** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

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): 55 W. WACKER DRIVE — Room/suite: 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 $ 159,826,830.

F Name and address of principal officer: HAROLD WIMMER
SAME AS C ABOVE

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions

H(c) Group exemption number

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

J Website: WWW.LUNG.ORG

K Form of organization: [X] 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	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	563
6	Total number of volunteers (estimate if necessary)	6	98988
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	97,020,213.	97,641,210.
	9	Program service revenue (Part VIII, line 2g)	1,949,551.	2,117,027.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,063,670.	16,639,792.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,709,889.	2,284,200.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	107,743,323.	118,682,229.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,784,781.	12,872,936.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	50,073,138.	51,745,939.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	378,000.	1,193,725.
	b	Total fundraising expenses (Part IX, column (D), line 25) 12,465,897.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	50,576,661.	51,079,726.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	113,812,580.	116,892,326.
	19	Revenue less expenses. Subtract line 18 from line 12	-6,069,257.	1,789,903.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	225,692,916.	225,713,097.
	21	Total liabilities (Part X, line 26)	44,410,317.	40,204,543.
	22	Net assets or fund balances. Subtract line 21 from line 20	181,282,599.	185,508,554.

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

Laura Scott — Signature of officer

3/6/26 — Date

LAURA SCOTT, CFO — Type or print name and title

Paid Preparer Use Only

Preparer's name: KIMBERLY A RYAN | 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 [X] Yes [ ] No

Part III | Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? .... [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? .... [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 54,897,785. including grants of $) (Revenue $ 2,578,572.)
LUNG CANCER, ASTHMA, LUNG DISEASE AND TOBACCO CONTROL:

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

IN FISCAL YEAR 2025, THE AMERICAN LUNG ASSOCIATION RESEARCH INSTITUTE

4b (Code:) (Expenses $ 21,514,470. including grants of $ 12,872,936.) (Revenue $ 1,011,090.)
RESEARCH:

FOR MORE THAN A CENTURY, THE AMERICAN LUNG ASSOCIATION HAS DRIVEN LUNG HEALTH ADVANCEMENTS AND INNOVATION BY SUPPORTING MEDICAL RESEARCH THAT IS HELPING PEOPLE WITH LUNG DISEASE LIVE LONGER, HEALTHIER LIVES.

IN FISCAL YEAR 2025, THE AMERICAN LUNG ASSOCIATION RESEARCH INSTITUTE CONTINUED TO FUND HIGH-IMPACT, LIFESAVING RESEARCH, BRINGING TOGETHER THE BEST SCIENTIFIC MINDS TO ADDRESS CRITICAL LUNG HEALTH CHALLENGES. OUR GROWING RESEARCH INVESTMENT - $225 MILLION SINCE 2000 - HAS MADE US ONE OF THE LARGEST PRIVATE FUNDERS OF LUNG HEALTH RESEARCH IN THE UNITED STATES.

4c (Code:) (Expenses $ 22,633,242. including grants of $) (Revenue $ 1,063,668.)
ADVOCACY AND ENVIRONMENTAL:

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

IN FISCAL YEAR 2025, WE FOUGHT VIGOROUSLY TO PRESERVE LIFESAVING FEDERAL FUNDING FOR MEDICAID, ALONG WITH TAX CREDITS AND OTHER PROGRAMS PROVIDING COVERAGE FOR MORE THAN 11 MILLION INDIVIDUALS - ALL

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

4e Total program service expenses 99,045,497.

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

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	1a	489			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 563			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		17		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21				
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b 21				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*		9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AL,AK,AZ,AR,CA,CO,CT,DC,FL,GA,HI,IL

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records

LAURA SCOTT, CFO - 217-787-5864

3000 KELLY LANE, SPRINGFIELD, IL 62711

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) HAROLD WIMMER PRESIDENT & CEO	40.00			X				815,480.	0.	73,775.
(2) LAURA SCOTT CHIEF FINANCIAL OFFICER	40.00			X				323,572.	0.	36,934.
(3) DEBORAH BROWN CHIEF MISSION OFFICER	40.00				X			302,882.	0.	50,683.
(4) SUE SWAN CHIEF DEVELOPMENT OFFICER	40.00				X			302,882.	0.	49,026.
(5) JEFF SEYLER CHIEF FIELD OFFICER	40.00				X			288,377.	0.	47,418.
(6) SARAH KRIKORIAN CHIEF HUMAN RESOURCES OFFICER	40.00				X			287,572.	0.	47,033.
(7) JOENELL HENRY-TANNER CHIEF OF STAFF, SVP GOVERNANCE	40.00				X			282,472.	0.	16,980.
(8) STACY DILLING CHIEF MARKETING OFFICER	40.00				X			270,265.	0.	14,199.
(9) NEIL BALLENTINE CHIEF TECHNOLOGY OFFICER	40.00				X			212,722.	0.	40,127.
(10) ALLISON HICKEY EXECUTIVE VP, MOUNTAIN PACIFIC & CA	40.00					X		219,457.	0.	30,226.
(11) PAUL BILLINGS NATIONAL SENIOR VP, PUBLIC POLICY	40.00					X		216,672.	0.	29,752.
(12) ANITA ORUCHE CHIEF INCLUSION & ENGAGEMENT OFFICER	40.00				X			216,265.	0.	22,342.
(13) SUSAN RAPPAPORT NATIONAL VP, RESEARCH	40.00					X		201,883.	0.	36,457.
(14) EMILY MURPHY DIVISION SENIOR VP, DEVELOPMENT	40.00					X		189,331.	0.	36,782.
(15) SOPHIE REEDS VICE PRESIDENT, DIGITAL MARKETING	40.00					X		184,550.	0.	14,257.
(16) DAVID G. HILL, M.D. CHAIR	2.00	X		X				0.	0.	0.
(17) MICHAEL V. CARSTENS CHAIR-ELECT	2.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) CHERYL A. CALHOUN, CPA, MBA PAST CHAIR	2.00	X		X				0.	0.	0.
(19) MARK C. JOHNSON, CFA, MBA SECRETARY/TREASURER	2.00	X		X				0.	0.	0.
(20) JULIAN COY DIRECTOR	2.00	X						0.	0.	0.
(21) ANNE E. DIXON, M.D. DIRECTOR	2.00	X						0.	0.	0.
(22) AFIF EL-HASAN, M.D. DIRECTOR	2.00	X						0.	0.	0.
(23) VIN GUPTA, MD, MPA DIRECTOR	2.00	X						0.	0.	0.
(24) JOY KLEINMAIER DIRECTOR	2.00	X						0.	0.	0.
(25) WENDY LAWSON, MPH, RRT DIRECTOR	2.00	X						0.	0.	0.
(26) COLLEEN M. MCINTOSH, J.D., LL.M DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								4,314,382.	0.	545,991.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,314,382.	0.	545,991.

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 109

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRODUCTION SOLUTIONS, 1953 GALLOWS RD, SUITE 500, VIENNA, VA 22182	MARKETING	3,288,700.
INNOVAIRRE/BRICKMILL MARKETING SERVICES, 2 EXECUTIVE CAMPUS, SUITE 200, CHERRY HILL,	MARKETING	2,486,823.
RR DONNELLEY 35 W WACKER DRIVE, CHICAGO, IL 60601	MARKETING	1,956,995.
RESCUE AGENCY PUBLIC BENEFIT, LLC 2437 MORENA BLVD, SAN DIEGO, CA 92110	MARKETING	1,716,219.
INTERACTIVE STRATEGIES, 1133 CONNECTICUT AVE NW SUITE 600, WASHINGTON, DC 20036	MARKETING	1,284,320.

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 74

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(27) JUANITA MORA, M.D. DIRECTOR	2.00	X						0.	0.	0.
(28) SEAN R. MULDOON, MD, MPH, FCCP DIRECTOR	2.00	X						0.	0.	0.
(29) JOE OCHIPINTI DIRECTOR	2.00	X						0.	0.	0.
(30) SUSAN B. PADERNACHT, EDD, PCC DIRECTOR	2.00	X						0.	0.	0.
(31) CLAUDE A. ROBINSON JR. DIRECTOR	2.00	X						0.	0.	0.
(32) JONATHON K. ROSEN, BA DIRECTOR	2.00	X						0.	0.	0.
(33) LAURIE M SHELBY, MA DIRECTOR	2.00	X						0.	0.	0.
(34) JOHNNY A. SMITH, JR., MA DIRECTOR	2.00	X						0.	0.	0.
(35) MICHELLE SYLVIA SPRIGGS, CPA DIRECTOR	2.00	X						0.	0.	0.
(36) STERLING QL YEE, MBA DIRECTOR	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

432201
04-01-24

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	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c 15,461,781.				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 32,194,720.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 49,984,709.				
	g	Noncash contributions included in lines 1a-1f	1g $ 181,990.				
	h	**Total.** Add lines 1a-1f		97,641,210.			
			Business Code				
Program Service Revenue	2 a	PROGRAM PARTICIPANT FEE	541900	1,496,343.	1,496,343.		
	b	PROGRAM SERVICE CONTRACTS	541900	594,933.	594,933.		
	c	MEMBERSHIP DUES	541900	25,751.	25,751.		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		2,117,027.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,282,166.			5282166.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		1,174,294.			1174294.
			(i) Real / (ii) Personal				
	6 a	Gross rents	6a 137,035. /				
	b	Less: rental expenses	6b 0. /				
	c	Rental income or (loss)	6c 137,035. /				
	d	Net rental income or (loss)		137,035.			137,035.
			(i) Securities / (ii) Other				
	7 a	Gross amount from sales of assets other than inventory	7a 46,614,368. / 2234710.				
	b	Less: cost or other basis and sales expenses	7b 37,048,852. / 442,600.				
	c	Gain or (loss)	7c 9,565,516. / 1792110.				
	d	Net gain or (loss)		11,357,626.			11357626.
	8 a	Gross income from fundraising events (not including $ 15,461,781. of contributions reported on line 1c). See Part IV, line 18	8a 2,089,717.				
	b	Less: direct expenses	8b 3,653,149.				
	c	Net income or (loss) from fundraising events		-1,563,432.			-1563432.
	9 a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	10a				
	b	Less: cost of goods sold	10b				
	c	Net income or (loss) from sales of inventory					
			Business Code				
Miscellaneous Revenue	11 a	RESEARCH GRANT SERVICE FEE	541900	2,021,228.	2,021,228.		
	b						
	c						
	d	All other revenue	541900	515,075.	515,075.		
	e	**Total.** Add lines 11a-11d		2,536,303.			
	12	**Total revenue.** See instructions		118682229.	4,653,330.	0.	16387689.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,872,936.	12,872,936.		
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	3,616,922.	3,182,889.	108,509.	325,524.
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	36,944,436.	31,700,059.	704,595.	4,539,782.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,922,732.	2,504,041.	56,819.	361,872.
9 Other employee benefits	5,424,544.	4,653,962.	108,409.	662,173.
10 Payroll taxes	2,837,305.	2,435,902.	57,451.	343,952.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,193,725.			1,193,725.
f Investment management fees	93,454.		93,454.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	29,809,231.	28,312,057.	494,426.	1,002,748.
12 Advertising and promotion	1,929,591.	1,447,789.	14.	481,788.
13 Office expenses	1,108,377.	864,011.	48,817.	195,549.
14 Information technology				
15 Royalties				
16 Occupancy	2,875,084.	2,273,482.	229,372.	372,230.
17 Travel	1,197,725.	1,109,020.	15,672.	73,033.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	154,808.	131,837.	11,704.	11,267.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	305,988.		305,988.	
23 Insurance	445,807.	346,512.	41,027.	58,268.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DIRECT MAIL	9,624,654.	6,599,211.	432,735.	2,592,708.
b MISCELLANEOUS	3,291,743.	432,737.	2,669,761.	189,245.
c POSTAGE & SHIPPING	125,497.	90,823.	1,942.	32,732.
d PRINTING	117,767.	88,229.	237.	29,301.
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	116,892,326.	99,045,497.	5,380,932.	12,465,897.
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 X if following SOP 98-2 (ASC 958-720)	10,818,379.	6,599,211.	432,735.	3,786,433.

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	388,273.	1	535,476.
	2	Savings and temporary cash investments	13,624,344.	2	19,336,458.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	15,873,955.	4	11,315,435.
	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		7	
	8	Inventories for sale or use	69,333.	8	119,973.
	9	Prepaid expenses and deferred charges	2,098,381.	9	1,761,748.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a 16,108,589.			
	b	Less: accumulated depreciation — 10b 8,037,448.	8,792,576.	10c	8,071,141.
	11	Investments - publicly traded securities	140,472,615.	11	139,627,148.
	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	44,373,439.	15	44,945,718.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	225,692,916.	16	225,713,097.
Liabilities	17	Accounts payable and accrued expenses	12,028,062.	17	11,518,764.
	18	Grants payable	12,728,843.	18	12,192,193.
	19	Deferred revenue	7,889,016.	19	6,539,793.
	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		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	11,764,396.	25	9,953,793.
	26	**Total liabilities.** Add lines 17 through 25	44,410,317.	26	40,204,543.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** [X] **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	128,984,881.	27	132,501,521.
	28	Net assets with donor restrictions	52,297,718.	28	53,007,033.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	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	181,282,599.	32	185,508,554.
	33	Total liabilities and net assets/fund balances	225,692,916.	33	225,713,097.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	118,682,229.
2	Total expenses (must equal Part IX, column (A), line 25)	2	116,892,326.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,789,903.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	181,282,599.
5	Net unrealized gains (losses) on investments	5	422,139.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2,013,913.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	185,508,554.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047
2024
Open to Public Inspection

Name of the organization	Employer identification number
AMERICAN LUNG ASSOCIATION	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 [X] 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 **section 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? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	83540236.	112291164	100309671	97020213.	97641210.	490802494
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	83540236.	112291164	100309671	97020213.	97641210.	490802494
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)						
6 **Public support.** Subtract line 5 from line 4.						490802494

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	83540236.	112291164	100309671	97020213.	97641210.	490802494
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4656339.	8400917.	6512649.	6477669.	6593495.	32641069.
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.)	311,677.					311,677.
11 **Total support.** Add lines 7 through 10						523755240

12 Gross receipts from related activities, etc. (see instructions) ..... 12 | 26,033,731.

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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) ..... 14 | 93.71 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 ..... 15 | 93.81 %

16a **33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

			Yes	No
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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	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.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*	4c		
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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
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).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
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.**	9b		
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.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
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.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	*Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.	3b		

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

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

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

Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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 2024 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-2024**	**(iii) Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS INCOME
2020 AMOUNT: $ 311,677.

** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year .... $ ____________

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

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
1		$ 3,756,219.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 6,248,194.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] 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	Employer identification number
AMERICAN LUNG ASSOCIATION	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 info. once.) $

Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047
2024
Open to Public Inspection

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 organization	Employer identification number (EIN)
AMERICAN LUNG ASSOCIATION	13-1632524

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

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

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

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

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities .... $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities .... $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b .... $
4 Did the filing organization file **Form 1120-POL** for this year? .... ☐ Yes ☐ No
5 Enter the names, addresses, and EINs 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-.

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 (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

IF the amount on line 1e, column (a) or (b), is:	THEN 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.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2021	**(b)** 2022	**(c)** 2023	**(d)** 2024	**(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					

Schedule C (Form 990) 2024

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) Yes	(a) No	(b) 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?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?	X		491,042.
d Mailings to members, legislators, or the public?	X		6,639.
e Publications, or published or broadcast statements?	X		49,730.
f Grants to other organizations for lobbying purposes?	X		29,375.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		606,917.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		40,294.
i Other activities?		X	
j Total. Add lines 1c through 1i			1,223,997.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
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 campaign activity expenditures from the prior year?	3		

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

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 expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV **Supplemental Information**

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE AMERICAN LUNG ASSOCIATION VOLUNTEERS AND STAFF ENGAGE IN A WIDE RANGE OF ADVOCACY ACTIVITIES TO FURTHER OUR MISSION TO SAVE LIVES BY IMPROVING LUNG HEALTH AND PREVENTING LUNG DISEASE. OUR WORK INCLUDES EFFORTS TO EDUCATE ELECTED OFFICIALS, THEIR STAFF AND THE PUBLIC ON LUNG HEALTH ISSUES AND ACCESS TO HEALTHCARE. WE ADVOCATE FOR CLEAN, HEALTHY AIR TO REDUCE THE HEALTH IMPACTS OF AIR POLLUTION. WE FOCUS ON SUPPORTING THE IMPLEMENTATION AND STRENGTHENING OF THE NATION'S CLEAN AIR LAWS. WE STRONGLY SUPPORT THE PUBLIC HEALTH INFRASTRUCTURE AND LUNG HEALTH RESEARCH FUNDING INCLUDING FUNDING FOR LUNG CANCER, CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD), ASTHMA, TUBERCULOSIS AND OTHER LUNG DISEASES. FURTHERMORE, THE AMERICAN LUNG ASSOCIATION VOLUNTEERS

Part IV Supplemental Information *(continued)*

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.

SCHEDULE D (Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: AMERICAN LUNG ASSOCIATION

Employer identification number: 13-1632524

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

4 Number of states where property subject to conservation easement is located ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ______

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 $ ______

(ii) Assets included in Form 990, Part X $ ______

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

a Revenue included on Form 990, Part VIII, line 1 $ ______

b Assets included in Form 990, Part X $ ______

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	9,349,692.	9,104,563.	7,970,231.	9,016,928.	8,600,852.
b	Contributions	42,051.	56,000.	1,005,405.	5,300.	5,000.
c	Net investment earnings, gains, and losses	656,528.	734,541.	648,658.	-952,335.	1,326,442.
d	Grants or scholarships	562,892.	545,412.	519,731.	99,662.	915,366.
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	9,485,379.	9,349,692.	9,104,563.	7,970,231.	9,016,928.

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

a Board designated or quasi-endowment ______ %

b Permanent endowment 100 %

c Term endowment ______ %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

			Yes	No
(i)	Unrelated organizations?	3a(i)		X
(ii)	Related organizations?	3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,416,848.		2,416,848.
b Buildings		10,262,771.	4,743,783.	5,518,988.
c Leasehold improvements		461,746.	366,836.	94,910.
d Equipment		2,967,224.	2,926,829.	40,395.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				8,071,141.

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. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	40,122,498.
(2) AMOUNTS HELD ON BEHALF OF OTHERS	1,149,081.
(3) REFUNDABLE DEPOSITS	227,963.
(4) RIGHT-OF-USE-ASSETS	3,446,176.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	44,945,718.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AMOUNTS HELD ON BEHALF OF OTHERS	1,149,081.
(3) ANNUITY FUND INVESTMENTS	685,153.
(4) LEASE LIABILITIES	3,710,839.
(5) OTHER LIABILITIES	13,351.
(6) PENSION & LIFE INSURANCE BENEFITS	4,395,369.
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	9,953,793.

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

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	175,170,192.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	422,139.		
b	Donated services and use of facilities	2b	54,145,365.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	2,013,913.		
e	Add lines 2a through 2d			2e	56,581,417.
3	Subtract line 2e from line 1			3	118,588,775.
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	93,454.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	93,454.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	118,682,229.

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	170,944,237.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	54,145,365.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	54,145,365.
3	Subtract line 2e from line 1			3	116,798,872.
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	93,454.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	93,454.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	116,892,326.

Part XIII Supplemental Information

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

PART V, LINE 4:

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

PART X, LINE 2:

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUSTS	2,281,404.
CHANGE IN VALUE OF SPLIT-INTEREST TRUSTS	28,593.
PENSION AND POSTRETIREMENT PLAN CHANGES	-296,084.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	2,013,913.

Part XIII Supplemental Information *(continued)*

SCHEDULE G (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047
Open to Public Inspection

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 [X] Mail solicitations
- b [X] Internet and email solicitations
- c [X] Phone solicitations
- d [ ] In-person solicitations
- e [ ] Solicitation of nongovernment grants
- f [ ] Solicitation of government grants
- g [ ] Special fundraising events

2 a 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? [X] 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? Yes	No	(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
NNE MARKETING - 1666 MASSACHUSETTS AVE. SUITE 14,	DIRECT MARKETING		X	13,835,820.	387,000.	13,448,820.
PERSONAL FUNDRAISING SERVICES - 10 S RIVERSIDE PLAZA, STE	DIRECT MARKETING		X	566,140.	613,545.	-47,405.
GLOBAL FACES DIRECT - 16905 NORTHCROSS DRIVE, STE 109,	DIRECT MARKETING		X	67,155.	193,180.	-126,025.
Total				14,469,115.	1,193,725.	13,275,390.

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

SEE PART IV FOR CONTINUATIONS

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		FIGHT FOR AIR CLIMB (event type)	LUNG FORCE WALKS (event type)	70 (total number)	
Revenue	1 Gross receipts	6,577,773.	2,425,246.	8,548,479.	17,551,498.
	2 Less: Contributions	6,577,773.	2,425,246.	6,458,762.	15,461,781.
	3 Gross income (line 1 minus line 2)			2,089,717.	2,089,717.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	53,213.	8,312.	139,894.	201,419.
	6 Rent/facility costs	154,248.	99,072.	573,388.	826,708.
	7 Food and beverages	51,773.	20,583.	697,586.	769,942.
	8 Entertainment	18,509.	9,396.	45,164.	73,069.
	9 Other direct expenses	457,374.	227,608.	1,097,029.	1,782,011.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				3,653,149.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-1,563,432.

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	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: ______

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

b If "Yes," explain: ______

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

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

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b %

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

Name

Address

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

b If "Yes," enter the amount of gaming revenue received by the organization $ ________ and the amount of gaming revenue retained by the third party $ ________

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

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

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

(I) NAME OF FUNDRAISER: NNE MARKETING
(I) ADDRESS OF FUNDRAISER:
1666 MASSACHUSETTS AVE. SUITE 14, LEXINGTON, MA 02420

(I) NAME OF FUNDRAISER: PERSONAL FUNDRAISING SERVICES
(I) ADDRESS OF FUNDRAISER:
10 S RIVERSIDE PLAZA, STE 875, CHICAGO, IL 60606

(I) NAME OF FUNDRAISER: GLOBAL FACES DIRECT
(I) ADDRESS OF FUNDRAISER:
16905 NORTHCROSS DRIVE, STE 109, HUNTERSVILLE, NC 28078

PART I, LINE 2B, COLUMN (V):
THE AMERICAN LUNG ASSOCIATION ACQUIRES CONTRIBUTIONS FROM DIRECT MAIL AND TELEMARKETING SERVICES. IN ORDER TO MANAGE THESE ACTIVITIES, THE AMERICAN

Part IV **Supplemental Information** *(continued)*

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

SCHEDULE I
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: AMERICAN LUNG ASSOCIATION

Employer identification number 13-1632524

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN THORACIC SOCIETY, INC. 25 BROADWAY, 4TH FL NEW YORK, NY 10004	06-1548706	501(C)(3)	160,001.	0.			RESEARCH
AMERICAN COLLEGE OF CHEST PHYSICIANS - 2595 PATRIOT BLVD - GLENVIEW, IL 60026	36-2170783	501(C)(3)	60,000.	0.			RESEARCH
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030-3411	74-1613878	501(C)(3)	208,030.	0.			RESEARCH
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVE - BOSTON, MA 02215	04-2103881	501(C)(3)	100,000.	0.			RESEARCH
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	350,000.	0.			RESEARCH
BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	350,000.	0.			RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .... 50.

3 Enter total number of other organizations listed in the line 1 table .... 1.

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of noncash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COLUMBIA UNIVERSITY 615 WEST 131ST STREET NEW YORK, NY 10027	13-5598093	501(C)(3)	200,000.	0.			RESEARCH
DELFI DIAGNOSTICS 1810 EMBARCADERO ROAD, SUITE 100 PALO ALTO, CA 94303	83-1219756		75,000.	0.			RESEARCH
DUKE UNIVERSITY BOX 104132 DURHAM, NC 27708	56-0532129	501(C)(3)	461,793.	0.			RESEARCH
H. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE, INC - 12902 MAGNOLIA DRIVE - TAMPA, FL 33612	59-2451713	501(C)(3)	100,000.	0.			RESEARCH
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE, BOX 3500 - NEW YORK, NY 10029-6574	13-6171197	501(C)(3)	500,000.	0.			RESEARCH
INDIANA UNIVERSITY 1024 E 3RD STREET, ROOM 132 BLOOMINGTON, IN 47405	35-6001673	STATE OF IN	100,000.	0.			RESEARCH
JOHNS HOPKINS UNIVERSITY 3910 KESWICH RD, N4 327-B BALTIMORE, MD 21211	52-0595110	501(C)(3)	825,000.	0.			RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-1564655	501(C)(3)	100,000.	0.			RESEARCH
MEMORIAL SLOAN KETTERING CANCER CENTER - 1275 YORK AVENUE - NEW YORK, NY 10065	13-1924236	501(C)(3)	400,000.	0.			RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD, ROOM 360 EAST LANSING, MI 48824	38-6005984	501(C)(3)	200,000.	0.			RESEARCH
NATIONAL INSTITUTE OF HEALTH, DHHS 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	GOV	100,000.	0.			RESEARCH
NATIONAL JEWISH MEDICAL AND RESEARCH CENTER - 1400 JACKSON STREET - DENVER, CO 80206	74-2044647	501(C)(3)	288,015.	0.			RESEARCH
NEMOURS CHILDREN CLINIC 10140 CENTURION PARKWAY NORTH JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	474,465.	0.			RESEARCH
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - 550 FIRST AVENUE - NEW YORK, NY 10016	13-5562308	501(C)(3)	200,000.	0.			RESEARCH
NORTHWESTERN UNIVERSITY 619 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	790,907.	0.			RESEARCH
PORTLAND STATE UNIVERSITY PO BOX 751, PORTLAND, OR 97207 PORTLAND, OR 97207	36-4776757	STATE OF OR	300,000.	0.			RESEARCH
PREVENT CANCER FOUNDATION 333 JOHN CARLYLE STREET, SUITE 635 ALEXANDRIA, VA 22314	52-1429544	501(C)(3)	25,000.	0.			RESEARCH
PURDUE UNIVERSITY 2550 NORTHWESTERN AVE, SUITE 1100 WEST LAFAYETTE, IN 47906	35-6002041	STATE OF IN	150,000.	0.			RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM STREET - SAN FRANCISCO, CA 94143	94-6036493	STATE OF CA	287,620.	0.			RESEARCH
RUTGERS THE STATE UNIVERSITY C/O TAX OFFICE 33 KNIGHTSBRIDGE ROAD, ROO, C281 - PISCATAWAY, NJ 08854	22-6001086	STATE OF NJ	200,000.	0.			RESEARCH
SEATTLE BIOMEDICAL RESEARCH INSTITUTE - 307 WESTLAKE AVENUE - SEATTLE, WA 98109	91-1452438	501(C)(3)	135,000.	0.			RESEARCH
STATE UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242	42-6004813	STATE OF IA	100,000.	0.			RESEARCH
TEMPLE UNIVERSITY 1852 N. 10TH STREET PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	317,874.	0.			RESEARCH
TEXAS BIOMEDICAL RESEARCH INSTITUTE - 8715 W. MILITARY DRIVE - SAN ANTONIO, TX 78227	74-1109630	501(C)(3)	400,000.	0.			RESEARCH
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS - CHICAGO - 809 S MARSHFIELD AVE (M/C 551) - CHICAGO, IL 60612-7502	37-6000511	501(C)(3)	250,000.	0.			RESEARCH
THE BOARD OF TRUSTEES OF THE UNIVERISTY OF ILLINOIS - 809 S MARSHFIELD AVE (M/C 551) - CHICAGO, IL 60612-7502	37-6000511	501(C)(3)	300,000.	0.			RESEARCH
THE BROAD INSTITUTE 415 MAIN ST CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	100,000.	0.			RESEARCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MEDICAL COLLEGE OF WISCONSIN, INC. - 8701 WATERTOWN PLANK RD - MILWAUKEE, WI 53226	39-0806261	501(C)(3)	200,000.	0.			RESEARCH
THE OHIO STATE UNIVERSITY 901 WOODY HAYES DR, 2020 BLANKENSHIP HALL - COLUMBUS, OH 43210	31-6025986	STATE OF OH	150,000.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 10889 WILSHIRE BLVD SUITE 700 - LOS ANGELES, CA 90095-1406	95-6006143	STATE OF CA	400,000.	0.			RESEARCH
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET, 5TH FLOOR FRANKLIN BUILDING - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	100,000.	0.			RESEARCH
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE, SUITE 2200 - CHAPEL HILL, NC 25799	56-6001393	501(C)(3)	300,000.	0.			RESEARCH
UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON - 301 UNIVERSITY BLVD - GALVESTON, TX 77555-1166	74-6000949	STATE OF TX	200,000.	0.			RESEARCH
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BLVD, MC9029 - DALLAS, TX 75390	75-6002868	STATE OF TX	200,000.	0.			RESEARCH
THE WISTAR INSTITUTE OF ANATOMY AND BIOLOGY - 3601 SPRUCE STREET - PHILADELPHIA, PA 19104	23-6434390	501(C)(3)	200,000.	0.			RESEARCH
TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2103547	501(C)(3)	600,000.	0.			RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF TUFTS COLLEGE 80 GEORGE STREET MEDFORD, MA 02155	04-2103634	501(C)(3)	100,000.	0.			RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM - UNIVERSITY STATION - BIRMINGHAM, AL 35294	63-6005396	STATE OF AL	324,415.	0.			RESEARCH
UNIVERSITY OF ARIZONA PO BOX 3308 TUCSON, AZ 85722	74-2652689	501(C)(3)	289,565.	0.			RESEARCH
UNIVERSITY OF COLORADO DENVER MS F428 BLDG 500 13001 E 17TH AURORA, CO 80045	84-6000555	STATE OF CO	150,000.	0.			RESEARCH
UNIVERSITY OF KANSAS CENTER FOR RESEARCH - 2385 IRVING HILL ROAD - LAWRENCE, KS 66045	48-0680117	501(C)(3)	467,495.	0.			RESEARCH
UNIVERSITY OF MICHIGAN 5082 WOLVERINE TOWER, 3003 S. STATE ANN ARBOR, MI 48109	38-6006309	STATE OF MI	295,532.	0.			RESEARCH
UNIVERSITY OF VERMONT 85 SOUTH PROSPECT STREET BURLINGTON, VT 05405	03-0179440	501(C)(3)	323,130.	0.			RESEARCH
VANDERBILT UNIVERSITY MEDICAL CENTER - 1161 21ST AVENUE SOUTH, D-3300 MEDICAL CENTER NORTH - NASHVILLE, TN 37232	35-2528741	501(C)(3)	350,000.	0.			RESEARCH
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - P.O. BOX 22371 - NEW YORK, NY 10087-2371	13-1623978	501(C)(3)	201,085.	0.			RESEARCH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of noncash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RETURNED FUNDS & CANCELLED PAYMENTS - VARIOUS UNIVERSITIES - 55 W. WACKER DR - CHICAGO, IL 60601	13-1632524	501(C)(3)	-586,991.	0.			RESEARCH

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

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

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

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

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: AMERICAN LUNG ASSOCIATION

Employer identification number: 13-1632524

Part I — Questions Regarding Compensation

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

- [ ] First-class or charter travel
- [ ] Travel for companions
- [ ] Tax indemnification and gross-up payments
- [ ] Discretionary spending account
- [ ] Housing allowance or residence for personal use
- [ ] Payments for business use of personal residence
- [ ] Health or social club dues or initiation fees
- [ ] Personal services (such as maid, chauffeur, chef)

		Yes	No
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	1b		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		

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

- [X] Compensation committee
- [X] Independent compensation consultant
- [X] Form 990 of other organizations
- [X] Written employment contract
- [X] Compensation survey or study
- [X] 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:

		Yes	No
a Receive a severance payment or change-of-control payment?	4a		X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X	
c Participate in or receive payment from an equity-based compensation arrangement?	4c		X

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

		Yes	No
a The organization?	5a		X
b Any related organization?	5b		X

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:

		Yes	No
a The organization?	6a		X
b Any related organization?	6b		X

If "Yes" on line 6a or 6b, describe in Part III.

		Yes	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1) HAROLD WIMMER	(i)	592,872.	65,000.	157,608.	39,917.	33,858.	889,255.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LAURA SCOTT	(i)	295,572.	28,000.	0.	34,879.	2,055.	360,506.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DEBORAH BROWN	(i)	280,882.	22,000.	0.	35,746.	14,937.	353,565.	0.
CHIEF MISSION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SUE SWAN	(i)	280,882.	22,000.	0.	35,746.	13,280.	351,908.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JEFF SEYLER	(i)	278,377.	10,000.	0.	34,766.	12,652.	335,795.	0.
CHIEF FIELD OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SARAH KRIKORIAN	(i)	265,572.	22,000.	0.	22,512.	24,521.	334,605.	0.
CHIEF HUMAN RESOURCES OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JOENELL HENRY-TANNER	(i)	260,472.	22,000.	0.	15,071.	1,909.	299,452.	0.
CHIEF OF STAFF, SVP GOVERNANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) STACY DILLING	(i)	250,265.	20,000.	0.	12,941.	1,258.	284,464.	0.
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) NEIL BALLENTINE	(i)	212,722.	0.	0.	26,385.	13,742.	252,849.	0.
CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ALLISON HICKEY	(i)	219,457.	0.	0.	17,500.	12,726.	249,683.	0.
EXECUTIVE VP, MOUNTAIN PACIFIC & CA	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) PAUL BILLINGS	(i)	213,672.	3,000.	0.	27,878.	1,874.	246,424.	0.
NATIONAL SENIOR VP, PUBLIC POLICY	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ANITA ORUCHE	(i)	199,265.	17,000.	0.	9,923.	12,419.	238,607.	0.
CHIEF INCLUSION & ENGAGEMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) SUSAN RAPPAPORT	(i)	201,883.	0.	0.	24,882.	11,575.	238,340.	0.
NATIONAL VP, RESEARCH	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) EMILY MURPHY	(i)	186,331.	3,000.	0.	20,868.	15,914.	226,113.	0.
DIVISION SENIOR VP, DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) SOPHIE REEDS	(i)	181,550.	3,000.	0.	12,880.	1,377.	198,807.	0.
VICE PRESIDENT, DIGITAL MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4B & PART II:

THE PRESIDENT AND CEO'S 2024 REPORTED COMPENSATION IS HIGHER DUE TO THE VESTING OF A MULTI-YEAR DEFERRED COMPENSATION ARRANGEMENT UNDER A 457(F) PLAN OF $157,608.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization: AMERICAN LUNG ASSOCIATION

Employer identification number: 13-1632524

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (SUPPLIES)	X	107	181,990.	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 V, Donee Acknowledgement 29

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule M (Form 990) 2024**

LHA 432141 11-15-24

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.

SCHEDULE O (Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: AMERICAN LUNG ASSOCIATION

Employer identification number: 13-1632524

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
INVESTED $22 MILLION IN GROUNDBREAKING RESEARCH, REINFORCING OUR ROLE AS ONE OF THE NATION'S LARGEST PRIVATE FUNDERS OF LUNG HEALTH STUDIES. WE EXPANDED EDUCATIONAL PROGRAMS FOR PATIENTS, CAREGIVERS, AND HEALTHCARE PROVIDERS, AND DELIVERED TARGETED TOBACCO CESSATION INITIATIVES, INCLUDING EFFORTS TO PREVENT YOUTH TOBACCO USE AND SUPPORT CESSATION AMONG TEENS AND ADULTS. THROUGHOUT THE YEAR, WE ALSO CHAMPIONED CRITICAL HEALTHCARE AND CLEAN AIR PROTECTIONS - ADVOCATING FOR MEDICAID PRESERVATION, POLICIES AND PROGRAMS THAT LIMIT POLLUTION, AND FEDERAL FUNDING FOR LUNG DISEASE RESEARCH. IN MARCH, OUR LUNG FORCE HEROES TRAVELED TO WASHINGTON, DC, TO MEET WITH LAWMAKERS AND ADVOCATE FOR LIFESAVING COVERAGE AND SUPPORT FOR THOSE AFFECTED BY LUNG CANCER.

IN NOVEMBER, WE RELEASED OUR 7TH ANNUAL "STATE OF LUNG CANCER" REPORT, HIGHLIGHTING A JUMP IN THE FIVE-YEAR LUNG CANCER SURVIVAL - TO 28.4%, AN INCREASE OF 52% OVER THE PAST DECADE. WHILE LUNG CANCER REMAINS THE DEADLIEST FORM OF CANCER, SIGNIFICANT ADVANCEMENTS IN TREATMENT AND CARE ARE HELPING PEOPLE TO LIVE LONGER AND HEALTHIER THAN EVER BEFORE. HINDERING PROGRESS, HOWEVER, ARE ONGOING GAPS IN THE RATES OF BIOMARKER TESTING - THE EVALUATION OF LUNG TUMOR TISSUE TO HELP DETERMINE AN INDIVIDUAL'S SPECIFIC TYPE OF LUNG CANCER, ALLOWING FOR PRECISE AND POTENTIALLY MORE SUCCESSFUL TREATMENT - AND LUNG CANCER SCREENING, AS HIGHLIGHTED IN THE REPORT. WE KNOW THAT IF LUNG CANCER IS CAUGHT BEFORE IT SPREADS, THE LIKELIHOOD OF SURVIVING FIVE YEARS OR MORE JUMPS TO 64%, AND THAT NEARLY ONE-QUARTER OF LUNG CANCER PATIENTS RECEIVE CHEMOTHERAPY OR RADIATION BEFORE UNDERGOING BIOMARKER TESTING.

IN RESPONSE, WE CONTINUE TO EXPAND OUR PROGRAMS AND RESOURCES AIMED AT PROMOTING AWARENESS AND GREATER PARTICIPATION IN THESE LIFESAVING PROGRAMS.

IN FISCAL YEAR 2025, WE LAUNCHED OUR BIOMARKER, EDUCATION, AWARENESS AND TESTING (BEAT) LUNG CANCER CAMPAIGN, AIMED AT PROMOTING THE IMPORTANCE AND VALUE OF BIOMARKER TESTING THROUGH NEW WEBSITE RESOURCES, TARGETED ADVERTISING, AND EDUCATIONAL VIDEOS. WE ALSO WORKED WITH THE AD COUNCIL TO CREATE A NEW PUBLIC SERVICE ANNOUNCEMENT (PSA), "IF YOUR LUNGS COULD TALK," HIGHLIGHTING THE IMPORTANCE OF LUNG CANCER SCREENING, ESPECIALLY AMONG INDIVIDUALS WITH A HISTORY OF TOBACCO USE. THE CAMPAIGN RESULTED IN 649,000 VISITS TO OUR WEBSITE AND 250,000 COMPLETIONS OF OUR SAVED BY THE SCAN QUIZ TO DETERMINE SCREENING ELIGIBILITY. OF THE MORE THAN 1.5 MILLION PEOPLE WHO HAVE TAKEN OUR ONLINE QUIZ, 20% LEARNED THEY QUALIFY FOR LOW- OR NO-COST SCREENING.

BECAUSE CLINICAL TRIALS CAN PLAY A CRITICAL, LIFESAVING ROLE IN ENSURING OPTIMAL LUNG CANCER TREATMENT AND CARE, WE LAUNCHED AN AWARENESS, TRUST AND ACTION PROGRAM TO SPECIFICALLY PROMOTE THE IMPORTANCE AND AVAILABILITY OF CLINICAL TRIALS AMONG HISPANIC LUNG CANCER PATIENTS AND CAREGIVERS. HISPANIC INDIVIDUALS REPRESENT 19% OF THE POPULATION BUT JUST 6% OF CLINICAL TRIAL PARTICIPANTS. THE PROGRAM AIMS TO RAISE AWARENESS ABOUT CLINICAL TRIALS, ADDRESS MISCONCEPTIONS, AND EMPOWER PATIENTS AND CAREGIVERS TO ULTIMATELY IMPROVE LUNG CANCER CARE AND OUTCOMES.

OUR NEW AND IMPROVED EDUCATIONAL PROGRAMS THIS YEAR INCLUDED RESOURCES AND TOOLS FOR INDIVIDUALS LIVING WITH COPD, ASTHMA, BRONCHIECTASIS, AUTOIMMUNE PULMONARY ALVEOLAR PROTEINOSIS, PULMONARY ARTERIAL HYPERTENSION AND PNEUMOCOCCAL PNEUMONIA. TO SUPPORT SCHOOL HEALTH PROFESSIONALS, WE INTRODUCED A NEW GUIDE DESIGNED TO HELP THEM SECURE AND MAINTAIN FUNDING FOR EMERGENCY STOCK ASTHMA MEDICATION. WE ALSO LAUNCHED THE LUNG-FRIENDLY ENVIRONMENTS FOR YOUTH INITIATIVE-AN ONLINE HUB PROVIDING COMPREHENSIVE STRATEGIES AND RESOURCES FOR ADDRESSING ASTHMA, TOBACCO, CLEAN AIR AND MORE IN SCHOOLS AND COMMUNITY ORGANIZATIONS.

IN ADDITION, WE CONTINUED TO SUPPORT AND GROW OUR PATIENT AND CAREGIVER SUPPORT PROGRAMS. MEMBERSHIP IN OUR PATIENT & CAREGIVER NETWORK - A NATIONWIDE, ONLINE SUPPORT PROGRAM PROVIDING EDUCATION, TOOLS AND WELLNESS AND OTHER RESOURCES FOR INDIVIDUALS LIVING WITH LUNG DISEASE AND THEIR CAREGIVERS - GREW TO 18,048 MEMBERS IN FISCAL YEAR 2025, REPRESENTING ALL STATES AND PUERTO RICO, A 39% INCREASE. AND OUR 11 ONLINE SUPPORT COMMUNITIES NOW SERVE 253,697 MEMBERS NATIONWIDE, OFFERING A SAFE, WELCOMING SPACE FOR THOSE FACING LUNG CANCER, CHRONIC LUNG CONDITIONS OR TOBACCO CESSATION CHALLENGES.

AS FALL APPROACHED, WE ENCOURAGED IMMUNIZATION AS A SAFE AND EFFECTIVE WAY TO REDUCE THE RISK OF SEVERE SYMPTOMS AND HOSPITALIZATIONS CAUSED BY RESPIRATORY VIRUSES - ESPECIALLY FOR THOSE MOST VULNERABLE, INCLUDING ADULTS 65 AND OLDER AND INDIVIDUALS WITH LUNG CONDITIONS OR OTHER CHRONIC ILLNESSES.

OUR EFFORTS IN FISCAL YEAR 2025 INCLUDED NEW AND ONGOING CAMPAIGNS PROMOTING THE IMPORTANCE OF VACCINES FOR THE PREVENTION OF INFLUENZA, OR THE FLU, RESPIRATORY SYNCYTIAL VIRUS, OR RSV - IN ADULTS, BABIES AND YOUNG CHILDREN - AND COVID-19. OUR COMPREHENSIVE RSV IN BABIES CAMPAIGN - AIMED AT PARENTS AND SOON-TO-BE PARENTS ON HOW TO PROTECT INFANTS AND TODDLERS FROM RSV, THE LEADING CAUSE OF INFANT HOSPITALIZATION - REACHED MILLIONS OF PEOPLE.

DURING FLU SEASON, WE ALSO IMPLEMENTED TARGETED OUTREACH EFFORTS IN RURAL COMMUNITIES WITH LOW INFLUENZA VACCINATION RATES - ARKANSAS, MISSISSIPPI, WEST VIRGINIA, MONTANA AND KENTUCKY - AND AMONG VULNERABLE POPULATIONS, INCLUDING HOMELESS AND LOW-INCOME INDIVIDUALS WITH TUBERCULOSIS IN GEORGIA.

TOBACCO USE REMAINS THE LEADING CAUSE OF PREVENTABLE DEATH IN THIS COUNTRY. AND WHILE YOUTH TOBACCO USE HAS DECLINED TO THE LOWEST LEVEL IN 25 YEARS (WITH HELP FROM THE AMERICAN LUNG ASSOCIATION'S RELENTLESS ADVOCACY AND AWARENESS EFFORTS), THE NUMBER OF MIDDLE AND HIGH SCHOOL STUDENTS WHO USE TOBACCO PRODUCTS - 2.25 MILLION - IS STILL TOO HIGH, AS TOBACCO COMPANIES USE AGGRESSIVE MARKETING TACTICS TO APPEAL TO AND ADDICT A NEW GENERATION.

OUR 23RD "STATE OF TOBACCO CONTROL" REPORT HIGHLIGHTED THE IMPORTANCE OF ONGOING FUNDING FOR TOBACCO PREVENTION AND YOUTH SMOKING PROGRAMS TO REDUCE DEATH AND DISEASE. IN THE SPRING OF 2025, WE FOLLOWED UP WITH A SECOND REPORT EXAMINING THE IMPACT OF DRAMATIC CUTS TO FEDERAL TOBACCO PROGRAMS.

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

WHILE WE STRONGLY ADVOCATED FOR THE PRESERVATION OF THESE PROGRAMS, WE CONTINUED TO SUPPORT STATE AND LOCAL TOBACCO PREVENTION EFFORTS, HELPING INDIVIDUALS WHO WANT TO STOP SMOKING THROUGH OUR FREEDOM FROM SMOKING CLASSES AND LUNG HELPLINE AND DEVELOPING NEW PROGRAMS TO PREVENT AND REDUCE TOBACCO USE.

IN FISCAL YEAR 2025, WE REMAINED COMMITTED TO EDUCATING TEACHERS, SCHOOL ADMINISTRATORS, CHILDREN, TEENS AND PARENTS ABOUT THE DANGERS OF VAPING AND TOBACCO. WITH THE AD COUNCIL, WE LAUNCHED A NEW YOUTH VAPING PREVENTION PUBLIC SERVICE CAMPAIGN, "YOU'RE THE BEST PERSON," PROVIDING A HUMOROUS LOOK AT WHY PARENTS ARE THE BEST PEOPLE TO TALK TO THEIR KIDS ABOUT THE DANGERS OF VAPING. THE CAMPAIGN DROVE MORE THAN 330,000 PEOPLE TO OUR WEBSITE RESOURCES ON YOUTH VAPING. WE ALSO LAUNCHED A NEW YOUTH TOBACCO TREATMENT PLAN, A WORKSHEET AND REFERENCE TO HELP TEENS AND YOUNG ADULTS BETTER UNDERSTAND TOBACCO-USE TRIGGERS, COPING STRATEGIES, THE BENEFITS OF QUITTING AND HOW TO GET HELP.

MOST IMPORTANTLY, OUR TOBACCO PREVENTION EFFORTS ARE MAKING A DIFFERENCE: ADULT CIGARETTE USE DROPPED FROM 14.0% IN 2019 TO 9.9% IN 2024, AND E-CIGARETTE USE AMONG MIDDLE AND HIGH SCHOOL STUDENTS DECLINED FROM 20.0% IN 2019 TO 5.9% IN 2024, A 71% REDUCTION.

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

IN SEPTEMBER, OUR RESEARCH AWARDS INCLUDED 139 GRANTS TO PROMISING AND ESTABLISHED SCIENTISTS WORKING ON SOLUTIONS AND TREATMENTS FOR A BROAD RANGE OF LUNG HEALTH CHALLENGES, INCLUDING THE LINK BETWEEN OBESITY AND SEVERE RESPIRATORY DISEASE, THE ROLE OF INFLAMMATION IN PULMONARY FIBROSIS, AND NEW TARGETED LUNG CANCER TREATMENTS. EACH YEAR, OUR RESEARCH INVESTMENT ALSO SUPPORTS OUR AIRWAYS CLINICAL RESEARCH CENTERS NETWORK, THE LARGEST NONPROFIT CLINICAL RESEARCH NETWORK PROVIDING ASTHMA AND COPD CLINICAL TRIALS AT PROMINENT ACADEMIC MEDICAL CENTERS, AS WELL AS INNOVATIVE INDUSTRY AND NONPROFIT PARTNERSHIPS TO ACCELERATE DISCOVERY. THIS YEAR, WE PROVIDED A $200,000 AMERICAN LUNG ASSOCIATION RESEARCH INSTITUTE GRANT TO TEXAS BIOMEDICAL RESEARCH INSTITUTE TO STUDY A UNIVERSAL, ONE-TIME VACCINE.

WE ALSO REACHED A CRITICAL MILESTONE IN OUR LUNG HEALTH COHORT RESEARCH STUDY - RECRUITING NEARLY 3,000 PARTICIPANTS FOR OUR PIONEERING PROJECT WHERE WE EXPECT TO FOLLOW HEALTHY ADULTS FOR APPROXIMATELY FIVE YEARS, WITH THE GOAL OF IDENTIFYING RISK FACTORS FOR LUNG DISEASE.

IN FISCAL YEAR 2025, WE ALSO CONTINUED TO SUPPORT AND FUND ORGANIZATIONS COMMITTED TO ADVANCING RESEARCH. IN FISCAL YEAR 2025, THIS INCLUDED SPONSORING COPD INET IN BOSTON - HELD FOR THE FIRST TIME IN THE UNITED STATES - BRINGING TOGETHER 100 SCIENTISTS COMMITTED TO ADVANCING COPD RESEARCH FROM THE LABORATORY TO PATIENT TREATMENT AND CARE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
THREATENED UNDER A PROPOSED BILL, WHICH IS NOW LAW. WE ALSO ADVOCATED AGAINST PROPOSED CUTS IN PROGRAM STAFF AND SPENDING THAT SUPPORT LUNG HEALTH.

OUR ADVOCACY EFFORTS HELPED TO PRESERVE HEALTHCARE COVERAGE FOR PREVENTATIVE CARE, INCLUDING LUNG CANCER SCREENING; THE REINTRODUCTION

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OF THE SOAR ACT TO PROVIDE EQUITABLE ACCESS TO PORTABLE OXYGEN, ALLOWING PEOPLE TO LIVE MORE ACTIVE LIVES; AND A SUPREME COURT RULING IN FAVOR OF THE FOOD AND DRUG ADMINISTRATION PROHIBITING TOBACCO COMPANIES FROM EMPLOYING SPECIFIC MARKETING STRATEGIES TO PROMOTE CERTAIN E-CIGARETTE PRODUCTS.

IN FISCAL YEAR 2025, WE HOSTED TWO ADVOCACY EVENTS. IN ADDITION TO OUR ANNUAL LUNG FORCE ADVOCACY DAY IN THE SPRING, WE HELD OUR SECOND RESPIRATORY ADVOCACY DAY IN SEPTEMBER. THIS EVENT UNITED DOZENS OF INDIVIDUALS LIVING WITH ASTHMA, COPD, PULMONARY FIBROSIS, PULMONARY ARTERIAL HYPERTENSION, AND OTHER LUNG DISEASES. THEY SHARED THEIR STORIES AND MET WITH CONGRESSIONAL REPRESENTATIVES TO ADVOCATE FOR THE PROTECTION OF HEALTHCARE COVERAGE AND INCREASED FUNDING FOR RESEARCH AND VITAL PROGRAMS THAT SUPPORT THOSE AFFECTED BY RESPIRATORY CONDITIONS.

THROUGHOUT THE YEAR, WE ALSO ADVOCATED FOR POLICIES AND PROGRAMS - AND THE PROTECTION OF STAFF AND FUNDING AT THE ENVIRONMENTAL PROTECTION AGENCY - TO IMPROVE THE AIR WE BREATHE. THIS INCLUDED SUPPORTING LEGISLATION TO LIMIT MERCURY AND OTHER POISONOUS EMISSIONS FROM POWER PLANTS AND OTHER POLLUTION SOURCES AND PROTECTING ENERGY EFFICIENCY PROGRAMS AND CLEAN CAR AND TRUCK WAVERS.

ACCORDING TO OUR 26TH ANNUAL "STATE OF THE AIR" (SOTA) REPORT, NEARLY HALF OF PEOPLE LIVING IN THE UNITED STATES ARE EXPOSED TO DANGEROUS AIR POLLUTION LEVELS, WITH 156 MILLION PEOPLE (25 MILLION MORE THAN THE PREVIOUS YEAR) LIVING IN AREAS THAT RECEIVED AN "F" GRADE FOR OZONE OR PARTICLE POLLUTION. IN ADDITION, WE PUBLISHED TWO SUPPLEMENTAL REPORTS PROVIDING CRITICAL INSIGHTS ON HOW SATELLITE TECHNOLOGY AND OTHER INNOVATIVE SOLUTIONS CAN IMPROVE THE DETECTION OF PARTICLE POLLUTION AND NITROGEN DIOXIDE HOT SPOTS - KEY STEPS TO IMPROVING AIR QUALITY.

TO SUPPORT INDIVIDUALS LIVING WITH LUNG DISEASES IN COMMUNITIES DISPROPORTIONATELY IMPACTED BY PARTICLE AND OZONE POLLUTION, WE DEVELOPED A NEW PROGRAM IN PARTNERSHIP WITH THE CVS FOUNDATION. THROUGH THIS PROJECT, WE DISTRIBUTED 346 AIR QUALITY SENSORS TO HEALTHCARE ORGANIZATIONS AND PEOPLE IN PHOENIX.

DEVASTATING WILDFIRES CONTINUED TO THREATEN AIR QUALITY THROUGHOUT THE YEAR. IN JANUARY, HIGH WINDS AND DRY CONDITIONS FUELED THE SPREAD OF DEVASTATING WILDFIRES THROUGHOUT LOS ANGELES COUNTY, DESTROYING MORE THAN 12,000 HOMES, BUSINESSES, SCHOOLS AND OTHER STRUCTURES. FORTUNATELY, WE WERE ABLE TO SWIFTLY DISSEMINATE ESSENTIAL INFORMATION AND RESOURCES - THROUGH OUR WEBSITE, SOCIAL MEDIA AND MEDIA INTERVIEWS WITH OUR EXPERTS - TO HELP SAFEGUARD INDIVIDUALS AND FAMILIES, PARTICULARLY THOSE LIVING WITH ASTHMA AND OTHER CHRONIC LUNG CONDITIONS, FROM SMOKE AND OTHER SOURCES OF AIR POLLUTION. THROUGH OUR STRATEGIC PARTNERSHIPS WITH INDUSTRY LEADERS AND VOLUNTEERS WE WERE ABLE TO SECURE AND DISTRIBUTE INDUSTRIAL-GRADE AND IN-HOME AIR PURIFIERS, N-95 MASKS AND OTHER SUPPLIES TO INDIVIDUALS LIVING WITH LUNG DISEASE, SCHOOLS AND COMMUNITY ORGANIZATIONS. WE ALSO FORGED MEANINGFUL, SUSTAINABLE PARTNERSHIPS THAT PROMOTE ONGOING REBUILDING AND RESILIENCE IN THE WILDFIRE-IMPACTED COMMUNITIES THROUGHOUT SOUTHERN CALIFORNIA.

AS WILDFIRES ARE AN ONGOING CHALLENGE THROUGHOUT NORTH AMERICA, WE

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RENEWED OUR PARTNERSHIP WITH THE CANADIAN LUNG ASSOCIATION TO HELP RAISE AWARENESS ABOUT THE HEALTH RISKS ASSOCIATED WITH WILDFIRE SMOKE.

WE ALSO DEEPENED OUR COMMITMENT TO INDOOR AIR IN FISCAL YEAR 2025, BY SECURING ENVIRONMENTAL PROTECTION AGENCY (EPA) FUNDING TO LAUNCH THE CLEAN AIR SCHOOL CHALLENGE, A MULTI-YEAR CAMPAIGN EMPOWERING K-12 SCHOOLS TO IMPROVE THE QUALITY OF THEIR AIR. WE ALSO AWARDED OUR INAUGURAL INDOOR AIR RESEARCH AWARD TO A GROUNDBREAKING RESEARCHER STUDYING THE HEALTH EFFECTS OF INDOOR AIR ON MATERNAL AND CHILD HEALTH.

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 SUBSTANTAILLY ALL OF THE PROPERTY AND ASSETS OF THE ASSOCIATION, AUTHORIZE THE VOLUNTARY DISSOLUTION OF THE ASSOCIATION OR REVOCATION OF SUCH DISSOLUTION, OR AMEND THE BYLAWS OF THE ASSOCIATION.

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

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

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

FORM 990, PART VI, SECTION B, LINE 15:
THE AMERICAN LUNG ASSOCIATION HAS ESTABLISHED A COMPENSATION POLICY FOR ITS EXECUTIVE COMMITTEE TO FOLLOW IN ESTABLISHING THE COMPENSATION FOR ITS CEO, TOP MANAGEMENT OFFICIAL, OTHER OFFICERS OR KEY EMPLOYEES. THE POLICY MANDATES THAT EXECUTIVE COMPENSATION BE PERIODICALLY REVIEWED BY THE COMMITTEE AND THAT THE COMMITTEE SHOULD BE FREE OF CONFLICTS OF INTEREST. IN ADDITION, THE APPROVING COMMITTEE NEEDS TO REVIEW APPROPRIATE AND ADEQUATE DATA TO DETERMINE THE REASONABLENESS OF THE COMPENSATION BEING CONSIDERED. THE COMMITTEE MAY USE A VARIETY OF INFORMATION AND STUDIES THAT ARE AVAILABLE TO DETERMINE THAT THE APPROPRIATE LEVEL OF COMPENSATION IS BEING PAID TO ITS EXECUTIVES.

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

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

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

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

PROGRAM CONSULTING:	
PROGRAM SERVICE EXPENSES	22,446,401.
TOTAL EXPENSES	22,446,401.
OTHER FEES:	
PROGRAM SERVICE EXPENSES	5,865,656.
MANAGEMENT AND GENERAL EXPENSES	494,426.
FUNDRAISING EXPENSES	1,002,748.
TOTAL EXPENSES	7,362,830.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	29,809,231.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUSTS	2,281,404.
CHANGE IN VALUE OF SPLIT-INTEREST TRUSTS	28,593.
PENSION AND RETIREMENT PLAN CHANGES	-296,084.
TOTAL TO FORM 990, PART XI, LINE 9	2,013,913.

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FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Form **8868** (Rev. January 2025)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
AMERICAN LUNG ASSOCIATION

Taxpayer identification number (TIN)
13-1632524

Number, street, and room or suite no. If a P.O. box, see instructions.
55 W. WACKER DRIVE, 1150

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
CHICAGO, IL 60601

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name

Plan Number

Plan Year Ending (MM/DD/YYYY)

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

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

Telephone No. 217-787-5864 Fax No.

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

1 I request an automatic 6-month extension of time until MAY 15 , 20 26 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☐ calendar year 20 ____ or

☒ tax year beginning JUL 1 , 20 24 , and ending JUN 30 , 20 25

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

☐ Change in accounting period

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

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