1a - 1f:\$		1g	87,360	
h Total. Add lines 1a-1f				100,309,671

Program Service Revenue		Business Code			
2a PROGRAM PARTICIPANT FEE	541900	1,349,983	1,349,983		
b PROGRAM SERVICE CONTRACTS	541900	888,559	888,559		
c MEMBERSHIP DUES	541900	81,463	81,463		
d					
e					
f All other program service revenue.					
g Total. Add lines 2a-2f.		2,320,005			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,570,324		4,570,324	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		1,763,749		1,763,749	
	6a Gross rents	(i) Real	178,576			
		(ii) Personal				
		b Less: rental expenses	0			
		c Rental income or (loss)	178,576			
	d Net rental income or (loss)		178,576		178,576	
	7a Gross amount from sales of assets other than inventory	(i) Securities	9,345,721	13,368		
		(ii) Other				
		b Less: cost or other basis and sales expenses	10,661,484	22,606		
		c Gain or (loss)	-1,315,763	-9,238		
	d Net gain or (loss)		-1,325,001		-1,325,001	
	8a Gross income from fundraising events (not including \$ 13,603,221 of contributions reported on line 1c). See Part IV, line 18		1,603,124			
		b Less: direct expenses	3,022,304			
c Net income or (loss) from fundraising events			-1,419,180		-1,419,180	
9a Gross income from gaming activities. See Part IV, line 19						
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances						
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					

Other Revenue Misc Amt		Business Code			
11a RESEARCH GRANT SERVICE FEE	541900	1,727,266	1,727,266		
b					
c					
d All other revenue		463,652	463,652		
e Total. Add lines 11a-11d		2,190,918			
12 Total revenue. See instructions		108,589,062	4,510,923	0	3,768,468

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,632,659	13,632,659		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,362,632	2,959,112	100,885	302,635
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	33,805,780	28,836,722	888,125	4,080,933
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,777,646	2,372,001	71,104	334,541
9 Other employee benefits	3,791,775	3,242,886	97,887	451,002
10 Payroll taxes	2,599,546	2,225,550	67,501	306,495
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	378,000			378,000
f Investment management fees	84,840		84,840	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	30,555,502	29,557,449	348,058	649,995
12 Advertising and promotion	1,451,874	1,119,965	3,630	328,279
13 Office expenses	1,173,693	950,615	57,307	165,771
14 Information technology				
15 Royalties				
16 Occupancy	2,949,868	2,309,895	232,504	407,469
17 Travel	1,165,585	1,048,019	43,095	74,471
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	165,118	127,740	27,665	9,713
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	387,983		387,983	
23 Insurance	487,554	369,500	40,865	77,189
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT MAIL	12,789,430	7,801,553	639,472	4,348,405
b MISCELLANEOUS	1,149,706	496,126	468,787	184,793
c PRINTING	131,642	98,431	1,201	32,010
d POSTAGE & SHIPPING	120,235	88,267	2,978	28,990
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	112,961,068	97,236,490	3,563,887	12,160,691
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	12,789,430	7,801,553	639,472	4,348,405

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	144,821	1	240,090
	2 Savings and temporary cash investments	27,213,680	2	17,483,806
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	17,309,277	4	18,912,971
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	10,687	7	637
	8 Inventories for sale or use	121,536	8	90,095
	9 Prepaid expenses and deferred charges	2,298,896	9	2,144,445
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 21,386,226		
	b Less: accumulated depreciation	10b 10,692,463	11,037,770	10c 10,693,763
	11 Investments—publicly traded securities	120,122,477	11	129,437,208
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	36,789,972	15	42,356,524
16 Total assets: Add lines 1 through 15 (must equal line 33)	215,049,116	16	221,359,539	
Liabilities	17 Accounts payable and accrued expenses	12,591,730	17	13,316,160
	18 Grants payable	12,257,372	18	13,598,538
	19 Deferred revenue	11,447,314	19	7,612,007
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,781,745	23	0
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	11,307,430	25	12,434,203
	26 Total liabilities: Add lines 17 through 25	49,385,591	26	46,960,908
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	121,282,464	27	126,807,362
	28 Net assets with donor restrictions	44,381,061	28	47,591,269
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	165,663,525	32	174,398,631
33 Total liabilities and net assets/fund balances	215,049,116	33	221,359,539	

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	108,589,062
2	Total expenses (must equal Part IX, column (A), line 25)	2	112,961,068
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,372,006
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	165,663,525
5	Net unrealized gains (losses) on investments	5	9,141,175
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3,965,937
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	174,398,631

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? 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		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	Yes	
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 in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Public Charity Status and Public Support

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

Name of the organization
AMERICAN LUNG ASSOCIATION

Employer identification number
13-1632524

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	93,429,565	89,851,926	83,540,236	112,291,164	100,309,671	479,422,562
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3	93,429,565	89,851,926	83,540,236	112,291,164	100,309,671	479,422,562
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,016,531
6 Public support. Subtract line 5 from line 4.						474,406,031

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4.	93,429,565	89,851,926	83,540,236	112,291,164	100,309,671	479,422,562
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,659,481	4,822,544	4,656,339	8,400,917	6,512,649	29,051,930
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).	5,053,253	452,244	311,677			5,817,174
11 Total support. Add lines 7 through 10						514,291,666
12 Gross receipts from related activities, etc. (see instructions)					12	32,143,361
13 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	92.240 %
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	90.200 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2021 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17. Row 19a: 33 1/3% support tests-2022. Row 19b: 33 1/3% support tests-2021. Row 20: Private foundation.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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	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>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No", provide details in Part VI.</i>		
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>		

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

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

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

- | | | | |
|--|-----------|--|--|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (<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 Minimum Asset Amount (add line 7 to line 6) | 8 | | |

Section C - Distributable Amount

Current Year

- | | | |
|--|----------|--|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 Enter 85% of line 1 | 2 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 Enter greater of line 2 or line 3 | 4 | |
| 5 Income tax imposed in prior year | 5 | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |

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

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

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	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 Total annual distributions. 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 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	MISCELLANEOUS INCOME - 2018 AMOUNT: \$ 808,279. 2019 AMOUNT: \$ 452,244. 2020 AMOUNT: \$ 311,677. RESEARCH GRANT SERVICE FEE - 2018 AMOUNT: \$ 408,500. TRUST INCOME - 2018 AMOUNT: \$ 1,706,953. PROGRAM PARTICIPANT FEES - 2018 AMOUNT: \$ 2,129,521.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990)
Department of the Treasury
Internal Revenue Service

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

2022

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)() (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 other 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
 AMERICAN LUNG ASSOCIATION

Employer identification number
 13-1632524

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
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
AMERICAN LUNG ASSOCIATION

Employer identification number
13-1632524

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

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

Name of organization
AMERICAN LUNG ASSOCIATIONEmployer identification number
13-1632524

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 information once. See instructions.) ▶ \$ _____

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	
_____		_____	
_____		_____	

Additional Data

Return to Form

Software ID:

Software Version:

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

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

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

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

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

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

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

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

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

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

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

1	Enter the amount of any excise tax incurred by the organization under section 4955		\$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955		\$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.		

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?	Yes		17,899
d	Mailings to members, legislators, or the public?	Yes		44,080
e	Publications, or published or broadcast statements?	Yes		875
f	Grants to other organizations for lobbying purposes?	Yes		32,175
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		672,937
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		9,262
i	Other activities?		No	
j	Total. Add lines 1c through 1i			777,228
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

Additional Data

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Software ID:

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Supplemental Financial Statements

2022

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

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

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for 'Held at the End of the Year' (2a-2d), and questions about monitoring, expenses, and reporting.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting art collections and amounts received or held.

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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	7,970,231	9,016,928	8,600,852	8,779,996	7,773,457
b Contributions	1,005,405	5,300	5,000	6,100	1,003,500
c Net investment earnings, gains, and losses	648,658	-952,335	1,326,442	-40,790	256,966
d Grants or scholarships	519,731	99,662	915,366	144,454	253,927
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	9,104,563	7,970,231	9,016,928	8,600,852	8,779,996

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 100.000 %
 - c** 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 | | No |
| (ii) Related organizations | | No |
| b If "Yes" on 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		2,582,203		2,582,203
b Buildings		14,536,948	6,634,117	7,902,831
c Leasehold improvements		455,278	336,108	119,170
d Equipment		3,811,797	3,722,238	89,559
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				10,693,763

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	36,725,226
(2) AMOUNTS HELD ON BEHALF OF OTHERS	1,093,269
(3) REFUNDABLE DEPOSITS	251,198
(4) RIGHT-OF-USE-ASSETS	4,286,831
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	42,356,524

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	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	12,434,203

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	189,921,453
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	9,141,175	
b	Donated services and use of facilities	2b	68,310,119	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	3,965,937	
e	Add lines 2a through 2d			2e 81,417,231
3	Subtract line 2e from line 1			3 108,504,222
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	84,840	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c 84,840
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 108,589,062

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

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

1	Total expenses and losses per audited financial statements		1	181,186,347
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	68,310,119	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d			2e 68,310,119
3	Subtract line 2e from line 1			3 112,876,228
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	84,840	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c 84,840
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 112,961,068

Part XIII Supplemental Information

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

Return Reference	Explanation
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 XI, LINE 2D - OTHER ADJUSTMENTS:	CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUSTS 1,456,320. CHANGE IN VALUE OF SPLIT-INTEREST TRUSTS -2,416. CHANGE IN VALUE OF EQUITY METHOD INVESTMENTS 2,554,103. PENSION AND POSTRETIREMENT PLAN CHANGES -42,070.

Additional Data

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Software ID:
Software Version:

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
AMERICAN LUNG ASSOCIATION

Employer identification number
13-1632524

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 NNE MARKETING 1666 MASSACHUSETTS AVE SUITE 14 LEXINGTON, MA 02420	DIRECT MARKETING		No	15,408,376	378,000	15,030,376
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				15,408,376	378,000	15,030,376

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

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 FIGHT FOR AIR CLIMB (event type)	(b) Event #2 LUNG FORCE WALKS (event type)	(c)Other events 42 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	6,368,037	2,279,213	6,559,095	15,206,345
	2 Less: Contributions	6,368,037	2,279,213	4,955,971	13,603,221
	3 Gross income (line 1 minus line 2)			1,603,124	1,603,124
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	59,061	7,269	101,516	167,846
	6 Rent/facility costs	199,682	70,212	421,706	691,600
	7 Food and beverages	30,248	16,410	446,569	493,227
	8 Entertainment	14,387	13,052	32,607	60,046
	9 Other direct expenses	509,904	246,370	853,311	1,609,585
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				3,022,304
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-1,419,180	

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 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

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

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

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

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
SCHEDULE G, 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 LUNG ASSOCIATION CONTRACTS WITH PROFESSIONAL FUNDRAISERS TO DEVELOP FUNDRAISING STRATEGIES ON THESE INITIATIVES.

Department of the Treasury Internal Revenue Service Name of the organization AMERICAN LUNG ASSOCIATION Employer identification number 13-1632524

Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include organizations like AMERICAN THORACIC SOCIETY INC, ARIZONA BOARD OF REGENTS UNIVERSITY OF ARIZONA, BAYLOR COLLEGE OF MEDICINE, etc.

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

Part III can be duplicated if additional space is needed.

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

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

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

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Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

Part I 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 idemnification 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 (e.g., 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, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

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

- | | |
|---|---|
| <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 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 in 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
1b		
2		
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(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)	539,964	50,000	0	34,145	31,218	655,327	0
	(ii)	0	0	0	0	0	0	0
2 LAURA SCOTT CHIEF FINANCIAL OFFICER	(i)	273,372	24,000	0	29,062	1,915	328,349	0
	(ii)	0	0	0	0	0	0	0
3 JEFF SEYLER CHIEF FIELD OFFICER	(i)	263,280	18,000	0	33,596	10,903	325,779	0
	(ii)	0	0	0	0	0	0	0
4 SUE SWAN CHIEF DEVELOPMENT OFFICER	(i)	257,073	15,000	0	30,736	21,262	324,071	0
	(ii)	0	0	0	0	0	0	0
5 JULIA FITZGERALD CHIEF MARKETING OFFICER	(i)	263,280	18,000	0	16,192	21,375	318,847	0
	(ii)	0	0	0	0	0	0	0
6 DEBORAH BROWN CHIEF MISSION OFFICER	(i)	257,073	15,000	0	29,034	11,880	312,987	0
	(ii)	0	0	0	0	0	0	0
7 SARAH KRICKORIAN CHIEF HUMAN RESOURCES OFFICER	(i)	245,000	15,000	0	16,866	20,661	297,527	0
	(ii)	0	0	0	0	0	0	0
8 NEIL BALLENTINE CHIEF TECHNOLOGY OFFICER	(i)	210,372	15,000	0	22,257	13,894	261,523	0
	(ii)	0	0	0	0	0	0	0
9 PAUL BILLINGS NATIONAL SENIOR VP, PUBLIC POLICY	(i)	220,263	10,879	0	27,018	2,101	260,261	0
	(ii)	0	0	0	0	0	0	0
10 ALLISON HICKEY EXECUTIVE VP, MOUNTAIN PACIFIC & CA	(i)	207,971	10,252	0	17,081	11,468	246,772	0
	(ii)	0	0	0	0	0	0	0
11 SUSAN RAPPAPORT NATIONAL VP, RESEARCH	(i)	198,412	3,947	0	23,542	12,505	238,406	0
	(ii)	0	0	0	0	0	0	0
12 LEA GUTIERREZ CHIEF DIVERSITY OFFICER	(i)	192,042	10,000	0	9,571	11,172	222,785	0
	(ii)	0	0	0	0	0	0	0
13 JOENELL HENRY-TANNER CHIEF OF STAFF, SVP GOVERNANCE	(i)	197,841	10,000	0	9,891	1,531	219,263	0
	(ii)	0	0	0	0	0	0	0
14 EMILY MURPHY DIVISION SENIOR VP, DEVELOPMENT	(i)	173,988	8,619	0	17,587	13,276	213,470	0
	(ii)	0	0	0	0	0	0	0
15 MARIA VANEGAS-ZEA NATIONAL AVP, HUMAN RESOURCES	(i)	155,373	9,912	0	19,260	19,781	204,326	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	HAROLD WIMMER RECEIVED \$33,045 FROM A 457(F) PLAN.

Additional Data

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Noncash Contributions

2022

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

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 ▶ (<u>SUPPLIES</u>)	X	50	87,360	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

Return Reference	Explanation
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SCHEDULE O
(Form 990)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

2022**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	EXECUTIVE COMMITTEE: THE EXECUTIVE COMMITTEE SHALL ACT IN PLACE OF AND WITH THE FULL AUTHORITY OF THE BOARD OF DIRECTORS WHEN THE BOARD OF DIRECTORS IS NOT IN SESSION, SUBJECT TO THE BOARD'S POWER TO AMEND OR CHANGE THOSE ACTIONS WHICH HAVE NOT BEEN IMPLEMENTED PRIOR TO THE BOARD MEETING OR MEETINGS FOLLOWING THE EXECUTIVE MEETING AT WHICH SUCH ACTION WAS TAKEN. THE BOARD OF DIRECTORS HAS THE POWER TO AUTHORIZE AND DELEGATE TO THE EXECUTIVE COMMITTEE TO THE EXTENT PERMITTED BY THE ASSOCIATION'S BYLAWS AND APPLICABLE LAW. THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE AUTHORITY TO APPOINT OFFICERS EXCEPT ON AN INTERIM BASIS TO FILL A VACANCY, ENTER INTO OR AMEND CONTRACTS WITH OFFICERS, AMEND THE POLICIES MANUAL, OR BORROW MONEY IN EXCESS OF THE AMOUNTS EXPRESSLY AUTHORIZED BY THE BOARD. THE EXECUTIVE COMMITTEE SHALL HAVE NO AUTHORITY TO AMEND THE ARTICLES OF INCORPORATION, ADOPT A PLAN OF MERGER OR CONSOLIDATION, AUTHORIZE THE SALE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY AND ASSETS OF THE ASSOCIATION, AUTHORIZE THE VOLUNTARY DISSOLUTION OF THE ASSOCIATION OR REVOCATION OF SUCH DISSOLUTION, OR AMEND THE BYLAWS OF THE ASSOCIATION. THE EXECUTIVE COMMITTEE MAY ESTABLISH A LEADERSHIP SUBCOMMITTEE CONSISTING OF THE CHAIR, VICE-CHAIR, AND PAST-CHAIR, WHICH SHALL SERVE AS THE EXECUTIVE COMMITTEE'S LIAISON TO THE PRESIDENT AND CEO. THE GOVERNANCE COMMITTEE, TAKING INTO ACCOUNT GEOGRAPHY, EXPERTISE, RACE, ETHNICITY, GENDER, AGE AND OTHER DIVERSITY FACTORS, SHALL PRESENT ANNUALLY TO THE BOARD OF DIRECTORS ITS RECOMMENDED NOMINEES FOR MEMBERS OF THE BOARD OF DIRECTORS, MEMBERS OF THE GOVERNANCE COMMITTEE AND OFFICERS (OTHER THAN THE PRESIDENT AND CHIEF EXECUTIVE OFFICER) OF THE ASSOCIATION (INCLUDING A RECOMMENDATION WHERE APPROPRIATE, FOR THE DESIGNATION OF THE VICE-CHAIR AS CHAIR-ELECT). OTHER NOMINATIONS MAY NOT BE MADE AT THE MEETING OF THE BOARD OF DIRECTORS FROM THE FLOOR.
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 LEADERSHIP COMMITTEE TO FOLLOW IN ESTABLISHING THE COMPENSATION FOR ITS CFO, TOP MANAGEMENT OFFICIAL, OTHER OFFICERS OR KEY EMPLOYEES. THE POLICY MANDATES THAT EXECUTIVE COMPENSATION BE PERIODICALLY REVIEWED BY THE COMMITTEE AND THAT THE COMMITTEE SHOULD BE FREE OF CONFLICTS OF INTEREST. IN ADDITION, THE APPROVING COMMITTEE NEEDS TO REVIEW APPROPRIATE AND ADEQUATE DATA TO DETERMINE THE REASONABLENESS OF THE COMPENSATION BEING CONSIDERED. THE COMMITTEE MAY USE A VARIETY OF INFORMATION AND STUDIES THAT ARE AVAILABLE TO DETERMINE THAT THE APPROPRIATE LEVEL OF COMPENSATION IS BEING PAID TO ITS EXECUTIVES. THE COMMITTEE'S DECISION ON THE AMOUNT OF COMPENSATION PAID IS DOCUMENTED IN A CONTEMPORANEOUSLY WRITTEN FORMAT AND DOCUMENTS THE DATE OF THE DECISION, THE MEMBERS PRESENT DURING THE MEETING AND THOSE WHO VOTED ON IT. THE DETAILS OF THE TRANSACTION THAT WAS APPROVED AND THE COMPARABILITY DATA USED AND RELIED UPON TO MAKE THE DECISION. ALA CONDUCTS PERIODIC COMPENSATION REVIEW FOR THE CEO AS WELL AS OTHER OFFICERS AND KEY EMPLOYEES.
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	PROGRAM CONSULTING: PROGRAM SERVICE EXPENSES 21,793,898. TOTAL EXPENSES 21,793,898. OTHER FEES: PROGRAM SERVICE EXPENSES 7,763,551. MANAGEMENT AND GENERAL EXPENSES 348,058. FUNDRAISING EXPENSES 649,995. TOTAL EXPENSES 8,761,604.
FORM 990, PART XI, LINE 9:	CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUSTS 1,456,320. CHANGE IN VALUE OF SPLIT-INTEREST TRUSTS -2,416. CHANGE IN VALUE OF EQUITY METHOD INVESTMENTS 2,554,103. PENSION AND RETIREMENT PLAN CHANGES -42,070.
FORM 990, PART XII, LINE 2C:	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Additional Data

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