

# 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)

Department of the Treasury  
Internal Revenue Service

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

**A For the 2012 calendar year, or tax year beginning** 07/01, 2012, and ending 06/30, 2013

<b>B</b> Check if applicable:  <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> AMERICAN LUNG ASSOCIATION			<b>D Employer identification number</b> 13-1632524	
	Doing Business As			<b>E Telephone number</b> (217) 787-5864	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		
	55 W. WACKER DRIVE		1150		
City or town, state or country, and ZIP + 4 CHICAGO, IL 60601			<b>G Gross receipts \$</b> 54,024,430.		
<b>F Name and address of principal officer:</b> HAROLD WIMMER 55 W. WACKER DRIVE CHICAGO, IL 60601			<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No if "No," attach a list. (see instructions)		
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>J Website:</b> ▶ WWW.LUNG.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> 1918 <b>M State of legal domicile:</b> ME		

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: THE MISSION OF THE AMERICAN LUNG ASSOCIATION IS TO SAVE LIVES BY IMPROVING LUNG HEALTH AND PREVENTING LUNG DISEASE.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	32.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	32.
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	130.
	6	Total number of volunteers (estimate if necessary)	6	230,197.
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
<b>Revenue</b>			<b>Prior Year</b>	<b>Current Year</b>
	8	Contributions and grants (Part VIII, line 1h)	10,546,204.	8,618,848.
	9	Program service revenue (Part VIII, line 2g)	36,852,621.	32,040,360.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	541,690.	1,077,406.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,716,269.	1,071,621.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	49,656,784.	42,808,235.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,439,114.	8,046,311.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,444,069.	8,433,387.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,729,878.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	33,960,346.	28,649,992.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	49,843,529.	45,129,690.
19	Revenue less expenses. Subtract line 18 from line 12	-186,745.	-2,321,455.	
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>
	20	Total assets (Part X, line 16)	31,049,040.	27,830,675.
	21	Total liabilities (Part X, line 26)	20,712,298.	19,392,037.
22	Net assets or fund balances. Subtract line 21 from line 20	10,336,742.	8,438,638.	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	▶ Signature of officer	Date			
	▶ Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name LAURA KIELCZEWSKI	Preparer's signature <i>Laura Kielczewski</i>	Date 5/9/14	Check if self-employed <input type="checkbox"/>	PTIN P00740769
	Firm's name ▶ GRANT THORNTON LLP	EIN ▶ 36-6055558			
	Firm's address ▶ 666 THIRD AVENUE NEW YORK, NY 10017-4057	Phone no. ▶ 212-599-0100			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III  Yes  No

1 Briefly describe the organization's mission:

**ATTACHMENT 1**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

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

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

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

4a (Code: ) (Expenses \$ 12,924,791. including grants of \$ 33,333. ) (Revenue \$ 15,588,843. )

**ATTACHMENT 2**

4b (Code: ) (Expenses \$ 8,396,083. including grants of \$ 7,118. ) (Revenue \$ 7,020,108. )

**ATTACHMENT 3**

4c (Code: ) (Expenses \$ 6,828,195. including grants of \$ 5,889,677. ) (Revenue \$ 2,600,000. )

**ATTACHMENT 4**

4d Other program services (Describe in Schedule O.) **ATTACHMENT 5**

(Expenses \$ 11,249,166. including grants of \$ 2,116,183. ) (Revenue \$ 6,831,409. )

4e Total program service expenses ► 39,398,235.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

**Part IV Checklist of Required Schedules (continued)**

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

Table with columns for question number, description, and Yes/No response. Includes questions 1a through 14b regarding Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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

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

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No checkboxes. Questions 1a-1b, 2-9.

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

Table with columns for question number, description, and Yes/No checkboxes. Questions 10a-16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 6
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: LAURA SCOTT 3000 KELLY LANE SPRINGFIELD, IL 62711 217-787-5684

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DON AWERKAMP, PHD JD BOARD MEMBER	2.00	X					0	0	0	
(2) SUSAN S. GRIFFIN, RPA, CPM, CC BOARD MEMBER	2.00	X					0	0	0	
(3) MICHAEL V. CARSTENS BOARD MEMBER	2.00	X					0	0	0	
(4) TIMOTHY D BYRUM, MSN, CRNP BOARD MEMBER	2.00	X					0	0	0	
(5) ARTHUR CERULLO, JD BOARD MEMBER	2.00	X					0	0	0	
(6) CAROLYN H. CLIFT, LLM BOARD MEMBER	2.00	X					0	0	0	
(7) JOHN F. EMANUEL, JD SECRETARY/TREASURER	2.00	X		X			0	0	0	
(8) KATHRYN A. FORBES, CPA VICE CHAIR	2.00	X		X			0	0	0	
(9) ERNEST V. FREEMAN BOARD MEMBER	2.00	X					0	0	0	
(10) MARIO CASTRO BOARD MEMBER	2.00	X					0	0	0	
(11) KELLY A. HAMILTON BOARD MEMBER	2.00	X					0	0	0	
(12) DARIUS A JOSEPH BOARD MEMBER	2.00	X					0	0	0	
(13) STEPHEN J. NOLAN BOARD MEMBER	2.00	X					0	0	0	
(14) PAULINE GRANT, MS, MBA, FACHE BOARD MEMBER	2.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) VIRGINIA L. HALL BOARD MEMBER	2.00	X					0	0	0	
( 16) ELIZABETH BAKER KEFFER BOARD MEMBER	2.00	X					0	0	0	
( 17) ROSS P. LANZAFAME BOARD CHAIR	2.00	X		X			0	0	0	
( 18) VENKATARMA R. KOPPAKA, MD, PH.D BOARD MEMBER	2.00	X					0	0	0	
( 19) STEPHEN R. O'KANE BOARD MEMBER	2.00	X					0	0	0	
( 20) AUSTIN K. PUGH BOARD MEMBER	2.00	X					0	0	0	
( 21) GERI REINARDY, MPA BOARD MEMBER	2.00	X					0	0	0	
( 22) ALBERT A. RIZZO, MD BOARD CHAIR	2.00	X		X			0	0	0	
( 23) HARRY PERLSTADT BOARD MEMBER	2.00	X					0	0	0	
( 24) ROBERT G. TWEEL, JD BOARD MEMBER	2.00	X					0	0	0	
( 25) AUDRENE LOJOVICH BOARD MEMBER	2.00	X					0	0	0	
<b>1b Sub-total</b> . . . . .							0	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							1,609,348.	0	567,661.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							1,609,348.	0	567,661.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 18

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
<b>ATTACHMENT 7</b>		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 28



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) JANE Z. REARDON BOARD MEMBER	2.00	X					0	0	0	
( 27) ANGELA V. MASTROFRANCESCO BOARD MEMBER	2.00	X					0	0	0	
( 28) MARCIA D. WILLIAMS BOARD MEMBER	2.00	X					0	0	0	
( 29) JONATHON K. ROSEN BOARD MEMBER	2.00	X					0	0	0	
( 30) PENNY J. SIEWERT BOARD MEMBER	2.00	X					0	0	0	
( 31) JEFFREY T. STEIN BOARD MEMBER	2.00	X					0	0	0	
( 32) HONORABLE WALTER R. STONE BOARD MEMBER	2.00	X					0	0	0	
( 33) CHARLES D. CONNOR (THRU JAN. 2013) PRESIDENT & CEO	40.00			X			226,704.	0	73,863.	
( 34) ADRIENNE GLASGOW CHIEF FINANCIAL OFFICER	40.00			X			263,951.	0	80,038.	
( 35) HAROLD WIMMER (AS OF FEB. 2013) PRESIDENT AND CEO	40.00			X			0	0	0	
( 36) SUSAN J. RAPPAPORT VP RESEARCH AND PROGRAM	40.00				X		166,178.	0	79,300.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► **18**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) PAUL BILLINGS ----- VP NATIONAL POLICY & ADVOCACY	40.00				X			172,050.	0	58,280.
( 38) B. SUSAN DAVIS ----- CHIEF DEVELOPMENT OFFICER	40.00					X		212,390.	0	69,750.
( 39) JANET WIDMER ----- VP FIELD SUPPORT	40.00					X		162,448.	0	57,869.
( 40) PETER IWANOWICZ ----- AVP, HEALTHY AIR	40.00					X		132,036.	0	38,839.
( 41) RUSSELL BURWELL ----- VP GOVERNANCE	40.00					X		143,539.	0	58,965.
( 42) CRAIG FINSTAD ----- AVP, DIRECT RESPONSE OPERATION	40.00					X		130,052.	0	50,757.
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<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 18**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII.

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>	30,602.				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	1,420,957.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	7,167,289.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .						
	<b>h Total.</b> Add lines 1a-1f . . . . .			8,618,848.			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b> CHARTERED ASSOCIATION ASSESSMENTS	900099	4,819,918.	4,819,918.			
	<b>b</b> PROGRAM REIMBURSEMENTS CHARTERED ASSOC.	900099	23,387,124.	23,387,124.			
	<b>c</b> PROGRAM SERVICE CONTRACTS	900099	3,833,318.	3,833,318.			
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f . . . . .			32,040,360.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		398,196.			398,196.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0				
	<b>5</b> Royalties . . . . .		554,195.			554,195.	
	<b>6a</b> Gross rents . . . . .	(i) Real	9,000.				
		(ii) Personal					
	<b>b</b> Less: rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .		9,000.				
	<b>d</b> Net rental income or (loss) . . . . .			9,000.		9,000.	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	11,895,405.				
		(ii) Other					
	<b>b</b> Less: cost or other basis and sales expenses . . . . .		11,213,859.	2,336.			
	<b>c</b> Gain or (loss) . . . . .		681,546.	-2,336.			
	<b>d</b> Net gain or (loss) . . . . .			679,210.		679,210.	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . .			0				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less: direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .			0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> SERVICE FEES	900099	344,890.			344,890.		
<b>b</b> TRUST INCOME	900099	88,617.			88,617.		
<b>c</b> VDP PROGRAM	900099	28,840.			28,840.		
<b>d</b> All other revenue . . . . .		46,079.			46,079.		
<b>e Total.</b> Add lines 11a-11d . . . . .			508,426.				
<b>12 Total revenue.</b> See instructions . . . . .			42,808,235.	32,040,360.		2,149,027.	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response to any question in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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 . . . . .	8,046,311.	8,046,311.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	0			
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 . . . . .	1,927,295.	1,091,702.	637,944.	197,649.
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 . . . . .	4,699,573.	3,982,912.	68,487.	648,174.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	546,743.	418,696.	58,283.	69,764.
9 Other employee benefits . . . . .	801,737.	609,152.	106,612.	85,973.
10 Payroll taxes . . . . .	458,039.	350,766.	48,827.	58,446.
11 Fees for services (non-employees):	0			
a Management . . . . .				
b Legal . . . . .	418,880.	243,134.	118,607.	57,139.
c Accounting . . . . .	210,853.		210,853.	
d Lobbying . . . . .	264,429.	264,429.		
e Professional fundraising services. See Part IV, line 17 . . . . .	0			
f Investment management fees . . . . .	57,642.		57,642.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	3,820,200.	3,346,246.	116,548.	357,406.
12 Advertising and promotion . . . . .	109,381.	109,381.		
13 Office expenses . . . . .	385,452.	278,055.	79,000.	28,397.
14 Information technology . . . . .	1,253,911.	1,012,052.	177,750.	64,109.
15 Royalties . . . . .	0			
16 Occupancy . . . . .	1,105,698.	702,989.	307,007.	95,702.
17 Travel . . . . .	477,774.	383,040.	64,493.	30,241.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	385,980.	338,995.	34,530.	12,455.
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	219,614.	157,321.	49,098.	13,195.
23 Insurance . . . . .	107,093.	62,312.	34,139.	10,642.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PUBLIC AWARENESS CAMPAIGN	19,109,972.	17,965,940.	1,144,032.	
b BAD DEBT EXPENSE	608,222.		608,222.	
c SERVICE CHARGES	5,745.	3,364.	1,815.	566.
d MISCELLANEOUS	109,146.	31,438.	77,688.	20.
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	45,129,690.	39,398,235.	4,001,577.	1,729,878.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	1,611,693.	962,016.	96,485.	553,192.

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	467.	<b>1</b>	467.
	<b>2</b> Savings and temporary cash investments	6,924,978.	<b>2</b>	4,888,014.
	<b>3</b> Pledges and grants receivable, net	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net	5,718,016.	<b>4</b>	3,499,811.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	62,566.	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges	463,313.	<b>9</b>	374,472.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 3,098,212.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 2,839,721.	477,843.	<b>10c</b> 258,491.
	<b>11</b> Investments - publicly traded securities	14,162,982.	<b>11</b>	15,329,333.
	<b>12</b> Investments - other securities. See Part IV, line 11	0	<b>12</b>	0
	<b>13</b> Investments - program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	3,238,875.	<b>15</b>	3,480,087.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	31,049,040.	<b>16</b>	27,830,675.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	2,513,801.	<b>17</b>	1,868,506.
	<b>18</b> Grants payable	3,236,853.	<b>18</b>	3,889,180.
	<b>19</b> Deferred revenue	4,043,224.	<b>19</b>	5,439,115.
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	2,086,108.	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,832,312.	<b>25</b>	8,195,236.	
<b>26 Total liabilities.</b> Add lines 17 through 25	20,712,298.	<b>26</b>	19,392,037.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	5,864,453.	<b>27</b>	3,631,338.
	<b>28</b> Temporarily restricted net assets	832,488.	<b>28</b>	1,004,215.
	<b>29</b> Permanently restricted net assets	3,639,801.	<b>29</b>	3,803,085.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	10,336,742.	<b>33</b>	8,438,638.	
<b>34</b> Total liabilities and net assets/fund balances	31,049,040.	<b>34</b>	27,830,675.	

Part XI Reconciliation of Net Assets

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

Table with 10 rows and 3 columns: Line number, Description, and Amount. Total revenue: 42,808,235. Total expenses: 45,129,690. Net assets at end of year: 8,438,638.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [ ]

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

Table with 3 columns: Question ID, Yes, No. Contains 'X' marks for questions 2a, 2b, 2c, 3a, and 3b.

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

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.

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

<b>Name of the organization</b> AMERICAN LUNG ASSOCIATION	<b>Employer identification number</b> 13-1632524
--	---

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
  - 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
  - 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
  - 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
  - 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
  - 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
  - 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
  - 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
  - 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
    - a  Type I    b  Type II    c  Type III-Functionally integrated    d  Type III-Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>		
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 88.91%; 15 Public support percentage from 2011 Schedule A, Part II, line 14 89.57%; 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.



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

(Complete only if you checked the box on line 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

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2011 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2011 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2008	2009	2010	2011	2012	TOTAL
GROSS SALES OF INVENTORY			49,056.	21,162.	-62,566.	7,652.
MICELLANEOUS INCOME	101,141.	165,047.	468,166.	535,131.	579,992.	1,849,477.
LEGAL SETTLEMENT RECOVERY			507,435.			507,435.
<b>TOTALS</b>	<u>101,141.</u>	<u>165,047.</u>	<u>1,024,657.</u>	<u>556,293.</u>	<u>517,426.</u>	<u>2,364,564.</u>

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

**2012**

<b>Name of the organization</b> AMERICAN LUNG ASSOCIATION	<b>Employer identification number</b>  13-1632524
--	---

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

Name of organization **AMERICAN LUNG ASSOCIATION**

Employer identification number  
13-1632524

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 1,295,577.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **AMERICAN LUNG ASSOCIATION**

Employer identification number

13-1632524

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

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

Name of organization AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_

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

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

**Political Campaign and Lobbying Activities**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

- ▶ **Complete if the organization is described below.**
- ▶ **Attach to Form 990 or Form 990-EZ.**
- ▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

2012

Open to Public Inspection

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

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

**If the organization answered "Yes," 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, Part V, line 35c (Proxy Tax), then**

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

Name of organization <b>AMERICAN LUNG ASSOCIATION</b>	Employer identification number <b>13-1632524</b>
--	---

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2 a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



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

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

Table with columns 1-5. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures (see instructions)

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; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Series of horizontal dashed lines for supplemental information.

**Part IV** Supplemental Information (continued)

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.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. See separate instructions.

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06... 3 Number of conservation easements modified, transferred, released, extinguished, or terminated... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring... Yes No, 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement...

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) 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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2012

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

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

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

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

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

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

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

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance.

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

- a Board designated or quasi-endowment %
b Permanent endowment 41.6200 %
c Temporarily restricted endowment 58.3800 %

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

Table with columns Yes, No and rows 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows for 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, (A) through (I), and Total.

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows include (1) through (10) and Total.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows include (1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS, (2) through (10), and Total.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include (1) Federal income taxes, (2) PENSION AND LIFE INSURANCE BEN, (3) DUE TO CHARTERED ASSOC., (4) AMOUNTS HELD ON BEHALF OF OTHERS, (5) OTHER LIABILITIES, (6) through (11), and Total.

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	65,826,546.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	-110,474.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	22,594,960.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	533,825.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	23,018,311.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	42,808,235.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	42,808,235.

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	67,724,650.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	22,594,960.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	22,594,960.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	45,129,690.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	45,129,690.

**Part XIII Supplemental Information**

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

SEE PAGE 5

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**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

USE OF ENDOWMENT FUNDS

PERMANENTLY RESTRICTED NET ASSETS ARE PRIMARILY DEDICATED TO SUPPORTING RESEARCH SCHOLARS IN INTERSTITIAL RELATED LUNG DISEASES. DALSEMER ENDOWMENT: IN 1983, LEONARD DALSEMER. THE JOHN A. HARTFORD FOUNDATION AND THE WHEELABRATOR FOUNDATION ENDOWED THE NATIONAL OFFICE WITH \$500,000 (THE CORPUS) TO FUND RESEARCH TO FIND A CURE FOR INTERSTITIAL LUNG DISEASE. THE EARNINGS FROM THE CORPUS ARE TO FUND AN ANNUAL RESEARCH AWARD IN A MINIMAL AMOUNT OF \$30,000. THE TERM OF EACH AWARD IS THREE YEARS. ANNUAL EXPENDITURES ARE LIMITED TO 6% OF THE FAIR MARKET VALUE OF THE ENDOWMENT. THE AMERICAN LUNG ASSOCIATION IS TO STRIVE TO GROW THE ENDOWMENT BY SOLICITING ADDITIONAL DONOR CONTRIBUTIONS. THE AWARD IS ONLY TO BE CONFERRED WHEN THE REVIEW COMMITTEE DEEMS THE PROPOSED RESEARCH MERITORIOUS. MARY FULLER RUSSELL RESEARCH FUND: IN A SETTLEMENT ENTERED BY AMERICAN LUNG ASSOCIATION OF NEW HAMPSHIRE ("ALANH") AND NATIONAL OFFICE ("ALA") ON JULY 9, 2003, ALANH AGREED TO SET ASIDE, AS A SEGREGATED FUND, WITHIN ITS ENDOWMENT FUND, THE SUM OF \$1,297,643 REPRESENTING ALA'S 10% SHARE, AND TO MAINTAIN SUCH SEGREGATED FUND INTACT FOR THE PURPOSE OF PAYING TO AND ALLOWING ALA TO USE ALL THE INCOME AND THE ANNUAL NET APPRECIATION, IF ANY, IN THE FAIR VALUE OF THE SEGREGATED FUND FOR RESEARCH PURPOSES DETERMINED BY ALA. UNDER THE SETTLEMENT, SUCH SEGREGATED FUND IS TO BE HELD FOR ALA'S BENEFIT IN PERPETUITY. ALANH AND ALA AGREED THAT DISTRIBUTIONS FROM THE MARY FULLER RUSSELL RESEARCH FUND SHALL BE USED TO SUPPORT RESEARCH INTO LUNG HEALTH ISSUES, AND THAT RESEARCH GRANTS TO RECIPIENTS SHALL BE MADE UNDER THE NAME MARY FULLER RUSSELL RESEARCH FUND.

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

FIN48 FOOTNOTE

GUIDANCE IN THE AREA OF "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" UNDER THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS STANDARD PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE STANDARD ALSO PROVIDES GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE. THE FISCAL YEARS ENDED 2010, 2011, 2012, AND 2013 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. NATIONAL HEADQUARTERS HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND, TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS.

SCHEDULE D, PART XII, LINE 2D

AUDIT COMMITTEE

THE 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



**Part XIII** Supplemental Information (continued)

ACCEPTANCE OF THE AUDIT AND ITS FINDINGS.

SCHEDULE D, PART XI, LINE 2D

RECONCILIATION OF REVENUE

CHANGE IN FAIR VALUE OF BENEFICIAL INTERESTS IN TRUSTS	\$334,299
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	56,188
PENSION AND LIFE INSURANCE BENEFIT PLAN ACTIVITIES	143,338
	-----
TOTAL	\$533,825
	=====

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ALA OF CALIFORNIA 424 PENDLETON WAY OAKLAND, CA 94621	94-0362650	501(C)(3)	48,000.		FMV		FED & PROG GRANTS
(2)	ALA OF MID-ATLANTIC 3001 OLD GETTYBURG ROAD CAMP HILL, PA 17011	25-1825116	501(C)(3)	76,337.		FMV		FED & PROG GRANTS
(3)	ALA OF MIDLAND STATES 1950 ARLINGATE LANE COLUMBUS, OH 43228	31-4379531	501(C)(3)	295,500.		FMV		FED & PROG GRANTS
(4)	ALA OF MOUNTAIN PACIFIC 7420 SW BRIDGEPORT ROAD TIGARD, OR 97224	93-0386887	501(C)(3)	56,947.		FMV		FED & PROG GRANTS
(5)	ALA OF THE NORTHEAST 21 WEST 38TH STREET NEW YORK, NY 10018	93-0386887	501(C)(3)	664,289.		FMV		FED & PROG GRANTS
(6)	ALA OF THE PLAINS GULF REGION 2325 SEVERN AVENUE METAIRIE, LA 70001	63-0320189	501(C)(3)	141,214.		FMV		FED & PROG GRANTS
(7)	ALA OF THE SOUTHEAST 6852 BELFORT OAKS PL JACKSONVILLE, FL 32216	59-0662271	501(C)(3)	68,000.		FMV		FED & PROG GRANTS
(8)	ALA OF THE SOUTHWEST 5600 GREENWOOD PLAZA BLVD CO 80111	86-0111676	501(C)(3)	349,379.		FMV		FED & PROG GRANTS
(9)	ALA OF THE UPPER MIDWEST 3000 KELLY LANE SPRINGFIELD, IL 62707	20-4392201	501(C)(3)	416,767.		FMV		FED & PROG GRANTS
(10)	ALBANY MEDICAL COLLEGE 47 NEW SCOTLAND AVENUE ALBANY, NY 12208	14-1338310	501(C)(3)	32,500.		FMV		RESEARCH
(11)	BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030-3411	74-1613878	501(C)(3)	108,750.		FMV		RESEARCH
(12)	BIOMEDICAL RESEARCH INSTITUTE OF NEW MEXICO 1501 SAN PEDRO DRIVE ALBUQUERQUE, NM 87108	85-0374063	501(C)(3)	40,000.		FMV		RESEARCH

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

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Schedule I (Form 990) (2012)

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Name of the organization

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Employer identification number

13-1632524

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BRIGHAM & WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501 (C) (3)	100,000.		FMV		RESEARCH
(2)	CHILDREN'S HOSPITAL BOSTON PO 414413 BOSTON, MA 02241	04-2774441	501 (C) (3)	107,500.		FMV		RESEARCH
(3)	CHILDREN'S HOSPITAL MEDICAL CENTER-CINCINNA 3333 BURNET AVE CINCINNATI, OH 45229	31-0833936	501 (C) (3)	40,000.		FMV		RESEARCH
(4)	CLEAN AIR WATCH 1250 CONNECTICUT AVE WASHINGTON, DC 20036	34-2025788	501 (C) (3)	30,000.		FMV		ASTHMA
(5)	COLUMBIA UNIVERSITY 116TH ST AND BROADWAY NEW YORK, NY 10027	15-5598093	501 (C) (3)	46,875.		FMV		RESEARCH
(6)	DUKE UNIVERSITY BOX 104132 DURHAM, NC 27708	56-0532129	501 (C) (3)	139,850.		FMV		RESEARCH
(7)	FARMINGDALE STATE UNIVERSITY 35 STATE STREET ALBANY, NY 12207	23-7046497	501 (C) (3)	33,380.		FMV		RESEARCH
(8)	H. LEE MOFFITT CANCER CENTER AND RESEARCH I 12902 MAGNOLIA DRIVE TAMPA, FL 33612	59-2451713	501 (C) (3)	100,000.		FMV		RESEARCH
(9)	JOHNS HOPKINS UNIVERSITY 1101 E33RD STREET BALTIMORE, MD 21218	52-0595110	501 (C) (3)	807,500.		FMV		RESEARCH
(10)	LOUISIANA STATE UNIVERSITY HEALTH SCIENCES 433 BOLIVAR STREET NEW ORLEANS, LA 70112	72-6087770	GOVERNMENT	84,150.		FMV		RESEARCH
(11)	MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-1564655	501 (C) (3)	72,195.		FMV		RESEARCH
(12)	MCLEAN HOSPITAL 115 MILL STREET #228 BELMONT, MA 02478	04-3362620	501 (C) (3)	39,932.		FMV		RESEARCH

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Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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(1)	NATIONAL JEWISH MEDICAL AND RESEARCH CENTER 1400 JACKSON STREET DENVER, CO 80206	74-2044647	501 (C) (3)	145,050.		FMV		RESEARCH
(2)	NEW YORK MEDICAL COLLEGE WOMEN'S AND CHILDR 40 SUNSHINE COTTAGE RD VALHALLA, NY 10595	13-1099420	501 (C) (3)	119,850.		FMV		RESEARCH
(3)	NEWMOURS CHILDREN CLINIC 807 CHILDRENS WAY JACKSONVILLE, FL 32207	59-0634433	501 (C) (3)	118,750.		FMV		
(4)	NORTH SHORE LONG ISLAND JEWISH 300 COMMUNITY DRIVE MANHASSET, NY 11030	11-1562701	501 (C) (3)	97,750.		FMV		RESEARCH
(5)	NORTHWESTERN UNIVERSITY 619 CLARK STREET EVANSTON, IL 60208	36-2167817	501 (C) (3)	164,971.		FMV		RESEARCH
(6)	NYU SCHOOL OF MEDICINE 545 FIRST AVENUE NEW YORK, NY 10016	13-5562308	501 (C) (3)	55,025.		FMV		RESEARCH
(7)	OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK ROAD	93-1176109	GOVERNMENT	32,500.		FMV		RESEARCH
(8)	REGENTS OF THE UNIV OF CA, SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	501 (C) (3)	190,450.		FMV		RESEARCH
(9)	REGENTS OF THE UNIVERSITY OF CALIFORNIA, IR 1400 BIOLOGICAL SCIENCES III IRVINE, CA 92697	95-2226406	501 (C) (3)	100,000.		FMV		RESEARCH
(10)	REGENTS OF THE UNIVERSITY OF CALIFORNIA, SF 3333 CALIFORNIA ST, SUITE 315 BO 0962	94-6036493	501 (C) (3)	172,500.		FMV		RESEARCH
(11)	REGENTS OF UNIV OF MICHIGAN 3003 S. STATE STREET ANN ARBOR, MI 48109	38-6006309	501 (C) (3)	72,500.		FMV		RESEARCH
(12)	RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501 (C) (3)	38,723.		FMV		RESEARCH

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Name of the organization <b>AMERICAN LUNG ASSOCIATION</b>	Employer identification number <b>13-1632524</b>
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**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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<b>(1)</b> RUTGERS UNIVERSITY SCHOOL OF PUBLIC HEALTH 7 COLLEGE AVENUE NEW BRUNSWICK, NJ 08901	22-6001086	GOVERNMENT	40,000.		FMV		RESEARCH
<b>(2)</b> SANFORD-BURNHAM MEDICAL RESEARCH INSTITUTE 10901 NORTH TORREY PINES ROAD CA 92037	51-0197108	501(C)(3)	32,500.		FMV		RESEARCH
<b>(3)</b> SEATTLE BIOMEDICAL RESEARCH INSTITUTE 307 WESTLAKE AVE N SEATTLE, WA 98109	91-0961784	501(C)(3)	32,500.		FMV		RESEARCH
<b>(4)</b> ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER 700 ROSEDALE AVENUE ST. LOUIS, MO 63112	95-1643359	501(C)(3)	39,829.		FMV		RESEARCH
<b>(5)</b> ST. VINCENT OF INDIANA ST. VINCENT INDIANAPOLIS, IN 46260	35-0869066	501(C)(3)	18,800.		FMV		
<b>(6)</b> STANFORD UNIVERSITY 3145 PORTER DRIVE PALO ALTO, CA 94304	94-1156365	501(C)(3)	112,500.		FMV		RESEARCH
<b>(7)</b> STATE UNIVERSITY OF NY - STONY BROOK PO 9 ALBANY, NY 12201	13-1099420	501(C)(3)	40,000.		FMV		RESEARCH
<b>(8)</b> THE CHILDREN'S HOSPITAL OF SEATTLE PO 50020 SEATTLE, WA 98145	23-1352166	501(C)(3)	32,500.		FMV		RESEARCH
<b>(9)</b> THE OHIO STATE UNIVERSITY RESEARCH FOUNDATI 1960 KENNY ROAD COLUMBUS, OH 43210	31-6401599	501(C)(3)	97,750.		FMV		RESEARCH
<b>(10)</b> THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVA 438 421 CURIE BLVD PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	80,000.		FMV		RESEARCH
<b>(11)</b> THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL 104 AIRPORT DRIVE CHAPEL HILL, NC 27599	59-1711424	501(C)(3)	38,869.		FMV		RESEARCH
<b>(12)</b> THE UNIVERSITY OF TEXAS M.D. ANDERSON CANCER 1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-6001118	GOVERNMENT	140,000.		FMV		RESEARCH

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<del>(1) THE UNIVERSITY OF WISCONSIN 600 HIGHLAND AVE. MADISON, WI 53792</del>	<del>39-0743975</del>	<del>501 (C) (3)</del>	<del>80,000.</del>		<del>FMV</del>		<del>RESEARCH</del>
<del>(2) TRUSTEES OF BOSTON UNIVERSITY, B U MEDICAL 72 EAST CONCORD ST BOSTON, MA 02118</del>	<del>04-2103547</del>	<del>501 (C) (3)</del>	<del>165,000.</del>		<del>FMV</del>		<del>RESEARCH</del>
<del>(3) UNIFORMED SERVICES UNIVERSITY OF THE HEALTH 6720-A ROCKLEDGE DRIVE BETHESDA, MD 20817</del>	<del>52-1317896</del>	<del>GOVERNMENT</del>	<del>20,930.</del>		<del>FMV</del>		<del>RESEARCH</del>
<del>(4) UNIVERSITY MEDICAL OF SOUTH FLORIDA - MIAMI PO BOX 025405 MIAMI, FL 33102</del>	<del>59-0624458</del>	<del>501 (C) (3)</del>	<del>47,925.</del>		<del>FMV</del>		<del>RESEARCH</del>
<del>(5) UNIVERSITY MEDICAL OF SOUTH FLORIDA - TAMPA 3802 SPECTRUM BLCD. TAMPA, FL 33612</del>	<del>59-2959590</del>	<del>501 (C) (3)</del>	<del>47,025.</del>		<del>FMV</del>		<del>RESEARCH</del>
<del>(6) UNIVERSITY OF ALABAMA AT BIRMINGHAM UNIVERSITY STATION BIRMINGHAM, AL 35294</del>	<del>63-6005396</del>	<del>501 (C) (3)</del>	<del>65,000.</del>		<del>FMV</del>		<del>RESEARCH</del>
<del>(7) UNIVERSITY OF ARIZONA PO BOX 3308 TUCSON, AZ 85722</del>	<del>74-2652689</del>	<del>501 (C) (3)</del>	<del>133,800.</del>		<del>FMV</del>		<del>RESEARCH</del>
<del>(8) UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637</del>	<del>36-2177139</del>	<del>501 (C) (3)</del>	<del>40,000.</del>		<del>FMV</del>		<del>RESEARCH</del>
<del>(9) UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN 601 S. MATHEWS AVENUE URBANA, IL 61801</del>	<del>37-6000511</del>	<del>GOVERNMENT</del>	<del>180,000.</del>		<del>FMV</del>		<del>RESEARCH</del>
<del>(10) UNIVERSITY OF IOWA B5 JESSUP HALL IOWA CITY, IA 52242</del>	<del>42-6004603</del>	<del>GOVERNMENT</del>	<del>93,673.</del>		<del>FMV</del>		<del>RESEARCH</del>
<del>(11) UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATIO STEVENSON HALL #520 LOUISVILLE, KY 40290</del>	<del>61-1029626</del>	<del>501 (C) (3)</del>	<del>40,000.</del>		<del>FMV</del>		<del>RESEARCH</del>
<del>(12) UNIVERSITY OF MISSOURI - KANSAS CITY 5100 ROCKHILL ROAD KANSAS CITY, MO 64110</del>	<del>43-6003859</del>	<del>GOVERNMENT</del>	<del>102,750.</del>		<del>FMV</del>		<del>RESEARCH</del>

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Name of the organization

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Employer identification number

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(1)	UNIVERSITY OF MONTANA 32 CAMPUS DRIVE MISSOULA, MT 59812	42-6004813	GOVERNMENT	40,000.		FMV		RESEARCH
(2)	UNIVERSITY OF NEW MEXICO 1 UNIVERSITY DRIVE ALBUQUERQUE, NM 87131	85-0275408	GOVERNMENT	40,000.		FMV		RESEARCH
(3)	UNIVERSITY OF PITTSBURGH 4200 FIFTH AVE PITTSBURGH, PA 15260	25-0965591	501(C)(3)	240,000.		FMV		RESEARCH
(4)	UNIVERSITY OF ROCHESTER 910 GENESEE STREET #200 ROCHESTER, NY 14611	16-0743209	501(C)(3)	40,000.		FMV		RESEARCH
(5)	UNIVERSITY OF TAMPA 401 WEST KENNEDY BLVD. TAMPA, FL 33606	59-0624459	501(C)(3)	33,590.		FMV		RESEARCH
(6)	UNIVERSITY OF VERMONT 85 SOUTH PROSPECT ST BURLINGTON, VT 05405	03-0179440	501(C)(3)	102,750.		FMV		RESEARCH
(7)	UNIVERSITY OF VIRGINIA PO BOX 400202 CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	147,250.		FMV		RESEARCH
(8)	UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD DALLAS, TX 75390	75-2556007	501(C)(3)	40,000.		FMV		RESEARCH
(9)	WAKE FOREST UNIVERSITY OF HEALTH STUDIES MEDICAL CENTER BLVD. SALEM, NC 27157	22-3849199	501(C)(3)	32,500.		FMV		RESEARCH
(10)	WASHINGTON UNIVERSITY SCHOOL OF MEDICINE 902 YALEM BOX 8052 660 S. EUCLID AVE.	43-0653611	501(C)(3)	265,500.		FMV		RESEARCH
(11)	WAYNE STATE UNIVERSITY 5057 WOODWARD AVENUE DETROIT, MI 48202	38-3555142	501(C)(3)	40,000.		FMV		RESEARCH
(12)	YALE UNIVERSITY 2 WHITNEY AVENUE NEW HAVEN, CT 06511	06-0646973	501(C)(3)	32,500.		FMV		RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 72.
- 3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

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

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

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2

PROCEDURE FOR MONITORING GRANTS IN THE US

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



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<b>2</b> 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?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?	<b>5a</b>	X
<b>b</b> Any related organization?	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization?	<b>6a</b>	X
<b>b</b> Any related organization?	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> 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	<b>7</b>	X
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	<b>8</b>	X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHARLES D. CONNOR (THRU PRESIDENT & CEO	(i)	223,704.	0	3,000.	64,109.	9,754.	300,567.	
	(ii)	0	0	0				
2 ADRIENNE GLASGOW CHIEF FINANCIAL OFFICER	(i)	263,951.	0	0	70,444.	9,594.	343,989.	
	(ii)	0	0	0				
3 B. SUSAN DAVIS CHIEF DEVELOPMENT OFFICER	(i)	212,390.	0	0	60,366.	9,384.	282,140.	
	(ii)	0	0	0				
4 SUSAN J. RAPPAPORT VP RESEARCH AND PROGRAM	(i)	166,178.	0	0	60,340.	18,960.	245,478.	
	(ii)	0	0	0				
5 JANET WIDMER VP FIELD SUPPORT	(i)	162,448.	0	0	57,031.	838.	220,317.	
	(ii)	0	0	0				
6 PAUL BILLINGS VP NATIONAL POLICY & ADVOCACY	(i)	172,050.	0	0	57,444.	836.	230,330.	
	(ii)	0	0	0				
7 PETER IWANOWICZ AVP, HEALTHY AIR	(i)	132,036.	0	0	38,028.	811.	170,875.	
	(ii)	0	0	0				
8 RUSSELL BURWELL VP GOVERNANCE	(i)	143,539.	0	0	49,786.	9,179.	202,504.	
	(ii)	0	0	0				
9 CRAIG FINSTAD AVP, DIRECT RESPONSE OPERATION	(i)	130,052.	0	0	41,626.	9,131.	180,809.	
	(ii)	0	0	0				
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

SCHEDULE J, PART II, LINE 1

EMPLOYER SUBSIDIZED PARKING OF \$3,000 WAS PROVIDED TO THE PRESIDENT AND  
WAS INCLUDED IN HIS W-2 AS TAXABLE INCOME.

SCHEDULE J, PART II, LINE 2

ALA MAINTAINS A 457(B) DEFERRED COMPENSATION PLAN FOR EXECUTIVE LEVEL  
EMPLOYEES. THE CFO MADE CONTRIBUTIONS OF \$30,000 DURING THE YEAR TO THE  
PLAN.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICE ACCOMPLISHMENTS

ADVOCACY

EVERY YEAR, THE AMERICAN LUNG ASSOCIATION FIGHTS TO DEFEND YOUR RIGHT TO  
BREATHE HEALTHY AIR, FREE OF POLLUTION OR TOBACCO SMOKE AND TO SUPPORT  
GOVERNMENT PROGRAMS THAT BENEFIT LUNG HEALTH. IN 2012-2013, OUR ADVOCACY  
EFFORTS AGAIN YIELDED SIGNIFICANT VICTORIES.

LUNG DISEASE

THE LUNG ASSOCIATION WAS ONCE AGAIN INSTRUMENTAL IN LEADING THE FIGHT  
KEEP FEDERAL RESOURCES FOCUSED ON LUNG DISEASE. IN APRIL, THANKS TO THE  
EXTRAORDINARY EFFORTS OF OUR VOLUNTEERS ACROSS THE NATIONS, THE U.S. FOOD  
AND DRUG ADMINISTRATION'S (FDA) MADE THE DECISION TO INCLUDE LUNG CANCER  
AND INTERSTITIAL LUNG DISEASE IN ITS PATIENT FOCUSED DRUG DEVELOPMENT  
(PFDD) PROGRAM. THE PFDD PROGRAM IS IMPORTANT BECAUSE IT LOOKS AT DISEASE  
TREATMENT FROM THE PATIENT'S PERSPECTIVE - ITS IMPACT ON PATIENTS' DAILY  
LIVES, THE TYPES OF TREATMENT BENEFITS THAT MATTER MOST TO PATIENTS, AND  
PATIENTS' PERSPECTIVES ON THE ADEQUACY OF AVAILABLE THERAPIES.

HEALTHY AIR

OUR HEALTHY AIR CAMPAIGN CONTINUED IN ITS FIGHT TO PROTECT THE CLEAN AIR  
ACT FROM ATTEMPTS TO WEAKEN THE LAW, AND TO PUSH THE ENVIRONMENTAL  
PROTECTION AGENCY (EPA) TO IMPLEMENT ITS LIFESAVING PROTECTIONS. THIS  
YEAR, WE CELEBRATED SEVERAL MAJOR MILESTONES IN CLEANING UP THE AIR WE

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ALL SHARE.

THE LUNG ASSOCIATION SUCCESSFULLY PUSHED THE EPA TO STRENGTHEN THE LIMITS ON YEAR-ROUND PARTICLE POLLUTION (SOOT) FOR THE FIRST TIME SINCE 1997. SCIENTISTS HAVE FOUND THAT THESE WIDESPREAD MICROSCOPIC PARTICLES CAUSE PREMATURE DEATH AT LEVELS WELL BELOW WHAT HAD BEEN CONSIDERED SAFE. THE LUNG ASSOCIATION TOOK ACTION BECAUSE STRONGER STANDARDS DRIVE THE CLEANUP OF POLLUTION.

THE LUNG ASSOCIATION ALSO SUCCESSFULLY PUSHED EPA TO PROPOSE NEW CLEANER GASOLINE AND VEHICLE STANDARDS. IF ADOPTED, THESE STANDARDS WILL HELP AREAS ACROSS THE NATION HAVE MUCH HEALTHIER AIR AS SOON AS THE GASOLINE IS IN USE. IN APRIL, OUR IN-DEPTH REPORT "A PENNY FOR PREVENTION: THE CASE FOR CLEANER GASOLINE AND VEHICLE STANDARDS" SHED LIGHT ON THE MAJOR HEALTH BENEFITS OF CLEANER GASOLINE AND VEHICLE STANDARDS.

FOR THE FIRST TIME, THE EPA PROPOSED CARBON POLLUTION STANDARDS FOR NEW POWER PLANTS, AND THE LUNG ASSOCIATION MARSHALLED VOLUNTEERS TO SPEAK OUT TO EPA ABOUT THE DANGEROUS HEALTH EFFECTS CLIMATE CHANGE WOULD HAVE ON PEOPLE WITH LUNG DISEASE LIKE ASTHMA AND COPD.

WE ISSUED OUR 14TH ANNUAL "STATE OF THE AIR" REPORT ([WWW.STATEOFTHEAIR.ORG](http://WWW.STATEOFTHEAIR.ORG)), WHICH SHOWS THAT THE AIR QUALITY IN MANY PLACES HAS IMPROVED, BUT THAT MORE THAN 131 MILLION PEOPLE-42 PERCENT OF THE NATION-STILL SUFFER POLLUTION LEVELS THAT ARE OFTEN TOO DANGEROUS TO

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BREATHE.

TOBACCO CONTROL

THE 2009 FAMILY SMOKING PREVENTION AND TOBACCO CONTROL ACT IS UNDER THREAT FROM THE CIGAR INDUSTRY AND THE MAKERS OF THE BURGEONING, BUT LITTLE UNDERSTOOD AND ENTIRELY UNREGULATED ELECTRONIC CIGARETTES. THE LUNG ASSOCIATION IS FIGHTING TO MAKE SURE THE FDA REGULATES ALL TOBACCO PRODUCTS, INCLUDING E-CIGARETTES, CANDY-FLAVORED CIGARS AND OTHER CIGARS.

OUR SIGNATURE REPORT, "STATE OF TOBACCO CONTROL 2013"

(WWW.STATEOFTOBACCOCONTROL.ORG) REPORT CLOSELY FOLLOWED BIG TOBACCO'S MONEY TRAIL, REVEALING A HIGH-SPENDING, DEEP-POCKETED TOBACCO INDUSTRY DETERMINED TO MAINTAIN ITS MARKET SHARE AT THE EXPENSE OF THE HEALTH OF OUR KIDS AND CURRENT SMOKERS. MEANWHILE, FEDERAL WATCHDOGS LARGELY ABANDONED THE ROLE THEY MUST PLAY IN STOPPING THIS ROGUE INDUSTRY. OUR FIFTH ANNUAL REPORT "HELPING SMOKERS QUIT: TOBACCO CESSATION COVERAGE 2012," THE UNITED STATES IS AT A TIPPING POINT WHEN IT COMES TO POLICIES THAT HELP SMOKERS QUIT, AND THAT THE FEDERAL AND STATE GOVERNMENTS STILL NEED TO DO MORE TO HELP SMOKERS QUIT, DESPITE THE REALITY THAT HELPING SMOKERS QUIT SAVES BOTH LIVES AND MONEY.

SUPPORT OF AMERICAN LUNG ASSOCIATION CHARTERED ASSOCIATIONS

FIELD PROGRAM DEVELOPMENT

THE AMERICAN LUNG ASSOCIATION NATIONAL HEADQUARTERS SUPPORTS ITS 9

Name of the organization AMERICAN LUNG ASSOCIATION	Employer identification number 13-1632524
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CHARTERED ASSOCIATIONS THROUGH COACHING, TRAINING, CONSULTATION AND TECHNICAL ASSISTANCE. AMERICAN LUNG ASSOCIATION STAFF AND VOLUNTEERS THROUGHOUT THE COUNTRY ARE PROVIDED SKILL-BUILDING AND OTHER LEARNING OPPORTUNITIES TO HELP THEM SUCCESSFULLY DELIVER THE AMERICAN LUNG ASSOCIATION'S MISSION. THROUGH IMPLEMENTATION OF THESE STAFF LEARNING AND VOLUNTEER DEVELOPMENT OFFERINGS, CHARTERED ASSOCIATIONS ARE KEPT CURRENT ON BEST PRACTICES IN LUNG HEALTH PROGRAMS AND DELIVERY, ADVOCACY, FINANCIAL MANAGEMENT, FUNDRAISING, LEADERSHIP DEVELOPMENT AND VOLUNTEER MANAGEMENT. ONE-ON-ONE COACHING AND CONSULTATION BY NATIONAL HEADQUARTERS STAFF IS OFFERED AS NEEDED OR REQUESTED. INDIVIDUAL DISCIPLINE GROUPS (E.G. CHIEF EXECUTIVE OFFICERS, CHIEF FINANCIAL OFFICERS, CHIEF DEVELOPMENT OFFICERS, PROGRAM MANAGERS, ETC.) MEET REGULARLY WITH NATIONAL HEADQUARTERS PEERS TO SHARE IDEAS, PROBLEM-SOLVE, AND NETWORK.

THE AMERICAN LUNG ASSOCIATION CONDUCTS A NATIONWIDE VOLUNTEER AND STAFF RECOGNITION PROGRAM. VOLUNTEERS AND STAFF ARE RECOGNIZED ON AN ONGOING BASIS FOR OUTSTANDING PERFORMANCE. AN ANNUAL RECOGNITION CEREMONY IS HELD AT A MEETING OF THE AMERICAN LUNG ASSOCIATION BOARD OF DIRECTORS AND NATIONWIDE ASSEMBLY WHERE AWARDS FOR HIGHEST ACHIEVEMENT ARE GIVEN IN SPECIFIC CATEGORIES.

THE AMERICAN LUNG ASSOCIATION BOARD OF DIRECTORS PROVIDES STRATEGIC DIRECTION FOR THE NATIONAL HEADQUARTERS AND ITS CHARTERED ASSOCIATIONS. COORDINATION AND MONITORING OF NATIONAL AND CHARTERED ASSOCIATION

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STRATEGIC ALIGNMENT IS PROVIDED THROUGH A BOARD-APPROVED METRIC-BASED PERFORMANCE MANAGEMENT SYSTEM.

THE AMERICAN LUNG ASSOCIATION BOARD OF DIRECTORS IS RESPONSIBLE FOR OVERSIGHT OF CHARTERED ASSOCIATION COMPLIANCE TO POLICIES AND PERFORMANCE STANDARDS. ASSISTANCE IS PROVIDED BY THE NATIONAL HEADQUARTERS TO THOSE CHARTERED ASSOCIATIONS THAT DO NOT MEET REQUIREMENTS AND/OR STANDARDS.

#### ASTHMA

SUPPORTING ASTHMA MANAGEMENT AND ASTHMA-FRIENDLY LEARNING ENVIRONMENTS - THE LUNG ASSOCIATION WORKS WITH SCHOOLS NATIONWIDE TO CREATE HEALTHY LEARNING ENVIRONMENTS TO KEEP STUDENTS HEALTHY, IN SCHOOL AND READY TO LEARN. IN 2012-2013, WE RECOGNIZED FOUR SCHOOLS NATIONWIDE FOR THEIR EFFORTS IN CREATING ASTHMA-FRIENDLY SCHOOLS. THREE ELEMENTARY SCHOOLS WERE AWARDED AFSI CHAMPION GOLD AWARDS FOR MEETING ALL 20 COMPONENTS OF THE ASTHMA-FRIENDLY SCHOOLS INITIATIVE, AND ONE ELEMENTARY SCHOOLS WAS AWARDED AN AFSI CHAMPION SILVER AWARD FOR MEETING ALMOST ALL OF THE COMPONENTS. IN THE 2012 - 2013 SCHOOL YEAR, OVER 9,227 STUDENTS IN 28 STATES WERE REACHED THROUGH THE OPEN AIRWAYS FOR SCHOOLS® PROGRAM, A HEALTH EDUCATION PROGRAM THAT BUILDS SELF-MANAGEMENT SKILLS FOR STUDENTS WITH ASTHMA. WE CERTIFIED 546 INDIVIDUALS AS OAS CERTIFIED FACILITATORS IN FY13. IN ADDITION, WE DISSEMINATE NUMEROUS TOOLS AND RESOURCES TO HELP CHILDREN AND ADULTS LIVING WITH ASTHMA BETTER UNDERSTAND AND MANAGE THEIR DISEASE, INCLUDING THE LUNGTROPOLIS ONLINE ASTHMA GAME, ASTHMA BASICS, AND HOW-TO VIDEOS. WE ALSO PERFORMED AN EXTENSIVE REVISION OF EXISTING



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ASTHMA EDUCATION CONTENT ON THE AMERICAN LUNG ASSOCIATION WEBSITE,  
WWW.LUNG.ORG SO WE CAN CONTINUE TO PROVIDE THE BEST SUPPORT AND MOST  
UP-TO-DATE SUPPORT FOR PEOPLE WITH ASTHMA.

## 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 FILED WITH THE INTERNAL REVENUE SERVICE,  
IT IS SUBMITTED ELECTRONICALLY TO MEMBERS OF THE ORGANIZATION'S DELEGATED  
RESPONSIBLE BODY, THE AUDIT COMMITTEE, FOR APPROVAL. AFTER APPROVAL BY  
THE AUDIT COMMITTEE, THE 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 TO THE INTERNAL REVENUE SERVICE. ALL  
COMMENTS ARE DOCUMENTED, ADDRESSED AND FINALIZED IN THE 990 BEFORE THE  
SUBMISSION.

## LINE 12: CONFLICT OF INTEREST POLICY

ALA CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH IT  
MONITORS AND ENFORCES ANNUALLY AND HAS A STANDING GOVERNANCE COMMITTEE  
THAT OVERSEES ITS EXECUTION. THE ORGANIZATION CURRENTLY MANDATES THAT  
ALL MEMBERS OF THE GOVERNING BODY, COMMITTEE MEMBERS AND ALL STAFF  
ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR

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ACTUAL CONFLICTS THAT MAY EXIST. THE SIGNED CONFLICT OF INTEREST POLICY STATEMENTS ARE SUBMITTED TO THE GOVERNANCE COMMITTEE. THESE STATEMENTS ARE REVIEWED FOR POTENTIAL OR ACTUAL CONFLICTS. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS, THE GOVERNANCE COMMITTEE WILL NOTIFY MEMBERS OF MANAGEMENT AND/OR THE GOVERNING BODY ABOUT SUCH CONFLICT AND INVESTIGATE THE CONFLICT AND ITS POSSIBLE EFFECT. IF THE GOVERNANCE COMMITTEE DETERMINES THAT AN ACTUAL OR APPARENT CONFLICT EXISTS, IT WILL INFORM THE GOVERNING BODY AND/OR MANAGEMENT OF ITS DECISION. THE CONFLICTED INDIVIDUAL 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 AS THE GOVERNANCE COMMITTEE DETERMINES THERE IS NO LONGER A CONFLICT.

LINE 15: COMPENSATION REVIEW PROCESS

THE AMERICAN LUNG ASSOCIATION HAS ESTABLISHED A COMPENSATION POLICY FOR ITS LEADERSHIP COMMITTEE TO FOLLOW IN ESTABLISHING THE COMPENSATION FOR ITS CEO, TOP MANAGEMENT OFFICIAL, OTHER OFFICERS OR KEY EMPLOYEES. THE POLICY MANDATES THAT EXECUTIVE COMPENSATION BE PERIODICALLY REVIEWED BY THE COMMITTEE AND THAT THE COMMITTEE SHOULD BE FREE OF CONFLICTS OF INTEREST. IN ADDITION, THE APPROVING COMMITTEE NEEDS TO REVIEW APPROPRIATE AND ADEQUATE DATA TO DETERMINE THE REASONABLENESS OF THE COMPENSATION BEING CONSIDERED. THE COMMITTEE MAY USE A VARIETY OF INFORMATION AND STUDIES THAT ARE AVAILABLE TO DETERMINE THAT THE APPROPRIATE LEVEL OF COMPENSATION IS BEING PAID TO ITS EXECUTIVES. THE COMMITTEE'S DECISION ON THE AMOUNT OF COMPENSATION PAID IS DOCUMENTED IN

Name of the organization

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A CONTEMPORANEOUSLY WRITTEN FORMAT AND DOCUMENTS THE DATE OF THE DECISION, THE MEMBERS PRESENT DURING THE MEETING AND THOSE WHO VOTED ON IT, THE DETAILS OF THE TRANSACTION THAT WAS APPROVED AND THE COMPARABILITY DATA USED AND RELIED UPON TO MAKE THE DECISION. ALA DID A COMPENSATION REVIEW FOR THE CEO WHEN HE WAS HIRED IN JANUARY 2013. THE MOST RECENT COMPENSATION REVIEW PROCESS FOR ALL OTHER OFFICERS AND KEY EMPLOYEES WAS LAST DONE IN DECEMBER 2010.

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.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGE IN VALUE OF BENEFICIAL INTERESTS IN TRUSTS	\$334,299
CHANGE IN FAIR VALUE OF SPLIT-INTEREST AGREEMENTS	56,188
PENSION AND LIFE INSURANCE BENEFIT PLAN ACTIVITIES	143,338
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Name of the organization

AMERICAN LUNG ASSOCIATION

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TOTAL \$533,825

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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.

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE AMERICAN LUNG ASSOCIATION'S MISSION IS TO SAVE LIVES BY IMPROVING LUNG HEALTH AND PREVENTING LUNG DISEASE, WITH THE ULTIMATE VISION OF A WORLD FREE OF LUNG DISEASE. THE NATIONAL HEADQUARTERS OF THE AMERICAN LUNG ASSOCIATION FIGHTS LUNG DISEASE THROUGH ITS OWN ACTIVITIES AND BY SERVICING, SUPPORTING, AND LEADING ITS LOCAL LUNG ASSOCIATIONS. AMONG ITS VARIED RESPONSIBILITIES, THE NATIONAL HEADQUARTERS:

- FUNDS RESEARCH INTO THE CAUSES, PREVENTION, AND CURES OF LUNG DISEASE.
- ADVOCATES FOR POLICIES THAT PROTECT LUNG HEALTH, INCLUDING

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ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

FIGHTING FOR HEALTHY AIR.

- PROVIDES A BROAD ARRAY OF HEALTH EDUCATIONAL PROGRAMS AND SERVICES TO SUPPORT SMOKING CESSATION, HELP PREVENT LUNG DISEASE AND TO ASSIST PEOPLE WITH LUNG DISEASE IN BETTER MANAGING THEIR CONDITION.

- SUPPORTS LOCAL LUNG ASSOCIATIONS' IMPLEMENTATION OF HEALTH EDUCATIONAL PROGRAMS AND DISSEMINATION OF EDUCATIONAL MATERIAL.

- PROVIDES AN ARRAY OF LEARNING OPPORTUNITIES AND TOOLS TO DEVELOP NATIONWIDE VOLUNTEER AND STAFF LEADERS.

- PROVIDES EPIDEMIOLOGICAL DATA, MEDICAL AND SCIENTIFIC ADVICE AND COUNSEL TO THE PUBLIC AND LUNG ASSOCIATIONS.

- PROVIDES THE PUBLIC WITH THE LATEST INFORMATION ON LUNG DISEASE, AND NATIONAL AND LOCAL LUNG ASSOCIATION ACTIVITIES THROUGH THE AMERICAN LUNG ASSOCIATION WEB SITE, WWW.LUNG.ORG.

- ENSURES THAT ALL PROGRAMS AND SERVICES ARE CULTURALLY SENSITIVE AND THAT THEY RESPOND TO THE LUNG HEALTH NEEDS OF ALL COMMUNITIES.

THE PROGRAM SERVICES OF THE AMERICAN LUNG ASSOCIATION NATIONAL HEADQUARTERS CAN BE BROKEN DOWN INTO FOUR BROAD CATEGORIES: RESEARCH, ADVOCACY, PUBLIC HEALTH EDUCATION AND FIELD SUPPORT.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

HEALTH EDUCATION

EVERY YEAR, THE AMERICAN LUNG ASSOCIATION HELPS PEOPLE MANAGE THEIR LUNG DISEASE, OVERCOME THEIR NICOTINE ADDICTION, AND LIVE

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ATTACHMENT 2 (CONT'D)

HEALTHIER LIVES. THE TWO KEY COMPONENTS OF THE NATIONAL HEADQUARTERS' WORK ARE SUPPORTING OUR NETWORK OF LOCAL LUNG ASSOCIATIONS AND DEVELOPING LUNG HEALTH EDUCATION MATERIALS FOR THE PUBLIC.

LOCAL LUNG ASSOCIATIONS RELY ON US TO DEVELOP HEALTH PROGRAMS AND PROVIDE EXPERT TRAINING, GUIDANCE AND MATERIALS TO SUPPORT THEIR MISSION OUTREACH. WE ARE ALSO A TRUSTED RESOURCE WHERE THE PUBLIC CAN FIND INFORMATION ON MYRIAD LUNG DISEASES, MAKE TREATMENT DECISIONS, AND GET SUPPORT AND TOOLS TO MANAGE THEIR CONDITIONS OR CARE FOR A LOVED ONE. THIS PAST YEAR WE PROVIDED A WIDE ARRAY OF SERVICES TO HELP PREVENT AND TREAT LUNG DISEASE.

IN 2012-2013 WE SUBSTANTIALLY ADVANCED THIS MISSION, TOUCHING LIVES FROM COAST TO COAST.

LUNG DISEASE

FOR OVER 40 YEARS, THE CHOICE OF PEOPLE WITH CHRONIC LUNG DISEASE - IN THE U.S. ALONE, OVER 33 MILLION ADULTS HAVE A CHRONIC LUNG DISEASE, SUCH AS COPD AND ASTHMA. BECAUSE THESE CHRONIC CONDITIONS DO NOT HAVE A CURE, PEOPLE NEED TO LEARN HOW TO MANAGE LIVING WITH THEIR LUNG DISEASE. IN 2012 - 2013 WE CERTIFIED 322 INDIVIDUALS AS FACILITATORS FOR OUR BETTER BREATHERS CLUBS. AMERICAN LUNG ASSOCIATION BETTER BREATHERS CLUBS HELP BY PROVIDING

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ATTACHMENT 2 (CONT'D)

PATIENT-FOCUSED, COMMUNITY-BASED EDUCATIONAL OPPORTUNITIES AND SUPPORT. TOGETHER, MEMBERS LEARN THE SKILLS THAT HELP THEM MANAGE THEIR CONDITION AND IMPROVE THEIR QUALITY OF LIFE. HUNDREDS OF CLUBS ARE SERVING MANY THOUSANDS OF PEOPLE ACROSS THE U.S. LIVING WITH CHRONIC LUNG DISEASE.

CONNECTING PATIENT AND FAMILIES WITH EXPERT ADVICE - IN ALL OF OUR PROGRAMS AND HEALTH EDUCATION MATERIALS, PEOPLE WITH QUESTIONS ABOUT LUNG HEALTH ARE REFERRED TO THE AMERICAN LUNG ASSOCIATION'S LUNG HELPLINE AT 1-800-LUNG-USA. IN FISCAL YEAR 2012-2013, THE NURSES AND RESPIRATORY THERAPISTS WHO STAFF THE LUNG HELPLINE ANSWERED MORE THAN 165,000 CALLS ON TOPICS RANGING FROM CLEAN AIR TO HELPING A FAMILY MEMBER QUIT SMOKING.

NEW SUPPORT TOOLS FOR PEOPLE FACING LUNG DISEASE: IN 2012-2013 WE CONTINUED TO DEVELOP EXCITING NEW ONLINE TOOLS TO GIVE NEW HOPE TO PATIENTS WITH LUNG CANCER, ASTHMA, CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) AND OTHER LUNG DISEASES. OUR FACING LUNG CANCER: SUPPORT FROM DAY ONE WEBSITE ([WWW.MYLUNGCANCERSUPPORT.ORG](http://WWW.MYLUNGCANCERSUPPORT.ORG)) IS A COMPREHENSIVE SUPPORT AND EDUCATIONAL WEBSITE FOCUSED EXCLUSIVELY ON PATIENTS AND CAREGIVERS. OUR FREE ONLINE SUPPORT COMMUNITY, THE LUNG CONNECTION, ALLOWS PEOPLE FACING LUNG DISEASE TO GET ADVICE AND SUPPORT FROM THEIR PEERS. THESE NEW RESOURCES WILL HELP PATIENTS AND CAREGIVERS UNDERSTAND THEIR DISEASE, CONNECT WITH THE SUPPORT THEY NEED AND BETTER MANAGE THEIR CONDITIONS.

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ATTACHMENT 2 (CONT'D)

## TOBACCO

HELPING THOUSANDS OF SMOKERS TO QUIT - THE AMERICAN LUNG ASSOCIATION'S FREEDOM FROM SMOKING® AND NOT-ON-TOBACCO® (N-O-T) HAVE HELPED HUNDREDS OF THOUSANDS OF TEEN AND ADULT SMOKERS QUIT. THESE COMMUNITY-BASED PROGRAMS GUIDE THE SMOKERS THROUGH THE QUITTING PROCESS, HELPING THEM TO DETERMINE THEIR SMOKING PATTERN, CREATE AN INDIVIDUALIZED QUIT PLAN AND NAVIGATE THE FIRST FEW WEEKS AS A NONSMOKER. BECAUSE NOT EVERYONE QUILTS SMOKING THE SAME WAY, THE LUNG ASSOCIATION ALSO OFFERS FREEDOM FROM SMOKING ONLINE AND ONE-ON-ONE CESSATION COUNSELING THROUGH THE LUNG HELPLINE. THROUGH OUR WORKPLACE WELLNESS INITIATIVE, WE WORKED WITH DOZENS OF MAJOR EMPLOYERS, HELPING THEIR EMPLOYEES QUIT SMOKING. IN FISCAL YEAR 2012-13, THESE PROGRAMS HELPED TENS OF THOUSANDS OF SMOKERS END THEIR ADDICTION TO NICOTINE AND TRANSITION TO A NEW, SMOKEFREE LIFESTYLE.

EXPANDING SMOKEFREE COMMUNITIES - THE AMERICAN LUNG ASSOCIATION'S COMMUNITY TRANSFORMATION GRANT-FUNDED INITIATIVE EXPANDING SMOKEFREE COMMUNITIES SUPPORTED SIX PROJECTS AROUND THE COUNTRY TO ADDRESS TOBACCO-RELATED HEALTH DISPARITIES. THESE PROJECTS RANGED FROM MAKING SURE MULTI-UNIT HOUSING RESIDENTS WERE PROTECTED FROM SECONDHAND SMOKE AT HOME TO HELPING SCHOOLS IN TRANSITION TO TOBACCO-FREE SCHOOL GROUNDS AND EVENTS. AS A RESULT OF THIS INITIATIVE, OVER 7 MILLION MORE PEOPLE HAVE ACCESS TO SMOKEFREE



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ATTACHMENT 2 (CONT'D)

AND TOBACCO-FREE ENVIRONMENTS.

LUNG HEALTH DISPARITIES

HIGHLIGHTING DISPARITIES IN LUNG HEALTH - IN 2012-2013 WE CONTINUED TO SPOTLIGHT THE WAYS IN WHICH SOME GROUPS ARE DISPROPORTIONATELY AFFECTED BY LUNG DISEASE IN OUR SOCIETY IN THE ONGOING DISPARITIES IN LUNG HEALTH SERIES. OUR REPORT "CUTTING TOBACCO'S RURAL ROOTS: TOBACCO USE IN RURAL COMMUNITIES," TAKES A LOOK AT THE COMPLEX FACTORS THAT CONTRIBUTE TO THE INCREASED RATES OF TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE IN AMERICA'S RURAL POPULATION. OUR SECOND REPORT OF THE YEAR, "TAKING HER BREATH AWAY: THE RISE OF COPD IN WOMEN." THIS REPORT EXAMINED THE BURDEN OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD), ALSO KNOWN AS EMPHYSEMA AND CHRONIC BRONCHITIS, AMONG WOMEN.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4B

SUPPORTING SERVICES

THE AMERICAN LUNG ASSOCIATION'S PLANNED GIVING TEAM FOCUSES ITS WORK ON ASSISTING WITH FIELD DEVELOPMENT BY PROVIDING SUPPORT TO THE ALA CHARTERED REGIONAL ASSOCIATIONS. THIS SUPPORT INCLUDES TRAINING LOCAL STAFF TO BE EFFECTIVE PLANNED GIVING FUNDRAISERS; HELPING DEVELOP ANNUAL REGIONAL WORK PLANS; BEING INFORMED ON LOCAL FOLLOW UP ACTIVITIES PERTAINING TO REQUESTS FROM DONORS FOR PLANNED GIVING INFORMATION; REVIEWING QUARTERLY REPORTS ON PLANNED

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ATTACHMENT 3 (CONT'D)

GIVING INCOME AND BEQUEST NOTIFICATIONS; PREPARING TRAINING MATERIALS AND EVENTS TO ENHANCE THE UNDERSTANDING OF PLANNED GIVING FOR PEOPLE FROM FUNDRAISING STAFF TO VOLUNTEER LEADERSHIP. A VARIETY OF NATIONAL STAFF PROVIDE SPECIAL EVENTS SUPPORT TO THE ALA CHARTERED REGIONAL ASSOCIATIONS. THIS SUPPORT IS DESIGNED TO ASSIST IN THE DEVELOPMENT, MARKETING AND IMPLEMENTATION OF EVENTS AND PROMOTIONS STRATEGIES. AMONG THE ASSISTANCE PROVIDED ARE PLANNING (GOAL SETTING, STRATEGIC REVIEW, DEVELOPMENT OF TEMPLATE MATERIAL, FEASIBILITY STUDIES); TRAINING (MONTHLY CONFERENCE CALLS, BEST PRACTICE STAFF TRAINING, LISTSERV BASED MATERIALS, STAFF TRAINING WEBINARS, ETC.); IMPLEMENTATION (SPONSORSHIP CALLS, RECRUITMENT, EVENT ATTENDANCE/PARTICIPATION); COACHING (STAFF, LEADERSHIP, VOLUNTEERS); COORDINATION OF COLLATERAL; SOLICIT NATIONAL SPONSORS/TEAMS; BUILD, FACILITATE AND INTEGRATE E-COMMERCE PLATFORMS; AND EVALUATION OF NEW EVENTS. THE PRIMARY FOCUS IS TO INCREASE THE CHARTERED ASSOCIATIONS NET REVENUE AND FULLY INTEGRATE BEST PRACTICE STRATEGIES INTO THE OVERALL WORK PLAN.

THE MAJOR GIFTS TEAM WORKS WITH THE ALA CHARTERED REGIONAL ASSOCIATIONS ON JOINT FUNDING PROSPECTS AND PROVIDES ONE-ON-ONE ASSISTANCE WHEN REQUESTED. AMONG THE SUPPORT ACTIVITIES ARE COMPILATION OF RESEARCH LISTS AND DEVELOPMENT OF RESEARCH

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ATTACHMENT 3 (CONT'D)

PROFILES; EVALUATION OF FUNDING PROPOSALS; STRATEGIC ADVICE REGARDING FUNDING INITIATIVES AND PROSPECTS; PROVIDING TRAINING AT STAFF MEETINGS AND CONFERENCE CALLS.

THE DIRECT RESPONSE TEAM DEVELOPS AND IMPLEMENTS CAMPAIGN PLANS FOR ALL DIRECT MAIL APPEALS, TELEMARKETING CAMPAIGNS AND THE RESIDENTIAL PROGRAM IN CONJUNCTION WITH OUR DIRECT RESPONSE CONSULTING AGENCY. ALL FUNDS GENERATED ARE DEPOSITED DIRECTLY INTO LOCAL ASSOCIATION ACCOUNTS ON A REGULAR (WEEKLY OR BI-WEEKLY) BASIS WITH DETAILED REPORTS BY CAMPAIGN FOR THE CURRENT PERIOD AND YTD. LOCAL ASSOCIATIONS ARE BILLED MONTHLY FOR DIRECT RESPONSE EXPENSES AND QUARTERLY FOR A 30% SHARE OF THE NET INCOME GENERATED BY THE PROGRAMS. ASSOCIATIONS ARE PROVIDED WITH A BUDGET FOR EACH PROGRAM ALONG WITH CASH FLOW AND BILLING SCHEDULES, AS WELL AS QUARTERLY UPDATES ON ACTUAL PERFORMANCE. BILLED EXPENSES ARE RECONCILED TO ACTUAL COSTS AT THE END OF THE FISCAL YEAR. IMAGES OF ALL ROLLOUT MAILING PACKAGES ARE POSTED ON LUNGNET FOR REFERENCE BY LOCAL ASSOCIATIONS. MONTHLY DIRECT RESPONSE CALLS OR MEETINGS ARE CONDUCTED TO WHICH ALL LOCAL CEOS ARE INVITED TO PARTICIPATE FOR UPDATES ON THE PROGRAM AND ANY ISSUES OR QUESTIONS THAT ARISE.

ATTACHMENT 4

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

RESEARCH

FUNDING RESEARCH HAS BEEN A CORNERSTONE OF THE LUNG ASSOCIATION'S

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ATTACHMENT 4 (CONT'D)

FIGHT AGAINST LUNG DISEASE FOR MORE THAN A CENTURY. IN 2012-13, OUR DONORS AGAIN MADE IT POSSIBLE TO FUND CLOSE TO \$9 MILLION ON HIGH QUALITY RESEARCHERS SEEKING TREATMENTS AND CURES FOR AN ARRAY OF LUNG DISEASES FROM ASTHMA TO LUNG CANCER.

THE AMERICAN LUNG ASSOCIATION NATIONWIDE RESEARCH PROGRAM CONSISTS OF TWO PROGRAMS: THE AWARDS AND GRANTS PROGRAM AND THE ASTHMA CLINICAL RESEARCH CENTERS. THE AWARDS AND GRANTS PROGRAM FOSTERS LABORATORY AND PATIENT-CENTERED AND SOCIAL BEHAVIOR RESEARCH TO PREVENT, TREAT AND HOPEFULLY FIND A CURE FOR ALL LUNG DISEASES. THE ASTHMA CLINICAL RESEARCH CENTERS IS A CLINICAL NETWORK OF 18 SITES AND A DATA COORDINATING CENTER AT JOHNS HOPKINS DEDICATED TO IMPROVING PATIENT CARE FOR ASTHMA.

PREVIOUS MEDICAL ADVANCES MADE POSSIBLE BY THE LUNG ASSOCIATION'S RESEARCH CONTRIBUTIONS HAVE SHED NEW LIGHT ON A MULTITUDE OF DEVASTATING LUNG DISEASES. IN 2012-13, OUR PROGRAMS FUNDED CLOSE TO 90 SCIENTISTS WORKING ON PROJECTS SUCH AS EXAMINING THE IMPACT OF SOY ISOFLAVONES IN ASTHMA CONTROL AND WHETHER TREATMENT OF SINONASAL DISEASE WITH NASAL STEROIDS IMPROVES ASTHMA CONTROL. ADDITIONAL SUPPORT IN FUNDING THIS YEAR'S RESEARCH PROGRAM CAME

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ATTACHMENT 4 (CONT'D)

FROM PARTNERSHIPS WITH AAAAI, THE AMERICAN ASTHMA FOUNDATION, THE CHEST FOUNDATION, GLAXOSMITH KLINE AND THE NATIONAL INSTITUTES OF HEALTH.

THE ACRC NETWORK COMPLETED TWO MAJOR STUDIES, AND THE RESULTS ARE TO BE PUBLISHED SOMETIME SOON.

ATTACHMENT 5FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
ADVOCACY AND ENVIRONMENT	501,750.	4,053,673.	2,433,077.
TOBACCO CONTROL	1,556,350.	2,746,902.	1,205,446.
FIELD PROGRAM DEVELOPMENT	3,083.	4,004,619.	3,187,849.
ASTHMA	55,000.	443,972.	5,037.
TOTALS	<u>2,116,183.</u>	<u>11,249,166.</u>	<u>6,831,409.</u>

ATTACHMENT 6FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,  
 DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,  
 MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,  
 RI, SC, TN, VA, WA, WV, WI,

ATTACHMENT 7990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
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ATTACHMENT 7 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ALANIZ METROGROUP 425 N. IRIS STREET MT. PLEASANT, IA 52641	PRINTING	4,959,878.
BRICKMILL MARKETING SERVICES 24 MILL BROOK ROAD WILTON, NJ 03086	MARKETING	2,761,383.
RR DONNELLY 1333 SCHEURING ROAD DE PERE, WI 54115	PRINTING	2,115,704.
MOORE WALLACE LLP 375 PARK AVENUE NEW YORK, NY 10152	PRINTING/STAMPS	2,107,583.
INFOCISION MANAGEMENT CORP. 325 SPRINGSIDE DRIVE AKRON, OH 44333	TELEMARKETING	1,605,148.