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DLN: 93493066006142

Department of the Treasury

## **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)

2010

OMB No 1545-0047

Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011 A For the 2010 D Employer identification number B Check if applicable American Lung Association Address change 13-1632524 Doing Business As Name change E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (212) 315-8700 . Terminated G Gross receipts \$ 59,628,492 City or town, state or country, and ZIP + 4 New York, NY 10005 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes Adrienne Glasgow 14 Wall Street No 8C **H(b)** Are all affiliates included? New York, NY 10005 If "No," attach a list (see instructions) **H(c)** Group exemption number ► **▽** 501(c)(3) **┌** Tax-exempt status 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 **Website: ►** www lungusa org K Form of organization 
✓ Corporation 
☐ Trust 
☐ Association 
☐ Other ► L Year of formation 1918 M State of legal domicile ME Part I Summary 1 Briefly describe the organization's mission or most significant activities The mission of the American Lung Association is to save lives by improving lung health and preventing lung disease Activities & Governance 2 Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a)  $\,$  .  $\,$  . 26 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 26 5 130 Total number of individuals employed in calendar year 2010 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . . 6 101,658 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** 11,915,758 Contributions and grants (Part VIII, line 1h) . 18,197,281 Rayenue Program service revenue (Part VIII, line 2g) . 27,977,401 33,841,279 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,057,248 851,200 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 747,614 1,750,772 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 47,773,496 48,565,057 13 5.848.208 6.101.403 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 Expenses 8,388,484 9,706,509 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,073,989 b **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 33,314,059 32,755,570 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 47,550,751 48,563,482 19 Revenue less expenses Subtract line 18 from line 12  $\,$  . 222,745 1,575 Net Assets or Fund Balances **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . 28,345,476 29,342,436 21 Total liabilities (Part X, line 26) . 20,687,576 19,026,863 Net assets or fund balances Subtract line 21 from line 20 7,657,900 10,315,573 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2012-03-05 Signature of officer Sian Here ADRIENNE GIASGOW cfo Type or print name and title Check if self Preparer's signature PTIN Date Scott Thompsett employed 🕨 🕻

NEW YORK, NY 100174011

May the IRS discuss this return with the preparer shown above? (see instructions)

preparer's name

Firm's name 🕨 GRANT THORNTON LLP

Fırm's address 🕨 666 THIRD AVENUE

Paid

Preparer

**Use Only** 

Firm's EIN

Yes Г Nο

0100

Phone no 🕨 (212) 599-

### Part III Statement of Program Service Accomplishments

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 volunte.

- Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 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 \$ 15,463,373 including grants of \$ 327,681) (Revenue \$ 20,335,292

Health Education Every year, the American Lung Association helps people manage their lung disease, overcome their nicotine addiction, and live healthier lives. The two key components of the National Headquarters' work are supporting our network of local Lung Associations and developing lung health education materials for the public Local Lung Associations rely on us to develop health programs and provide expert training, guidance and materials to support their mission outreach. We are also a trusted resource where the public can find information on myriad lung diseases, make treatment decisions, and get support and tools to manage their conditions or care for a loved one. This past year we provided a wide array of services to help prevent and treat lung disease. In 100-11 we substantially advanced this mission, touching lives from coast to coast. Lung Disease For Over 40 Years, the Choice of People with Chronic Lung Disease – In the U.S. alone, over 37 million adults have a chronic lung disease, such as COPPO, asthma, pulmonary fibross, scrodosis or lung cancer. Because these chronic conditions do not have a cure, people need to learn how to manage living with their lung disease. American Lung Association Better Breathers Clubs help by providing patient-focused, community-based educational opportunities and support. These support groups offer a welcoming venue for people with chronic lung disease and their loved ones, who often feel alone and isolated. Together, members learn the skills that help them manage their condition and improve their quality of life. Hundreds of clubs are serving many thorisans by the properties of the properties with the properties with quite serving many thorisans of the properties of the properties with quite serving many thorisans. People with questions about lung health are referred to the American Lung Association's Lung and the Plane and their families and is being conducted in collaboration with twelve lung cancer advocacy organizations. This service provides personalized educat

**4b** (Code ) (Expenses \$ 10,911,612 including grants of \$ 0 ) (Revenue \$ 10,539,814 )

FIELD FUNDRAISING The American Lung Association's Planned Giving team focuses its work on assisting with field development by providing support to the ALA chartered regional associations. This support includes training local staff to be effective planned giving fundraisers, helping develop annual regional work plans, being informed on local follow up activities pertaining to requests from donors for planned giving information, reviewing quarterly reports on planned giving income and bequest notifications, sending reports to regional CEOs on the planned giving work in their geographic areas. A variety of National staff provide Special Events support to the ALA chartered regional associations. This support is designed to assist in the development, marketing and implementation of events and promotions strategies. Among the assistance provided are planning (goal setting, strategic review, development of template material, feasibility studies), training (monthly conference calls, best practice staff training, listsery based materials, staff training webinars, etc.), implementation (sponsorship calls, recruitment, event attendance/participation), coaching (staff, leadership, volunteers), coordination of collateral, solicit national sponsors/teams, build, facilitate and integrate e-commerce platforms, and evaluation of new events. The primary focus is to increase the Chartered Associations net revenue and fully integrate best practice strategies into the overall work plan. The Major Gifts team works with the ALA chartered regional associations on joint funding prospects and provides one-on-one assistance when requested. Among the support activities are compilation of research lists and development of research profiles, evaluation of funding proposals, strategic advice regarding funding initiatives and prospects, providing training at staff meetings and conference calls. This year we provided a wealth screening overlay and a follow-on research tool, a donor centric assessment, and predictive donor modeling for the char

**4c** (Code ) (Expenses \$ 6,498,708 including grants of \$ 5,397,304 ) (Revenue \$ 2,966,173 )

Research Funding research has been a cornerstone of the Lung Association's fight against lung disease for more than a century. In 2010-11, our donors again made it possible to fund high quality researchers seeking treatments and cures for an array of lung diseases from asthma 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 2010-11, our program funded 55 grants to further promising, cutting-edge research. Additional support in funding this year's research program came from partnerships with AAAAI, the CHEST Foundation and NTM Info. The Lung Association's Asthma Clinical Research Centers Network (ACRC) continues to contribute major improvements to asthma treatments through a network of 18 clinical centers throughout the country. In 2010-11, ongoing ACRC research centered on two major questions is a dietary supplement of soy isoflavones is an effective treatment in patients with poorly controlled asthma and will the treatment of sinusitis (chronic disease of the nose and sinuses) with nasal steroids improve asthma control.

**d** Other program services (Describe in Schedule O)

(Expenses \$ 8,861,868 including grants of \$ 376,418 ) (Revenue \$ 0 )

**4e** Total program service expenses►\$ 41,735,561

			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 (see instruction)? 🕏	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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school 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 United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		Νo
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
Ь	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 lines 24b-24d and complete Schedule K. If "No," go to line 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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <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		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νο
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 54			
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 to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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			
ь	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
Ь	year?	3a 3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country ►			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	.,	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
d	file Form 8282?	7c		No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N o
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter	20		
	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			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
13	year			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
Ь	Enter the amount of reserves the organization is required to maintain by the states			
	In which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand			
	13c			,
14a _	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	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	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
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?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►AL , AK , AZ , AR , CA , CO , CT , DC , F KY , ME , MD , MA , MI , MN , MS , NH , ND , OH , OK , OR , PA , RI , SC , TN , V	NJ, NI	M,NY,	NC,
18	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 of which website. Another's website. 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 🕨

# 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 Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organ		elated o	rgan	ızatı	on c	omper	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	Posi		C <b>)</b> (che	cka			( <b>D)</b> Reportable compensation from the	(E) (F) Reportable Estimated amount of other from related compensation	
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										
-										
			<u> </u>							

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

	<b>(A)</b> Name and Title			(D) (E)  Reportable Reportable compensation compensation from related			(F) Estima amount o	ated fother					
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	;	compens from rganizat relat organiza	the ion and ed
See A	dditional Data Table												
								<u> </u>					
1b c	Sub-Total		tion A		•	•	· ·	_					
								<b> </b>	1,674,667		0		273,506
2	Total number of individuals (inc \$100,000 in reportable compe	luding but not lin	nited to	thos	e lıs			) who	received more tha	n			
												Yes	No
3	Did the organization list any <b>fo</b> on line 1a? <i>If</i> "Yes," complete So					eye •	mploy •	ee,o	r highest compensa	ated employee	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual								4	Yes			
5	Did any person listed on line 1a services rendered to the organi									r individual for •	5		No
	ection B. Independent Cor	ntractors											
1	Complete this table for your five		nsatedi	nden	ende	ent c	ontra	ctors	that received more	than			

(A)	(B)	(C)
Name and business address	Description of services	Compensation
RR DONNELLY CORP 111 SOUTH WACKER DRIVE CHICAGO, IL 60606	MARKETING	6,046,247
INFOCISION MANAGEMENT CORP 325 SPRINGSIDE DRIVE AKRON, OH 44333	TELEMARKETING	2,757,872
LABEL TECH 16 INTERSTATE DRIVE SOMERSWORTH, NH 03878	PRINTING	2,390,041
ALANIZ PO BOX 799 425 N IRIS STREET MT PLEASANT, IA 52641	PRINTING	2,350,712
BRICKMILL MARKETING SERVICES 24 MILL BROOK ROAD WILTON, NJ 03086	MARKETING	2,128,642
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

orm 9'  Part \	•	2010) Statement of Revenue					Pa	ge <b>9</b>
Zait		Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	excluded from tax under sections
								512, 513, or 514
Contributions, gifts, grants and other similar amounts		Federated campaigns 1a						
nou Tou		Membership dues 1b		24,997 ————				
≣ अ. ≅ अ		Fundraising events 1c						
s, g mile		Related organizations 1d  Government grants (contributions) 1e		1,042,436				
uon Ir si				10,848,325				 
other The		All other contributions, gifts, grants, and similar amounts not included above						
ğ	9		<u>.</u>		11 015 750			
) a	h	Total. Add lines 1a-1f		D 0 1	11,915,758			
nue	2a	PROGRAM SERVICE CONTRACTS		Business Code 900099	2.817.030	2,817,030		
Program Serwoe Revenue	b	CHARTERED ASSOCIATION ASSESSMENTS		900099		4,623,154		
ce F	С	MARKETING RESPONSE DATA CENTER FEES		900099	26,401,095	26,401,095		
žerи	d					, ,		
an) (	е							
ogra	f	All other program service revenue						
<u>-</u>	g	<b>Total.</b> Add lines 2a-2f	▶		33,841,279			
	3	Investment income (including dividends, int	erest		674,325			674,32
	4	and other similar amounts)	is •		0			071,32
		Royalties			745,093			745,09
		(ı) Real		(11) Personal				
		Gross Rents Less rental						
	С	expenses Rental income						
	d	or (loss)  Net rental income or (loss)						
		(ı) Securities		(II) O ther				
	7a	Gross amount 11,427, from sales of assets other	,380					
	b	than inventory Less cost or 11,044, other basis and	,457					
	С	sales expenses Gain or (loss) 382,	,923					
	d	Net gain or (loss)	►		382,923			382,92
U	8a	Gross income from fundraising events (not including						
3 6		\$						
10.		of contributions reported on line 1c) See Part IV, line 18						
oniei nevalue		a						
		Less direct expenses <b>b</b>			0			
		Net income or (loss) from fundraising events  Gross income from gaming activities See P						
		Less direct expenses	· ·					
	С	Net income or (loss) from gaming activities			0			
	10a	Gross sales of inventory, less returns and allowances .  a						
	Ь	Less cost of goods sold <b>b</b>		49,056 18,978				
		Net income or (loss) from sales of inventory	<b>.</b>	,	30,078	30,078		
	11a	Miscellaneous Revenue		Business Code 900099	507,435			507,43
		RECOVERY						
		OTHER		900099	468,166			468,16
	c							
		A    other revenue						
	۳	Iotal. Add lilles 11d-11d	•		975,601			
	12	Total revenue. See Instructions	►		48,565,057			2,777,94
					.5,565,651	33,871,357	rm <b>990</b> (20	

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations mus Il other organizations must complete column (A) but are not required to c			(D)	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations			,	<u>·</u>
	in the U.S. See Part IV, line 21	6,101,403	6,101,403		
2	Grants and other assistance to individuals in the	, ,	, ,		
_	U S See Part IV, line 22	0			
3	Grants and other assistance to governments,				
_	organizations, and individuals outside the U.S. See				
	Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,837,994	720,824	972,902	144,268
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	5,305,248	4,242,360	437,694	625,194
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,493,189	1,026,867	291,470	174,852
9	Other employee benefits	528,473	363,431	103,158	61,884
10	Payroll taxes	541,605	372,462	105,721	63,422
а	Fees for services (non-employees)	·			· · · · · ·
	Management	0			
Ь	Legal	1,247,228		1,247,228	
c	Accounting	95,004		95,004	
d	Lobbying	669,116	669,116		
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	53,359		53,359	
g	Other	2,611,684	2,383,696	227,988	
12	Advertising and promotion	718,820	718,820		
13	Office expenses	632,538	409,655	187,126	35,757
14	Information technology	27,145	15,542	9,728	1,875
15	Royalties	0			
16	Occupancy	1,015,469	511,106	425,777	78,586
17	Travel	611,636	415,257	147,784	48,595
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	356,937	244,556	90,311	22,070
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	186,445	70,670	97,068	18,707
23	Insurance	101,009	42,344	49,193	9,472
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	PUBLIC AWARENESS CAMPAIGN	23,954,184	23,140,493	24,903	788,788
Ь	BAD DEBT EXPENSES	184,824	. ,	184,824	,
c	SERVICE CHARGES	6,822	3,609	2,694	519
d	MISCELLANEOUS	283,350	283,350	_,	
e		,	,		
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	48,563,482	41,735,561	4,753,932	2,073,989
26	Joint costs. Check here ► 🔽 if following	.5,555,102	.1,,33,331	.,,,,,,,,,	2,0,0,00
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation	1,599,177	834,248	0	764,929

Part X Balance Sheet (A) (B) Beginning of year End of year 162.222 499 1 9.283.322 2 7.378.085 2 3 3 721,983 4 2,084,891 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 6 142,564 0 8 8 21,380 746,881 9 623,785 Prepaid expenses and deferred charges . . . . 10a Land, buildings, and equipment cost or other basis Complete 2.853.674 10a Part VI of Schedule D 2.465.510 ь Less accumulated depreciation . . . . . 10b 448.967 10c 388,164 11 12.014.575 11 14.054.898 12 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 4,824,962 15 4,790,734 15 16 28,345,476 16 29,342,436 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 2,199,083 17 2,280,726 17 Accounts payable and accrued expenses . 18 2,530,340 18 3,160,233 2.889.026 19 1,618,561 19 20 20 Liabilities 21 2,191,646 21 2,050,636 Escrow or custodial account liability  $Complete\ Part\ IV\ of\ Schedule\ D$  . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 2.579.183 2.229.182 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 9.568.763 25 6,417,060 Other liabilities Complete Part X of Schedule D . . . . . 26 20,687,576 26 19,026,863 Total liabilities. Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 5.068.395 27 7,394,100 Unrestricted net assets . . . . . Temporarily restricted net assets . . . . . 28 791,862 28 1,123,830 Fund 1,797,643 1,797,643 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 7,657,900 33 10,315,573 33 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 28.345.476 29,342,436

Pa	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		48.5	565,05
2	Total expenses (must equal Part IX, column (A), line 25)	2			563,48
3	Revenue less expenses Subtract line 2 from line 1	3		·	1,57
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7,6	557,90
5	Other changes in net assets or fund balances (explain in Schedule O)	5		2,6	556,09
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		10,3	315,57
Pai	rt XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response to any question in this Part XII		•	모	
		,		Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

**Employer identification number** 

# SCHEDULE A Public

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Ameri	can Lun	g Association								
Рa	rt I	13-1632524 <b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instru-	ctions							
		zation is not a private foundation because it is (For lines 1 through 11, check only one box )	CHOIIS							
1	Ť	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	Ė	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	Ţ.	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A</b> hospital's name, city, and state	medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the ospital's name, city, and state							
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental un	ıt describe	d ın						
	_	section 170(b)(1)(A)(iv). (Complete Part II)								
6	<u> </u>	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>								
7	<u>~</u>	An organization that normally receives a substantial part of its support from a governmental unit or from the described in section 170(b)(1)(A)(vi) (Complete Part II)	he general	public						
8	Γ	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )								
9	Г	An organization that normally receives (1) more than 331/3% of its support from contributions, membersl	hip fees, ar	nd gros	SS					
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more that	an 331/3%	of						
		its support from gross investment income and unrelated business taxable income (less section 511 tax) f	rom busine	esses						
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )								
10	Г	An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).								
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to car one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See set the box that describes the type of supporting organization and complete lines 11e through 11h  a Type I  b Type II  c Type III - Functionally integrated  d		a)(3).	Chec					
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2)	•	•						
f g		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III sucheck this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the	ipporting o	rganız	ation,					
9		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?	11g(ii)							
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)							
h		Provide the following information about the supported organization(s)								

(i) Name of supported organization	<b>(ii)</b> EIN		(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ced in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga in the U	on in anized	<b>(vii)</b> A mount of support
		instructions))	Yes	No	Yes	No	Yes	No		
Total										

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

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

	under Part III. If th	e organization	fails to qualify u	inder the tests I	<u>ısted below, ple</u>	ease co	<u>mplete F</u>	<u>'art III.)</u>
	ection A. Public Support	T	1	1			<del></del>	
Сак	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 2	010	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	24,681,358	13,991,885	14,100,696	18,165,400	11,915,758		82,855,097
2	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	<b>Total.</b> Add lines 1 through 3	24,681,358	13,991,885	14,100,696	18,165,400	11	1,915,758	82,855,097
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							2,537,467
6	Public Support. Subtract line 5 from line 4							80,317,630
	ection B. Total Support							
Cal	endar year (or fiscal year beginning in) 🟲	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 20	010	(f) Total
7	A mounts from line 4	24,681,358	13,991,885	14,100,696	18,165,400	11	,915,758	82,855,097
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	2,435,520	1,454,604	584,295	985,737	1	.,419,418	6,879,574
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	52,144	121,136	101,141	165,047	975,601		1,415,069
11	Total support (Add lines 7 through 10)							91,149,740
12	Gross receipts from related activit		•			12		156,559,557
13	First Five Years If the Form 990 is check this box and stop here	for the organizati	on's first, second	, thırd, fourth, or fı	fth tax year as a	501(c)(3	}) organız	eation, ▶Г
S	ection C. Computation of Pu							
14	Public Support Percentage for 201	.0 (line 6 column	(f) divided by line	11 column (f))		14		88 116 %
15	Public Support Percentage for 200	9 Schedule A , Pa	rt II, line 14			15		90 500 %
	33 1/3% support test—2010. If the and stop here. The organization que 33 1/3% support test—2009. If the	ialifies as a public	ly supported orga	nızatıon				►✓
17a	b 33 1/3% support test—2009. 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—2010. 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.							
ь 18	10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organiza supported organization Private Foundation If the organiza	inization meets th ation meets the "f	e "facts and circu facts and circums	mstances" test, c tances" test The	heck this box and organization qual	d <b>stop he</b> lifies as a	e <b>re.</b> a publicly	<b>►</b> □
	ınstructions							<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15					
16 Public support percentage from 2009 Schedule A, Part III, line 15		16					
S	Section D. Computation of Investment Income Percentage						
17	Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	17					
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18					

19a 33 1/3% support tests—2010. 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% support tests—2009. 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) 2010						
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•				

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493066006142

## OMB No 1545-0047

### **Political Campaign and Lobbying Activities SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

♣ Se If th	ection 501(c)(3) organizations tha	t have filed Form 5768 (election this t have NOT filed Form 5768 (election s," to Form 990, Part IV, Line 5 zations Complete Part III	on under section 501	(h)) Complete Part II-B Do r	not complete Part II-A
Na	me of the organization	·		Employer iden	ntification number
Am	erican Lung Association			13-1632524	
Par	t I-A Complete if the or	ganization is exempt und	er section 501(		organization.
1	Provide a description of the or	ganization's direct and indirect po	olitical campaign act	civities in Part IV	
2	Political expenditures			<b>.</b>	\$
3	V olunteer hours				
Par	t I-B Complete if the or	ganization is exempt und	er section 501(	c)(3).	
1	<u> </u>	e tax incurred by the organization			\$
2	Enter the amount of any excise	e tax incurred by organization ma	nagers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form	4720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt und	er section 501(	c) except section 50:	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization fo	r section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt funtion activities	organization's funds contributed to	o other organization	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	ere and on Form 112	.0-POL, line 17b ►	¢
4	Did the filing organization file I	Form 1120-POL for this year?			→ Tyes No
5	organization made payments amount of political contributio	nd employer identification numbe For each organization listed, ente ns received that were promptly ar political action committee (PAC)	r the amount paid frond	om the filing organization's to a separate political orga	funds Also enter the inization, such as a
	(a) Name	( <b>b</b> ) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

Sc	hedule C (Form 990 or 990-EZ) 2010						Page <b>2</b>
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c	)(3) and fi	led Form 5768	
A B	Check   If the filing organization belongs to a Check   If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a			)		<b>(a)</b> Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> Total	
2a	Lobbying non-taxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
С	Total lobbying expenditures						
d	Grassroots non-taxable amount						
e	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

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

		\u)		(0)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?	Yes			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
c	Media advertisements?	Yes		359,419	
d	Mailings to members, legislators, or the public?	Yes		18,263	
e	Publications, or published or broadcast statements?	Yes		36,000	
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		233,743	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		3,540	
i	Other activities? If "Yes," describe in Part IV	Yes		15,654	
j	Total lines 1c through 1i			669,119	
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		Ī		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	A Complete if the experiencies is expensely under continuous FOA(a)(A), continuous	- E047-	\/=\		

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

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

#### Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes". Dues, assessments and similar amounts from members 1

	,		
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 (see instructions)	5	

### Part IV Supplemental Information

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

Ident if ier	Return Reference	Explanation
Schedule C, Part II-B, Line 1(i)		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 THE
		NATION'S CLEAN AIR LAWS WE STRONGLY SUPPORT LUNG
		HEALTH RESEARCH FUNDING INCLUDING FUNDING FOR
		LUNG CANCER, CHRONIC OBSTRUCTIVE PULMONARY
		DISEASE (COPD), ASTHMA, TUBERCULOSIS AND OTHER
		LUNG DISEASES FURTHERMORE, THE AMERICAN LUNG
		ASSOCIATION VOLUNTEERS AND STAFF ACTIVELY
		ADVOCATE IN WASHINGTON, D C AND IN THE STATES
		FOR TOBACCO CONTROL LAWS, INCLUDING EFFORTS TO
		REGULATE TOBACCO PRODUCTS, PROMOTE TOBACCO
		CESSATION AND ELIMINATE EXPOSURE TO SECONDHAND
		SMOKE Specifically, the \$15,654 in lobbying expenditures
		reported on Line 1(i) represents 50% of the costs of holding
		Advocacy Day (inclusive of the time of the VP and the Director
		of Advocacy spent planning and implementing the event)

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OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization

**Employer identification number** American Lung Association 13-1632524

			1.0	1032327		
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99		milar Funds	or Accounts	. Comple	te if th
	-	(a) Donor advised funds	s	( <b>b)</b> Funds and o	ther acco	unts
	Total number at end of year					
2	Aggregate contributions to (during year)					
}	Aggregate grants from (during year)					
Ļ	Aggregate value at end of year					
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the			ısed	☐ Yes	┌ No
•	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		•		☐ Yes	┌ No
Pa I	rt III Conservation Easements. Complete	ıf the organızatıon answered	d "Yes" to Forr	n 990, Part I\	/, line 7.	
•	Purpose(s) of conservation easements held by the o  Preservation of land for public use (e.g., recreate  Protection of natural habitat  Preservation of open space	on or pleasure)	) ation of an histor ation of a certifie		•	≅a
2	Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	Ified conservation contribution in	n the form of a c	onservation		
				Held at the	End of the	e Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified his	toric structure included in (a)	2c			
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
3	Number of conservation easements modified, transfe	erred, released, extinguished, or	terminated by tl	ne organization	during	

3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 🛌
4	Number of states where property subject to conservation easement is located 🛌
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🛌
7	A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?
9	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, 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
- following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1
- Assets included in Form 990, Part X For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D Schedule D (Form 990) 2010

Pari	<b>411</b> Organizations Maintaining Co	llections of Art	, His	<u>torical Tr</u>	<u>easu</u>	res, or O	the	r Similar As:	sets (	continued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e following t	hat ar	e a significa	nt us	se of its collect	on	
а	Public exhibition		d	┌ Loan d	orexcl	hange progr	ams			
Ь	Scholarly research		e	C Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how	they furthe	r the o	organization	's ex	empt purpose 11	า	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			•					_ Yes	┌ No
Par	t IV Escrow and Custodial Arrang					n answere	d "Y	es" to Form 9	90,	
	Part IV, line 9, or reported an an			•						
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				tions c	or other ass	ets r	oot [	Yes	√ No
Ь	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing table		Г		Λ	ount	
_	December helenes					F	1.	AIII	Ount	
q	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year					-	1e			
f	Ending balance					L	1f			
2a	Did the organization include an amount on Fo		e 21?					J'	√ Yes	No
	If "Yes," explain the arrangement in Part XIV			1 1137		- 000	_			
Pa	rt V Endowment Funds. Complete	if the organization (a)Current Year		<u>wered "Yes</u> )Prior Year		F <b>orm 990,</b> vo Years Back			(e)Four	Years Back
1a	Beginning of year balance	980,525	(5)	950,135	+ ` _	VO TCGT3 BGCK	1(4)	Tillee Tears Back	(C)i oui	Tears back
ь	Contributions									
c	Investment earnings or losses	201,713		97,595	5					
d	Grants or scholarships	72,000		56,728	3					
e	Other expenditures for facilities									
	and programs						_			
f	Administrative expenses	10,554		10,477			-			
g	End of year balance	1,099,684		980,525						
2	Provide the estimated percentage of the yea	r end balance held a	as							
а	Board designated or quasi-endowment 🕨									
Ь	Permanent endowment 🕨 100 000 %									
c	Term endowment ▶									
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	atıon t	hat are held	and a	dministere	d for	the	Yes	s No
	(i) unrelated organizations							3a(i	_	No
	(ii) related organizations							3a(i		No
ь	If "Yes" to 3a(II), are the related organization				٠			3b	<u> </u>	<del>†</del>
4	Describe in Part XIV the intended uses of th	e organization's end	dowme	nt funds					•	
Par	t <b>VI</b> Investments—Land, Building:	s, and Equipme	nt. S	ee Form 99	90, Pa	art X, line	10.			
	Description of investment			(a) Cost or basis (invest		( <b>b)</b> Cost or o		(c) Accumulated depreciation	(d)	Book value
1a	Land									
b	Buildings									
c	Leasehold improvements					20	5,553	113,2:	17	92,330
d	Equipment					1,70	7,228	1,661,93	32	45,296
е	Other					94	0,893	690,36	51	250,532

388,164

<b>Part VII</b> Investments—Other Securities. See  (a) Description of security or category			od of valuation
(including name of security)	(b)Book value		f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	( <b>b)</b> Book value		od of valuation
		Cost or end-o	f-year market value
<b>Part IX</b> Other Assets. See Form 990, Part X, col (B) line 13 )			
(a) Descrip			(b) Book value
(1) DUE FROM CHARTERED ASSOC			3,326,055
(2) OTHER ASSETS			1,464,679
Takal (Caluman (h) a hauld agual Farma 000 Bart V and (B) line 1	<i>E</i> )	<u> </u>	4 700 724
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X		<u> </u>	4,790,734
1 (a) Description of Liability	( <b>b</b> ) A mount		
Federal Income Taxes	0		
OTHER LIABILITIES	394,837		
PENSION AND LIFE INSURANCE BENEFIT	3,533,831		
ACCRUED VACATION EXPENSES	647,750		
ACCRUED ANNUITIES	444,471		
DEFERRED RENT	424,278		
DUE FROM CHARTERED ASSOC	971,893		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	6,417,060		

Sche	dule D (Form 990) 2010		Page <b>4</b>
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	48,565,057
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	48,563,482
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,575
4	Net unrealized gains (losses) on investments	4	124,418
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	2,531,680
9	Total adjustments (net) Add lines 4 - 8	9	2,656,098
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,657,673
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	78,829,384
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	30,264,327
3	Subtract line <b>2e</b> from line <b>1</b>	3	48,565,057
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 <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	48,565,057
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	76,171,711
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	27,608,229
3	Subtract line <b>2e</b> from line <b>1</b>	3	48,563,482
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	]	
b	Other (Describe in Part XIV)	]	
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	48,563,482
	rt XIV Supplemental Information		
Cor	polete this part to provide the descriptions required for Part II lines 3.5, and 9. Part III lines 1a and 4. Pa	art IV	lines 1 h and 2 h

Ident if ier	Return Reference	Explanation
Schedule D		Part IV, Line 2b Escrow and Custodial Arrangements The American Lung Association holds certain annuity funds on behalf of its Chartered Associations The asset and related liability are reported on the organization's balance sheet and effectively net out Part V, Line 4 DESCRIPTION OF INTENDED USE OF ENDO WMENT FUNDS American Lung Association maintains various donor restricted funds whose purpose is to provide long-term support for its programs. In classifying such funds for financial statement purposes as either permanently restricted, temporarily restricted or unrestricted net assets, the Board of Directors looks to explicit directions of the donor where applicable and the provisions of the laws of the State of New York. National Headquarters has adopted investment policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets.
Schedule D	Part X Description of Uncertain Tax Positions Under FIN48	In July 2006, the FASB issued guidance in the area of "Accounting for Uncertainty in Income Taxes" The standard clarifies the accounting for uncertainty in tax positions taken or expected to be taken in a tax return, including issues relating to financial statement recognition and measurement. This standard provides that the tax effects from an uncertain tax position can be recognized in the financial statements only if the position is "more-likely-than-not" to be sustained if the position were to be challenged by a taxing authority. The standard also provides guidance on measurement, classification, interest and penalties, and disclosure. It was effective for National Headquarters on July 1, 2009, and had no impact on the accompanying financial statements. The tax years ended 2007, 2008, 2009, and 2010 are still open to audit for both federal and state purposes. National Headquarters has processes presently in place to ensure the maintenance of its tax-exempt status, to identify and report unrelated income, to determine its filing and tax obligations in jurisdictions for which it has nexus, and to identify and evaluate other matters that may be considered tax positions.
Schedule D, Part XI, Line 9		Change in fair value of beneficial interest in trust - \$247,590 Change in value of Split Interest Agreements - (\$6,558) Pension and life insurance benefit plan activities - \$2,290,648 Total - \$2,531,680 Schedule D, Part XII, Line 2d- Change in fair value of beneficial interest in trust - \$247,590 Change in value of Split Interest Agreements - (\$6,558) Pension and life insurance benefit plan activities - \$2,290,648 Total Change Reportable on Line 2(d) - \$2,531,680

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

**Inspection** Employer identification number

						1 ' '	
American Lung Association						13-1632524	
Part I General Informatio	n on Grants and	Assistance				<b>'</b>	
<ul> <li>Does the organization maintain in the selection criteria used to aw</li> <li>Describe in Part IV the organization</li> </ul>	ard the grants or ass	ıstance?					✓ Yes
Part II Grants and Other As Form 990, Part IV, line duplicated if additional	e 21 for any recipie	ent that received m	iore than \$5,000. Ch	eck this box if no one	recipient received	d more than \$5,000.	
1 (a) Name and address of organization or government	<b>(b)</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 gra or assistance
See Additional Data Table							

Enter total number of section 501(c)(3) and government organizations . . . . .

	· · ·
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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.

Ident if ier	Return Reference	Explanation
, ,	in the US	A ward recipients are required to submit a renewal application after their first year of funding Renewal applications are then reviewed by our Research Committee Chairs for approval of second year funding. At the time of termination (after the second year of funding), award recipients are required to submit a summary of their activities, copies of presentations and/or publications, and a cash disbursement report for the entire grant time

Software ID: Software Version:

**EIN:** 13-1632524

Name: American Lung Association

Form 990,Schedule 1, Pal	t II, Grants an	d Other Assistance	to dovernments	una organization	· · · · · · · · · · · · · · · · · · ·		
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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
Baylor College of Medicine One Baylor Plaza Houston, TX 770303411	74-1613878	501(c)(3)	107,500		FMV		Research
Brigham & Women's Hospital 75 Francis Street Boston, MA 02115	04-2312909	501(c)(3)	40,000		FMV		Research
Case Western Reserve University10900 Euclid Ave Cleveland,OH 441064960	34-1018992	501(c)(3)	120,000		FMV		Research
Children's Hospital Medical Center-CincinnatiChildrens Hospital Medical Center Cincinnati, OH 452293026	31-0833936	501(c)(3)	140,000		FMV		Research
Colorado State University 200 West Lake Street Fort Collins, CO 80523	84-6000545	government	60,000		FMV		Research
Cornell UniversityVeterinary Medical Center Upper To Ithaca, NY 14853	15-0532082	501(c)(3)	40,000		FMV		Research
Dana-Farber Cancer Institute4 4 Binney Street Boston, MA 02115	04-2263040	501(c)(3)	100,000		FMV		Research
Drexel University2900 Queen Lane Philadelphia, PA 19129	23-1352630	501(c)(3)	40,000		FMV		Research
Georgetown University3800 Reservoir Rd NW Washington, DC 200571465	53-0196603	501(c)(3)	21,000		FMV		Research
Georgia State University Research Foundation Inc140 Decatur St Urban Life Building Atlanta, GA 30303	58-1845423	501(c)(3)	38,761		FMV		Research
Harvard School of Public HealthHSPH I Room 305 665 Huntington Ave Boston, MA 02115	04-2103580	501(c)(3)	40,000		FMV		Research
Indiana UniversityPO Box 66057 Indianapolis,IN 46266	35-6001673	501(c)(3)	155,000		FMV		Research

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	( <b>d)</b> 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
Lovelace Respiratory Research Inst2425 Ridgecrest Drive SE Albuquerque, NM 87108	85-0110669	501(c)(3)	40,000		FMV		Research
Massachusetts General Hospital55 Fruit Street Boston, MA 02114	04-1564655	501(c)(3)	140,000		FMV		Research
National Jewish Medical and Research Center1400 Jackson Street Denver, CO 80206	74-2044647	501(c)(3)	115,000		FMV		Research
NYU School of Medicine545 First Avenue New York, NY 10016	13-5562308	501(c)(3)	77,500		FMV		Research
Oregon Health & Science University3181 SW Sam Jackson Park Road Portland,OR 97239	93-1176109	government	40,000		FMV		Research
Regents of the University of California SF3333 California St Suite 315 Box San Francisco, CA 94118	94-6036493	501(c)(3)	137,500		FMV		Research
Regents of Univ of Michigan 3003 S State Street Ann Arbor, MI 48109	38-6006309	501(c)(3)	65,000		FMV		Research
Rochester General Hospital 1425 Portland Ave Rochester, NY 14621	16-0743134	501(c)(3)	40,000		FMV		Research
Seattle Biomedical Research Institute307 Westlake Ave N Suite 500 Seattle, WA 98109	91-0961784	501(c)(3)	40,000		FMV		Research
Stanford UniversityCorte Madera Creek Bldg Ste 142 3 Palo Alto,CA 94304	94-1156365	501(c)(3)	115,000		FMV		Research
Texas Tech University Health Sciences Center3601 4th St Lubbock,TX 79430	75-6043842	501(c)(3)	40,000		FMV		Research
The Children's Hospital of Philadelphia3615 Civic Center Blvd Philadelphia, PA 19104	23-1352166	501(c)(3)	32,500		FMV		Research

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Ohio State University Research Foundation1960 Kenny Road Columbus, OH 43210	31-6401599	501(c)(3)	247,500		FMV		Research
The Rockefeller University 1230 York Ave New York, NY 10065	13-1624158	501(c)(3)	32,500		FMV		Research
The Trustees of the University of Pennsylvania BRBII/III 438 421 Curie Blvd Philadelphia, PA 19104	23-1352685	501(c)(3)	112,500		FMV		Research
The University of North Carolina at Chapel Hill104 Airport Drive Suite 2200 Camp Chapel Hill, NC 27599	59-1711424	501(c)(3)	61,000		FMV		Research
The University of Texas MD Anderson Cancer Cente1515 Holcombe Blvd Houston,TX 77030	74-6001118	government	139,860		FMV		Research
The University of Wisconsin 600 Highland Ave Madison, WI 53792	39-0743975	501(c)(3)	40,000		FMV		Research
Trustees of Boston University B U Medical Campus72 East Concord St R304 Boston, MA 02118	04-2103547	501(c)(3)	32,500		FMV		Research
University of Massachusetts 333 South Street Suite 450 Shrewsbury, MA 015454176	04-3167352	government	32,500		FMV		Research
University of Alabama at BirminghamUniversity Station Birmingham, AL 35294	63-6005396	501(c)(3)	32,500		FMV		Research
University of Chicago5801 South Ellis Avenue Chicago, IL 60637	36-2177139	501(c)(3)	40,000		FMV		Research
University of Cincinnati51 Goodman Drive PO Box 210222 Cincinnati, OH 452210222	31-0896555	501(c)(3)	39,844		FMV		Research
University of Florida2055 Mowry Rd Suite 250 PO Box 1 Gainesville,FL 32611	59-0974739	501(c)(3)	39,738		FMV		Research

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>(b)</b>	(c) IRC Code section if applicable	( <b>d)</b> 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		
University of Georgia Research Foundation617 Boyd GSRC Athens, GA 306027411	58-1353149	501(c)(3)	39,197		FMV		Research		
University of Illinois at Urbana-Champaign601 S Mathews Avenue Urbana,IL 61801	37-6000511	government	100,000		FMV		Research		
University of Miami Miller School of MedicinePO Box 025405 Miami, FL 33102	59-0624458	501(c)(3)	77,500		FMV		Research		
University of Pennsylvania Medical CenterSuite 1016A Abramson Research Bui Philadelphia, PA 19104	23-2810852	501(c)(3)	40,000		FMV		Research		
University of Pittsburgh Office of Financial Information Pittsburgh, PA 15260	25-0965591	501(c)(3)	105,000		FMV		Research		
University of Washington 3917 University Way NE Seattle, WA 98105	91-6001537	government	263,000		FMV		Research		
USCUniversity of Southern CaliforniaBiggy St NRT5509 Los Angeles, CA 90033	95-1642394	501(c)(3)	32,500		FMV		Research		
UT Southwestern Medical Center5323 Harry Hines Blvd Dallas,TX 753909034	75-2556007	501(c)(3)	40,000		FMV		Research		
Virginia Commonwealth UniversityRoom 356E Smith Bldg 410 North 12 Richmond, VA 23298	54-0757884	501(c)(3)	40,000		FMV		Research		
Washington University School of Medicine902 Yalem Box 8052 660 S Euclid A St Louis, MO 63110	43-0653611	501(c)(3)	80,000		FMV		Research		
West Virginia University Research Corporation1 Medical Rd 4052 HSN PO Box 9128 Morgantown, WV 26506	55-0665758	501(c)(3)	40,000		FMV		Research		
Yale University2 Whitney Avenue 6th Fl New Haven, CT 06510	06-0646973	501(c)(3)	32,500		FMV		Research		

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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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
University of Vermont85 South Prospect Street Burlington, VT 05405	03-0179440	501(c)(3)	179,000		FMV		Research
University of VirginiaPO Box 400202 Charlottesville, VA 22904	54-6001796	501(c)(3)	75,000		FMV		Research
Duke UniversityBox 104132 Durham, NC 27708	56-0532129	501(c)(3)	75,000		FMV		Research
University of Missouri - Kansas City5100 Rockhill Road AC202 Kansas City, MO 641102499	43-6003859	government	75,000		FMV		Research
University of ArizonaPO Box 3308 Tucson, AZ 85722	74-2652689	501(c)(3)	75,000		FMV		Research
Univ of South Florida3802 Spectrum Blvd Suite 100 Tampa,FL 33612	59-2959590	501(c)(3)	37,500		FMV		Research
Trustees of Columbia University722 W168th Street 4th Fl New York, NY 10032	15-5598093	501(c)(3)	141,500		FMV		Research
Regents of the Univ of CA San Diego9500 Gilman Drive La Jolla, CA 92093	95-6006144	501(c)(3)	183,000		FMV		Research
Nemours Children's Clinic - Jacksonvillec/o Finance Dept 10140 Centurion Pa Jacksonville,FL 32256	59-0634433	501(c)(3)	243,000		FMV		Research
North Shore Long Island Jewish300 Community Drive Manhasset, NY 11030	11-1562701	501(c)(3)	75,000		FMV		Research
Northwestern University619 Clark Street Evanston, IL 60208	36-2167817	501(c)(3)	100,000		FMV		Research
NYU Medical CollegeChildren's & Women's Physician40 Sunshine Cottage Road Admim Bld Valhalla, NY 10595	13-1099420	501(c)(3)	163,000		FMV		Research

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

Form 990,Schedule 1, Pal	t 11, Grants an	d Other Assistance	e to dovernments	and Organization	s in the officed Sta	tes	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> 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
Johns Hopkins University 1101 E33rd Street Suite D200 Baltimore, MD 21218	52-0595110	501(c)(3)	498,500		FMV		Research
Louisiana State University Health Sciences Center433 Bolivar Street New Orleans, LA 70112	72-6087770	government	75,000		FMV		Research
American Asthma Foundation4 Embarcadero Center San Francisco, CA 94111	20-8452401	501(c)(3)	83,333		FMV		Research
Eastern Virginia Medical School358 Mowbray Arch Ste 307 Norfolk, VA 23507	54-6055378	government	15,000		FMV		Federal Grants & Program Site Grants
ALA of California424 Pendleton Way Oakland, CA 94621	94-0362650	501(c)(3)	48,250		FMV		Federal Grants & Program Site Grants
ALA of Mid-Atlantic 3001 Old Gettyburg Road Camp Hill, PA 17011	25-1825116	501(c)(3)	100,235		FMV		Federal Grants & Program Site Grants
ALA of Mountain Pacific 7420 SW Bridgeport Road Suite 200 Tigard, OR 97224	93-0386887	501(c)(3)	14,609		FMV		Federal Grants & Program Site Grants
ALA of New York116 John Street New York, NY 10038	26-2818624	501(c)(3)	51,192		FMV		Federal Grants & Program Site Grants
ALA of the Plains Gulf Region2325 Severn Avenue Suite 8 Metairie, LA 70001	63-0320189	501(c)(3)	45,239		FMV		Federal Grants & Program Site Grants
ALA of Midland States1950 Arlingate Lane Columbus, OH 43228	31-4379531	501(c)(3)	150,000		FMV		Federal Grants & Program Site Grants
ALA of New England45 Ash Street East Hartford, CT 06108	06-0646594	501(c)(3)	164,966		FMV		Federal Grants & Program Site Grants
ALA of the Southeast6852 Belfort Oaks Place Jacksonville,FL 32216	59-0662271	501(c)(3)	41,000		FMV		Federal Grants & Program Site Grants

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALA of the Southwest5600 Greenwood Plaza Blvd Suite 10 Greenwood Village, CO 80111	86-0111676	501(c)(3)	35,977 FMV			Federal Grants & Program Site Grants	
ALA of the Upper Midwest 3000 Kelly Lane Springfield, IL 62707	20-4392201	501(c)(3)	22,610		FMV		Federal Grants & Program Site Grants

**Compensation Information** 

DLN: 93493066006142

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of	t he organizat ior	1
American L	ung Association	

**Employer identification number** 

13-1632524

Pai	rt I Questions Regarding Compensati	on				
					Yes	Νo
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement orprovision of all the expenses des			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executi		,	2		
3	Indicate which, if any, of the following the organiza organization's CEO/Executive Director Check all	that appl	y			
	Compensation committee		Written employment contract			
	✓ Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	), Part VII	I, Section A, line ${f 1}{f a}$ with respect to the filing organization			
а	Receive a severance payment or change-of-contr	ol paymer	it from the organization or a related organization?	4a		Νo
Ь	Participate in, or receive payment from, a supplem	nental non	qualified retirement plan?	4b		Νο
c	Participate in, or receive payment from, an equity-	-based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and	provide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only r	must comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section a compensation contingent on the revenues of	A , 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	A , line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
Ь	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 payments not described in lines 5 and 6? If "Yes,"			7	Yes	
8	Were any amounts reported in Form 990, Part VII					
	subject to the initial contract exception described in Part III	l in Regs	section 53 4958-4(a)(3)? If "Yes," describe	8		Νo
9	If "Yes" to line 8, did the organization also follow t section 53 4958-6(c)?	the rebutt	able presumption procedure described in Regulations	9		

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

For each individual whose compensation must be reported 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)(I)-(III) 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-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form 990 or Form 990-EZ	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)		
(1) CHARLES D CONNOR	(ı) (ıı)	319,142 0	45,000 0	0	32,610 0	12,388 0	409,140 0		
(2) A DRIENNE GIA SGO W	(ı) (ıı)	199,186 0	0	0	0	9,159 0	208,345 0		
(3) B SUSAN DAVIS	(ı) (ıı)	205,941	0	0	27,411 0	9,180 0	242,532		
(4) SUSAN J RAPPAPORT	(ı) (ıı)	162,647 0	0	0	21,648 0	17,766 0	202,061		
(5) JANET WIDMER	(ı) (ıı)	153,120 0	0	0	20,380	17,873 0	191,373 0		
(6) PAUL BILLINGS	(ı) (ıı)	154,111 0	0	0	/	1,012	175,635 0		
(7) DELIA NAUGHTON	(ı) (ıı)	133,168	0	0	17,725 0	8,963 0	159,856 0		
(8) RUSSELL BURWELL	(ı) (ıı)	138,755 0	0	0	18,468 0	8,978 0	166,201 0		
(9) CARRIE MARTIN	(ı) (ıı)	145,073 0	0	0	19,309	8,999	173,381		
(10)									
(11)									
( 12 )									
( 13 )									
( 14 )									
( 15 )									
( 16 )									

## 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	Explanation
Schedule J, Part I, Line 7		The American Lung Association provided one discretionary bonus in the year ending June 30, 2011. This bonus was provided to the President & Ceo, Charles Connor. The bonus was awarded based on merit and was determined by the Leadership Committee. The Leadership Committee then passes its recommendation to the Executive Committee where the Chairman of the Board ultimately approves the bonus.

Schedule J (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493066006142

SCHEDULE O (Form 990 or 990-EZ)

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

2010

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Open to Public Inspection

Name of the organization
American Lung Association

American Lung Association

13-1632524

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B		Line 11 Review process of Form 990 The American Lung Association prepares its Form 990 and then submits it to an outside accounting firm for review. The Association has established the following review process to ensure that the information reported is complete and accurate. Once the Form 990 has been prepared, reviewed by management and its external accounting firm, and is ready to be filed with the Internal Revenue Service, it is submitted electronically to members of the organization's governing body, the Audit Committee, for any comments prior to its submission. The members of the governing body have 10 days to review the form, they subsiquently 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 board minutes before the submission. Line 12. Conflict of Interest Policy ALA 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, and staff annually sign a conflict of interest policy and disclose any potential or actual conflicts that may exist. The signed conflict of interest policy is submitted to the governance committee. These statements are reviewed for potential or actual conflicts if a potential or actual conflict of interest exists, the committee will notify members of management about such conflict and investigate the conflict of interest exists, the committee will notify members of management about such conflict and investigate the conflict of interest exists, the member of management will be notified immediately and will not be allowed to vote or be a part of any decisions about any such transactions that have to do with the conflict until such time there is no longer a conflict Line 15. Compensation Review. The American Lung Association has established a compensation policy for their leadersh

# Software ID: Software Version:

**EIN:** 13-1632524

Name: American Lung Association

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors									
(B) Average hours		tion	(che	′)		ı	(D) Reportable compensation	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
2 0	х						0	0	0
2 0	х						0	0	0
8 0	Х		х				0	0	0
2 0	Х						0	0	0
2 0	х						0	0	0
2 0	Х						0	0	0
2 0	Х						0	0	0
2 0	Х						0	0	0
2 0	х						0	0	0
2 0	х						0	0	0
2 0	х						0	0	0
2 0	х						0	0	0
6 0	х		х				0	0	0
2 0	х						0	0	0
2 0	х						0	0	0
2 0	х						0	0	0
2 0	Х						0	0	0
2 0	х						0	0	0
2 0	х						0	0	0
4 0	Х						0	0	0
2 0	х						0	0	0
4 0	Х						0	0	0
2 0	Х						0	0	0
2 0	Х						0	0	0
2 0	х						0	0	0
	(B) Average hours per week  2 0 2 0 2 0 2 0 2 0 2 0 2 0 2 0 2 0 2	(B) A verage hours per week       Post Griech         2 0       X         2 0       X         8 0       X         2 0       X	(B) A verage hours per week  2 0	(B) A verage hours per week	C	C	CB	CD	Care   Position (check all that apply)   Position (check all that apply)

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours	<b>(C)</b> Position (check all that apply)						(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
DEAN A ZERBE JD LLM BOARD MEMBER	2 0	Х						0	0	0
CHARLES D CONNOR PRESIDENT & CEO	40 0			х				364,142	0	44,998
A DRIENNE GIA SGO W CHIEF FINANCIAL OFFICER	40 0			x				199,186	0	9,159
B SUSAN DAVIS CHIEF DEVELOPMENT OFFICER	40 0			х				205,941	0	36,591
JAMES THIE CHIEF INFORMATION OFFICER	40 0			х				18,524	0	1,125
SUSAN J RAPPAPORT VP RESEARCH AND PROGRAM	40 0				х			162,647	0	39,414
JANET WIDMER VP FIELD SUPPORT	40 0					Х		153,120	0	38,253
PAUL BILLINGS VP NATIONAL POLICY & ADVOCACY	40 0					Х		154,111	0	21,524
DELIA NAUGHTON VP BUSINESS & MARKETING	40 0					Х		133,168	0	26,688
RUSSELL BURWELL VP GOVERNANCE	40 0					Х		138,755	0	27,446
CARRIE MARTIN VP COMMUNICATIONS & MARKETING	40 0					х		145,073	0	28,308

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C		Line 19 Disclosure The three most recent Form 990's and Annual Reports are available on the American Lung Association's website, www lungusa org Governing documents and the conflict of interest policy are available to the public per request. The website also provides the names of Board Directors and a copy of the Ethics Policy.

ldentifier	Return Reference	Explanation
Form 990		Part XI, Line 5 Other Changes in net assets or fund balances Consists of unrealized gains on investments of \$124,418, change in fair value of beneficial interest in trust of \$247,590, change in value of split-interest agreements of (\$6,558) and pension and life insurance benefit plan activities of \$2,290,648 Part XII,Line 2c Financial Statements and Reporting 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.

Other Program Service Accomplishments  Advocacy Every year, the American Lung Association fights for public policies that support our save lives by improving lung health and preventing lung disease. In 2010-11, our advocacy efform yielded important results. Healthy Air In early 2011, we launched our new Healthy Air Campaign	
Clean Art Act from sherryton in Congress to weaken the law and to push the Environmental Provision to implement is life assimal professions. We successfully stopped a foreign appropriational Provision in Company of the Provision of the Provisio	arts again at to protect the ection Agency called "toxic air protections into to block ozone o announce a out in large ubmitted Toxic Air The that come in up those ace 21 years imber, 2010 in Act This is in controls Our ind that annual report cities with the o communities oes of ied data since of ed data since