Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 **and ending** JUN 30, 2009

B Check if applicable: [X] Address change [ ] Name change [ ] Initial return [ ] Termination [ ] Amended return [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: AMERICAN LUNG ASSOCIATION

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 14 WALL STREET — Room/suite: 8C

City or town, state or country, and ZIP + 4: NEW YORK, NY 10005

D Employer identification number: 13-1632524

E Telephone number: (212)315-8700

G Gross receipts $ 62,612,591.

F Name and address of principal officer: ADRIENNE GLASGOW
14 WALL STREET, 8C, NEW YORK, NY 10005

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

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

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

J Website: ▶ WWW.LUNGUSA.ORG

H(c) Group exemption number ▶

K Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1918 **M** State of legal domicile: ME

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE AMERICAN LUNG ASSOCIATION IS TO SAVE LIVES BY IMPROVING LUNG HEALTH AND PREVENTING

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
5	Total number of employees (Part V, line 2a)	5	132
6	Total number of volunteers (estimate if necessary)	6	435000
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	51,556,249.	49,063,592.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	677,900.	-1,483,663.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	972,376.	215,419.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	53,206,525.	47,795,348.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,712,152.	6,358,649.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,534,484.	8,995,365.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 909,896.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	38,100,992.	36,517,884.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	55,347,628.	51,871,898.
	19	Revenue less expenses. Subtract line 18 from line 12	-2,141,103.	-4,076,550.

			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	33,645,816.	27,777,434.
	21	Total liabilities (Part X, line 26)	21,131,280.	20,087,201.
	22	Net assets or fund balances. Subtract line 21 from line 20	12,514,536.	7,690,233.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ ADRIENNE GLASGOW, CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ — Date — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ O'CONNOR DAVIES MUNNS & DOBBINS, LLP
60 EAST 42ND STREET, 36TH FL.
NEW YORK, NY 10165-3698

EIN ▶

Phone no. ▶ (212)286-2600

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III **Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
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

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses $ 18564277. including grants of $ 902,592.) (Revenue $)
PUBLIC HEALTH EDUCATION

EVERY YEAR, THE AMERICAN LUNG ASSOCIATION IS THERE TO HELP PEOPLE MANAGE THEIR LUNG DISEASE, OVERCOME THEIR NICOTINE ADDICTION, AND LIVE HEALTHIER LIVES. THE TWO KEY COMPONENTS OF THE NATIONAL OFFICE'S WORK ARE THE SUPPORT OF OUR NETWORK OF LOCAL LUNG ASSOCIATIONS AND THE DEVELOPMENT OF LUNG HEALTH EDUCATION MATERIALS DIRECTLY FOR THE PUBLIC.

LOCAL LUNG ASSOCIATIONS DEPEND ON US TO DEVELOP HEALTH PROGRAMS AND PROVIDE EXPERT TRAINING, GUIDANCE AND MATERIALS TO SUPPORT TO THEIR MISSION OUTREACH. WE ARE ALSO AS A TRUSTED RESOURCE WHERE THE PUBLIC CAN FIND INFORMATION ON MYRIAD LUNG DISEASES, MAKE TREATMENT DECISIONS,

4b (Code:) (Expenses $ 13491103. including grants of $) (Revenue $)
FIELD FUNDRAISING

ALA NATIONAL SUPPORTS THE FIELD IN A VARIETY OF WAYS. EACH DIVISION HEAD MEETS REGULARLY WITH FIELD VICE PRESIDENTS IN THEIR RESPECTIVE DISCIPLINE (ADVOCACY, MARKETING AND COMMUNICATIONS, DEVELOPMENT, PROGRAM AND FINANCE) TO WORK IN TANDEM TOWARD MEETING THE GOALS OF THE STRATEGIC PLAN. IDEAS ARE SHARED, TECHNICAL SUPPORT IS OFFERED AND COLLEAGUES ARE ABLE TO NETWORK WITH THEIR COUNTERPARTS ACROSS THE COUNTRY THROUGH THESE MEETINGS.
OUR NATIONWIDE STAFF AND VOLUNTEERS ARE PROVIDED WITH LEARNING OPPORTUNITIES THROUGH THE NATIONAL OFFICE. LEARNING OCCURS IN ALL ASPECTS OF OUR WORK INCLUDING LUNG DISEASE, ADVOCACY, FINANCIAL

4c (Code:) (Expenses $ 6,501,467. including grants of $ 5,421,656.) (Revenue $)
RESEARCH

FUNDING RESEARCH HAS BEEN A CORNERSTONE OF THE AMERICAN LUNG ASSOCIATION'S FIGHT AGAINST LUNG DISEASE FOR MORE THAN A CENTURY. IN 2008-09, OUR DONORS AGAIN MADE IT POSSIBLE TO FUND HIGH QUALITY RESEARCHERS SEEKING TREATMENTS AND CURES FOR AN ARRAY OF LUNG DISEASES FROM ASTHMA TO LUNG CANCER. OUR NATIONWIDE RESEARCH AWARDS AND GRANTS PROGRAM FOSTERS LABORATORY AND PATIENT-CENTERED AND SOCIAL BEHAVIOR RESEARCH TO PREVENT, TREAT AND HOPEFULLY FIND A CURE FOR ALL LUNG DISEASES. IN 2008-09, OUR PROGRAM FUNDED 75 GRANTS TO FURTHER PROMISING, CUTTING-EDGE RESEARCH. ADDITIONAL SUPPORT IN FUNDING THIS YEAR'S RESEARCH PROGRAM CAME FROM PARTNERSHIPS WITH ALPHA-1 FOUNDATION,

4d Other program services. (Describe in Schedule O.)
(Expenses $ 5,976,345. including grants of $ 34,401.) (Revenue $)

4e **Total program service expenses** ▶ $ 44,533,192. *(Must equal Part IX, Line 25, column (B).)*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	X	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Form **990** (2008)

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	**33**		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		X

Form **990** (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	27			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	132			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		X
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter: N/A					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter: N/A					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b				

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

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

			Yes	No
1a	Enter the number of voting members of the governing body ... 1a: 27			
b	Enter the number of voting members that are independent ... 1b: 27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

[X] Own website [X] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

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

SEE SCHEDULE O FOR FULL LIST OF STATES

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
DON AWERKAMP PH.D., J.D. BOARD MEMBER	2.00	X						0.	0.	0.
LEE A. BAGGOTT M.D. FCCP BOARD MEMBER	2.00	X						0.	0.	0.
FRANCIS (FRANK)L. BARKOF BOARD MEMBER	2.00	X						0.	0.	0.
ROBERT E. BATES, JR BOARD MEMBER	2.00	X						0.	0.	0.
CHRISTINE L. BRYANT BOARD MEMBER	2.00	X						0.	0.	0.
TIMOTHY D. BYRUM, MSN, C BOARD MEMBER	2.00	X						0.	0.	0.
MICHAEL A. GARDNER BOARD MEMBER	2.00	X						0.	0.	0.
ADAM S. GOLDBERG, ESQ BOARD MEMBER	2.00	X						0.	0.	0.
H. JAMES GOODEN SECRETARY	4.00	X		X				0.	0.	0.
BRUCE A. HERRING CHAIR OF GOVERNANCE	4.00	X						0.	0.	0.
TERRENCE L. JOHNSTON TREASURER	4.00	X		X				0.	0.	0.
JAMES L. MCDANIEL MD, FA BOARD MEMBER	2.00	X						0.	0.	0.
LESLIE M. NEWMAN, JD BOARD MEMBER	2.00	X						0.	0.	0.
STEPHEN J. NOLAN, ESQ CHAIR	6.00	X		X				0.	0.	0.
MARY H. PARTRIDGE BOARD MEMBER	2.00	X						0.	0.	0.
ALBERT A. RIZZO, MD BOARD MEMBER	2.00	X						0.	0.	0.
ALAN ROWE 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	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
E. NEIL SCHACHTER, MD BOARD MEMBER	2.00	X						0.	0.	0.
ENEIDA TORRES DE DURAND, BOARD MEMBER	2.00	X						0.	0.	0.
MARY ELLA DOUGLAS BOARD MEMBER	2.00	X						0.	0.	0.
KATHRYN A. FORBES, CPA BOARD MEMBER	2.00	X						0.	0.	0.
VIRGINIA L. HALL BOARD MEMBER	2.00	X						0.	0.	0.
ELIZABETH BAKER KEFFER BOARD MEMBER	2.00	X						0.	0.	0.
JENNY H. LEE BOARD MEMBER	2.00	X						0.	0.	0.
GEORGE A. STRAIT, JR. BOARD MEMBER	2.00	X						0.	0.	0.
ROBERT G. TWEEL, JD BOARD MEMBER	2.00	X						0.	0.	0.
DEAN A. ZERBE, J.D., LLM BOARD MEMBER	2.00	X						0.	0.	0.
1b Total ▶								2,242,474.	0.	309,987.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
INFOCISION MANAGEMENT CORP. 325 SPRINGSIDE DRIVE, AKRON, OH 44333	TELEMARKETING SERVICES FOR DIRECT	6,377,725.
RR DONNELLY RESPONSE MARKETING SERVICES, 135 S. LASALLE, DEPT 4904, CHICAGO, IL	MARKETING SERVICES FOR DIRECT MAIL	4,673,142.
LABEL TECH, INC. 16 INTERSTATE DRIVE, SOMERSWORTH, NH 03878	PRINTING COMPANY FOR DIRECT MAIL	2,561,425.
BARTON COTTON, 9755 PATUXENT WOODS DRIVE, COLUMBIA, MD 21046	PRODUCTION COMPANY FOR DIRECT MAIL	2,177,927.
QUAD/GRAPHICS, INC., 4333 DAVENPORT ROAD, FREDERICKSBURG, VA 22408	PRINTING COMPANY FOR DIRECT MAIL	2,035,564.

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 38

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b 25,008.				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 865,472.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 48,173,112.				
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a-1f ▶		49,063,592.			
Program Service Revenue		Business Code				
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		470,017.			470,017.
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶		114,278.			114,278.
		(i) Real / (ii) Personal				
	6 a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
	7 a Gross amount from sales of assets other than inventory	(i) Securities 12,863,563. / (ii) Other				
	b Less: cost or other basis and sales expenses	14,817,243.				
	c Gain or (loss)	-1,953,680.				
	d Net gain or (loss) ▶		-1,953,680.			-1,953,680.
	8 a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events ▶					
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities ▶					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11 a OTHER REVENUE	900099	101,141.			101,141.
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ▶		101,141.			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		47,795,348.	0.	0.	-1,268,244.

832009 02-02-09

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	6,358,649.	6,358,649.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,180,794.	735,741.	1,309,801.	135,252.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,709,398.	2,833,504.	1,537,671.	338,223.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	916,533.	474,764.	378,803.	62,966.
9 Other employee benefits	719,095.	372,491.	297,202.	49,402.
10 Payroll taxes	469,545.	243,224.	194,063.	32,258.
11 Fees for services (non-employees):				
a Management				
b Legal	567,892.		567,892.	
c Accounting	69,515.		69,515.	
d Lobbying	174,759.	174,759.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	43,926.		43,926.	
g Other	1,740,613.	1,337,352.	385,650.	17,611.
12 Advertising and promotion	28,000.	28,000.		
13 Office expenses	991,508.	624,795.	323,550.	43,163.
14 Information technology	219,341.	121,867.	75,255.	22,219.
15 Royalties				
16 Occupancy	1,661,344.	696,976.	811,870.	152,498.
17 Travel	587,200.	446,663.	133,309.	7,228.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	293,916.	237,056.	56,614.	246.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	231,319.	128,522.	79,364.	23,433.
23 Insurance	96,436.	55,870.	31,319.	9,247.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a ASSOC PUB AW & FLD SUPP	29,523,230.	29,523,230.		
b SERVICE CHARGES	209,090.	138,332.	54,629.	16,129.
c MISCELLANEOUS	79,795.	1,397.	78,377.	21.
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	51,871,898.	44,533,192.	6,428,810.	909,896.
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	137,273.	1	140,907.
	2	Savings and temporary cash investments	2,712,333.	2	8,843,129.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	12,311,087.	4	8,130,218.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	4,755,957.	7	791,981.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,599,067.	9	990,880.
	10a	Land, buildings, and equipment: cost basis 10a 2,638,736.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D 10b 2,090,341.	631,408.	10c	548,395.
	11	Investments - publicly traded securities	9,873,337.	11	7,074,560.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,625,354.	15	1,257,364.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	33,645,816.	16	27,777,434.
Liabilities	17	Accounts payable and accrued expenses	2,985,182.	17	3,433,352.
	18	Grants payable	4,199,569.	18	2,542,055.
	19	Deferred revenue	4,459,337.	19	1,772,733.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,634,111.	23	3,030,274.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	7,853,081.	25	9,308,787.
	26	**Total liabilities.** Add lines 17 through 25	21,131,280.	26	20,087,201.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	9,783,949.	27	5,343,566.
	28	Temporarily restricted net assets	933,124.	28	549,024.
	29	Permanently restricted net assets	1,797,463.	29	1,797,643.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	12,514,536.	33	7,690,233.
	34	Total liabilities and net assets/fund balances	33,645,816.	34	27,777,434.

Part XI Financial Statements and Reporting

			Yes	No
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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits?	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization AMERICAN LUNG ASSOCIATION
Employer identification number 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: (Please check only **one** organization.)

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).** (Attach Schedule H.)
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 the Part III.)
10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
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 - Other

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?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the organizations the organization supports.

(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? Yes	No	**(v)** Did you notify the organization in col. **(i)** of your support? Yes	No	**(vi)** Is the organization in col. **(i)** organized in the U.S.? Yes	No	**(vii)** Amount of support
Total									

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule A (Form 990 or 990-EZ) 2008**

832021 12-17-08

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	47,765,863.	41,083,805.	46,575,263.	51,556,249.	49,063,592.	236,044,772.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 - 3	47,765,863.	41,083,805.	46,575,263.	51,556,249.	49,063,592.	236,044,772.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4.						236,044,772.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	47,765,863.	41,083,805.	46,575,263.	51,556,249.	49,063,592.	236,044,772.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,763,948.	1,871,260.	2,435,520.	1,454,604.	584,295.	8,109,627.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	46,317.	44,413.	52,144.	121,136.	101,141.	365,151.
11 **Total support.** Add lines 7 through 10						244,519,550.

12 Gross receipts from related activities, etc. (see instructions) ..... 12 | 1,699,401.

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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) ..... 14 | 96.53 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f ..... 15 | 58.68 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2004	**(b)** 2005	**(c)** 2006	**(d)** 2007	**(e)** 2008	**(f)** Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2004	**(b)** 2005	**(c)** 2006	**(d)** 2007	**(e)** 2008	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	**15**	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	**16**	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	**17**	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	**18**	%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II, SECTION B, LINE 10:

OTHER INCOME CONSIST OF MISCELLANEOUS SERVICE FEES.

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, and 990-PF.**

OMB No. 1545-0047

2008

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

Organization type (check one):

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

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

General Rule

[ ] For organizations 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

[X] For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/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 Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate 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. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.**

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

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

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	PFIZER, INC. 235 EAST 42ND STREET NEW YORK, NY 10017	$ 1,550,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	ALA OF THE UPPER MIDWEST 300 KELLY LANE SPRINGFIELD, IL 62711	$ 1,149,470.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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), then

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

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

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

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 To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

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

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

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

A Check ▶ ☐ if the filing organization belongs to an affiliated group.

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

	(a) Filing organization's totals	(b) Affiliated group totals
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c		

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?	X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c	Media advertisements?	X		0.
d	Mailings to members, legislators, or the public?	X		13,588.
e	Publications, or published or broadcast statements?	X		23,834.
f	Grants to other organizations for lobbying purposes?	X		2,500.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		122,063.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	X		2,149.
i	Other activities? If "Yes," describe in Part IV	X		10,625.
j	Total lines 1c through 1i			174,759.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** See the instructions for Schedule C for details.

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

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

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

Part IV **Supplemental Information**

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

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

THE AMERICAN LUNG ASSOCIATION VOLUNTEERS AND STAFF ENGAGE IN A WIDE RANGE OF ADVOCACY ACTIVITIES TO FURTHER OUR MISSION TO SAVE LIVES BY IMPROVING LUNG HEALTH AND PREVENTING LUNG DISEASE. OUR WORK INCLUDES EFFORTS TO EDUCATE MEMBERS OF CONGRESS, THEIR STAFF AND THE PUBLIC ON LUNG HEALTH ISSUES. WE ADVOCATE FOR CLEAN, HEALTHY AIR TO REDUCE THE

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

HEALTH IMPACTS OF AIR POLLUTION. WE FOCUS ON SUPPORTING THE IMPLEMENTATION AND STRENGTHENING OF OUR CLEAN AIR LAWS. WE STRONGLY SUPPORT LUNG HEALTH RESEARCH FUNDING INCLUDING FUNDING FOR LUNG CANCER, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, ASTHMA, TUBERCULOSIS AND OTHER LUNG DISEASES.

FURTHERMORE, THE LUNG ASSOCIATION VOLUNTEERS AND STAFF ACTIVELY ADVOCATE IN WASHINGTON D.C. AND IN THE STATES FOR TOBACCO CONTROL LAWS INCLUDING EFFORTS TO REGULATE TOBACCO PRODUCTS, PROMOTE SMOKE CESSATION AND ELIMINATE EXPOSURES TO SECONDHAND SMOKE.

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization
AMERICAN LUNG ASSOCIATION

Employer identification number
13-1632524

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ ______

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

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 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

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

3 Using the organization's 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 XIV.

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

Part IV Trust, Escrow and Custodial Arrangements. Complete if 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? ☐ Yes ☐ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1797463.				
b Contributions	180.				
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1797643.				

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ ______ %

b Permanent endowment ▶ 100.00 %

c Term endowment ▶ ______ %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		178,430.	81,724.	96,706.
d Equipment		1,617,274.	1,534,766.	82,508.
e Other		843,032.	473,851.	369,181.
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				548,395.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15.)* ▶	

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

(a) Description of liability	(b) Amount
Federal income taxes	
DUE TO CHARTERED AND CONSTITUENT	
ASSOCIATIONS	2,398,167.
OTHER LIABILITIES	702,476.
ACCRUED PENSION AND RETIREE LIFE	
INSURANCE LIABILITY	4,862,756.
ACCRUED VACATION EXPENSES	538,829.
ACCRUED ANNUITIES	547,876.
DEFERRED RENT	258,683.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25.)* ▶	9,308,787.

In Part XIV, 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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	47,795,348.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	51,871,898.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-4,076,550.
4	Net unrealized gains (losses) on investments	4	71,047.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-818,800.
9	Total adjustments (net). Add lines 4-8	9	-747,753.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-4,824,303.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	50,778,010.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	71,047.		
b	Donated services and use of facilities	2b	2,911,615.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	2,982,662.
3	Subtract line **2e** from line **1**			3	47,795,348.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12.)			5	47,795,348.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	54,783,513.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	2,911,615.		
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	2,911,615.
3	Subtract line **2e** from line **1**			3	51,871,898.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18.)			5	51,871,898.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART V, LINE 4: PERMANENTLY RESTRICTED NET ASSETS ARE PRIMARILY DEDICATED TO SUPPORTING RESEARCH SCHOLARS IN INTERSTITAL RELATED LUNG DISEASES.

DALSEMER ENDOWMENT

IN 1983 LEONARD DALSEMER, THE JOHN A. HARTFORD FOUNDATION, AND THE WHEELABRATOR FOUNDATION ENDOWED THE NATIONAL OFFICE WITH $500 THOUSAND (THE CORPUS) TO FUND RESEARCH TO FIND A CURE FOR INTERSTITIAL LUNG

Part XIV Supplemental Information *(continued)*

DISEASE. THE EARNINGS ON THE CORPUS ARE TO FUND AN ANNUAL RESEARCH AWARD IN A MINIMAL AMOUNT OF $30 THOUSAND. THE TERM OF EACH AWARD IS THREE YEARS. ANNUAL EXPENDITURES ARE LIMITED TO 6% OF THE FAIR MARKET VALUE OF THE ENDOWMENT. THE ASSOCIATION IS TO STRIVE TO GROW THE ENDOWMENT BY SOLICITING ADDITIONAL DONOR CONTRIBUTIONS. THE AWARD IS ONLY TO BE CONFERRED WHEN THE REVIEW COMMITTEE DEEMS THE PROPOSED RESEARCH MERITORIOUS

MARY FULLER RUSSELL RESEARCH FUND

IN A SETTLEMENT ENTERED BY AMERICAN LUNG ASSOCIATION OF NEW HAMPSHIRE (ALANH) AND NATIONAL OFFICE (ALA) ON JULY 9, 2003, ALANH HAS AGREED TO SET ASIDE, AS A SEGREGATED FUND, WITHIN ITS ENDOWMENT FUND, THE SUM OF $1,297,643.20 REPRESENTING ALA,S 10% SHARE, AND TO MAINTAIN SUCH SEGREGATED FUND INTACT FOR THE PURPOSE OF PAYING TO AND ALLOWING ALA TO USE ALL THE INCOME AND THE ANNUAL NET APPRECIATION, IF ANY, IN THE FAIR VALUE OF THE SEGREGATED FUND FOR RESEARCH PURPOSES DETERMINED BY ALA. UNDER THE SETTLEMENT, SUCH SEGREGATED FUND IS TO BE HELD FOR ALA,S BENEFIT IN PERPETUITY.

ALA NH AND ALA AGREED THAT DISTRIBUTIONS FROM THE MARY FULLER RUSSELL RESEARCH FUND SHALL BE USED TO SUPPORT RESEARCH INTO LUNG HEALTH ISSUES, AND THAT RESEARCH GRANTS TO RECIPIENTS SHALL BE MADE UNDER THE NAME MARY FULLER RUSSELL RESEARCH FUND.

PART X: AMERICAN LUNG ASSOCIATION'S CURRENT ACCOUNTING POLICY IS TO PROVIDE LIABILITIES FOR UNCERTAIN TAX POSITIONS WHEN A LIABILITY IS PROBABLE AND ESTIMABLE. MANAGEMENT IS NOT AWARE OF ANY VIOLATION OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES, NOR ANY EXPOSURE TO UNRELATED BUSINESS INCOME TAX. CONSEQUENTLY, IN THE OPINION OF

Part XIV Supplemental Information *(continued)*

MANAGEMENT, ADOPTION OF FIN48 REGARDING LIABILITIES FOR UNCERTAIN TAX POSITIONS SHOULD NOT HAVE A SIGNIFICANT EFFECT ON AMERICAN LUNG ASSOCIATION.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGES IN NET ASSETS ARISING FROM PENSION AND RETIREE PLANS: -818800.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047
2008
Open to Public Inspection

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

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) 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
ALBANY MEDICAL COLLEGE 47 NEW SCOTLAND AVE ALABANY, NY 12208	14-1338310	501(C)(3)	63,800.	0.			RESEARCH
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	195,949.	0.			RESEARCH
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE - BOSTON, MA 02115	04-2103881	501(C)(3)	35,200.	0.			RESEARCH
BOARD OF TRUSTEES OF UNIV OF ILLINOIS - 506 S. WRIGHT M/C 339 - URBANA, IL 61801	37-6000511	501(C)(3)	123,200.	0.			RESEARCH
BRIGHAM & WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	35,200.	0.			RESEARCH
CASE WESTERN RESERVE UNIVERSITY 10900 EVELID AVENUE CLEVELAND, OH 44106	34-1018892	501(C)(3)	35,200.	0.			RESEARCH

2 Enter total number of section 501(c)(3) and government organizations ▶ 73.

3 Enter total number of other organizations ▶ 0.

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. Use Schedule I-1 (Form 990) 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

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

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

SCHEDULE I-1 **(Form 990)**
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization: AMERICAN LUNG ASSOCIATION

Employer identification number 13-1632524

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
CHILDREN'S HOSPITAL AND REGIONAL MEDICAL CENTER - 4800 SAND POINT WAY NE - SEATTLE , WA 98104	91-1156519	501(C)(3)	35,200.	0.			RESEARCH
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501(C)(3)	28,600.	0.			RESEARCH
CHILDREN'S HOSPITAL OF PITTSBURGH 3705 FIFTH AVENUE PITTSBURGH, PA 15213	25-0402510	501(C)(3)	35,200.	0.			RESEARCH
CORNELL UNIVERSITY 377 PINE TREE ROAD, PO BOX 22 ITHACA, NY 14851	15-0532082	501(C)(3)	28,600.	0.			RESEARCH
DUKE UNIVERSITY BOX 104132 DURHAM, NC 27708	56-0532129	501(C)(3)	184,124.	0.			RESEARCH
EMORY UNIVERSITY 1599 CLIFTON RD NE ATLANTA, GA 30322	58-0566256	501(C)(3)	139,336.	0.			RESEARCH
INDIANA UNIVERSITY PO BOX 66057 INDIANAPOLIS, IN 46266	35-6001673	501(C)(3)	148,600.	0.			RESEARCH
JOHNS HOPKINS UNIVERSITY 1101 E33RD STREET, SUITE D200 BALTIMORE, MD 21218	52-0595110	501(C)(3)	551,500.	0.			RESEARCH

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization: AMERICAN LUNG ASSOCIATION

Employer identification number: 13-1632524

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LANKENAU INSTITUTE FOR MEDICAL RESEARCH - 100 LANCASTER AVE - WYNNEWOOD, PA 19096	23-2135659	501(C)(3)	99,772.	0.			RESEARCH
LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - 433 BOLIVAR STREET - NEW ORLEANS, LA 70112	72-6087770	GOVERNMENT	77,500.	0.			RESEARCH
LOVELACE RESPIRATORY RESEARCH INST 2425 RIDGECREST DRIVE SE ALBUQUERQUE, NM 87108	85-0110669	501(C)(3)	28,600.	0.			RESEARCH
NATIONAL JEWISH MEDICAL AND RESEARCH CENTER - 1400 JACKSON STREET - DENVER, CO 80206	74-2044647	501(C)(3)	229,952.	0.			RESEARCH
NEMOURS CHILDREN'S CLINIC - JACKSONVILLE - C/O FINANCE DEPT 10140 CENTURION PARKWAY NORTH - JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	160,443.	0.			RESEARCH
NORTH SHORE LONG ISLAND JEWISH 300 COMMUNITY DRIVE MANHASSET, NY 11030	11-1562701	501(C)(3)	127,500.	0.			RESEARCH
NORTHWESTERN UNIVERSITY 619 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	164,620.	0.			RESEARCH
NYU MEDICAL COLLEGE/CHILDREN'S & WOMEN'S PHYSICIANS OF WESTCHESTER, LLP - 40 SUNSHINE COTTAGE ROAD - VALHALLA, NY 10595	13-1099420	501(C)(3)	150,000.	0.			RESEARCH

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization: AMERICAN LUNG ASSOCIATION

Employer identification number 13-1632524

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
NYU SCHOOL OF MEDICINE 545 FIRST AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	83,059.	0.			RESEARCH
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK ROAD PORTLAND, OR 97239	93-1176109	GOVERNMENT	28,600.	0.			RESEARCH
REGENTS OF THE UNIV OF CA, SAN DIEGO - 9500 GILMAN DRIVE - LA JOLLA, CA 92093	95-6006144	501(C)(3)	159,399.	0.			RESEARCH
REGENTS OF THE UNIV OF CALIFORNIA (IRVINE) - ACCOUNTING OFFICE, BIOLOGICAL SCIENCES III, SUITE 1400 - IRVINE, CA 92697	95-2226406	501(C)(3)	35,200.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SF - 3333 CALIFORNIA ST, SUITE 315, BOX 0962 - SAN FRANCISCO, CA 94118	94-6036493	501(C)(3)	52,800.	0.			RESEARCH
REGENTS OF UNIV OF MICHIGAN 3003 S. STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	28,600.	0.			RESEARCH
STANFORD UNIVERSITY CORTE MADERA CREEK BLDG, STE 142, 3145 PORTER DRIVE - PALO ALTO, CA 94304	94-1156365	501(C)(3)	151,800.	0.			RESEARCH
THE OHIO STATE UNIVERSITY RESEARCH FOUNDATION - 1960 KENNY ROAD - COLUMBUS, OH 43210	31-6401599	501(C)(3)	194,599.	0.			RESEARCH

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization: AMERICAN LUNG ASSOCIATION

Employer identification number 13-1632524

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
THE UNIVERSITY OF IOWA BUSINESS OFFICE, 4 JESSUP HALL IOWA CITY, IA 52242	42-6004813	501(C)(3)	35,200.	0.			RESEARCH
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 1515 HOLCOMBE BLVD - HOUSTON, TX 77030	74-6001118	GOVERNMENT	88,000.	0.			RESEARCH
THOMAS JEFFERSON UNIVERSITY 1020 WALNUT STREET, 5TH FL PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	135,200.	0.			RESEARCH
TRUDEAU INSTITUTE, INC 154 ALGONQUIN AVE SARANA LAKE, NY 12983	14-1401413	501(C)(3)	100,000.	0.			RESEARCH
TRUSTEES OF BOSTON UNIVERSITY 715 ALBANY STREET, 560 BOSTON, MA 02118	04-2103547	501(C)(3)	40,000.	0.			RESEARCH
TRUSTEES OF COLUMBIA UNIVERSITY 722 W168TH STREET, 4TH FL NEW YORK, NY 10032	15-5598093	501(C)(3)	67,190.	0.			RESEARCH
TRUSTEES OF DARTMOUTH COLLEGE 37 DEWEY FIELD ROAD, SUITE 6015 HANOVER, NH 03755	02-0222111	501(C)(3)	100,000.	0.			RESEARCH
TRUSTEES UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - ROOM 329 - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	127,408.	0.			RESEARCH

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047
2008
Open to Public Inspection

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UMDNJ-NEW JERSEY MEDICAL SCHOOL 335 GEORGE STREET, PO BOX 2685, LIBERTY PLAZA - NEW BRUNSWICK, NJ 08903	22-1775306	GOVERNMENT	35,200.	0.			RESEARCH
UNIV OF SOUTH FLORIDA 3802 SPECTRUM BLVD, SUITE 100 TAMPA, FL 33612	59-2959590	501(C)(3)	86,741.	0.			RESEARCH
UNIV OF TEXAS SOUTHWESTERN MEDICAL CTR AT DALLAS - 5323 HARRY HINES BLVD, MC 9029 - DALLAS, TX 75390	75-6002868	GOVERNMENT	28,600.	0.			RESEARCH
UNIV. OF COLORADO - (UCDHSC) GRANTS AND CONTRACTS, MAIL STOP F428, PO BOX 6508 - AURORA, CO 80045	84-6000555	501(C)(3)	70,400.	0.			RESEARCH
UNIVERSITY OF CINCINNATI UNIVERSITY HALL, SUITE 500, 51 GOODMAN DRIVE - CINNCINNATI, OH 45219	31-6000989	GOVERNMENT	35,200.	0.			RESEARCH
UNIVERSITY OF MASSACHUSETTS 333 SOUTH STREET, SUITE 450 SHREWSBURY, MA 01545	04-3167352	GOVERNMENT	70,400.	0.			RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM - UNIVERSITY STATION - BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	159,812.	0.			RESEARCH
UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	123,200.	0.			RESEARCH

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1 **(Form 990)**
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization: AMERICAN LUNG ASSOCIATION

Employer identification number 13-1632524

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIVERSITY OF GEORGIA RESEARCH FOUNDATION INC. - BROAD ST. - ATHENS, GA 30602	58-6001998	GOVERNMENT	35,200.	0.			RESEARCH
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE, INC. - 3901 RAINBOW BLVD, MAIL STOP 1039 - KANSAS CITY, KS 66160	48-1108830	501(C)(3)	162,700.	0.			RESEARCH
UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE - PO BOX 025405 - MIAMI, FL 33102	59-0624458	501(C)(3)	65,348.	0.			RESEARCH
UNIVERSITY OF MINNESOTA 2221 UNIVERSITY AVE SE, SUITE 111 MINNEAPOLIS, MN 55414	41-6007513	GOVERNMENT	142,980.	0.			RESEARCH
UNIVERSITY OF PITTSBURGH OFFICE OF FINANCIAL INFORMATION PITTSBURGH, PA 15260	25-0965591	501(C)(3)	261,200.	0.			RESEARCH
UNIVERSITY OF ROCHESTER 910 GENESEE STREET, SUITE 200 ROCHESTER, NY 14611	16-0743209	501(C)(3)	35,200.	0.			RESEARCH
UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE ROOM 411 SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	52,800.	0.			RESEARCH
UNIVERSITY OF VERMONT 85 SOUTH PROSPECT STREET BURLINGTON, VT 05405	03-0179440	501(C)(3)	150,000.	0.			RESEARCH

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization: AMERICAN LUNG ASSOCIATION

Employer identification number: 13-1632524

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIVERSITY OF VIRGINIA PO BOX 400202 CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	116,600.	0.			RESEARCH
UNIVERSITY OF WASHINGTON 3917 UNIVERSITY WAY NE SEATTLE , WA 98105	91-6001537	GOVERNMENT	423,928.	0.			RESEARCH
VANDERBILT UNIV MEDICAL CENTER DEPT AT 40326 ATLANTA, GA 31192	62-0476822	501(C)(3)	35,200.	0.			RESEARCH
VETERANS MEDICAL RESEARCH FOUNDATION - 3350 LA JOLLA VILLAGE DRIVE (151A) - SAN DIEGO, CA 92161	33-0189397	501(C)(3)	100,000.	0.			RESEARCH
WAYNE STATE UNIVERSITY 5057 WOODWARD AVE, SUITE 13202 DETROIT, MI 48202	38-6028429	501(C)(3)	100,000.	0.			RESEARCH
WFU HEALTH SCIENCE MEDICAL CENTER BOULEVARD SALEM, NC 27157	22-3849199	501(C)(3)	35,112.	0.			RESEARCH
YALE UNIVERSITY 2 WHITNEY AVENUE, 6TH FL HAVEN, CT 06510	06-0646973	501(C)(3)	35,110.	0.			RESEARCH
ALA OF ATLANTIC COAST PO BOX 35010 RICHMOND, VA 23235	56-0547515	501(C)(3)	121,236.	0.			FEDERAL GRANTS & PROGRAM SITE GRANTS (4730, 4920, 4950, 4980)

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

SCHEDULE I-1 (Form 990)
Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047
2008
Open to Public Inspection

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

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ALA OF CALIFORNIA 424 PENDLETON WAY OAKLAND, CA 94621	94-0362650	501(C)(3)	134,951.	0.			FEDERAL GRANTS & PROGRAM SITE GRANTS (4720, 4880, 4920, 4950, 4980)
ALA OF DC 530 7TH STREET, SE WASHINGTON, DC 20003	53-0196593	501(C)(3)	5,000.	0.			FEDERAL GRANT - 4920
ALA OF MID-ATLANTIC 3001 OLD GETTYBURG ROAD CAMP HILL, PA 17011	25-1825116	501(C)(3)	66,000.	0.			FEDERAL GRANTS & PROGRAM SITE GRANTS (4730, 4920, 4980)
ALA OF MIDLAND STATES 1950 ARLINGTON LANE COLUMBUS , OH 43228	31-4379531	501(C)(3)	29,901.	0.			FEDERAL GRANTS & PROGRAM SITE GRANTS (4730, 4920, 4980)
ALA OF MOUNTAIN PACIFIC 7420 SW BRIDGEPORT ROAD TIGARD, OR 97224	93-0386887	501(C)(3)	82,000.	0.			FEDERAL GRANTS & PROGRAM SITE GRANTS (4720, 4890, 4920, 4980)
ALA OF NEW YORK 116 JOHN STREET NEW YORK, NY 10038	26-2818624	501(C)(3)	83,000.	0.			FEDERAL GRANTS - 4920, 4950
ALA OF THE CENTRAL STATES 8150 BROOKRIVER DR, S-102 DALLAS, TX 75247	43-0662525	501(C)(3)	87,512.	0.			FEDERAL GRANTS & PROGRAM SITE GRANTS (4720, 4730, 4890, 4920, 4950, 4980)
ALA OF THE SOUTHEAST 6852 BELFORT OAKS PLACE JACKSONVILLE, FL 32216	59-0662271	501(C)(3)	61,000.	0.			FEDERAL GRANTS & PROGRAM SITE GRANTS (4720, 4920)

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization: AMERICAN LUNG ASSOCIATION

Employer identification number 13-1632524

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
ALA OF THE SOUTHWEST 5600 GREENWOOD PLAZA BLVD, SUITE 10 GREENWOOD VILLAGE, CO 80111	86-0111676	501(C)(3)	62,000.	0.			FEDERAL GRANTS & PROGRAM SITE GRANTS (4720, 4880, 4920, 4950, 4980)
ALA OF THE UPPER MIDWEST 3000 KELLY LANE SPRINGFIELD, IL 62707	20-4392201	501(C)(3)	121,147.	0.			FEDERAL GRANTS & PROGRAM SITE GRANTS (4720, 4880, 4920, 4950, 4980)
ALA OF THE MID SOUTH 2325 SEVERN AVENUE, SUITE 8 METAIRIE, LA 70001	63-0320189	501(C)(3)	38,500.	0.			FEDERAL GRANTS & PROGRAM SITE GRANTS (5720, 4880, 4920, 4950, 4980)

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: AMERICAN LUNG ASSOCIATION

Employer identification number: 13-1632524

Part I Questions Regarding Compensation

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

			Yes	No
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
a	Receive a severance payment or change of control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes," to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule J (Form 990) 2008**

832111
12-23-08

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
BERNADETTE TOOMEY	(i)	337,018.	15,000.	66,069.	36,050.	11,862.	465,999.	186,958.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JOSEPH BERGEN	(i)	73,018.	0.	246,488.	30,116.	7,600.	357,222.	193,488.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CHARLES D. CONNOR	(i)	267,482.	0.	0.	28,050.	7,482.	303,014.	132,488.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KIM A. SCHWARTZ	(i)	224,752.	0.	0.	24,480.	518.	249,750.	104,578.
	(ii)	0.	0.	0.	0.	0.	0.	0.
B. SUSAN DAVIS	(i)	147,531.	0.	0.	20,000.	5,976.	173,507.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SUSAN J. RAPPAPORT	(i)	155,443.	0.	0.	17,125.	8,217.	180,785.	91,445.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JANET WIDMER	(i)	146,092.	0.	0.	15,669.	15,294.	177,055.	91,558.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PAUL BILLINGS	(i)	145,219.	0.	0.	15,132.	278.	160,629.	82,478.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PAUL E. CARTER	(i)	69,003.	0.	79,977.	13,923.	8,217.	171,120.	83,939.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DELIA NAUGHTON	(i)	129,758.	7,500.	0.	13,790.	8,217.	159,265.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
RUSSELL BURWELL	(i)	132,124.	0.	0.	13,757.	8,234.	154,115.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A: JOSEPH BERGEN - SEVERANCE $200,771

PAUL E. CARTER - SEVERANCE $69,615

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the Organization: AMERICAN LUNG ASSOCIATION

Employer Identification number: 13-1632524

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
BERNADETTE TOOMEY PRESIDENT & CEO	35.00			X				418,087.	0.	47,912.
JOSEPH BERGEN EVP/COO	35.00			X				319,506.	0.	37,716.
CHARLES D. CONNOR PRESIDENT & CEO	35.00			X				267,482.	0.	35,532.
KIM A. SCHWARTZ VP & CFO	35.00			X				224,752.	0.	24,998.
B. SUSAN DAVIS CHIEF DEVELOP OFFICER	35.00			X				147,531.	0.	25,976.
SUSAN J. RAPPAPORT VP,RES.& PROG SERVICE	35.00				X			155,443.	0.	25,342.
JANET WIDMER VP, FIELD SUPPORT	35.00					X		146,092.	0.	30,963.
PAUL BILLINGS VP, NAT. POLICY & ADVOC	35.00					X		145,219.	0.	15,410.
PAUL E. CARTER REGIONAL VP	35.00					X		148,980.	0.	22,140.
DELIA NAUGHTON VP, BUS AND PROG MARKET	35.00					X		137,258.	0.	22,007.
RUSSELL BURWELL VP, DATA AND TECHNOLOGY	35.00					X		132,124.	0.	21,991.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public Inspection

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

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LUNG DISEASE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVICING, SUPPORTING, AND LEADING ITS LOCAL LUNG ASSOCIATIONS. AMONG ITS VARIED RESPONSIBILITIES, THE NATIONAL HEADQUARTERS:

*FUNDS RESEARCH INTO THE CAUSES, PREVENTION, AND CURES OF LUNG DISEASE.

*ADVOCATES AT THE NATIONAL LEVEL FOR POLICIES THAT PROTECT LUNG HEALTH, INCLUDING FIGHTING FOR HEALTHY AIR.

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

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

*PROVIDES AN ARRAY OF LEARNING OPPORTUNITIES AND TOOLS TO DEVELOP NATIONWIDE

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

AND GET SUPPORT AND TOOLS TO MANAGE THEIR CONDITIONS OR CARE FOR A LOVED ONE.

IN 2008-09 WE SUBSTANTIALLY ADVANCED THIS MISSION, TOUCHING LIVES FROM COAST TO COAST.

TOBACCO:

HELPED THOUSANDS OF ADULTS QUIT SMOKING - TO HELP ADULT SMOKERS QUIT, THE AMERICAN LUNG ASSOCIATION OFFERS FREEDOM FROM SMOKING, WIDELY

Supplemental Information to Form 990

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

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization: AMERICAN LUNG ASSOCIATION

Employer identification number: 13-1632524

RECOGNIZED AS THE GOLD STANDARD FOR SMOKING CESSATION CLASSES. FREEDOM FROM SMOKING IS AVAILABLE AS A GROUP CLINIC, AN ONLINE PROGRAM AND A SELF-HELP BOOK. IN FY2009, THERE WERE OVER 2,200 TRAINED FACILITATORS NATIONWIDE.

EXPANDED THE REACH OF CESSATION SERVICES FOR TEENS - NOT-ON-TOBACCO (N-O-T), OUR TEEN SMOKING CESSATION PROGRAM, LAUNCHED ITS NEW WEBSITE IN FEBRUARY 2009. THE SITE IS A USER-FRIENDLY GATEWAY TO N-O-T FOR THOSE LOOKING FOR A TOBACCO CESSATION PROGRAM AND PROVIDES RESOURCES FOR THOSE ALREADY DELIVERING THE PROGRAM.

LUNG DISEASE:
THE LONG TERM GOAL OF THE AMERICAN LUNG ASSOCIATION IS TO REDUCE THE BURDEN OF LUNG DISEASE ON PATIENTS AND THEIR FAMILIES.
OUR PROGRAMS HAS TAUGHT THOUSANDS OF ADULTS AND CHILDREN HOW TO CONTROL THEIR ASTHMA. OUR ASTHMA EDUCATION PROGRAMS STRIVE TO REDUCE ILLNESS DUE TO ASTHMA BY HELPING ADULTS AND CHILDREN LEARN THE SKILLS THEY NEED TO AVOID ASTHMA TRIGGERS, MANAGE THEIR MEDICATIONS, COMMUNICATE WITH THEIR HEALTH CARE TEAM AND MORE. BREATHE WELL, LIVE WELL, OUR ASTHMA MANAGEMENT PROGRAM FOR ADULTS, WAS LAUNCHED JUST THREE YEARS AGO, AND CONTINUES TO EXPAND. IN FY 2009 ITS AVAILABILITY GREW TO 38 STATES.
THANKS TO OUR OPEN AIRWAYS FOR SCHOOLS PROGRAM, THOUSANDS OF CHILDREN ARE ABLE TO BETTER MANAGE THEIR ASTHMA AND MISS FEWER DAYS OF SCHOOL. THIS YEAR, THE PROGRAM EXPANDED ITS REACH IN COMMUNITY ORGANIZATIONS AND AFTER-SCHOOL PROGRAMS AROUND THE COUNTRY.

Supplemental Information to Form 990

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

OMB No. 1545-0047
2008
Open to Public Inspection

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

THE ASTHMA-FRIENDLY SCHOOLS INITIATIVE IMPACTS CHILDREN WITH ASTHMA BY PROVIDING A COMPREHENSIVE FRAMEWORK FOR ASTHMA MANAGEMENT IN SCHOOLS, ENABLING THEM TO STAY HEALTHY, IN SCHOOL AND READY TO LEARN. THE LUNG ASSOCIATION PROVIDES CAPACITY BUILDING ASSISTANCE TO LOCAL COMMUNITIES TO ENSURE A SUSTAINABLE, COMPREHENSIVE APPROACH TO ASTHMA MANAGEMENT IN SCHOOLS.

ISSUED AN NATIONAL PUBLIC POLICY AGENDA FOR ASTHMA - IN JANUARY 2009, BUILDING ON INPUT FROM A NUMBER OF STAKEHOLDER ORGANIZATIONS, WE RELEASED A NATIONAL ASTHMA PUBLIC POLICY AGENDA. IT ESTABLISHES A BLUEPRINT FOR NATIONAL ASTHMA POLICY THAT ADVOCATES AND ORGANIZATIONS CAN EMBRACE AND THAT IF IMPLEMENTED AT ALL LEVELS WOULD REDUCE ASTHMA MORBIDITY AND MORTALITY.

IMPROVED QUALITY OF LIFE FOR PEOPLE LIVING WITH COPD - OUR LONGEST-RUNNING EDUCATIONAL INTERVENTION ARE THE NATIONWIDE, FACILITATOR-LED SUPPORT GROUPS BETTER BREATHERS CLUBS. THE CLUBS IMPROVE THE QUALITY OF LIFE FOR THEIR MEMBERS BY PROVIDING EDUCATION, RESOURCES, NETWORKING AND SUPPORT. THE LUNG ASSOCIATION WORKS CONSTANTLY TO REFRESH AND STANDARDIZE THE PROGRAM MATERIALS, AND TO PROVIDE EXPERT TECHNICAL ASSISTANCE TO LOCAL OFFICES THAT ARE MANAGING CLUBS. IN FY 2009 THERE WERE AT LEAST 475 CLUBS AROUND THE COUNTRY.

LAUNCHED A PATIENT-CENTERED LUNG CANCER INITIATIVE - LUNG CANCER IS A SIGNIFICANT PUBLIC HEALTH AND ECONOMIC BURDEN IN THE UNITED STATES. AS A RESULT OF A NEARLY YEAR-LONG PLANNING PROCESS, THE AMERICAN LUNG ASSOCIATION IS LAUNCHING ITS NATIONWIDE LUNG CANCER INITIATIVE TO PROVIDE A MORE PATIENT-CENTERED APPROACH TO SUPPORTING PEOPLE LIVING

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: AMERICAN LUNG ASSOCIATION

Employer identification number: 13-1632524

WITH LUNG CANCER AND THEIR LOVED ONES.
CONNECTED PATIENTS AND FAMILIES WITH EXPERT ADVICE - IN ALL OF OUR PROGRAMS AND EDUCATION MATERIALS, PEOPLE WITH QUESTIONS ABOUT LUNG HEALTH ARE REFERRED TO THE AMERICAN LUNG ASSOCIATION'S LUNG HELPLINE 1-800-LUNGUSA. IN FY2009, THE NURSES AND RESPIRATORY THERAPISTS WHO STAFF THE HELPLINE TOOK OVER 30,000 CALLS ON TOPICS RANGING FROM USE OF AIR CLEANING DEVICES TO TESTING FOR TUBERCULOSIS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS
DEVELOPMENT, LEADERSHIP DEVELOPMENT, VOLUNTEER MANAGEMENT, ETC. MOST LEARNING OCCURS ONLINE THROUGH WEBCONFERENCES AND CONFERENCE CALLS. A LEARNING CALENDAR IS READILY ACCESSIBLE ON OUR EXTRANET, LUNGNET, AND INDIVIDUALS CAN SIGN UP TO REGISTER FOR THESE OPPORTUNITIES AS SOON AS THEY ARE POSTED.

NATIONAL OFFERS REGULAR MEETINGS FOR CEOS TO COME TOGETHER TO DISCUSS ISSUES AND SHARE IDEAS AND PRACTICES. A SECTION OF LUNGNET IS DEVOTED TO FIELD SHARED RESOURCES THAT INCLUDES HR POLICIES, FORMS AND DOCUMENTS FOR LOCAL LEADERSHIP COUNCILS, ETC.
RECOGNITION IS OFFERED TO VOLUNTEERS AND STAFF ANNUALLY THROUGH OUR AWARDS PROGRAM. STAFF ARE RECOGNIZED WITH EXCELLENCE AWARDS THAT ARE GIVEN IN SEVERAL CATEGORIES. VOLUNTEERS ARE RECOGNIZED IN OUR VOLUNTEER OF THE WEEK PROGRAM THAT FEATURES THEIR INDIVIDUAL STORIES ON OUR WEBSITE, AND THREE VOLUNTEERS FROM THIS PROGRAM ARE CHOSEN TO RECEIVE NATIONAL AWARDS FOR THEIR VOLUNTEER SERVICE. THE HIGHEST VOLUNTEER HONOR IS THE WILL ROSS MEDAL THAT IS GIVEN ANNUALLY TO A

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: AMERICAN LUNG ASSOCIATION

Employer identification number: 13-1632524

VOLUNTEER WHO HAS GIVEN EXTRAORDINARY SERVICE TO THE ORGANIZATION.

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

LUNGEVITY FOUNDATION, THE CHEST FOUNDATION AND THE NATIONAL SLEEP FOUNDATION.

THE LUNG ASSOCIATION'S ASTHMA CLINICAL RESEARCH CENTERS NETWORK (ACRC) CONTINUES TO CONTRIBUTE MAJOR IMPROVEMENTS TO ASTHMA TREATMENTS THROUGH A NETWORK OF 18 CLINICAL CENTERS THROUGHOUT THE COUNTRY. IN 2008-09, ONGOING ACRC RESEARCH CENTERED ON TWO MAJOR QUESTIONS: WHAT IS THE INTERACTION BETWEEN ACID REFLUX AND ASTHMA IN CHILDREN, AND IS METHACHOLINE CHALLENGE STILL A SENSITIVE TEST IN THE DIAGNOSIS OR CONFIRMATION OF ASTHMA. METHACHOLINE IS AN AGENT THAT, WHEN INHALED, CAUSES THE AIRWAYS TO SPASM AND NARROW IF ASTHMA IS PRESENT. IN 2008-09, THE ACRC PUBLISHED ITS RESULTS OF THE STUDY OF ACID REFLUX AND ASTHMA IN ADULTS IN THE NEW ENGLAND JOURNAL OF MEDICINE. THE RESEARCHERS FOUND THE LONGSTANDING PRACTICE OF PRESCRIBING HEARTBURN MEDICATION TO BE INEFFECTIVE AND UNNECESSARILY EXPENSIVE FOR SOME ASTHMA PATIENTS WHO DO NOT EXHIBIT SYMPTOMS ASSOCIATED WITH ACID REFLUX SUCH AS HEARTBURN OR STOMACH PAIN. DURING THE YEAR, THE ACRC ALSO PRODUCED A NUMBER OF MANUSCRIPTS AND EDITORIALS THAT WERE PUBLISHED IN ESTEEMED JOURNALS SUCH AS THE AMERICAN JOURNAL OF RESPIRATORY AND CLINICAL CARE MEDICINE AND CHEST.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ADVOCACY

Supplemental Information to Form 990

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

OMB No. 1545-0047
2008
Open to Public Inspection

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

EVERY YEAR, THE AMERICAN LUNG ASSOCIATION FIGHTS FOR LEGISLATION DEFENDING YOUR RIGHT TO BREATHE HEALTHY AIR, FREE OF POLLUTION OR TOBACCO SMOKE. IN 2009, OUR ADVOCACY EFFORTS AGAIN YIELDED IMPORTANT VICTORIES.

TOBACCO CONTROL:

FOR 20 YEARS, THE AMERICAN LUNG ASSOCIATION ADVOCATED TO GIVE THE U.S. FOOD AND DRUG ADMINISTRATION (FDA) EFFECTIVE AUTHORITY TO REGULATE TOBACCO PRODUCTS' MANUFACTURE, DISTRIBUTION, AND SALE TO PROTECT THE PUBLIC HEALTH. ON JUNE 22, 2009, THIS LEGISLATION WAS SIGNED INTO LAW BY PRESIDENT OBAMA AFTER PASSING BOTH HOUSES OF CONGRESS BY WIDE MARGINS. TOBACCO COMPANIES SPEND BILLIONS OF DOLLARS EACH YEAR MARKETING THEIR DEADLY PRODUCTS TO KIDS -- EVEN SELLING CANDY-FLAVORED CIGARETTES TO LURE EVEN MORE CHILDREN TO START SMOKING. THE NEW LAW WILL CRACK DOWN ON THESE DECEPTIVE AND DEADLY MARKETING TACTICS. IT ALSO ENABLES THE FDA TO REQUIRE OTHER ACTIONS FROM TOBACCO COMPANIES, SUCH AS TESTING TOBACCO ADDITIVES, DISCLOSURE OF THE INGREDIENTS IN THEIR PRODUCTS, AND TO STOP MAKING FALSE HEALTH CLAIMS ABOUT THEIR PRODUCTS.

IN NOVEMBER 2008, WE ISSUED THE FIRST COMPREHENSIVE LOOK AT STATE COVERAGE OF TOBACCO CESSATION TREATMENT, HELPING SMOKERS QUIT: STATE CESSATION COVERAGE. AS THAT REPORT SHOWED, STATES ARE MISSING A BIG OPPORTUNITY TO HELP SMOKERS QUIT AND TO SAVE THEMSELVES MONEY BY COVERING COMPREHENSIVE TOBACCO TREATMENTS. THE REPORT NOTED THAT MILLIONS OF DOLLARS AND COUNTLESS LIVES COULD BE SAVED EACH YEAR IF MORE SMOKERS QUIT. THE LUNG ASSOCIATION IS NOW THE ONLY SOURCE FOR UP

Supplemental Information to Form 990

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

Name of the organization: AMERICAN LUNG ASSOCIATION

Employer identification number: 13-1632524

TO DATE INFORMATION ON STATE CESSATION POLICIES THROUGH OUR ONLINE DATABASE.

OUR REPORT, BIG TOBACCO ON CAMPUS, FOUND THAT COLLEGE STUDENTS REMAIN THE TARGET OF AGGRESSIVE TOBACCO INDUSTRY MARKETING TACTICS, AS ONE IN FIVE CONTINUE TO SMOKE. THE REPORT PROVIDES A WIDE-RANGING LOOK AT THE IMPACT TOBACCO HAS IN TODAY'S COLLEGE LIFE.

STATE OF TOBACCO CONTROL 2008 REPORT GRADED THE STRENGTH OF STATE AND FEDERAL LAWS TO PROTECT CITIZENS FROM TOBACCO-CAUSED ILLNESSES NOW AT THE HEART OF AMERICA'S CHRONIC DISEASE CRISIS. THE REPORT FOUND THAT THE FEDERAL GOVERNMENT AND MOST STATES FAILED TO ENACT CRITICAL POLICY MEASURES TO PROTECT PEOPLE FROM DEADLY TOBACCO PRODUCTS. NO STATE RECEIVED ALL A'S AND SEVEN STATES RECEIVED ALL F'S. OUR 2008 STATE LEGISLATED ACTIONS ON TOBACCO ISSUES REPORT AND ONLINE DATABASE PROVIDED THE DATA THAT UNDERPINS THE STATE OF TOBACCO CONTROL REPORT.

WISCONSIN AND SOUTH DAKOTA MET OUR SMOKEFREE AIR CHALLENGE, MAKING THE TOTAL 25 STATES AS WELL AS THE DISTRICT OF COLUMBIA WITH COMPREHENSIVE LAWS PROTECTING PEOPLE FROM EXPOSURE TO DEADLY SECONDHAND SMOKE. THIS MEANS HALF OF THE STATES HAVE MET THE LUNG ASSOCIATION'S SMOKEFREE AIR CHALLENGE.

PASSAGE OF THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) WAS A WIN-WIN FOR CHILDREN'S HEALTH AND OUR ADVOCACY TEAM. THE LAW NOT ONLY PROVIDES HEALTHCARE COVERAGE FOR SOME OF AMERICA'S MOST VULNERABLE CHILDREN, BUT IT PAYS FOR IT THROUGH AN INCREASE IN THE FEDERAL TOBACCO TAX.

INCREASING TOBACCO TAXES IS A PROVEN WAY TO REDUCE SMOKING, ESPECIALLY AMONG YOUTH.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: AMERICAN LUNG ASSOCIATION

Employer identification number: 13-1632524

CLEAN AIR:

THE AMERICAN LUNG ASSOCIATION WON A CRITICAL VICTORY IN OUR FIGHT FOR HEALTHY AIR IN THE UNITED STATES ON FEBRUARY 24, 2009. THE U.S. COURT OF APPEALS FOR THE DISTRICT OF COLUMBIA TOLD THE U.S. ENVIRONMENTAL PROTECTION AGENCY THAT THE AGENCY MUST REVIEW AND RECONSIDER THEIR 2006 DECISION ON THE NATIONAL AIR QUALITY STANDARDS FOR PARTICULATE MATTER, A DECISION THE LUNG ASSOCIATION HAD SOUGHT. BECAUSE OF THIS DECISION, EPA IS NOW REEXAMINING THE SCIENCE AND REVIEWING THE NATIONAL STANDARDS FOR BOTH OZONE AND PARTICULATE MATTER.

OUR STATE OF THE AIR 2009 REPORT ACKNOWLEDGED PROGRESS AGAINST AIR POLLUTION IN MANY AREAS, BUT FOUND THAT SIX OUT OF TEN AMERICANS LIVE IN AREAS WHERE AIR POLLUTION LEVELS ENDANGER LIVES. THIS TENTH ANNUAL REPORT ALSO FOUND THAT NEARLY EVERY MAJOR CITY WAS STILL BURDENED BY AIR POLLUTION. THE STATE OF THE AIR REPORT.FOUND AT WWW.STATEOFTHEAIR.ORG--INCLUDED A NATIONAL AIR QUALITY "REPORT CARD" THAT ASSIGNED A-F GRADES TO COMMUNITIES ACROSS THE COUNTRY. IT ALSO RANKS CITIES AND COUNTIES MOST AFFECTED BY THE MOST WIDESPREAD TYPES OF POLLUTION, OZONE AND PARTICLE POLLUTION, AND DETAILS TRENDS FOR THE MOST POLLUTED CITIES OVER THE PAST DECADE.

EXPENSES $ 5976345. INCLUDING GRANTS OF $ 34401. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 10: THE AMERICAN LUNG ASSOCIATION PREPARES ITS FORM 990 AND THEN SUBMITS IT TO AN OUTSIDE ACCOUNTING FIRM FOR REVIEW AND ELECTRONIC SUBMISSION TO THE INTERNAL REVENUE SERVICE. THE ORGANIZATION HAS ALSO ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. AFTER THE FORM 990

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: AMERICAN LUNG ASSOCIATION

Employer identification number: 13-1632524

HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND THE ACCOUNTING FIRM, AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS THEN SUBMITTED ELECTRONICALLY TO MEMBERS OF THE ORGANIZATION'S GOVERNING BODY AND THE FINANCE AUDIT COMMITTEE, FOR ANY COMMENTS PRIOR TO ITS SUBMISSION. THE MEMBERS OF THE GOVERNING BODY HAVE 10 DAYS TO REVIEW THE FORM, AND THEN MEET BY CONFERENCE CALL, TO REVIEW ANY COMMENTS BY THE GROUP AND AGREE TO ANY CHANGES THAT MAY NEED TO BE MADE TO THE FORM PRIOR TO ITS SUBMISSION TO THE INTERNAL REVENUE SERVICE. EACH OF THESE COMMENTS ARE DOCUMENTED, ADDRESSED AND FINALIZED IN THE FORM 990 BEFORE THE SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C: THE AMERICAN LUNG ASSOCIATION CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH IT ANNUALLY MONITORS AND ENFORCES. THE BOARD CURRENTLY MANDATES THAT ALL MEMBERS OF MANAGEMENT, THE GOVERNING BODY, ALL NATIONAL VOLUNTEERS COMPRISING ITS NATIONAL ASSEMBLY AND ALL STAFF MEMBERS ANNUALLY SIGN A CONFLICT OF INTEREST POLICY STATEMENT AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. THE SIGNED CONFLICT OF INTEREST POLICY STATEMENTS ARE SUBMITTED TO THE GOVERNANCE COMMITTEE. THESE STATEMENTS ARE REVIEWED FOR POTENTIAL OR ACTUAL CONFLICTS. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS, THE GOVERNANCE COMMITTEE WILL NOTIFY THE BOARD LEADERSHIP AND MANAGEMENT OR JUST THOSE OF THEM WHO DO NOT HAVE ANY POTENTIAL OR ACTUAL CONFLICT ABOUT SUCH CONFLICT OR POTENTIAL CONFLICT FOR FURTHER INVESTIGATION AND RESOLUTION. ANY MEMBER WHO HAS AN ACTUAL OR POTENTIAL CONFLICT WILL BE NOTIFIED AND NOT ALLOWED TO VOTE OR PARTICIPATE IN ANY DECISIONS OR TRANSACTIONS UNTIL SUCH ACTUAL OR POTENTIAL CONFLICT OF INTEREST NO LONGER EXISTS.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: AMERICAN LUNG ASSOCIATION

Employer identification number: 13-1632524

FORM 990, PART VI, SECTION B, LINE 15: THE AMERICAN LUNG ASSOCIATION HAS ESTABLISHED A COMPENSATION POLICY FOR THEIR LEADERSHIP COMMITTEE TO FOLLOW IN ESTABLISHING THE COMPENSATION FOR THEIR CEO, TOP MANAGEMENT OFFICIAL, OTHER OFFICERS OR KEY EMPLOYEES. THE POLICY MANDATES THAT EXECUTIVE COMPENSATION BE PERIODICALLY REVIEWED BY THE COMMITTEE AND THAT THE COMMITTEE SHOULD BE FREE OF CONFLICTS OF INTEREST. IN ADDITION, THE APPROVING COMMITTEE NEEDS TO REVIEW APPROPRIATE AND ADEQUATE DATA TO DETERMINE THE REASONABLENESS OF THE COMPENSATION BEING CONSIDERED. THE COMMITTEE MAY USE A VARIETY OF INFORMATION AND STUDIES THAT ARE AVAILABLE TO DETERMINE THAT THE APPROPRIATE LEVEL OF COMPENSATION IS BEING PAID TO ITS EXECUTIVES. THE COMMITTEE'S DECISION ON THE AMOUNT OF COMPENSATION PAID IS DOCUMENTED IN A CONTEMPORANEOUSLY WRITTEN FORMAT AND SHOULD DOCUMENT THE DATE OF THE DECISION, THE MEMBERS PRESENT DURING THE MEETING AND THOSE WHO VOTED ON IT, THE DETAILS OF THE TRANSACTION THAT WAS APPROVED AND THE COMPARABLE DATE USED AND RELIED UPON TO MAKE THE DECISION.
THE COMPENSATION REVIEW PROCESS FOR THE CEO AND OTHER OFFICER OR KEY EMPLOYEES WAS LAST UNDERTAKEN ON OCTOBER 28, 2009.

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

FORM 990, PART VI, SECTION C, LINE 19: THE THREE MOST RECENT YEARS OF FORM 990 AND ANNUAL REPORTS ARE AVAILABLE ON AMERICAN LUNG ASSOCIATION'S WEBSITE WWW.LUNGUSA.ORG. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public Inspection

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

AVAILABLE TO THE PUBLIC UPON REQUEST. OUR WEBSITE ALSO PROVIDES THE NAMES OF OUR BOARD OF DIRECTORS AND OUR ETHICS POLICY.

FORM 990, PART IX, LINE 2C:

FINANCE/AUDIT COMMITTEE

THE JOINT FINANCE/AUDIT COMMITTEE OF THE BOARD HAS THE FIDUCIARY RESPONSIBILITY FOR HIRING OF THE AUDIT FIRM, THE REVIEW OF THE RISK ISSUES FOR THE ASSOCIATION AND THE FINAL AUDIT REVIEW AND PACKAGE THAT IS ACCEPTED BY THE BOARD. THE COMMITTEE MEETS WITH THE AUDIT FIRM INDEPENDENTLY FROM STAFF DURING THE AUDIT REVIEW PROCESS AND RECOMMENDS TO THE BOARD THE ACCEPTANCE OF THE AUDIT AND ITS FINDINGS. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return. See instructions.	AMERICAN LUNG ASSOCIATION	13-1632524
	Number, street, and room or suite no. If a P.O. box, see instructions. 14 WALL STREET, NO. 8C	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10005	

Check type of return to be filed (File a separate application for each return):

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ ADRIENNE GLASGOW, CFO 14 WALL STREET, SUITE 8C - NEW YORK, NY 10005
  Telephone No. ▶ (212) 315-8762 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box ▶ [ ] . If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2010 .

5 For calendar year ______ , or other tax year beginning JUL 1, 2008 , and ending JUN 30, 2009 .

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO PREPARE AN ACCURATE TAX RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ CPA Date ▶

Form **8868** (Rev. 4-2009)

823832
05-26-09

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2008, or fiscal year beginning JUL 1 , 2008, and ending JUN 30 ,20 09

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions.**

OMB No. 1545-1878

2008

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

Name and title of officer

ADRIENNE GLASGOW
CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ X	**b Total revenue,** if any (Form 990, line 12)	**1b**	47795348
2a Form 990-EZ check here ▶ ☐	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶ ☐	**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ▶ ☐	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ▶ ☐	**b Balance Due** (Form 8868, line 3c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** an indication of any refund offset, **(c)** the reason for any delay in processing the return or refund, and **(d)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X I authorize O'CONNOR DAVIES MUNNS & DOBBINS, LLP to enter my PIN ______
ERO firm name — Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ______ Date ▶ ______

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 13433003218
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ ______ Date ▶ ______

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

LHA **For Paperwork Reduction Act Notice, see instructions.** Form **8879-EO** (2008)
823051
10-24-08