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A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

OMB No 1545-0047

Open to Public Inspection

B Che	eck ıf a	pplicable	Please	C Name of organization AMERICAN LUNG ASSOCIAT	TON		D Employer ider	ntification number
✓ Add	dress ch	uniqu	use IRS label or				13-1632524	
┌ Nar	me cha	nge I	print or	Doing Business As			E Telephone nu	mper
┌ Init	al retu	rn S	type. See Specific	Number and street (or P.O.	box if mail is not delivered to street ad	dress) Room/suite	(212) 315-8	
┌ _{Ter}	mınatıc		Instruc- tions.	14 WALL STREET No 8C		, , , , , , , , , , , , , , , , , , , ,	G Gross receipts	s \$ 62,612,591
┌ Am	ended	return		City or town, state or count	ry, and ZIP + 4		ł	
☐ Apr	olication	n pending		NEW YORK, NY 10005				
		_	F Nar	L ne and address of Princip	al Officer	H(a) Ta Alla	.	· · · · · · · · · · · · · · · · · · ·
			ADRIE	NNE GLASGOW	a. ccc.	affilia	s a group return tes?	ror
				LL STREET 8C ORK,NY 10005				
T Ta	x-exem	npt status) (3) ◀ (insert no)	7(a)(1) or	1 ' '	l affiliates included	,
J W	eb sit	e: ► www					p Exemption Nur	See instructions) nber ►
<u>к</u> Тур	e of org	ganization (Corporat	tion trust association	other ►	L Year of Fo	rmation 1918 M S	State of legal domicile ME
Pa	rt I							
	1	•		•	or most significant activities	IVEC DV IMPDO	WING LUNG UE	A I T.I. A N.D.
æ				NG DISEASE	ASSOCIATION IS TO SAVE L	IVES BY IMPRO	VING LUNG HE	ALIH AND
Ě								
Ĕ								
Activities & Governance	2	Check th	ıs box 🦵	ıf the organization discor	tinued its operations or dispose	d of more than 2	5% of its assets	
ည ×6	3	Number	of voting r	members of the governing	body (Part VI, line 1a)		з _	27
8	4	Number	ofindeper	ndent voting members of t	he governing body (Part VI, line	1b)	. 4 _	27
Ě	5	Total nun	nber of er	nployees (Part V , line 2a		5 _	132	
<u>5</u>	6	Total nun	nberofvo	olunteers (estimate if nec		6 _	435,000	
•	7a	Total gro	ss unrela	ted business revenue fro		7a	0	
	b	Net unrel	ated busi	iness taxable income fror	n Form 990-T, line 34		7b	0
						Pric	or Year	Current Year
ou o	8			d grants (Part VIII, line 1	•	51,556,249	49,063,592	
enue	9				2g)			0
Raven	10), lines 3, 4, and 7d)	•	677,900	-1,483,663
_	11		-		s 5, 6d, 8c, 9c, 10c, and 11e) ust equal Part VIII, column (A),	lino	972,376	215,419
	12	12)	venue—a	da imes o tinoagn 11 (im	ist equal i art viii, column (A),	iiie	53,206,525	47,795,348
	13	Grants a	and simila	ar amounts paıd (Part IX,	column (A), lines 1-3)		7,712,152	6,358,649
	14	Benefits	paid to c	or for members (Part IX, o	olumn (A), line 4)			0
Ø	15		, other co	ompensation, employee b	enefits (Part IX, column (A), line	s 5-	9,534,484	8,995,365
Expenses	16a	10)	ional fund	Iraising fees (Part IX, col	umn (A.) line 11e)		9,554,464	
क ≘	ь			penses, Part IX, column (D), lii				
Э	17	•	_	penses, Part IX, column (D), III (Part IX, column (A), line	·		38,100,992	36,517,884
	18		-		qual Part IX, line 25, column (A	,,	55,347,628	51,871,898
	19			penses Subtract line 18		,,	-2,141,103	-4,076,550
ত্ত্ব কুন্ত						Beainn	ing of Year	End of Year
9	20	Totalas	sets (Pai	rt X, line 16)			33,645,816	27,777,434
A.S.	21			Part X, line 26)			21,131,280	20,087,201
Net Assets or Fund Balances	22		·	nd balances Subtract line	21 from line 20		12,514,536	7,690,233
	22 1111		ture Blo			12,314,330	7,090,233	
I G		_			amined this return, including accompany	ving schedules and s	statements, and to th	e best of my knowledge
					tion of preparer (other than officer) is b			
Plea Sign		*****	* ure of office				-03-03	
Here		'				Date		
			NNE GLASG or print nam					
		 	•		Date	Check If	Preparer's PTIN (See Can Inst \
De: -I		Preparer's signature			Date	self-	Preparer's PTIN (see dell 1115t)
Paid Prepa	arer'e		r (:	o k OlConii i Berr	empolyed 🕨	1		
Use (ıf self-emp		P			EIN 🕨	
_550 (~··· y	address, a	nd ZIP + 4	60 East 42nd Street 36th	FI		Phone no 🕨 (21	2) 286-2600
				New York, NY 10165369			1 '	<u>, </u>
May	the IR	S discuss	this retu	rn with the preparer show	n above? (See instructions) .			▼ Yes

	990 (2008) Page : Statement of Program Service Accomplishments (See the instructions.)
1	Briefly describe the organization's mission
	Iditional Data Table
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	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?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 \$ 18,564,277 including grants of \$ 902,592) (Revenue \$) PUBLIC HEALTH EDUCATIONEvery year, the American Lung Association is there to help people manage their lung disease, overcome their most time addiction, and live healther lives. The tiwe key components of the National Office's work are the support of our network of local Lung Associations and the development of lung health education materials directly for the public Local Lung Associations depend on us to develop health programs and provide expert training, guidance and materials to support to their mission outreach. We are also as a trusted resource where the public can find information on myrad lung diseases, make treatment decisions, and get support and tools to manage their conditions or care for a loved one. In 2006-09 we substantially advanced this mission, touching lives from coast to coast Tobacco Helped Thousands of Adults Quit Smoking - To help adult smokers quit, the American Lung Association offers Freedom From Smoking, well as a group clinic, an online program and a self-help book. In FY2009, there were over 2,200 trained facilitators nationwide. Expanded the Reach of Cessation Services for Tees - Not-On-Tobacco (N-O-T), our teen smoking cessation toggram, burnched its new besite in February 2009. The site is a user-freending galeway to N-O-T for those booking for a blockacc cessation program. A sunched its new besite in February 2009. The site is a user-freending galeway to N-O-T for those booking for a blockacc cessation program. Services for Tees - Not-On-Tobacco (N-O-T), our teen smoking cessation organization and provides resources for those already delivering the program. Lung Disease The long temperature of the N-O-C for those booking for a blockacc cessation programs string to reduce the resources of the services for those already delivering the program. Lung Disease the resources for those already delivering the program. Lung Disease the resources for the services for the services for the services for the services
4b	(Code) (Expenses \$ 13,491,103 including grants of \$) (Revenue \$) FIELD FUNDRAISINGALA National supports the field in a variety of ways. Each division head meets regularly with field Vice Presidents in their respective discipline (advocacy, marketing and communications, development, program and finance) to work in tandem toward meeting the goals of the strategic plan. Ideas are shared, technical support is offered and colleagues are able to network with their counterparts across the country through these meetings. Our nationwide staff and volunteers are provided with learning opportunities through the national office. Learning occurs in all aspects of our work including lung disease, advocacy, financial development, leadership development, volunteer management, etc. Most learning occurs online through webconferences and conference calls. A Learning Calendar is readily accessible on our extranet, LungNet, and individuals can sign up to register for these opportunities as soon as they are posted. National offers regular meetings for CEOs to come together to discuss issues and share ideas and practices. A section of LungNet is devoted to Field Shared Resources that includes HR policies, forms and documents for local Leadership Councils, etc Recognition is offered to volunteers and staff annually through our awards program. Staff are recognized with excellence awards that are given in several categories. Volunteers are recognized in our Volunteer of the Week program that features their individual stones on our website, and three volunteers from this program are chosen to receive national awards for their volunteers. The highest volunteer honor is the
4c	(Code) (Expenses \$ 6,501,467 including grants of \$ 5,421,656) (Revenue \$) RESEARCHFunding research has been a cornerstone of the American Lung Association's fight against lung diseases from eithing a century. In 2008-09, our donors again made it possible to fund high quality researchers seeking treatments and curse for an array of lung diseases from eithing to lung cancer. Our Nationwide Research Awards and Grants Program fosters laboratory and patient-centered and social behavior research to prevent, treat and hopefully find a cure for all lung diseases. In 2008-09, our program funded 7.5 grants to further promising, cutting-edge research Additional support in funding the year's research program came from patients/lips with Alpha-1 Foundation, LURGevity Foundation, the CHEST Foundation and the National Steep Foundation The Lung Association's Ashima Clinical Research Centers Network. CACC continues to contribute major improvements to ashima treatments through a network of 18 clinical centers throughout the methacholine challenge still a sensitive test in the diagnosis or confirmation of ashima. Methacholine is an agent that, when inhaled, causes the airways to span and narrow if ashima is present. In 2008-09, pile ACRC published its results of the Study of Acd Refutur and Ashima in Methacholine in The New England Journal of Medicine. The researchers found the longstanding practice of prescribing hearthum medication to be interfective and uninecessantly expensive for some ashima patients who do not exhibit symptoms associated with and refutus such as hearthum or stormach pain Dumpi de year, the ACRC also produced a number of manuscripts and editionals that were published in esteemed journals such as the American Journal of Respiratory and Clinical Care Medicine and CHEST
	(Code) (Expenses \$ 5,976,345 including grants of \$ 34,401) (Revenue \$)
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$

44,533,192

Must equal Part IX, Line 25, column (B).

Form 990, Part III, Line 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, with the ultimate vision of a world free of lung disease. The National Headquarters of the American Lung Association fights lung disease through its own activities and by servicing, supporting, and leading its local Lung Associations. Among its varied responsibilities, the National Headquarters:*Funds research into the causes, prevention, and cures of lung disease. *Advocates at the national level for policies that protect lung health, including fighting for healthy air. *Provides a broad array of health educational programs and services to support smoking cessation, help prevent lung disease and to assist people with lung disease in better managing their condition.*Supports local Lung Associations' implementation of health educational programs and dissemination of educational material.*Provides an array of learning opportunities and tools to develop nationwide

Part IV	Checklist of	Required	Schedules
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			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		No
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, 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		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I .	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
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 $501(c)(3)$ and $501(c)(4)$ 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		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	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		Νο
37	Did the organization conduct more than 5 percent 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		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliano	:e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	27			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
	gaming (gambling) winnings to prize winners?			1 c	Yes	
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	132			
ь	If at least one is reported in 2a, did the organization file all required federal employr					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?	g the	year covered by this	3a		Νο
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule :	。	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s			- 50		
	over, a financial account in a foreign country (such as a bank account, securities ac account)?			4a		No
ь	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
_	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	tv Pegarding Probibited			
·	Tax Shelter Transaction?	•	· · ·	5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	itribut	ion of \$75 or	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?	1		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	/ prem	niums on a personal			
	benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as	71.		NI -
	required?		stron 500(a)/3)	7h		N o
8	supporting organizations. Did the supporting organization, or a fund maintained by a					
	excess business holdings at any time during the			8		
_	year?					
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			_		
a	Did the organization make any taxable distributions under section 4966?			9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person	٠, ٠		9b		
10	Section 501(c)(7) organizations. Enter	۱	ı			
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					
а	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	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	/ ·		ı			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management
--

								Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	cribe th	e circi	ımsta	nces,			
1a	Enter the number of voting members of the governing body	1a				27			
Ь	Enter the number of voting members that are independent	1b				27			
2	Did any officer, director, trustee, or key employee have a family relationship or a bustother officer, director, trustee, or key employee?					•	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co						. 3		No
4	Did the organization make any significant changes to its organizational documents sfiled? \cdot	ince	the pri	or For	m 99	0 was	4		No
5	Did the organization become aware during the year of a material diversion of the org	anızat	:ion's a	ssets	?.		5		Νo
6	Does the organization have members or stockholders?						6		No
7a	Does the organization have members, stockholders, or other persons who may elect governing body?					of the	7a		No
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	r other	pers	ons?		7b		Νo
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons u	ndertal	ken dı	uring	the			
а	the governing body?						8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?						8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?						9a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o						9b	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the						10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section of the organization's mailing address? If "Yes," provide the names and addresses in Sc	,					11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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			_
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			_
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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	4.61		
	e.gaa.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a	16b		

Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, NM, NC, ND, NH, NM, NY, NJ, OH, OK, OR, PA, RI, SC, TN, VA, WA, WI, WV
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply worn website. I another's website. I upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

ADRIENNE GLASGOW CFO 14 WALL STREET SUITE 8C NEW YORK, NY 10005 (212) 315-8762

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	(B) Average hours per week	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Software ID: Software Version:

EIN: 13-1632524

Name: AMERICAN LUNG ASSOCIATION

Form 990, Part VII - Section Aaa	1									
		Posit t	(C tion (hat a	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
DON AWERKAMP PHD JD , BOARD MEMBER	2 00	х						0	0	0
LEE A BAGGOTT MD FCCP , BOARD MEMBER	2 00	х						0	0	0
FRANCIS FRANKL BARKOF, BOARD MEMBER	2 00	×						0	0	0
ROBERT E BATES JR , BOARD MEMBER	2 00	×						0	0	0
CHRISTINE L BRYANT , BOARD MEMBER	2 00	х						0	0	0
TIMOTHY D BYRUM MSN C , BOARD MEMBER	2 00	х						0	0	0
MICHAEL A GARDNER , BOARD MEMBER	2 00	х						0	0	0
ADAM S GOLDBERG ESQ , BOARD MEMBER	2 00	×						0	0	0
H JAMES GOODEN , SECRETARY	4 00	Х		Х				0	0	0
BRUCE A HERRING , CHAIR OF GOVERNANCE	4 00	х						0	0	0
TERRENCE L JOHNSTON , TREASURER	4 00	×		х				0	0	0
JAMES L MCDANIEL MD FA , BOARD MEMBER	2 00	×						0	0	0
LESLIE M NEWMAN JD , BOARD MEMBER	2 00	×						0	0	0
STEPHEN J NOLAN ESQ , CHAIR	6 00	Х		Х				0	0	0
MARY H PARTRIDGE , BOARD MEMBER	2 00	×						0	0	0
ALBERT A RIZZO MD , BOARD MEMBER	2 00	х						0	0	0
ALAN ROWE , BOARD MEMBER	2 00	Х						0	0	0
E NEIL SCHACHTER MD , BOARD MEMBER	2 00	×						0	0	0
ENEIDA TORRES DE DURAND , BOARD MEMBER	2 00	×						0	0	0
MARY ELLA DOUGLAS , BOARD MEMBER	2 00	×						0	0	0
KATHRYN A FORBES CPA , BOARD MEMBER	2 00	×						0	0	0
VIRGINIA L HALL , BOARD MEMBER	2 00	Х						0	0	0
ELIZABETH BAKER KEFFER , BOARD MEMBER	2 00	x						0	0	0
JENNY H LEE , BOARD MEMBER	2 00	Х						0	0	0
GEORGE A STRAIT JR , BOARD MEMBER	2 00	х						0	0	0
ROBERT G TWEEL JD , BOARD MEMBER	2 00	х						0	0	0
DEAN A ZERBE JD LLM , BOARD MEMBER	2 00	х						0	0	0
BERNADETTE TOOMEY , PRESIDENT & CEO	35 00			x				418,087		47,912
JOSEPH BERGEN , EVP/COO	35 00			Х				319,506	0	37,716
CHARLES D CONNOR , PRESIDENT & CEO	35 00			x				267,482	0	35,532

Form 990, Part VII - Section Aaa

- Orini 550/ Furt VII - Section Aud										
		Posit	(C tion (hat a	chec		I			(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
KIM A SCHWARTZ , VP & CFO	35 00			Х				224,752	0	24,998
B SUSAN DAVIS , CHIEF DEVELOP OFFICER	35 00			х				147,531	0	25,976
SUSAN J RAPPAPORT , VP,RES & PROG SERVICE	35 00				х			155,443	0	25,342
JANET WIDMER , VP, FIELD SUPPORT	35 00					Х		146,092	0	30,963
PAUL BILLINGS , VP, NAT POLICY & ADVOC	35 00					x		145,219	0	15,410
PAUL E CARTER , REGIONAL VP	35 00					Х		148,980	0	22,140
DELIA NAUGHTON , VP, BUS AND PROG MARKET	35 00					х		137,258	0	22,007
RUSSELL BURWELL , VP, DATA AND TECHNOLOGY	35 00					х		132,124	0	21,991

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							\vdash			
							<u> </u>			
							1			
							+			
							₩			
							1			
				\vdash			t			
1b Total			<u>.</u>				 	2,242,474	1 (309,987

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►16

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed online 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			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

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

(A) Name and business address	(B) Description of services	(C) Compensation
INFOCISION MANAGEMENT CORP 325 SPRINGSIDE DRIVE AKRON, OH 44333	TELEMARKETING SERVICES FOR DIRECT MAIL	6,377,725
RR DONNELLY RESPONSE MARKETING SERVICES 135 S LASALLE DEPT 4904 CHICAGO, IL 60674	MARKETING SERVICES FOR DIRECT MAIL	4,673,142
LABEL TECH INC 16 INTERSTATE DRIVE SOMERSWORTH, NH 03878	PRINTING COMPANY FOR DIRECT MAIL	2,561,425
BARTON COTTON 9755 PATUXENT WOODS DRIVE COLUMBIA, MD 21046	PRODUCTION COMPANY FOR DIRECT MAIL	2,177,927
QUADGRAPHICS INC 4333 DAVENPORT ROAD FREDERICKSBURG, VA 22408	PRINTING COMPANY FOR DIRECT MAIL	2,035,564
2 Total number of independent contractors (including those in 1) wh from the organization	· , , , , , , , , , , , , , , , , , , ,	38

Part Statement of Revenue VIII

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
<u> </u>	1a	Federated camp	paigns 1a					314
필	Ь	Membership du	es . 1b	25,008				
₽ĕ	c	Fundraising eve	ents 1c					
£ E	d	_	rations 1d					
% <u>E</u>	e	Government grants		865,472				
등등	l f	All other contribution	ons, gifts, grants, and 1f	48,173,112	-			
五百	-	sımılar amounts no	t included above					
	g		butions included in					
Contributions, gifts, grants and other similar amounts	h		s 1a-1f)	🔸	49,063,592			
				Business Code				
JE .	2a							
184	ь							
a T	c							
S To	d							
Ø E	e							
Program Serwce Revenue	f	All other progra	ım service revenue					
Š	g	Total Add lines	s 2a-2f					
	3		ome (including dividen					
			nounts)		470,017			470,017
	4		tment of tax-exempt bond					
	5	Royalties		•	114,278			114,278
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	• •	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	12,863,563					
		assets other than inventory						
	ь	Less cost or	14,817,243					
		other basis and sales expenses						
	C	Gain or (loss)	-1,953,680		4 052 600			4 050 500
	d		s)	· · · · •	-1,953,680			-1,953,680
	8a	Gross income for events (not included) \$	luding					
ë		of contributions See Part IV, lin	reported on line 1c)					
듄			G if total exceeds					
ě		\$15,000	а					
<u>.</u>	b		penses b					
Other Revenue	С		loss) from fundraising	events 🏲				
_	9a	See part IV, lın	ule G ıf total exceeds					
	b c		apenses b	vities 🏲				
		Gross sales of returns and allo	inventory, less owances .					
	ь	=	a cods sold b loss) from sales of inve	entory				
	С	Miscellaneous		Business Code				
	11a	OTHER REVEN		900,099	101,141			101,141
	ь							
	, c							
	d	All other revenu	ue s 11a-11d					
	12		Add lines 1h, 2g, 3, 4,	\$ 101,141 5,6d,7d,8c,	47,795,348	0	0	-1,268,244
	1		le	▶				

Part IX Statement of Functional Expenses

Α	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
	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 governments and organizations in the U.S. See Part IV, line 21	6,358,649	6,358,649		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,180,794	735,741	1,309,801	135,252
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	4,709,398	2,833,504		338,223
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	916,533	474,764	378,803	62,966
9	Other employee benefits	719,095	372,491	297,202	49,402
10	Payroll taxes	469,545	243,224	194,063	32,258
11	Fees for services (non-employees)				
а	Management				
ь	Legal	567,892		567,892	
С	Accounting	69,515		69,515	
d	Lobbying	174,759	174,759		
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	43,926		43,926	
g	Other	1,740,613	1,337,352	385,650	17,611
12	Advertising and promotion	28,000	28,000		
13	Office expenses	991,508	624,795	323,550	43,163
14	Information technology	219,341	121,867	75,255	22,219
15	Royalties				
16	Occupancy	1,661,344	696,976	811,870	152,498
17	Travel	587,200	446,663	133,309	7,228
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	293,916	237,056	56,614	246
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	231,319	128,522	79,364	23,433
23	Insurance	96,436	55,870	31,319	9,247
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Assoc pub aw & fld supp	29,523,230	29,523,230		
b	SERVICE CHARGES	209,090	138,332	54,629	16,129
c	MISCELLANEOUS	79,795	1,397	78,377	21
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	51,871,898	44,533,192	6,428,810	909,896
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Dart V	Balance	Shoot
Part X	Balance	Sheet

				(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing		137,273	1		140,907
	2	Savings and temporary cash investments		2,712,333	2		8,843,129
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		12,311,087	4		8,130,218
	5	Receivables from current and former officers, directors, trustees, key emplother related parties Complete Part II of Schedule L	oyees or		5		
	6	Receivables from other disqualified persons (as defined under section 495 persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net	-	4,755,957	7		791,981
	8	Inventories for sale or use	-		8		
\$	9	Prepaid expenses and deferred charges		1,599,067	9		990,880
Assets	10a	Land, buildings, and equipment cost basis	2,638,736				
•	ь	Less accumulated depreciation Complete Part VI of Schedule D	2,090,341	631,408	10c		548,395
	11	Investments—publicly traded securities		9,873,337	11		7,074,560
	12	Investments—other securities See Part IV, line 11 $\it Complete Part VII of Schedule D$			12		
	13	Investments—program-related See Part IV, line 11 $\it Complete Part VIII of Schedule D$.			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		1,625,354	15		1,257,364
	16	Total assets. Add lines 1 through 15 (must equal line 34)		33,645,816	16	2	7,777,434
	17	Accounts payable and accrued expenses .		2,985,182	17		3,433,352
	18	Grants payable		4,199,569	18		2,542,055
	19	Deferred revenue		4,459,337	19		1,772,733
	20	Tax-exempt bond liabilities			20		
<u>.</u>	21	Escrow account liability Complete Part IV of Schedule D			21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ë		persons Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties		1,634,111	23		3,030,274
	24	Unsecured notes and loans payable			24		
	25	Other liabilities Complete Part X of Schedule D		7,853,081	25		9,308,787
	26	Total liabilities. Add lines 17 through 25		21,131,280	26	2	0,087,201
S & S		Organizations that follow SFAS 117, check here ► ✓ and complete lines 2 through 29, and lines 33 and 34.	27				
Balance	27	Unrestricted net assets		9,783,949	27		5,343,566
89	28	Temporarily restricted net assets		933,124	28		549,024
돧	29	Permanently restricted net assets		1,797,463	29		1,797,643
or Fund		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.	•				
	30	Capital stock or trust principal, or current funds			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
₩	33	Total net assets or fund balances		12,514,536	33		7,690,233
_	34	Total liabilities and net assets/fund balances		33,645,816	34	2	7,777,434
Pa	rt XI	Financial Statements and Reporting					
		·				Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	_

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Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

Public Charity Status and Public Support

nonexempt charitable trusts. Attach to Form 990 or Form 990-F7. See separate instructions.

Employer identification number Name of the organization AMERICAN LUNG ASSOCIATION 13-1632524 Reason for Public Charity Status (to be completed by all organizations) (See Instructions) The organization is not a private foundation because it is (Please check only **one** organization) A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i). A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E) A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) 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 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) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). 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) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) 10 An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.) 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 that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally Integrated d Type III - Other By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11q(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11q(iii)

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organız col (i) your go	(iv) Is the organization in col (i) listed in your governing document? (v) Did you notify the organization organization in col (i) of your col (i) organization in col (i) of your col (i) organization in the organization organization.		the organization in col (i) of your		ation in organized	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the organizations the organization supports

Support Schedule for Organizations Described in IRC 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.)

from the sale of capital assets (Explain in Part IV) 11 Total Support (Add lines 7 through 10) 12 Gross receipts from related activities, etc (See instructions) 13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) 13 organization, check this box and stop here Computation of Public Support Percentage 14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) 15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f 16 33 1/3% Test - 2008. 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 10% Facts and Circumstances Test - 2008. If the organization did not check the 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 IV how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		(Complete only if you chec	keu tile box o	II IIIIe 5, 7, 01	o of Part 1.)				
1. Gifts, grants, contributions, and membership feas received (Do not membership feas received on securities) loans, payments received on securities (Do not membership feas received on securities) loans, payments received on securities (Do not membership feas received (Do not membership feas feas feas feas feas feas feas feas									
membership fees received (Do not include any "unusual grants") 2. Tax revenues levide 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 line 1-3 The potion of total contribution by each person (other than a governmental unit or the publicly supported organization) included on line 1, that exceed 2% of the amount shown on line 11, column (1) 6. Public Support Colembar year (or fiscal year beginning in) 7. A mounts from line 4 8. Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources 9. Net income from unrelated business activities, whether or not the business is section from the size of contribution of the size of contribution of the part IV.) 10. Total Support Computation of Public Support Percentage 10. Other income 0 not include gain or loss from the size of capital assets (Explain in Part IV.) 11. Total Support (Add lines 7 through 10) 12. Gross receipts from related activities, etc. (See instructions.) 13. First Five Years. If the Form 990 is for the organization is first, second, third, fourth, or fifth tax year as a 501 (c)(3) 13. First Five Years. If the Form 990 is for the organization is first, second, third, fourth, or fifth tax year as a 501 (c)(3) 14. Spayd Feet - 2008. 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. For organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV wow the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization organization organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization organiza	Cale		(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
Include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behelf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add line 1-3 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 296 of the amount shown on line 11, column (f) Public Support subtract line 5 from line 47,765,863	1		47.765.063	44 002 005	46 575 363	E4 EE6 240		40,062,502	226 044 772
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b 33 1/3% Test - 2007. If the organization did not check the 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 10% Facts and Circumstances Test - 2008. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization 10% Facts and Circumstances Test - 2007. 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 IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.						, 1,5 % 61 111616,	CITCOR	till box	▶ ▽
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 10% Facts and Circumstances Test - 2008. 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 IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization. b 10% Facts and Circumstances Test - 2007. 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 IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization. 						•		,	
organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization b 10% Facts and Circumstances Test - 2007. 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 IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.	17a					3, 16a, or 16b a	ind lin	e 14 ıs 10	% or
b 10% Facts and Circumstances Test - 2007. 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 IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.									
more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.		-			•		_		•
the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.	Ь		-						
is remark composition if the organization did not check the novion line 13 lbh 1/2 of 1/h check this noviand see	10								₽
instructions	18		посспеск спе во	ox on line 13, 16	оа, тор, т/а ог	170, Check this	рох а	nu see	▶ □

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income						
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C (Form 990 or 990-EZ)

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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

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

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

- ◆ 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 ILB, Do not complete Part ILA

	me of the organization ERICAN LUNG ASSOCIATION			Employer ider	ntıfıcatıon numbe	r
			13-1632524			
î		y all organizations exempt e the instructions for Schedule		n 501(c) and section	527	
	Provide a description of the org	ganızatıon's dırect and ındırect politi	ıcal campaıgn act	civities in Part IV		
	Political expenditures				\$	
	V olunteer hours					
î	t I-B To be completed b for Schedule C for de	y all organizations exempt etails.)	under section	n 501(c)(3). (See the	instructions	
	Enter the amount of any excise	e tax incurred by the organization un	ider section 4955	;	\$	
	Enter the amount of any excise	e tax incurred by organization manag	gers under section	n 4955	\$	
	If the organization incurred in a	a section 4955 tax, did it file Form 4	1720 for this year	-7	☐ Yes	☐ No
	Was a correction made?				☐ Yes	┌ No
	If "Yes," describe in Part IV					
Ti		y all organizations exempt for Schedule C for details.)	under section	n 501(c), except sec	tion 501(c)(3	3).
	Enter the amount directly expe	ended by the filing organization for se	ection 527 exemp	ot function activities	\$	
	Enter the amount of the filing o 527 exempt funtion activities	rganızatıon's ınternal funds contribu	ited to other orga	nizations for section	\$	
	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add line	s 1 and 2 and ent	er here and on Form	\$	
	Did the filing organization file F	Form 1120-POL for this year?			☐ Yes	┌ No
	were made Enter the amount p political contributions received	nd Employer Identification Number (paid and indicate if the amount was p d and promptly and directly delivered action committee (PAC) If additiona	oaid from the filing d to a separate po	g organization's own interna olitical organization, such a	al funds or were as a separate	nents
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter -0-	(e) A mount of contributions and prompt directly delive separate poorganization enter - (receive ly and ered to a plitical If none,
					+	
				+	+	
_						

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization Limits on Lo (The term "expenditure	bbying Expend	litures—		olly	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add lin	es 1a and 1b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures	(add lines 1c and 1	d)				
f	Lobbying nontaxable amount Entercolumns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000		taxable amount				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000			
	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					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter -	0- ıflıne fıs more t	han line c				
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h o	r line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations tha columns below.		on 501(h) el	ection do not	have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form **5768** (election under section **501(h)).** (See the instructions for Schedule C for details.)

		(a)		(b)
		Yes	No	A mount
L	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			
а	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?	Yes		C
d	Mailings to members, legislators, or the public?	Yes		13,588
e	Publications, or published or broadcast statements?	Yes		23,834
f	Grants to other organizations for lobbying purposes?	Yes		2,500
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		122,063
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	Yes		2,149
i	Other activities If "Yes," describe in Part IV	Yes		10,625
j	Total lines 1c through			174,759
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912		Ţ	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
a i	t III-A To be completed by all organizations exempt under section 501(c)(4)	, section	501(c)(5), or

E **section 501(c)(6).** (See the instructions for Schedule C for details.)

			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 carryover lobbying and political expenditures from the prior year?	3		

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

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

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other 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 MEMBERS OF CONGRESS, THEIR STAFF AND THE PUBLIC ON LUNG HEALTH ISSUES WE ADVOCATE FOR CLEAN, HEALTHY AIR TO REDUCE THE HEALTH IMPACTS OF AIR POLLUTION WE FOCUS ON SUPPORTING THE IMPLEMENTATION AND STRENGTHENING OF OUR CLEAN AIR LAWS WE STRONGLY SUPPORT LUNG HEALTH RESEARCH FUNDING INCLUDING FUNDING FOR LUNG CANCER, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, ASTHMA, TUBERCULOSIS AND OTHER LUNG DISEASES FURTHERMORE, THE LUNG ASSOCIATION VOLUNTEERS AND STAFF ACTIVELY ADVOCATE IN WASHINGTON D C AND IN THE STATES FOR TOBACCO CONTROL LAWS INCLUDING EFFORTS TO REGULATE TOBACCO PRODUCTS, PROMOTE SMOKE CESSATION AND ELIMINATE EXPOSURES TO SECONDHAND SMOKE

1 \$

Part IV Supplemental II	Part IV Supplemental Information			
Ident if ier	Return Reference	Explanation		

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Employer identification number Name of the organization AMERICAN LUNG ASSOCIATION 13-1632524 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-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 Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2с c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, 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" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, 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,

Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

► \$

Part	IIII Organizations Maintaining Co	ollections of Art,	His	tori	cal Treasu	res, or Othe	r Similar Asse	ts (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	er records, check any	ofth	e foll	owing that are	e a significant us	se of its collection	1	
а	Public exhibition		d	Γ	Loan or exch	nange programs			
b	Scholarly research		e	Γ	Other				
c	Preservation for future generations								
4	Provide a description of the organization's c Part XIV	ollections and explai	n how	the)	further the o	rganızatıon's ex	empt purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than							Yes	┌ No
Par	Trust, Escrow and Custodial Part IV, line 9, or reported an ai	Arrangements.	Com	plete	if the orga		ered "Yes" to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custon included on Form 990, Part X?	dian or other intermed	diary	for c	ontributions o	r other assets r		Yes	┌ No
b	If "Yes," explain why in Part XIV and compl	ete the following table	e						
							A mou	nt	
c	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				Γ	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XI	V							
Pai	t V Endowment Funds. Complete								
_		(a)Current Year 1,797,463	(b)	Prior	Year (c)Tw	o Years Back (d)	Three Years Back (e	Four Ye	ears Back
1a	Beginning of year balance	1,797,463							
b	Contributions	100							
C	Investment earnings or losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance	1,797,643							
2	Provide the estimated percentage of the year	ar end balance held a	s						
а	Board designated or quasi-endowment								
Ь	Permanent endowment 100 000 %								
	Term endowment ►								
c 3a	Are there endowment funds not in the posse	ssion of the organiza	tion t	hat a	re held and a	dministered for t	the		
	organization by							Yes	No
	(i) unrelated organizations			•			3a(i)	Yes	
_	(ii) related organizations						3a(ii)	Yes	
	If "Yes" to 3a(II), are the related organization. Describe in Part XIV the intended uses of the	•					3b		
4									
Dar		<u>-</u>				rt V line 10			
Par	t VI Investments—Land, Building	<u>-</u>		ee F	orm 990, Pa		1		
Par		<u>-</u>		ee F		rt X, line 10. (b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ook value
	t VI Investments—Land, Building	<u>-</u>		ee F	orm 990, Pa	(b)Cost or other	(c) Depreciation	(d) Bo	ook value
1a l	Description of investment	<u>-</u>		ee F	orm 990, Pa	(b)Cost or other	(c) Depreciation	(d) Bo	ook value
1a b	Description of investment and	<u>-</u>		ee F	orm 990, Pa	(b)Cost or other]	(d) Bo	96,706
1a b c	Description of investment and	<u>-</u>		ee F	orm 990, Pa	(b)Cost or other basis (other)	81,724	(d) Bo	
1a b c d e (Description of investment and	s, and Equipmer		ee F	orm 990, Pa) Cost or other is (investment)	(b)Cost or other basis (other)	81,724 1,534,766	(d) Bo	96,706

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or cateory	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
) ther		
otal. (Column (b) should equal Form 990, Part X, col (B) line 12) 🕨		
art VIII Investments—Program Related. See	e Form 990, Part X, line 1	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of cita of year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) 🕨		
Part IX Other Assets. See Form 990, Part X, III		
(a) Descrip	otion	(b) Book value
otal. (Column (b) should equal Form 990, Part X, col.(B) line 1	(5.)	
Part X Other Liabilities. See Form 990, Part X		-
(a) Description of Liability	(b) A mount	
ederal Income Taxes	-	
DUE TO CHARTERED AND CONSTITUENT		
SSOCIATIONS	2,398,167	
ther liabilities	702,476	
CCRUED PENSION AND RETIREE LIFE INSURANCE		
IABILITY	4,862,756	
CCRUED VACATION EXPENSES	538,829	
CCRUED ANNUITIES	547,876	
EFERRED RENT	258,683	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	9,308,787	
	5,500,707	

Sche	dule D (Form 990) 2008		Page 4
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	47,795,348
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	51,871,898
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-4,076,550
4	Net unrealized gains (losses) on investments	4	71,047
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-818,800
9	Total adjustments (net) Add lines 4 - 8	9	-747,753
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-4,824,303
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	50,778,010
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 2,911,615		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	2,982,662
3	Subtract line 2e from line 1	3	47,795,348
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Ь	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	47,795,348
Par 1	Reconciliation of Expenses per Audited Financial Statements With Expenses Total expenses and losses per audited financial statements	per 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<u> </u>	54,783,513
² a	Donated services and use of facilities		
h	Prior year adjustments	1	
c	Losses reported on Form 990, Part IX, line 25	-	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	2,911,615
3	Subtract line 2e from line 1	3	51,871,898
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b	1	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	51,871,898
Pai	t XIV Supplemental Information		•

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b,

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	Permanently restricted net assets are primarily dedicated to supporting research scholars in interstital related lung diseases. Dalsemer Endowment In 1983 Leonard Dalsemer, the John A. Hartford Foundation, and the Wheelabrator Foundation endowed the National Office with \$500 thousand (the corpus) to fund research to find a cure for interstitial lung disease. The earnings on the corpus are to fund an annual research award in a minimal amount of \$30 thousand. The term of each award is three years. Annual expenditures are limited to 6% of the fair market value of the endowment. The association is to strive to grow the endowment by soliciting additional donor contributions. The award is only to be conferred when the review committee deems the proposed research meritorious. Mary Fuller Russell Research Fund In a settlement entered by American Lung. Association of New Hampshire (ALANH) and National Office (ALA) on July 9, 2003, ALANH has agreed to set aside, as a segregated fund, within its endowment fund, the sum of \$1,297,643.20 representing ALA,s. 10% share, and to maintain such segregated fund intact for the purpose of paying to and allowing ALA to use all the income and the annual net appreciation, if any, in the fair value of the segregated fund for research purposes determined by ALA. Under the settlement, such segregated fund is to be held for ALA,s benefit in perpetuity. ALA NH and ALA agreed that distributions from the Mary Fuller Russell Research Fund shall be used to support research into lung health issues, and that research grants to recipients shall be made under the name Mary Fuller Russell.
Part X	Description of Uncertain Tax Positions Under FIN 48	AMERICAN LUNG ASSOCIATION'S CURRENT ACCOUNTING POLICY IS TO PROVIDE LIABILITIES FOR UNCERTAIN TAX POSITIONS WHEN A LIABILITY IS PROBABLE AND ESTIMABLE MANAGEMENT IS NOT AWARE OF ANY VIOLATION OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES, NOR ANY EXPOSURE TO UNRELATED BUSINESS INCOME TAX CONSEQUENTLY, IN THE OPINION OF MANAGEMENT, ADOPTION OF FIN48 REGARDING LIABILITIES FOR UNCERTAIN TAX POSITIONS SHOULD NOT HAVE A SIGNIFICANT EFFECT ON AMERICAN LUNG ASSOCIATION
Part XI, Line 8 - Other Adjustments		CHANGES IN NET ASSETS ARISING FROM PENSION AND RETIREE PLANS -818800

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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493062004070

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspect ion

Employer identification number

AMERICAN LUNG ASSOCIAT	ION					1.5.15.5.5.1	
						13-1632524	
Part I General Infor 1 Does the organization mathe selection criteria use 2 Describe in Part IV the organization	aintain records to s d to award the grar	nts or assistance?	of the grants or assista				ΓYes Γ
Form 990, Part Part IV and Sch	IV, line 21 for ar edule I-1 if addi	ny recipient that rece tional space is	ived more than \$5,0	00. Check this box	tes. Complete if the call if no one recipient rec	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	, , , ,	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of seconganizations					•		73
3 Enter total number of oth							
For Paperwork Reduction Act Not	tice, see the Instruct	tions for Form 990.		Cat No 500551	P	Sci	hedule I (Form 990) 2008

Part III	Grants and Other Assistance to Individuals in the United States	Complete if the organization	n answered "Yes	s" on Form 990.	Part IV, line	22.
	Use Schedule I-1 (Form 990) if additional space is needed.			,	· · · · · · · · · · · · · · · · · · ·	

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 Awardees 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), awardees are required to submit a summary report of their activities, copies of presentations and/or publications, and a cash disbursement report for the entire grant time

Software ID: Software Version:

EIN: 13-1632524

Name: AMERICAN LUNG ASSOCIATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Albany Medical College47 New Scotland Ave Alabany, NY 12208	14-1338310	501(c)(3)	63,800				Research
Baylor College of Medicine One Baylor Plaza Houston, TX 77030	74-1613878	501(c)(3)	195,949				Research
Beth Israel Deaconess Medical Center330 Brookline Avenue Boston, MA 02115	04-2103881	501(c)(3)	35,200				Research
Board of Trustees of Univ of Illinois506 S Wright M/C 339 Urbana,IL 61801	37-6000511	501(c)(3)	123,200				Research
Brigham & Women's Hospital 75 Francis Street Boston, MA 02115	04-2312909	501(c)(3)	35,200				Research
Case Western Reserve University10900 Evelid Avenue Cleveland,OH 44106	34-1018892	501(c)(3)	35,200				Research
Children's Hospital and Regional Medical Center 4800 Sand Point Way NE Seattle, WA 98104	91-1156519	501(c)(3)	35,200				Research
Children's Hospital Medical Center3333 Burnet Avenue Cincinnati, OH 45229	31-0833936	501(c)(3)	28,600				Research
Children's Hospital of Pittsburgh3705 Fifth Avenue Pittsburgh, PA 15213	25-0402510	501(c)(3)	35,200				Research
Cornell University377 Pine Tree Road PO Box 22 Ithaca, NY 14851	15-0532082	501(c)(3)	28,600				Research

Form 990,Schedule I,	Part II, Grai	nts and Other As	sistance to Gove	ernments and Or	ganizations in t	the United States	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Duke UniversityBox 104132 Durham, NC 27708	56-0532129	501(c)(3)	184,124				Research
Emory University1599 Clifton Rd NE Atlanta, GA 30322	58-0566256	501(c)(3)	139,336				Research
Indiana UniversityPO Box 66057 Indianapolis,IN 46266	35-6001673	501(c)(3)	148,600				Research
Johns Hopkins University 1101 E33rd Street Suite D200 Baltimore, MD 21218	52-0595110	501(c)(3)	551,500				Research
Lankenau Institute for Medical Research100 Lancaster Ave Wynnewood, PA 19096	23-2135659	501(c)(3)	99,772				Research
Louisiana State University Health Sciences Center433 Bolivar Street New Orleans, LA 70112	72-6087770	government	77,500				Research
Lovelace Respiratory Research Inst2425 Ridgecrest Drive SE Albuquerque, NM 87108	85-0110669	501(c)(3)	28,600				Research
National Jewish Medical and Research Center 1400 Jackson Street Denver, CO 80206	74-2044647	501(c)(3)	229,952				Research
Nemours Children's Clinic - Jacksonvillec/o Finance Dept 10140 Centurion Parkway North Jacksonville,FL 32256	59-0634433	501(c)(3)	160,443				Research
North Shore Long Island Jewish300 Community Drive Manhasset, NY 11030	11-1562701	501(c)(3)	127,500				Research

Form 990,Schedule I, F	Part II, Gran	ts and Other Ass	istance to Gove	rnments and Or	ganizations in t	ne United States	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Northwestern University 619 Clark Street Evanston,IL 60208	36-2167817	501(c)(3)	164,620				Research
NYU Medical CollegeChildren's & Women's Physicians of Westchester LLP40 Sunshine Cottage Road Valhalla,NY 10595	13-1099420	501(c)(3)	150,000				Research
NYU School of Medicine 545 First Avenue New York, NY 10016	13-5562308	501(c)(3)	83,059				Research
Oregon Health & Science University3181 SW Sam Jackson Park Road Portland,OR 97239	93-1176109	government	28,600				Research
Regents of the Univ of CA San Diego9500 Gilman Drive La Jolla, CA 92093	95-6006144	501(c)(3)	159,399				Research
Regents of the Univ of California (Irvine) Accounting Office Biological Sciences III Suite 1400 Irvine, CA 92697	95-2226406	501(c)(3)	35,200				Research
Regents of the University of California SF3333 California St Suite 315 Box 0962 San Francisco, CA 94118	94-6036493	501(c)(3)	52,800				Research
Regents of Univ of Michigan3003 S State Street Ann Arbor, MI 48109	38-6006309	501(c)(3)	28,600				Research
Stanford UniversityCorte Madera Creek Bldg Ste 142 3145 Porter Drive Palo Alto,CA 94304	94-1156365	501(c)(3)	151,800				Research
The Ohio State University Research Foundation1960 Kenny Road Columbus,OH 43210	31-6401599	501(c)(3)	194,599				Research

Form 990,Schedule I,	Part II, Gra	nts and Other As	sistance to Gove	<u>ernments and Or</u>	ganizations in f	the United States	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The University of Iowa Business Office 4 Jessup Hall Iowa City,IA 52242	42-6004813	501(c)(3)	35,200				Research
The University of Texas Health Science Center at San Antonio1515 Holcombe Blvd Houston,TX 77030	74-6001118	government	88,000				Research
Thomas Jefferson University1020 Walnut Street 5th FL Philadelphia,PA 19107	23-1352651	501(c)(3)	135,200				Research
Trudeau Institute Inc154 Algonquin Ave Sarana Lake,NY 12983	14-1401413	501(c)(3)	100,000				Research
Trustees of Boston University715 Albany Street 560 Boston, MA 02118	04-2103547	501(c)(3)	40,000				Research
Trustees of Columbia University722 W168th Street 4th FL New York, NY 10032	15-5598093	501(c)(3)	67,190				Research
Trustees of Dartmouth College37 Dewey Field Road Suite 6015 Hanover, NH 03755	02-0222111	501(c)(3)	100,000				Research
Trustees University of Pennsylvania3451 Walnut Street - Room 329 Philadelphia, PA 19104	23-1352685	501(c)(3)	127,408				Research
UMDNJ-New Jersey Medical School335 George Street PO Box 2685 Liberty Plaza New Brunswick, NJ 08903	22-1775306	government	35,200				Research
Univ of South Florida 3802 Spectrum Blvd Suite 100 Tampa,FL 33612	59-2959590	501(c)(3)	86,741				Research

Form 990,Schedule I,	Part II, Gran	ts and Other Ass	istance to Gove	rnments and Or	ganizations in t	he United States	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Univ of Texas Southwestern Medical Ctr at Dallas5323 Harry Hines Blvd MC 9029 Dallas,TX 75390	75-6002868	government	28,600				Research
Univ of Colorado - (UCDHSC)Grants and Contracts Mail Stop F428 PO Box 6508 Aurora,CO 80045	84-6000555	501(c)(3)	70,400				Research
University of Cincinnati University Hall Suite 500 51 Goodman Drive Cinncinnati, OH 45219	31-6000989	government	35,200				Research
University of Massachusetts333 South Street Suite 450 Shrewsbury, MA 01545	04-3167352	government	70,400				Research
University of Alabama at BirminghamUniversity Station Birmingham, AL 35294	63-6005396	501(c)(3)	159,812				Research
University of Chicago 5801 South Ellis Avenue Chicago,IL 60637	36-2177139	501(c)(3)	123,200				Research
University of Georgia Research Foundation Inc Broad St Athens, GA 30602	58-6001998	government	35,200				Research
University of Kansas Medical Center Research Institute Inc3901 Rainbow Blvd Mail Stop 1039 Kansas City, KS 66160	48-1108830	501(c)(3)	162,700				Research
University of Miami Miller School of MedicinePO Box 025405 Miami,FL 33102	59-0624458	501(c)(3)	65,348				Research
University of Minnesota 2221 University Ave SE Suite 111 Minneapolis, MN 55414	41-6007513	government	142,980				Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (d) A mount of cash (e) A mount of non-(a) Name and address of **(b)** EIN (c) IRC Code (f) Method of (g) Description of (h) Purpose of grant organization section grant cash valuation (book, non-cash assistance or assistance ıf applıcable FMV, appraisal, or government assistance other) 25-0965591 501(c)(3) 261,200 University of Pittsburgh Research Office of Financial Information Pittsburgh, PA 15260 35,200 16-0743209 501(c)(3) Research University of Rochester 910 Genesee Street Suite 200 Rochester, NY 14611 501(c)(3) University of Utah201 S 87-6000525 52,800 Research Presidents Circle Room 411 Salt Lake City, UT 84112 University of Vermont85 03-0179440 501(c)(3) 150,000 Research South Prospect Street Burlington, VT 05405 University of VirginiaPO 54-6001796 501(c)(3) 116,600 Research Box 400202 Charlottes ville, VA 22904 University of Washington 91-6001537 government 423,928 Research 3917 University Way NE Seattle, WA 98105 35,200 Vanderbilt Univ Medical 62-0476822 501(c)(3) Research CenterDept at 40326 Atlanta, GA 31192 Veterans Medical 33-0189397 501(c)(3) 100,000 Research Research Foundation3350 La Jolla Village Drive 151A San Diego, CA 92161 Wayne State University 38-6028429 501(c)(3) 100,000 Research 5057 Woodward Ave Suite 13202 Detroit, MI 48202 WFU Health Science 22-3849199 501(c)(3) 35,112 Research Medical Center Boulevard Salem, NC 27157

Form 990,Schedule I,	Part II, Grai	ts and Other As	sistance to Gove	ernments and Or	ganizations in t	the United States	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Yale University2 Whitney Avenue 6th Fl Haven, CT 06510	06-0646973	501(c)(3)	35,110				Research
ALA of Atlantic CoastPO Box 35010 Richmond, VA 23235	56-0547515	501(c)(3)	121,236				Federal Grants & Program Site Grants (4730, 4920, 4950, 4980)
ALA of California424 Pendleton Way Oakland, CA 94621	94-0362650	501(c)(3)	134,951				Federal Grants & Program Site Grants (4720, 4880, 4920, 4950, 4980)
ALA of DC530 7th Street SE Washington, DC 20003	53-0196593	501(c)(3)	5,000				Federal Grant - 4920
ALA of Mid-Atlantic 3001 Old Gettyburg Road Camp Hill, PA 17011	25-1825116	501(c)(3)	66,000				Federal Grants & Program Site Grants (4730, 4920, 4980)
ALA of Midland States 1950 Arlington Lane Columbus, OH 43228	31-4379531	501(c)(3)	29,901				Federal Grants & Program Site Grants (4730, 4920, 4980)
ALA of Mountain Pacific 7420 SW Bridgeport Road Tigard, OR 97224	93-0386887	501(c)(3)	82,000				Federal Grants & Program Site Grants (4720, 4890, 4920, 4980)
ALA of New York116 John Street New York, NY 10038	26-2818624	501(c)(3)	83,000				Federal Grants - 4920, 4950
ALA of the Central States 8150 Brookriver Dr S- 102 Dallas,TX 75247	43-0662525	501(c)(3)	87,512				Federal Grants & Program Site Grants (4720, 4730, 4890, 4920, 4950, 4980)
ALA of the Southeast 6852 Belfort Oaks Place Jacksonville,FL 32216	59-0662271	501(c)(3)	61,000				Federal Grants & Program Site Grants (4720, 4920)

Form 990,Schedule I,	Part II, Grai	nts and Other As	sistance to Gov	ernments and Or	ganizations in t	he United States	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALA of the Southwest 5600 Greenwood Plaza Blvd Suite 100 100 Greenwood Village, CO 80111	86-0111676	501(c)(3)	62,000				Federal Grants & Program Site Grants (4720, 4880, 4920, 4950, 4980)
ALA of the Upper Midwest3000 Kelly Lane Springfield, IL 62707	20-4392201	501(c)(3)	121,147				Federal Grants & Program Site Grants (4720, 4880, 4920, 4950, 4980)
ALA OF THE MID SOUTH2325 SEVERN AVENUE SUITE 8 METAIRIE,LA 70001	63-0320189	501(c)(3)	38,500				Federal Grants & Program Site Grants (5720, 4880, 4920, 4950, 4980)

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DLN: 93493062004070

OMB No 1545-0047

Compensation Information

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Name of the organization AMERICAN LUNG ASSOCIATION ${\bf Employer\ identification\ number}$

13-1632524

Pa	Questions Regarding Compensation	<u>n</u>			Ι.,	T
	Check the common to have (a) (the common to have		and the fellowing heart from a constant baked on France		Yes	Νο
1a	Check the appropiate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv		2			
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t		·			
	Compensation committee	고	Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	⊽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a	Yes	
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b		Νο
c	Participate in, or receive payment from, an equity-	pased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"		, , , , , , , , , , , , , , , , , , , ,	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III					No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable	(E) Total of columns	(F) Compensation
		(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(ı) (ıı)	337,018	15,000	66,069	36,050	11,862	465,999	186,95
(ı) (ıı)	73,018		246,488	30,116	7,600	357,222	193,48
(ı) (ıı)	267,482			28,050	7,482	303,014	132,48
(1) (11)	224,752			24,480	518	249,750	104,57
(ı) (ıı)	147,531			20,000	5,976	173,507	
(ı) (ıı)	155,443			17,125	8,217	180,785	91,44
(ı) (ıı)	146,092			15,669	15,294	177,055	91,55
(1) (11)	145,219			15,132	278	160,629	82,47
(ı) (ıı)	69,003		79,977	13,923	8,217	171,120	83,93
(ı) (ıı)	129,758	7,500		13,790	8,217	159,265	
(ı) (ıı)	132,124			13,757	8,234	154,115	
(ii)							
(ii)							
	(II) (II) (II) (II) (II) (II) (II) (II)	(i) Base compensation (i) 337,018 (ii) 73,018 (ii) 267,482 (ii) 224,752 (ii) 147,531 (ii) 155,443 (ii) 146,092 (ii) 145,219 (ii) 69,003 (ii) 129,758 (iii) (iii) (iii)	(i) Base compensation (i) 337,018	(i) Base compensation (ii) Bonus & (iii) Other compensation (iii) 337,018 15,000 66,069 (iii) 73,018 246,488 (iii) 267,482 (iii) 224,752 (iii) 147,531 (iii) 155,443 (iii) 146,092 (iii) 145,219 (iii) 129,758 7,500 (iii) 132,124 (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iiii) (iiiiiiii	(i) Base compensation (ii) Bonus & incentive compensation (iii) Other compensation compensation (i) 337,018 15,000 66,069 36,050 (ii) 73,018 246,488 30,116 (ii) 267,482 28,050 (ii) 1224,752 24,480 (ii) 147,531 20,000 (ii) 155,443 17,125 (ii) 146,092 15,669 (ii) 145,219 15,132 (ii) 69,003 79,977 13,923 (i) 132,124 13,757 (ii) (ii) (ii) (iii) 13,757	(i) Base compensation (iii) Buse incentive compensation (iii) Other compensation compensation benefits (i) 337,018 15,000 66,069 36,050 11,862 (i) 73,018 246,488 30,116 7,600 (i) 267,482 28,050 7,482 (i) 10 224,752 24,480 518 (i) 11 147,531 20,000 5,976 (i) 11 155,443 17,125 8,217 (i) 11 146,092 15,669 15,294 (i) 145,219 7,500 13,923 8,217 (i) 69,003 79,977 13,923 8,217 (i) 129,758 7,500 13,790 8,234 (ii) 132,124 13,757 8,234 (ii) 10 132,124 13,757 8,234	(i) Base compensation (iii) Bonus & compensation (iii) Other compensation compensation benefits (B)(i)-(D) (i) 337,018 15,000 66,069 36,050 11,862 465,999 (i) 73,018 246,488 30,116 7,600 357,222 (i) 267,482 28,050 7,482 303,014 (ii) 224,752 24,480 518 249,750 (ii) 147,531 20,000 5,976 173,507 (i) 155,443 17,125 8,217 180,785 (i) 146,092 15,669 15,294 177,055 (i) 145,219 15,132 278 160,629 (i) 69,003 79,977 13,923 8,217 171,120 (i) 129,758 7,500 13,790 8,217 159,265 (i) 132,124 13,757 8,234 154,115 (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiii) (iiii) (iiii) (i

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanat ion
	Part I, Line 4a	JOSEPH BERGEN - SEVERANCE \$200,771 PAUL E CARTER - SEVERANCE \$69,615

Software ID: Software Version:

EIN: 13-1632524

Name: AMERICAN LUNG ASSOCIATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred		(E) Total of columns	(F) Compensation
	(i) Base Compensation	(ii) Bonus & incentive compensation	incentive (III) Other	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
BERNADETTE TOOMEY (II		15,000	66,069	36,050	11,862	465,999	186,958
JOSEPH BERGEN (I			246,488	30,116	7,600	357,222	193,488
CHARLES D CONNOR (I				28,050	7,482	303,014	132,488
KIM A SCHWARTZ (I				24,480	518	249,750	104,578
B SUSAN DAVIS (I				20,000	5,976	173,507	
SUSAN J RAPPAPORT (I				17,125	8,217	180,785	91,445
JANET WIDMER (I				15,669	15,294	177,055	91,558
PAUL BILLINGS (I				15,132	278	160,629	82,478
PAUL E CARTER (I			79,977	13,923	8,217	171,120	83,939
DELIA NAUGHTON (I		7,500		13,790	8,217	159,265	
RUSSELL BURWELL (I) 132,124)			13,757	8,234	154,115	

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SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

DLN: 93493062004070 OMB No 1545-0047

Inspection

Name of the organization AMERICAN LUNG ASSOCIATION

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Employer identification number

13-1632524

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	ADVOCACY Every year, the American Lung Association fights for legislation defending your right to breathe healthy air, free of pollution or tobacco smoke in 2009, our advocacy efforts again yielded important victories. Tobacco Control For 20 years, the American Lung Association advocated to give the U.S. Food and Lyg Administration (FDA) effective authority to regulate tobacco products' manufacture, distribution, and sale to protect the public health. On June 22, 2009, this legislation was signed into law by President Obama after passing both houses of Congress by wide margins. Tobacco companies spend billions of dollars each year marketing their deadly products to kids — even selling candy-flavored cigarettes to lure even more children to start smoking. The new law will crack down on these deceptive and deadly marketing tactics. It also enables the FDA to require other actions from tobacco companies, such as testing tobacco additives, disclosure of the ingredients in their products, and to stop making false health claims about their products. In November 2008, we issued the first comprehensive look at state coverage of tobacco cessation treatment, Helping Smokers Quit and to save themselves money by covering comprehensive tobacco treatments. The report noted that millions of dollars and countless lives could be saved each year if more smokers quit. The Lung Association is now the only source for up to date information on state cessation policies through our online database. Our report, Big Tobacco on Campus, found that college students remain the target of aggressive tobacco industry marketing tactics, as one in five continue to smoke. The report provides a wide-ranging look at the impact tobacco has in today's college life. State of Tobacco Control 2008 report graded the strength of state and federal law sto protect citizens from tobacco-caused illnesses now at the heart of America's chronic disease crisis. The report found that the federal government and most states failed to enact critical policy measures t

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Form 990, Part VI, Section A, line 10		The American Lung Association prepares its Form 990 and then submits it to an outside accounting firm for review and electronic submission to the Internal Revenue Service. The organization has also established the following review process to ensure that the information reported is complete and accurate. After the Form 990 has been prepared, reviewed by management and the accounting firm, and is ready to be filed with the Internal Revenue Service, it is then submitted electronically to members of the organization's governing body and the Finance Audit Committee, for any comments prior to its submission. The members of the governing body have 10 days to review the form, and then meet by conference call, to review any comments by the group and agree to any changes that may need to be made to the form prior to its submission to the Internal Revenue Service. Each of these comments are documented, addressed and finalized in the Form 990 before the submission.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Inne 12c		The American Lung Association currently has in place a conflict of interest policy which it annually monitors and enforces. The board currently mandates that all members of management, the governing body, all national volunteers comprising its national assembly and all staff members annually sign a conflict of interest policy statement 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. If a potential or actual conflict of interest exists, the governance committee will notify the board leadership and management or just those of them who do not have any potential or actual conflict about such conflict or potential conflict for further investigation and resolution. Any member who has an actual or potential conflict will be notified and not allowed to vote or participate in any decisions or transactions until such actual or potential conflict of interest no longer exists.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, Ine 15		The American Lung Association has established a compensation policy for their leadership committee to follow in establishing the compensation for their 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 should document 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 comparable date used and relied upon to make the decision. The compensation review process for the CEO and other officer or key employees was last undertaken on October 28, 2009.

ldentifier	Return Reference	Explanation
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 LUNGUSA 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

ldentifier	Return Reference	Explanation
FORM 990, PART IX, LINE 2C	FINANCE/AUDIT COMMITTEE	The joint Finance/Audit Committee of the Board has the fiduciary responsibility for hiring of the audit firm, the review of the risk issues for the association and the final audit review and package that is accepted by the Board. The Committee meets with the audit firm independently from staff during the audit review process and recommends to the Board the acceptance of the Audit and its findings. The process has not changed from the prior year.

ldentifier	Return Reference	Explanation
, ,	Supplemental Information	SCHEDULE A, PART II, SECTION B, LINE 10 OTHER INCOME CONSIST OF MISCELLANEOUS SERVICE FEES