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DLN: 93493046027073

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2011

OMB No 1545-0047

Don to Bublic

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

Open to Public Inspection

For the	2011 6	londar voar o	r tax year beginning 07	7_01_2011	and ending 06-30-2	2012			
	applicable	C Name of orga	nızatıon	, -U1-ZUII	and ending 00-30-2	LUIZ		D Employer	identification number
Address		American Lung	Association					13-1632	1524
Name cl	_	Doing Business	S As					E Telephone	
Initial re	-							(212)31	5-8700
_		Number and st 14 Wall Street	treet (or P O box if mail is	not delivered	to street address) Roon	n/suite		,	ıpts \$ 58,277,902
Termina -									
Amende	d return	City or town, s New York, NY	state or country, and ZIP + 10005	4					
Applicati	on pending	, , , , , , , , , , , , , , , , , , , ,							
			and address of principa	alofficer		H(a) Isth	• Is a group ret	turn for
		Charles D	Connor reet No 8C				affilia	tes?	┌ Yes ┌ No
			NY 10005			H	a) Are al	l affiliates inc	luded? Fyes Fno
							-		ist (see instructions)
Tax-exe	empt status	▽ 501(c)(3)	「 501(c) () ◄ (insert	tno) 🗆 49	47(a)(1) or Γ 527	н	_	p exemption	
Websi	te:► ww	w lungusa org					•		
			Trust Association	Othor b		' 1.	Vanr of fo	rmation 1918	M State of logal demonster N
Part I		mary	Trust Association	Other F			rear or io	imation 1918	M State of legal domicile M
					<u> </u>				
1			janization's mission or erican Lung Associatio			lung hea	ilth and i	preventina lu	ına disease
ן צ							.,,	, cromany ia	ng alocato
2									
[²		•	he organization discon				e than 2	5% of its ne	t assets
		_	bers of the governing b					3	
ا ذ			voting members of the						
5	Total nu	mber of individ	uals employed in caler	ndar year 2	011 (Part V, line 2a)		5	16
6	Total nu	mber of volunte	eers (estimate if neces	ssary) .				6	200,58
· /			ss revenue from Part V	•				78	a
	Net unre	elated business	taxable income from l	Form 990-	Γ, line 34			71	ь
							Prio	r Year	Current Year
_ 8	Contri	ibutions and gr	ants (Part VIII, line 1	h)		· <u></u>		11,915,758	10,546,204
<u></u>	Progra	Program service revenue (Part VIII, line 2g)						33,841,279	36,852,62
10	Inves	tment income ((Part VIII, column (A)	, lines 3, 4,	and 7d)			1,057,248	541,690
[#] 11	Other	revenue (Part	VIII, column (A), lines	s 5,6d,8c,	9c, 10c, and 11e)			1,750,772	1,716,269
12			ınes 8 through 11 (mu					40 565 055	40.656.70
								48,565,057	
13			mounts paid (Part IX, o		•	_		6,101,403	
14			r members (Part IX, co					С	7
8 15	5-10)		ensation, employee be	enefits (Par	t IX, column (A), line	es		9,706,509	9,444,069
전 환 164 164			sing fees (Part IX, colu	ımn (A), line	e 11e)				
₹ t			es (Part IX, column (D), line						
آ ا 17			t IX, column (A), lines			- -		32,755,570	33,960,346
18			lines 13–17 (must eq			_		48,563,482	
19			ses Subtract line 18 fr	-		· —		1,575	
	Keven	ide less expells	ses Subtract line 10 li	TOTAL MILE 12			eainnine	of Current	<u> </u>
9 8							_	ear	End of Year
舊 20	Total	assets (Part X,	, lıne 16)					29,342,436	31,049,040
Secure 20	Total	lıabılıtıes (Part	X, line 26)					19,026,863	3 20,712,298
22	Netas	ssets or fund ba	alances Subtract line	21 from lin	e 20			10,315,573	10,336,742
Part II	Sign	nature Block	(
	e and belie		that I have examined threct, and complete. Decl						d to the best of my n of which preparer has an
	T _k	hada da					<u> </u>		
ia-	**** Signa	ature of officer)13-02-15 ate	
ign Iere	[50		
		enne Glasgow CFO e or print name an							
	<u> </u>	<u> </u>		I	Date	Check	ıf	Drenaror's to	vnaver identification number
! .J	Prepare signatur		zewski		Date	self-		(see instructi	xpayer identification number ions)
Paid		<u> </u>				employ	ed ▶ 厂	1	
reparer'		name (or yours hamployed),	GRANT THORNTON LLP					EIN Þ	
Jse Only		, and ZIP + 4	666 THIRD AVENUE						
			NEW YORK NY 10017405	F7				Phone no 🕨	(212) 599-0100

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

┌Yes ┌No

	1990 (2011) t IIII Statement of	Program Servi	ce Accomp	lishments		Page 2
	Check if Schedule	O contains a resp	-	uestion in this Part II	ıı	F
world serv rese healt and t educ	I free of lung disease The icing, supporting, and lead arch into the causes, previty air - Provides a broad to assist people with lung	on's mission is to sa National Headquar ing its local Lung A ention, and cures o array of health edu disease in better m	ters of the Am ssociations A f lung disease cational progr anaging their	nerican Lung Associa Among its varied res - Advocates for pol ams and services to condition - Supports	and preventing lung disease, value of fights lung disease through ponsibilities, the National Heal icles that protect lung health, support smoking cessation, he local Lung Associations' import of learning opportunities and	gh its own activities and by dquarters - Funds including fighting for elp prevent lung disease lementation of health
<u> </u>	Did the organization und	ertake any significa	nt program se	ervices during the year	ar which were not listed on	
3	the prior Form 990 or 99 If "Yes," describe these Did the organization cea	new services on Sc			onducts, any program	⊤Yes ▼ No
	services? If "Yes," describe these					⊤Yes ▽ No
4	expenses Section 501(c)(3) and 501(c)(4)	organizations	s and section 4947 (a	hree largest program services a)(1) trusts are required to rep ach program service reported	
4a	two key components of the the public Local Lung Associa are also a trusted resource w conditions or care for a loved advanced this mission, touch 33 million adults have a chroliving with their lung disease partners who are interested patient-focused, community-their quality of life Hundreds Expert Advice - In all of our HelpLine at 1-800-LUNG-USA ranging from clean air to help specifically designed for lung provides personalized educat assigned a specially trained (Environments - Through the school environments for stud program, a recommended or us to reach more healthcare Schools self-management probetter understand and mana revision of existing asthma e up-to-date support for peopline whope to patients with ludisease, make informed trea (www mylungcancersupport spotlight the ways in which so "Luchando por el Aire The Bielping Thousands of Smoke of teen and adult smokers quality and their addiction to nicotim communities around the cours smokefree Communities tea secondhand smoke As a resultation in the course of the cour	National Headquarters' is ations rely on us to deverthere the public can find one. This past year we using lives from coast to come the coast of the	work are supported work are supported by health programmer information on it is provided a wide coast. Lung Diseases COPD and astrated new web-based in the comment of the coast of the coa	ing our network of local Lams and provide expert to amy and provide expert to my riad lung diseases, male array of services to help use For Over 40 Years, the male Because these chronised training courses that a setter Breathers Clubs. Arroport Together, members of people across the U.S. In group in the propert of people across the U.S. In group in the process of people with questions a respiratory therapists whiching Lung Cancer Patients being conducted in collations based on a person's suide though the process of the proces	243,362) (Revenue \$ Isease, overcome their nicotine addiction and Associations and developing lung raining, guidance and materials to suke treatment decisions, and get supply prevent and treat lung disease. In 2 e Choice of People with Chronic Lung inconditions do not have a cure, people inconditions do not have a cure inconditions do not have a cure incondition and incondition do not have a cure	In health education materials for apport their mission outreach. We provided their mission outreach we work and tools to manage their 1011-12 we substantially. Disease - In the U.S. alone, over ople need to learn how to manage oviders and other community ners Clubs help by providing age their condition and improve ecting Patient and Families with American Lung Association's Lung more than 139,000 calls on topics and Trials Matching Service is ocacy organizations. This service in thistory. Each person is also assigned to a service of the service of thousands of thousands of thousands of thousands of the same way, the Lung of the same way of the same
4b	chartered regional association being informed on local followand bequest notifications, properties and bequest notifications, properties and development, marketing and development of template may webinars, etc.), implementated solicit national sponsors/tean Associations net revenue and associations on joint funding development of research properties and conference calls. This years for the chartered association residential program in conjurt (weekly or bi-weekly) basis and quarterly for a 30% shall billing schedules, as well as of	ns This support includes we up activities pertaining materia in a staff provide Special implementation of everaterial, feasibility studies tion (sponsorship calls, ns., build, facilitate and if ully integrate best prospects and provides affiles, evaluation of function with our direct reswith detailed reports by the net income gequarterly updates on action LungNet for reference and the staff of the net income gequarterly updates on action LungNet for reference.	s training local stage to requests froi ils and events to ils and events to ils and events and promotic s), training (mon recruitment, even integrate e-commictice strategies in one-on-one assiling proposals, si his screening overlinse team developionse consulting campaign for the nerated by the putal performance by local associations and event integrated by the putal performance ce by local associations and event integrated i	aff to be effective planned methodors for planned giving enhance the understandling to the ALA chartered regions strategies. Among the other thing conference calls, best attendance/participation nerce platforms, and evanto the overall work planistance when requested of trategic advice regarding thay and a follow-on reseaps and implements campagency. All funds generalle current period and YTD rograms. Associations are Billed expenses are reconstituted to the trategic and the planist campagency.) (Revenue \$ sisting with field development by prod giving fundraisers, helping developing information, reviewing quarterly ring of planned giving for people from onal associations. This support is designated associations. This support is designated as assistance provided are planning (get practice staff training, listsery based in), coaching (staff, leadership, volur luation of new events. The primary for the Major Gifts team works with the Among the support activities are comfunding initiatives and prospects, profect tool, a donor centric assessment, aign plans for all direct mail appeals, ited are deposited directly into local at Local associations are billed monthly provided with a budget for each proincied to actual costs at the end of the ponse calls or meetings are conducted.	annual regional work plans, reports on planned giving income fundraising staff to volunteer igned to assist in the oal setting, strategic review, dimaterials, staff training inteers), coordination of collateral, ocus is to increase the Chartered e ALA chartered regional pilation of research lists and viding training at staff meetings, and predictive donor modeling telemarketing campaigns and the association accounts on a regular y for direct response expenses gram along with cash flow and ne fiscal year. Images of all rollout
4c	made it possible to fund high Awards and Grants Program 2011-12, our program funde partnerships with AAAAI and improvements to asthma tre the ACRC found that treatme reflux without symptoms is r Association Board of Directors chartered association strateg	n quality researchers see fosters laboratory and p d 68 grants to further p the CHEST Foundation atments through a netwent with proton pump in not a likely cause of poor is provides strategic dire- ic alignment is provided ible for oversight of cha	eking treatments batient-centered a romising, cutting. The Lung Associators of 18 clinical hibitors (e.g. pre-vily controlled astiction for the national through a Board retered association.	and cures for an array of and social behavior resear edge research Additiona ation's Asthma Clinical Red centers and a data coord vacid) did not improve as thma awards for highest onal headquarters and its approved metric-based in compliance to policies as	5,801,943) (Revenue \$ ng disease for more than a century I lung diseases from asthma to lung or ch to prevent, treat and hopefully fir I support in funding this year's resear search Centers Network (ACRC) cont linating center at Johns Hopkins In 2 sthma control in those with asymptor achievement are given in specific cat chartered associations Coordination performance management system T and performance standards Assistance	cancer Our Nationwide Research and a cure for all lung diseases. In a crime from cannot be contribute major 2011-12, research conducted by matic GER, concluding that acid begories. The American Lung and monitoring of national and the American Lung Association.
	(Code Advocacy) (Expenses \$	9,803,233	ıncludıng grants of \$	380,600) (Revenue \$)
	(Code Field program development) (Expenses \$	3,845,390	ıncludıng grants of \$) (Revenue \$)
	(Code Field Management Advisory) (Expenses \$	2,188,709	including grants of \$	5,050) (Revenue \$)
	(Code OTHER) (Expenses \$	8,159	including grants of \$	8,159) (Revenue \$)

Other program services (Describe in Schedule O)

Total program service expenses►\$

15,845,491 including grants of \$

45,026,902

4d

4e

(Expenses \$

Form **990** (2011)

)

393,809) (Revenue \$

Part IV	Checklist of	Required	Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	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		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
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, Part 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	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? If "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		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	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 1^2 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 questions 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? <i>If</i> "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			
	<i>IV</i>	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response to any question in this Part V		• 1	
			Yes	No
La	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 58			
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			
b	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	
Ba	Did the organization have unrelated business gross income of \$1,000 or more during the	3a		No
b	year?	3b		140
la	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 or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country			1111
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ia	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		
,	Organizations that may receive deductible contributions under section 170(c).			
а	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	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
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		
3	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		
)	Sponsoring organizations maintaining donor advised funds.			<u> </u>
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter Instruction food and capital contributions included on Part VIII. June 12			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
_	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources 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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the aggregate amount of reserves on hand 13c			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
Lu	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		No
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	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		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		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
Ne	venue coue.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
6-		16b		
Se 17	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶AL , AK , AZ , AR , CA , CO , CT , DC , F KY , ME , MD , MA , MI , MN , MS , NH , ND , OH , OK , OR , PA , RI , SC , TN , V	1И, СИ	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 made these available. Check all that apply			

- Own website Another's website Upon request
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 ADRIENNE GLASGOW 14 WALL STREET NO 8C New York, NY 10005 (212) 315-8762

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				\vdash			_			

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

(A) Name and Title		(B) Average hours per week (describe	do not check n one box, rson is both cer and a r/trustee)			(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estimated amount of othe compensation from the organization ar				
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC		organiza	
See A	dditional Data Table													
												4		
												+		
								<u> </u>				+		
												+		
-												+		
1b	Sub-Total					•		F						
c	Total from continuation sheets Total (add lines 1b and 1c) .						•	<u> </u>		1,817,580		0		375,141
2	Total number of individuals (incli						above) who	o receive	ed more tha	an			
													1	l
3	Did the organization list any forr on line 1a? <i>If</i> "Yes," complete Sch					ey e	mploy •	ee,	or highes	st compens	ated employee	3	Yes	No No
4	For any individual listed on line 1 organization and related organization individual											4	Yes	
5	Did any person listed on line 1a services rendered to the organiz										or individual for	5		No
Se	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper the organizatio												
	Nan	(A) ne and business add	dress							Desc	(B) ription of services		(C Comper	
375 P NEW '	e Wallace ark Avenue YORK, NY 10152									Print/Digital,	'Stamps		5	5,657,245
325 S AKRO	CISION MANAGEMENT CORP PRINGSIDE DRIVE N, OH 44333									TELEMARKE	TING		2	2,043,677
16 IN SOME	TECH TERSTATE DRIVE RSWORTH, NH 03878									PRINTING			1	,707,197
425 N MT PL	Z Metrogroup IRIS STREET EASANT, IA 52641									PRINTING			3	3,754,469
24 MI WILTO	KMILL MARKETING SERVICES LL BROOK ROAD NI, NJ 03086									MARKETING			2	,462,073
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶5													

Part V	444	Statement o	t Revenue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
¥ ≇	1a	Federated camp	paigns 1a					
更复	ь	Membership du	es 1b	25,474				
قق	l c	Fundraising eve	ents 1c					
£a_	d		rations 1d					
ᅙᆖ		Government grants		1,146,213				
£.#	e	_						
골 X	f	All other contribution similar amounts no	ons, gifts, grants, and 1f	9,374,517				
≅¥	g		butions included in					
늍		lines 1a-1f\$_						
Contributions, gifts, grants and other similar amounts	h	Total. Add lines	s 1 a - 1 f	▶	10,546,204			
				Business Code				
e =	2a	CHARTERED ASSOC	CIATION ASSESSMENTS	900099	4,609,824	4,609,824		
Ve L								
28	Ь	PROGRAM REIMBU CHARTERED ASSOC		900099	23,301,773	23,301,773		
မိ	c	PROGRAM SERVICE	E CONTRACTS	900099	8,941,024	8,941,024		
er F	d	-						
Q.	e			 				
Program Serwce Revenue		Λ II o+bo= ======	m convice rever	-				
Š Š	f	An other progra	im service revenue					
Δ	g	Total. Add lines	s 2a – 2f		36,852,621			
	3	Investment inc	ome (including dividen	ds, interest				
			aramounts)	. 1	415,928			415,928
	4		tment of tax-exempt bond	F	0			
	5	Royalties		▶	1,176,315			1,176,315
			(ı) Real	(II) Personal				
	6a	Gross rents	()					
	ь	Less rental						
	_	expenses Rental income						
	C	or (loss)						
	d	Net rental incor	me or (loss)	• [
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of	8,719,674	10,867				
		assets other						
	Ь	than inventory Less cost or	8,604,779					
		other basıs and sales expenses	, ,					
	c	Gain or (loss)	114,895	10,867				
	d	Net gain or (los	s)	<u> </u>	125,762			125,762
	8a	Gross income fi						
<u>Φ</u>		events (not incl						
泵		\$						
ž		See Part IV, lin	reported on line 1c)					
Œ.			a					
Other Revenue	ь	Less direct exi	penses b					
₹			(loss) from fundraising	events 🕨	o			
_	9a		rom gaming activities					
		See Part IV, lin						
			а					
	ь	· ·	penses b					
	c	Net income or (loss) from gaming acti	vities	o			
	10a	Gross sales of						
		returns and allo						
	,		a .	21,162				
	Ь	_	oods sold b	16,339	4.000			4 000
	_ c		loss) from sales of inve		4,823			4,823
	<u> </u>	Miscellaneous	s Kevenue	Business Code	F3F 434			F3F 434
	11a	OTHER		900099	535,131			535,131
	b							
	c							
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d		535,131			
				▶	555,131			
	12	Total revenue.	See Instructions .	▶	49,656,784	36,852,621		2,257,959

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

Do no	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	6,439,114	6,439,114		<u> </u>
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0	2,122,221		
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	1,528,987	703,386	689,467	136,134
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	6,107,351	5,281,299	78,538	747,514
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	643,787	504,536	64,765	74,486
9	Other employee benefits	621,844	510,497	35,972	75,375
10	Payroll taxes	542,100	424,844	54,535	62,721
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	963,086	823,464	89,358	50,264
c	Accounting	132,326	,	84,689	47,637
d	Lobbying	1,043,418	1,043,418	.,,,,,,,,,	
e	Professional fundraising See Part IV, line 17	0	_,,		
f	Investment management fees	57,593		36,860	20,733
g	Other	2,323,903	1,888,462	272,882	162,559
12	Advertising and promotion	5,658,567	5,658,567	2,2,332	
13	Office expenses	545,848	396,393	106,960	42,495
14	Information technology	303,307	215,226	63,924	24,157
15	Royalties	0	213,223	33,32.1	2.1,137
16	Occupancy	1,080,822	707,844	270,685	102,293
17	Travel	629,405	489,794	76,563	63,048
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	023,403	403,734	70,303	03,040
19	Conferences, conventions, and meetings	321,530	261,819	41,026	18,685
20	Interest	0		,,,,	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	167,452	102,684	47,005	17,763
23	Insurance	113,960	70,486	31,551	11,923
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)	,	, 1,111	,	,
a	PUBLIC AWARENESS CAMPAIGN	20,505,698	19,498,057	53,556	954,085
b	SERVICE CHARGES	4,435	2,634	1,307	494
c	MISCELLANEOUS	108,996	4,378	94,118	10,500
d					
e					_
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	49,843,529	45,026,902	2,193,761	2,622,866
26	Joint costs. Check here ► ✓ If following SOP 98-2 (ASC 958-720) Complete this line only if the	,,	, = , = 3	, -,	
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	1,750,225	911,470		838,755

Part X **Balance Sheet** (A) (B) Beginning of year End of year 467 499 1 1 7.378.085 6.924.978 2 2 Savings and temporary cash investments 3 0 3 0 2.084.891 5.718.016 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 6 0 7 0 21.380 62.566 9 623,785 9 463.313 Prepaid expenses and deferred charges 10a 3.099.938 Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 2,622,095 b Less accumulated depreciation 388,164 **10c** 477,843 14,054,898 14,162,982 11 11 12 12 Investments—other securities See Part IV, line 11 13 0 13 0 Investments—program-related See Part IV, line 11 . . 0 14 0 14 4,790,734 15 3,238,875 15 29,342,436 31,049,040 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 2,928,476 17 2,513,801 17 Accounts payable and accrued expenses . 18 3,160,233 18 3.236.853 19 3,313,304 19 4,043,224 20 0 20 0 21 2.050,636 21 0 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 22 23 Secured mortgages and notes payable to unrelated third parties . . . 2.229.182 23 2,086,108 24 Unsecured notes and loans payable to unrelated third parties 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 5,345,032 25 8,832,312 D 26 19,026,863 26 20,712,298 **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 7,394,100 27 5,864,453 Unrestricted net assets 1,123,830 28 832,488 28 Temporarily restricted net assets Fund 29 1,797,643 29 3,639,801 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 10.315.573 33 10.336.742 34 Total liabilities and net assets/fund balances 29.342.436 31.049.040

Pa	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		49,6	556,784
2	Total expenses (must equal Part IX, column (A), line 25)	2			 343,529
3	Revenue less expenses Subtract line 2 from line 1	3		-1	186,74
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		10,3	315,573
5	Other changes in net assets or fund balances (explain in Schedule O)	5		2	207,914
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	336,742
Par	Tt XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot .		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 taudit, 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 is on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the readily or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

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As Filed Data -

DLN: 93493046027073

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Inspection

Name of the organization American Lung Association									Employer i	dent if ication	n number		
									13-16325				
	Part I Reason for Public Charity Statu									structions			
The c	rganı			te foundation becaus					x)				
1		A chur	ch, convent	ion of churches, or a	ssociation of	churches s	ection 170(b)(1)(A)(i).					
2	Г	A scho	ol described	d in section 170(b)(1	l)(A)(ii). (At	tach Schedu	ıle E)						
3	Г	A hosp	ital or a coo	perative hospital se	rvice organiz	atıon descrı	bed in sectio	n 170(b)(1)((A)(iii).				
4	Γ			h organızatıon opera ity, and state	ted ın conjun	ction with a	hospital desc	cribed in sec t	ın section 170(b)(1)(A)(iii). Enter the				
5	Γ	An org	anızatıon op	erated for the benefi	t of a college	or universit	y owned or o	perated by a	a governmental unit described in				
		sect ior	170(b)(1)((A)(iv). (Complete P	art II)								
6	Γ	A feder	al, state, or	· local government o	government	al unit desc	rıbed ın secti	on 170(b)(1))(A)(v).				
7	⊽	describ	oed in	at normally receives (A)(vi) (Complete P		Il part of its	support from	a governmei	ntal unit or fi	om the gene	ral public		
	_			: described in sectio	•	Alfuil (Com	nloto Bart II	\					
8 9	<u>'</u>		· ·	at normally receives			=	=	utions mom	harchin faac	and gross		
,	,			rities related to its e									
				oss investment inco									
		•		ganızatıon after June				•		cax, nom bas	, messes		
10	Г			ganized and operated	•			•	·				
11	Ţ.								tions of, or to carry out the purposes of				
	·	one or	more public	ly supported organiz	ations descr	ıbed ın sectı	on 509(a)(1)	or section 5	09(a)(2) S				
			that descri Type I	lbes the type of supp Type I			omplete line: Functional -			d ┌⊤ype	III - Other		
e	Г			ox, I certify that the									
	•	other t	han foundati	on managers and ot	_					•	•		
£			1509(a)(2)	received a written d	a t a rm. in a t i a n	from the IDs	C that it is a '	Funa I Tuna	II or Tuno l	TI supportin	a orannization		
f			this box	received a written d	etermination	nom the IK:	5 tilat it is a	гуре 1, гуре	II of Type I	.11 Supportin	y organization,		
g		Since A	ugust 17, 2	2006, has the organ	ızatıon accep	ted any gift	or contribution	on from any o	of the		,		
			ng persons?						- w. h. a. d		N N-		
				rectly or indirectly c				persons desc	eribed in (ii)	11.00	Yes No		
and (iii) below, the governing body of the the sup (ii) a family member of a person described in (i)					icion.			11g(11g(
(iii) a 35% controlled entity of a per			· ·			hove?			11g(i				
h Provide the following information about								119(/				
		110114		ng mormation about	the support	or gamzaci	011(0)						
				(iii)	(iv)								
	<i>(</i> 1)			Тур		Type of	Is the	<u>:</u>	(v) Did you not	ifit the	(vi) Is th		
(i) Name support organıza				organization (described on	organizati		organizati		organizat		(vii)		
			(ii) EIN	lines 1- 9 above	col (ı) lıst your gove		col (ı) of		col (ı) org		A mount of		
				or IRC section	docume		suppor	t?	ın the U	S?	support?		
				(see instructions))	Yes	No	Yes	No	Yes	No			
				ilistructions))	163	140	1 63	140	1 63	140			
			<u> </u>	·		l	I	I		1	<u> </u>		

Total

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

S	ection A. Public Support		•		, , , , , , , , , , , , , , , , , , ,		•			
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	011	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	13,991,88	5 14,100,696	18,165,400	11,915,758	10	,546,204	68,719,943		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4 5	Total. Add lines 1 through 3 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	13,991,88	5 14,100,696	18,165,400	11,915,758	10	,546,204	68,719,943		
6	(f) Public Support. Subtract line 5							68,719,943		
	from line 4							68,719,943		
	ection B. Total Support endar year (or fiscal year		T		Т					
Cuit	beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20		(f) Total		
7	A mounts from line 4	13,991,885	14,100,696	18,165,400	11,915,758	10,546,204 68,719,9				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,454,604	584,295	985,737	1,419,418	1,592,243 6,036,29				
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	121,136	101,141	165,047	1,024,657	556,293 1,968,274				
11	Total support (Add lines 7 through 10)				76,724,514					
12	Gross receipts from related activity	ties, etc (See ins	tructions)			12	•	193,412,178		
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here									
	ection C. Computation of Pu									
14	Public Support Percentage for 201			11 column (f))		14		89 567 %		
15	Public Support Percentage for 201	•				15		88 116 %		
16a	33 1/3% support test—2011. If th and stop here. The organization qu				line 14 is 33 1/3%	or more	, check t	this box ► ▼		
b	33 1/3% support test—2010. If th				a, and line 15 is	33 1/3%	or more,			
17-	box and stop here. The organization				0012 160 or 16	h and line	1.4	► □		
L/a	10%-facts-and-circumstances test is 10% or more, and if the organiz									
	in Part IV how the organization me							· —		
b	organization 10%-facts-and-circumstances tes	t— 2010. If the ord	ganızatıon dıd not d	check a box on lir	ne 13, 16a, 16b. d	or 17a an	d line	► I		
_	15 is 10% or more, and if the orga	ınızatıon meets th	ne "facts and circu	mstances" test, (check this box an	d stop he	re.			
18	Explain in Part IV how the organiz supported organization Private Foundation If the organization				-			▶ □		
	instructions		,	• •	•			▶ □		

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (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 persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 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 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 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 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

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

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493046027073

Yes

Yes

OMB No 1545-0047

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.

Political Campaign and Lobbying Activities

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

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

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

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization American Lung Association

Employer identification number

13-1632524

Par	t I-A	Comple	te if th	e orga	anızatıc	on is	exemp	t under	section	501(c) or	' IS 8	section	527	organ	ızatıon.
1	Provi	de a descri	ption of t	he orga	inization's	direc	t and indi	rect polit	ical campa	aign ac	tivities	s on I	behalf of or			

- in opposition to candidates for public office in Part IV
- Political expenditures
- 3 Volunteer hours

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

- Enter the amount of any excise tax incurred by the organization under section 4955 1
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- b If "Yes," describe in Part IV

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

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) 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-

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
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4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount					organization file	Form 4720 re	portina	
(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount							F - 1 - 1 - 1 - 1	┌ Yes ┌ No
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

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)).

			1)	(0)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
C	Media advertisements?	Yes		737,602
d	Mailings to members, legislators, or the public?	Yes		16,535
е	Publications, or published or broadcast statements?	Yes		33,246
f	Grants to other organizations for lobbying purposes?	Yes		2,750
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		228,486
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		7,080
i	Other activities? If "Yes," describe in Part IV	Yes		17,719
j	Total lines 1c through 1i			1,043,418
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		l	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Pai	LIII-A Complete if the organization is exempt under section $501(c)(4)$, section	1 501(c)(5). o	r section

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

Part III-B 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".

1	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

Identifier	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 AND ACCESS TO HEALTHCARE
		WE ADVOCATE FOR CLEAN, HEALTHY AIR TO REDUCE THE
		HEALTH IMPACTS OF AIR POLLUTION WE FOCUS ON
		SUPPORTING THE IMPLEMENTATION AND
		STRENGTHENING OF THE NATION'S CLEAN AIR LAWS WE
		STRONGLY SUPPORT THE PUBLIC HEALTH
		INFRASTRUCTURE AND LUNG HEALTH RESEARCH FUNDING
		INCLUDING FUNDING FOR LUNG CANCER, CHRONIC
		OBSTRUCTIVE PULMONARY DISEASE (COPD), ASTHMA,
		TUBERCULOSIS AND OTHER LUNG DISEASES
		FURTHERMORE, THE AMERICAN LUNG ASSOCIATION
		VOLUNTEERS 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 SECOND HAND SMOKE

DLN: 93493046027073

OMB No 1545-0047

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	me of the organization erican Lung Association	·	Emp	loyer ident if icat	ion numbe	er
				632524		
Pa	organizations Maintaining Donor Acordanization answered "Yes" to Form 99	0, Part IV, line 6.	unds (or Accounts.	Comple	te if the
		(a) Donor advised funds	(b) Funds and ot	her accou	nts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the	_	nor advı	sed	┌ Yes	┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben	_ _			┌ Yes	□ No
D-	rt II Conservation Easements. Complete	of the companies to a province of !!Vee!! t		2 000 Dawt IV	<u>'</u>	1 140
1	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	rganization (check all that apply) ion or pleasure) Preservation of ar Preservation of a	n histori certified	cally importantl I historic struct	y land are	a
				Held at the I	End of the	Year
а	Total number of conservation easements		2a			
ь	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified his	storic 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, transfer the taxable year ▶	erred, released, extinguished, or terminate	ed by th	e organızatıon d	uring	
4	Number of states where property subject to conserva	ation easement is located ►				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		dling of	violations, and	┌ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easen	nents di	uring the year 🛌		
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s durınç	the year		
В	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	?(d) above satisfy the requirements of sec	ction		┌ Yes	┌ No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easer	the footnote to the organization's financia				
ar	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.	or Oth	ner Similar A	ssets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or resear	ch in fu			≘,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i				
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			► \$		
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		or finan			
а	Revenues included in Form 990, Part VIII, line 1			► \$		

b Assets included in Form 990, Part X

Par	till Organizations Maintaining Co	llections of Art, I	<u>Hist</u>	<u>orical</u>	Treasu	res, or O	<u>ther</u>	<u> Similar Ass</u>	ets (co	ontinued)
3	Using the organization's accession and other items (check all that apply)	records, check any c	of the	followin	ng that ar	e a significa	nt us	se of its collection	n	
а	Public exhibition		d	┌ Lo	an or exc	hange progra	ams			
b	Scholarly research		e	┌ Ot	her					
С	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	llections and explain	how	they fur	ther the o	organization	s ex	empt purpose ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								Yes	┌ No
Pai	rt IV Escrow and Custodial Arrange Part IV, line 9, or reported an am					n answered	l "Ye	es" to Form 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermedı	ary f	or contr	ributions	or other ass	ets n	ot $ au$	Yes	√ No
b	If "Yes," explain the arrangement in Part XIV	' and complete the fol	llown	ng table		Г		A		
_						F	_	Amo	unt	
C C	Beginning balance					—	1c			
d	Additions during the year						1d			
e f	Distributions during the year					<u> </u>	1e 1f			
	Ending balance	000 B V l 3				L	<u>., 1</u>		· w	
2a	Did the organization include an amount on Fo		21,					10	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV If V Endowment Funds. Complete i		ancv	vered "	Ves" to	Form 990	Dari	TV line 10		
ΓŒ	Endowment Funds. Complete	(a)Current Year		Prior Year		wo Years Back			e) Four Y	ears Back
1a	Beginning of year balance	1,099,684		980	,525	950,13	_	636,664		
b	Contributions									
С	Investment earnings or losses	-23,972		201	,713	97,59!	5	387,717		
d	Grants or scholarships	34,318		72	,000	56,728	3	65,612		
е	Other expenditures for facilities and programs									
f	Administrative expenses	10,585			,554	10,47	+	8,634		
g	End of year balance	1,030,809		1,099	,684	980,52	<u> </u>	950,135		
2	Provide the estimated percentage of the yea	end balance held as								
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨 48 500 %									
С	Term endowment ► 51 500 %									
3a	Are there endowment funds not in the posses	sion of the organizati	on th	nat are h	neld and a	idministered	for t	:he		
	organization by (i) unrelated organizations							3a(i)	Yes	No No
	(ii) related organizations							3a(ii)		No
b	If "Yes" to 3a(II), are the related organization				R?			3b		<u> </u>
4	Describe in Part XIV the intended uses of the	e organization's endo	wmei	nt funds					•	
Pai	rt VI Land, Buildings, and Equipme	nt. See Form 990,	Par	t X, lın	e 10.				_	
	Description of property				st or other vestment)	(b) Cost or o		(c) Accumulated depreciation	(d) B	ook value
1a	Land									
b	Buildings									
c	Leasehold improvements		.			210	,700	134,897	'	75,803
d	Equipment		.			1,940	-	1,686,525	5	254,163
	Other						,550	800,673	<u> </u>	147,877
Tota	il. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, column	(B),	line 10(c).)			. ►		477,843

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value		od of valuation f-year market value
(1)Financial derivatives		Cost of end o	year market value
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Se		13.	
			od of valuation
(a) Description of investment type	(b) Book value		f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990, Part X, II			
(a) Descri			(b) Book value
(1) DUE FROM CHARTERED ASSOC			3,238,875
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15)		3,238,875
Part X Other Liabilities. See Form 990, Part X			3,230,073
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
PENSION AND LIFE INSURANCE BEN	4,320,828		
DUE FROM CHARTERED ASSOC	2,133,216		
AMOUNTS HELD ON BEHALF OF OTHERS	1,786,840		
OTHER LIABILITIES	591,428		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	8,832,312		

	t XI Reconciliation of C	Change in Net Assets from Fo	rm oo	0 to 1	Financial Statema	nts	Page 4
1	Total revenue (Form 990, Part		<u> </u>	0 10	rillaliciai Statellie	1	49,656,784
2	Total expenses (Form 990, Pa	rt IX, column (A), line 25)				2	49,843,529
3 4	Excess or (deficit) for the year Net unrealized gains (losses) of					4	-186,745
5	Donated services and use of fa					5	
6	Investment expenses					6	
7 8	Prior period adjustments Other (Describe in Part XIV)					8	207,914
9	Total adjustments (net) Add I	nes 4 - 8				9	207,914
10		per financial statements Combine li			. well 5	10	21,169
Pari 1		Revenue per Audited Financia er support per audited financial statei		<u>emer</u> 	nts With Revenue 	per R	63,310,043
2		ut not on Form 990, Part VIII, line 12		ı			
a b	-	tments		2a 2b	-4,533 13,429,006	1	
c	Recoveries of prior year grant			2c	207.227000		
d	Other (Describe in Part XIV)		[2d	212,447	1	42.626.020
е 3	Add lines 2a through 2d . Subtract line 2e from line 1 .					2e 3	13,636,920 49,673,123
4		90, Part VIII, line 12, but not on line	1				,.,.,
a	·	luded on Form 990, Part VIII, line 7b		4a	16 220		
b c	Other (Describe in Part XIV) Add lines 4a and 4b		· [4b 	-16,339	4c	-16,339
5		nd 4c. (This should equal Form 990, P				5	49,656,784
<u>Part</u> 1	Total expenses and losses pe	xpenses per Audited Financ raudited financial	ial Sta	teme	nts With Expense	s per	Return 63,288,874
	statements					1	
2 a	Amounts included on line 1 but Donated services and use of f	ut not on Form 990, Part IX, line 25		2a	13,429,006	;	
b	Prior year adjustments			2b			
c	Other losses			2c	16.226		
d e	Other (Describe in Part XIV) Add lines 2a through 2d		• •	. 2d	16,339	2e	13,445,345
3	Subtract line 2e from line 1 .					3	49,843,529
4		0, Part IX, line 25, but not on line 1: luded on Form 990, Part VIII, line 7b		ـها	I		
a b	Other (Describe in Part XIV)	·		4a 4b		1	
C	Add lines 4a and 4b					4c	
5 Par	t XIV Supplemental In	nd 4c. (This should equal Form 990, l formation	Part I, lı	ne 18)	5	49,843,529
Con	plete this part to provide the de	scriptions required for Part II, lines 3					
	tional information	, Part XII, lines 2d and 4b, and Part	XIII, lin	es 2d	and 4b Also complete	this pa	art to provide any
	Identifier	Return Reference			Explanat	ion	
Scheo	dule D, pART x, IINE 2	FIN48 FOOTNOTE	FOUND STATE OF THE CENTRAL OF THE CE	IDATI OOR ITATI OFFICE OFF	O3, ALANH AGREED TO ED FUND, WITHIN ITS ,297,643 REPRESENT INTAIN SUCH SEGRED SE OF PAYING TO AN COME AND THE FAIR VALUE OF TRAIN SUCH SEGRED ALA'S BENEFIT IN PERSEARCH FUND SHALE INTO LUNG HEALTH GRANTS TO RECIPIE E NAME MARY FULLER OF THE FASH ISSUED JUTING FOR UNCERT, DARD CLARIFIES THE NTY IN TAX POSITIONS EN IN A TAX RETURN,	ATION ID RES ID AN \$3 ID AN \$3 ID AN \$4 ID AN	AL OFFICE WITH SEARCH TO FIND A SE THE EARNINGS ANNUAL RESEARCH 0,000 THE TERM OF AL EXPENDITURES RKET VALUE OF THE SSOCIATION IS TO Y SOLICITING S THE AWARD IS EVIEW COMMITTEE FRITORIOUS MARY A SETTLEMENT IATION OF NEW L OFFICE ("ALA") ON ASIDE, AS A DWMENT FUND, THE LA'S 10% SHARE, D FUND INTACT FOR LOWING ALA TO USE ET APPRECIATION, EGREGATED FUND ED BY ALA UNDER D FUND IS TO BE ITY ALANH AND ALA THE MARY FULLER USED TO SUPPORT S, AND THAT HALL BE MADE ELL RESEARCH DANCE IN THE AREA IN INCOME TAXES " OUNTING FOR KEN OR EXPECTED
Sched	dule D, Part XI, Line 8	Other changes in net assets or fund balances	TAXE BE RE THE E SUST BY A PROV CLAS DISC HEAD ON T TAX TO A NATI IN PL EXEM INCO OBLI NEXU MATT I unrea in per intere agree activi D, Pa the B firm, t	FFEC COGIT AINEI TAXIN IDES SIFIC LOSU PEARS UDIT ONAL ACE T PT ST ME, T GATIC S, AN ERS T lized g petual st in t ments ties (1 rt XII, pard ha	TENT THIS STANDAR TS FROM AN UNCERT NIZED IN THE FINANC ION IS "MORE-LIKEL' DIF THE POSITION W IG AUTHORITY THE S GUIDANCE ON MEAS ATION, INTEREST AN RE IT WAS EFFECTIV RTERS ON JULY 1, 200 COMPANYING FINAN ENDED 2009, 2010 A FOR BOTH FEDERAL A HEADQUARTERS HAS TO ENSURE THE MAIN ATUS, TO IDENTIFY A O DETERMINE ITS FIN ONS IN JURISDICTION D TO IDENTIFY AND INTERSITY AND INTERSI	AIN TACHARAMAN TANAMAN	AX POSITION CAN TATEMENTS ONLY IF N-NOT" TO BE O BE CHALLENGED DARD ALSO ENT, NALTIES, AND NATIONAL D HAD NO IMPACT STATEMENTS THE D11 ARE STILL OPEN TATE PURPOSES CESSES PRESENTLY NCE OF ITS TAX- EPORT UNRELATED AND TAX R WHICH IT HAS IATE OTHER TAX POSITIONS for of beneficial interest ir value of beneficial of split-interest ce benefit plan 5 207,914 SCHEDULE e Audit Committee of for hiring of the audit association and the epted by the Board
			staff (Board Part) benfic value split- plan a goods	during the ac (II, Lir lial int of ben interes ictiviti	the audit review proces ceeptance of the Audit a ne 2d & 4b Reconciliation erest in perpetual trust eficial interest in trust st agreements 724 pens	s and I and Its on of R 1,776 (2,203 sion ar Ti Part X	recommends to the findings Schedule D, evenue transfer of ,399 change in fair block of including the control of

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

DLN: 93493046027073

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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service	Соттріс		Attach to Form 990	1 3 5 0, 1 are 1 4, mic 21 or	~~.		pen to Public Inspection
Name of the organization A merican Lung Association						Employer identification	on number
						13-1632524	
Part I General Information							
Does the organization maintain the selection criteria used to a							ע Yes ⊏
2 Describe in Part IV the organiz							
Part II Grants and Other A Form 990, Part IV, III Part IV and Schedule	ne 21 for any recip	ient that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
2 Enter total number of section 5		_				<u>*</u> _	69
3 Enter total number of other orga	anızatıons lısted ın th	e line 1 table				•	

	(. ugc =
Part III	Grants and Other Assista	nce to Individuals	in the United States.	. Complete if the organ	ızatıon answered "Yes" to	Form 990, Part IV, line 22.	
	Use Schedule I-1 (Form 990) if additional space i	s needed.				
(a)⊺	ype of grant or assistance	(b)Number of	(c)A mount of	(d)A mount of	(e)Method of valuation	(f)Description of non-cash as	ssistance

non-cash assistance

cash grant

recipients

	recipients	cash grant	non cash assistance	FMV, appraisal, other)		
Part IV Suppleme	ental Information. Comple	te this part to provide the info	rmation required in Par	t I, line 2, and any other a	additional information.	
Identifier	Return Reference	Explanation				
	Procedure for Monitoring Grants 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			

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

(book,

DLN: 93493046027073

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

АП	13-1632524			
Pa	art I Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Νo
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No

section 53 4958-6(c)?

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

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

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) CHARLES D CONNOR	(ı) (ıı)	319,133 0	0	(54,457 0	12,906 0	386,496 0	
(2) A DRIENNE GIA SGO W	(I) (II)	203,240 0	0	(36,217	9,87 4 0	249,331 0	
(3) B SUSAN DAVIS	(I) (II)	211,136 0	0	(37,624	9,780 0	258,540 0	
(4) JAMES THIE	(ı) (ıı)	165,076 0	0	(5,778 0	9,371 0	180,225 0	
(5) SUSAN J RAPPAPORT	(I) (II)	165,612 0	0	(31,996	19,244 0	216,852 0	
(6) JANET WIDMER	(ı) (ıı)	168,061 0	0	(32,469	1,234 0	201,764 0	
(7) PAUL BILLINGS	(I) (II)	158,577 0	0	(30,637	1,232 0	190,446 0	
(8) DELIA NAUGHTON	(ı) (ıı)	136,134 0	0	(26,301	7,315 0	169,750 0	
(9) RUSSELL BURWELL	(ı) (ıı)	141,614 0	0	(27,360	9,575 0	178,549 0	
(10) CARRIE MARTIN	(ı) (ıı)	148,997 0	0	(5,215	6,556 0	160,768 0	

Schedule J (Form 990) 2011 Page **3**

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493046027073

OMB No 1545-0047

2011

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization	E	mployer ident if i	cation number
American Lung Association			
	1	3-1632524	

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4d	other program service accomplishments	Advocacy Every year, the American Lung Association fights for public policies that support our mission to save lives by improving lung health and preventing lung disease in 2011-12, our advocacy efforts again yielded important results. Healthy Air Our Healthy Air Campa ign continued in its fight to protect the Clean Air Act from attempts to weaken the law, a nd to push the Environmental Protection Agency (EPA) to implement the iteraswing protection is a part of the campaign, we launched the Red Carrage intakive, and campaign and more, that created an iconic symbol of the importance of clean air to the health of our children. With allies, we issued the "Sick of Soci" report that pointed to the 35,700 premature deaths annually from particulate matter pollution that could be prevented if the EPA ad opts storing national air quality standards. EPA proposed new standards on particle pollution of following our successful legal actions against them for falling to follow the Clean Air Act to regularly review and set standards that actually protect public health Our "State of the Air 2012" report (www.stateoftheair.org) showed that the air quality in many place's has improved, but that over 127 million people-41 percent of the nation-still sulfer poll lution levels that are too often dangerous to breather We also introduced a State of the Air phone app that delivers air quality updates to smartphones. Health Care The American Lung Association worked to implement the landmark Patient Protection and Affordable Care Act and expand insurance coverage of quit-smoking treatments. The law extends health insurance coverage to millions of Americans who are currently uninsured including those with lung disease. The law puts a major emphasis on prevention and management of chronic diseases, including COPD and asthma Lung Disease in 2011-2012 the Lung Association was once again instrumental in leading the nationwide fight to save the National Asthma Control Program at the Centers for Disease Control and Prevention from eliminati

Identifier Return Reference		Explanation		
Form 990, Part III, Line 4d	other program service accomplishments	compliance to policies and performance standards. Assistance is provided by the national headquarters to those chartered associations that do not meet requirements and/or standard s		

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 submits it to an outside accounting firm for review. ALA has established the following review process to ensure that the information reported is complete and accurate once the Form 990 is prepared, reviewed by management and the accounting firm, and ready to be filled 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. These members of the governing body have 10 days to review the form, they then meet by conference call to review any comments by the group and agree to any changes that may need to be made to the form prior to its submission. Line 12 Conflict of Interest Policy ALA currently has in place a conflict of interest policy which itmonitors and enforces annually. 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 statements are submitted to the governance committee. These statements are reviewed for potential or actual conflicts. If a potential or actual conflict of interest exists, the committee will notify members of management about such conflict and investigate the conflict. If management establishes that an actual conflict 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 leadership committee to follow in establishing the compensation has established a compensation policy for their leadership committee to follow in establishing the compensation has established a compensation being considered. The committee should be fre

ldentifier	Return Reference	Explanation			
Form 990, part vi, section c		Line 17 States with which a copy of the Form 990 is filed AL, AK, AZ, AR, GA, IL, KS, KY, ME, MD, MA, MN, MS, NH, NM, NC, ND, OH, OK, OR, RI, SC, TN, VA, WA, WV, WI, PA, NY, NJ, MI, FL, CT, CA, CO, DC, HI Line 19 Forms available to public The three most recent years of Form 990 and Annual Reports are available on American Lung Association's website www lung org. Governing documents and conflict of interest policy are available to the public upon request. Our website also provides the names of our Board of Directors and our Ethics Policy.			

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 5	Other Changes in net assets or fund balances	unrealized gains/(losses) (\$4,533) transfer of beenficial interest in perpetual trust 1,776,399 change in fair value of beneficial interest in trust (2,203) change in value of split-interest agreements 724 pension and life insurance benefit plan activities (1,562,473) Total \$207,914 FORM 990, 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.

Additional Data

Software ID: Software Version:

EIN: 13-1632524

Name: American Lung Association

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services									
(Code Advocacy) (Expenses \$	9,803,233	including grants of \$	380,600) (Revenue \$)				
(Code Field program deve) (Expenses \$ elopment	3,845,390	including grants of \$) (Revenue \$)				

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other progran	n services				
(Code Field Management) (Expenses \$ Advisory	2,188,709	including grants of \$	5,050) (Revenue \$)
(Code OTHER) (Expenses \$	8,159	including grants of \$	8,159) (Revenue \$)

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

Compensated Employees, and Ir	depende	nt Co	ntra	ctc	rs					
(A) Name and Title	(B) Average hours per		(ition that		у)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
DON AWERKAMP PHD JD										
BOARD MEMBER	2 0	X								
SUSAN s GRIFFIN RPA CPM CCIM BOARD MEMBER	2 0	Х								
CHRISTINE BRYANT SECRETARY/TREASURER	2 0	х		х						
TIMOTHY D BYRUM MSN CRNP BOARD MEMBER	2 0	х								
ARTHUR CERULLO JD BOARD MEMBER	2 0	Х								
CAROLYN H CLIFT LLM BOARD MEMBER	2 0	Х								
JOHN F EMANUEL JD BOARD MEMBER	2 0	Х								
KATHRYN A FORBES CPA BOARD MEMBER	2 0	Х								
ERNEST V FREEMAN BOARD MEMBER	2 0	Х								
MICHAEL A GARDNER BOARD MEMBER	2 0	Х								
ADAM S GOLDBERG ESQ BOARD MEMBER	2 0	Х								
DARIUS A JOSEPH BOARD MEMBER	2 0	х								
H JAMES GOODEN BOARD CHAIR	2 0	х		х						
PAULINE GRANT MS MBA FACHE BOARD MEMBER	2 0	х								
VIRGINIA L HALL BOARD MEMBER	2 0	Х								
ELIZABETH BAKER KEFFER BOARD MEMBER	2 0	х								
ROSS P LANZAFAME BOARD MEMBER	2 0	Х								
VENKATARMA rKOPPAKA MD PHD BOARD MEMBER	2 0	Х								
LESLIE M NEWMAN JD BOARD MEMBER	2 0	Х								
AUSTIN k PUGH BOARD MEMBER	2 0	Х								
GERI REINARDY MPA BOARD MEMBER	2 0	Х								
ALBERT A RIZZO MD BOARD MEMBER	2 0	Х								
E NEIL SCHACHTER MD BOARD MEMBER	2 0	Х								
ROBERT G TWEEL JD BOARD MEMBER	2 0	Х								
DEAN A ZERBE JD LLM BOARD MEMBER	2 0	х								

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

(A) Name and Title	(B) Average hours		(tion that a		y)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustae 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
JANE REARDON MSN APRN CS AE-C BOARD MEMBER	2 0	Х								
MARCIA d WILLIAMS EDD ASSEMBLY SPEAKER ELECT	2 0	Х								
Frank Scott Rotruck Board Member	2 0	Х						0	0	
James L McDaniel Board Member	2 0	Х								
CHARLES D CONNOR PRESIDENT & CEO	40 0			X				319,133	0	67,363
ADRIENNE GIASGOW CHIEF FINANCIAL OFFICER	40 0			X				203,240	0	46,091
B SUSAN DAVIS CHIEF DEVELOPMENT OFFICER	40 0			X				211,136	0	47,404
JAMES THIE CHIEF INFORMATION OFFICER	400			Х				165,076	0	15,149
SUSAN J RAPPAPORT VP RESEARCH AND PROGRAM	400				х			165,612	0	51,240
JANET WIDMER VP FIELD SUPPORT	400					Х		168,061	0	33,703
PAUL BILLINGS VP NATIONAL POLICY & ADVOCACY	400					Х		158,577	0	31,869
DELIA NAUGHTON VP BUSINESS & MARKETING	400					Х		136,134	0	33,616
RUSSELL BURWELL VP GOVERNANCE	400					Х		141,614	0	36,935
CARRIE MARTIN VP COMMUNICATIONS & MARKETING	40 0					Х		148,997	0	11,771

Software ID:

Software Version:

EIN: 13-1632524

Name: American Lung Association

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Baylor College of MedicineOne Baylor Plaza Houston,TX 770303411	74- 1613878	1 501/61/31	215,500		FMV		Research
Brigham & Women's Hospital75 Francis Street Boston, MA 02115	04- 2312909	1 501/61/31	40,000		FM∨		Research

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Case Western Reserve University 10900 Euclid Ave Cleveland, OH 441064960	34- 1018992	501(6)(3)	120,000		FMV		Research
Children's Hospital Medical Center- CincinnatiChildrens Hospital Medical Center Cincinnati, O H 45229	31- 0833936	1 501(6)(3)	140,000		FMV		Research

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Colorado State University200 West Lake Street Fort Collins, CO 80523	84- 6000545	government	60,000		FMV		Research
Cornell University Veterinary Medical Center Ithaca, NY 14853	15- 0532082	501(c)(3)	40,000		FM∨		Research

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Dana-Farber Cancer Institute4 4 Binney Street Boston, MA 02115	04- 2263040	I 501(c)(3)	100,000		FMV		Research
Drexel University 2900 Queen Lane Philadelphia, PA 19129	23- 1352630	501(c)(3)	40,000		FMV		Research

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Georgetown University3800 Reservoir Rd NW Washington, DC 200571465	53- 0196603	1 501(6)(3)	21,000		FMV		Research
Georgia State University Research Foundation Inc140 Decatur St Urban Life Building Atlanta, GA 30303	58- 1845423	1 501(6)(3)	38,761		FMV		Research

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Harvard School of Public HealthRoom 305 665 Huntington Ave Boston, MA 02115	04- 2103580	I 501(c)(3)	40,000		FMV		Research
Indiana University PO Box 66057 Indianapolis, IN 46266	35- 6001673	1 501(6)(3)	77,500		FMV		Research

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
National Jewish Medical and Research Center 1400 Jackson Street Denver, CO 80206	74- 2044647	501(c)(3)	163,000		FMV		Research
NYU School of Medicine545 First Avenue New York, NY 10016	13- 5562308	501(c)(3)	298,000		FMV		Research

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Oregon Health & Science University 3181 SW Sam Jackson Park Road Portland, OR 97239	93- 1176109	government	40,000		FMV		Research
Regents of the University of California SF3333 California St San Francisco, CA 94118	94- 6036493	501(c)(3)	137,500		FMV		Research

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Regents of Univ of Michigan3003 S State Street Ann Arbor, MI 48109	38- 6006309	501(c)(3)	65,000		FMV		Research
Rochester General Hospital1425 Portland Ave Rochester, NY 14621	16- 0743134	501(c)(3)	40,000		FMV		Research

(a) Name and address of organization	(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,	(g) Description of non-cash	(h) Purpose of grant or assistance
or government		паррпсавте		assistance	appraisal, other)	assistance	or assistance
Seattle Biomedical Research Institute 307 Westlake Ave N Suite 500 Seattle, WA 98109	91- 0961784	501(c)(3)	40,000		FMV		Research
Stanford University Corte Madera Creek Bldg Palo Alto, CA 94304	94- 1156365	501(c)(3)	82,500		FMV		Research

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Texas Tech University Health Sciences Center 3601 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	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Ohio State University Research Foundation1960 Kenny Road Columbus, O H 43210	31- 6401599	501(6)(3)	271,500		FMV		Research
The Rockefeller University1230 York Ave New York, NY	13- 1624158	1 501(6)(3)	32,500		FMV		Research

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Trustees of the University of Pennsylvania BRBII/III 438 421 Curie Blvd Philadelphia, PA 19104	23- 1352685	501(c)(3)	72,500		FMV		Research
The University of North Carolina at Chapel Hill104 Airport Drive ChapelHill, NC 27599	59- 1711424	501(c)(3)	252,000		FMV		Research

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The University of Texas MD Anderson Cancer Cente1515 Holcombe Blvd Houston,TX 77030	74- 6001118	government	100,000		FMV		Research
The University of Wisconsin600 Highland Ave Madison, WI	39- 0743975	501(c)(3)	40,000		FMV		Research

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Trustees of Boston University B U Medical Campus72 East Concord St RBoston, MA 02118	04- 2103547	501(c)(3)	32,500		FMV		Research
University of Alabama at Birmingham University Station Birmingham, AL 35294	63- 6005396	501(c)(3)	32,500		FMV		Research

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Chicago5801 South Ellis Avenue Chicago,IL 60637	36- 2177139	501(6)(3)	40,000		FMV		Research
University of Cincinnati51 Goodman Drive PO Box 210222 Cincinnati, OH 452210222	31- 0896555	501(6)(3)	39,844		FMV		Research

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Florida 2055 Mowry Rd SUITE 250 PO Box 1 Gainesville, FL 32611	59- 0974739	I 501 (c)(3)	39,738		FMV		Research
University of Georgia Research Foundation617 Boyd GSRC Athens, GA 306027411	58- 1353149	1 501(6)(3)	39,197		FMV		Research

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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)	159,000		FMV		Research

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Pennsylvania Medical Center Abramson Research Building 3615 Civ Philadelphia, PA 19104	23- 2810852	501(c)(3)	40,000		FMV		Research
University of PittsburghOffice of Financial Information Pittsburgh, PA 15260	25- 0965591	501(c)(3)	145,000		FMV		Research

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Washington3917 University Way NE Seattle, WA 98105	91- 6001537	government	40,000		FM∨		Research
USCUniversity of Southern California Biggy St NRT5509 Los Angeles, CA 90033	95- 1642394	501(c)(3)	32,500		FMV		Research

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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 Richmond, VA 23298	54- 0757884	501(c)(3)	40,000		FMV		Research

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash	(h) Purpose of grant or assistance
					appraisal, other)	assistance	
Washington University School of Medicine902 Yalem Box 8052 660 S Euclid A StLouis, MO 63110	43- 0653611	501(c)(3)	227,000		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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Yale University2 Whitney Avenue New Haven, CT 06510	06- 0646973	501(c)(3)	32,500		FM∨		Research
University of Vermont85 South Prospect Street Burlington, VT 05405	03- 0179440	501(c)(3)	139,000		FMV		Research

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Virginia PO Box 400202 Charlottesville, VA 22904	54- 6001796	501(c)(3)	123,000		FMV		Research
Duke UniversityBox 104132 Durham, NC 27708	56- 0532129	501(c)(3)	91,000		FMV		Research

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Missouri - Kansas City5100 Rockhill Road Kansas City, MO 641102499	43- 6003859	government	167,000		FMV		Research
University of ArizonaPO Box 3308 Tucson,AZ 85722	74- 2652689	1 501(6)(3)	195,000		FM∨		Research

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section If applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Regents of the Univ of CA San Diego 9500 Gilman Drive La Jolla, CA 92093	95- 6006144	501(c)(3)	159,000		FMV		Research
North Shore Long Island Jewish300 Community Drive Manhasset, NY 11030	11- 1562701	501(c)(3)	159,000		FMV		Research

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Northwestern University619 Clark Street Evanston,IL 60208	36- 2167817	I 501(c)(3)	115,000		FM∨		Research
Johns Hopkins University1101 E33rd Street Baltimore, MD 21218	52- 0595110	1 501(6)(3)	500,000		FMV		Research

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Louisiana State University Health Sciences Center 433 Bolivar Street New Orleans, LA 70112	72- 6087770	government	139,000		FMV		Research
ALA of California 424 Pendleton Way Oakland, CA 94621	94- 0362650	501(c)(3)	18,750		FMV		Federal Grants & Program Site Grants

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALA of Mid- Atlantic 3001 Old Gettyburg Road Camp Hill, PA 17011	25- 1825116	501(c)(3)	78,421		FMV		Federal Grants & Program Site Grants
ALA of Mountain Pacific7420 SW Bridgeport Road Suite 200 Tigard, OR 97224	93- 0386887	501(c)(3)	81,058		FMV		Federal Grants & Program Site Grants

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALA of New York 116 John Street New York, NY 10038	26- 2818624	501(c)(3)	6,000		FMV		Federal Grants & Program Site Grants
ALA of the Plains Gulf Region2325 Severn Avenue Suite 8 Metairie, LA 70001	63- 0320189	501(c)(3)	36,456		FMV		Federal Grants & Program Site Grants

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALA of Midland States1950 Arlingate Lane Columbus, O H 43228	31- 4379531	501(c)(3)	126,000		FMV		Federal Grants & Program Site Grants
ALA of the Southeast6852 Belfort Oaks Place Jacksonville, FL 32216	59- 0662271	501(c)(3)	18,421		FMV		Federal Grants & Program Site Grants

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALA of the Southwest5600 Greenwood Plaza Blvd Suite 1 Greenwood Village, CO 80111	86- 0111676	501(c)(3)	80,851		FMV		Federal Grants & Program Site Grants
ALA of the Upper Midwest3000 Kelly Lane Springfield, IL 62707	20- 4392201	501(c)(3)	102,585		FMV		Federal Grants & Program Site Grants

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALA of the Northeast7420 SW Bridgeport Road Suite 200 Tigard,OR 97224	93- 0386887	501(c)(3)	69,712		FMV		Federal Grants & Program Site Grants
University of Central Florida 2325 Severn Avenue Suite 8 Metairie, LA 70001	63- 0320189	501(c)(3)	39,860		FMV		Research

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Tufts University 1950 Arlingate Lane Columbus, O H 43228	31- 4379531	501(c)(3)	32,500		FMV		Research