

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2014 calendar year, or tax year beginning** JUL 1, 2014 **and ending** JUN 30, 2015

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> AMERICAN LUNG ASSOCIATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 55 W. WACKER DRIVE City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60601 <b>F Name and address of principal officer:</b> HAROLD WIMMER SAME AS C ABOVE	<b>D Employer identification number</b> 13-1632524 <b>E Telephone number</b> 217-787-5864 <b>G Gross receipts \$</b> 51,156,651. <b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b>
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> WWW.LUNG.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
<b>L Year of formation:</b> 1918		<b>M State of legal domicile:</b> ME

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> 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 <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> 24 <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> 24 <b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) <b>5</b> 74 <b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> 142827 <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> 0. <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> 0.																									
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>6,082,938.</b> <b>9</b> Program service revenue (Part VIII, line 2g) <b>38,549,037.</b> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>819,330.</b> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>2,050,217.</b> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>47,501,522.</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8</td> <td>6,082,938.</td> <td>9,782,765.</td> </tr> <tr> <td>9</td> <td>38,549,037.</td> <td>33,065,987.</td> </tr> <tr> <td>10</td> <td>819,330.</td> <td>523,511.</td> </tr> <tr> <td>11</td> <td>2,050,217.</td> <td>1,441,612.</td> </tr> <tr> <td>12</td> <td>47,501,522.</td> <td>44,813,875.</td> </tr> </tbody> </table>		Prior Year	Current Year	8	6,082,938.	9,782,765.	9	38,549,037.	33,065,987.	10	819,330.	523,511.	11	2,050,217.	1,441,612.	12	47,501,522.	44,813,875.						
	Prior Year	Current Year																								
8	6,082,938.	9,782,765.																								
9	38,549,037.	33,065,987.																								
10	819,330.	523,511.																								
11	2,050,217.	1,441,612.																								
12	47,501,522.	44,813,875.																								
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>8,932,506.</b> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>5,738,754.</b> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>2,206,462.</b> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>351,410.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>27,126,245.</b> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>44,003,967.</b> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>3,497,555.</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>13</td> <td>8,932,506.</td> <td>6,778,417.</td> </tr> <tr> <td>14</td> <td>0.</td> <td>0.</td> </tr> <tr> <td>15</td> <td>5,738,754.</td> <td>7,177,613.</td> </tr> <tr> <td>16a</td> <td>2,206,462.</td> <td>1,776,225.</td> </tr> <tr> <td>17</td> <td>27,126,245.</td> <td>25,839,076.</td> </tr> <tr> <td>18</td> <td>44,003,967.</td> <td>41,571,331.</td> </tr> <tr> <td>19</td> <td>3,497,555.</td> <td>3,242,544.</td> </tr> </tbody> </table>		Prior Year	Current Year	13	8,932,506.	6,778,417.	14	0.	0.	15	5,738,754.	7,177,613.	16a	2,206,462.	1,776,225.	17	27,126,245.	25,839,076.	18	44,003,967.	41,571,331.	19	3,497,555.	3,242,544.
	Prior Year	Current Year																								
13	8,932,506.	6,778,417.																								
14	0.	0.																								
15	5,738,754.	7,177,613.																								
16a	2,206,462.	1,776,225.																								
17	27,126,245.	25,839,076.																								
18	44,003,967.	41,571,331.																								
19	3,497,555.	3,242,544.																								
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>35,148,082.</b> <b>21</b> Total liabilities (Part X, line 26) <b>22,709,085.</b> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>12,438,997.</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td>20</td> <td>35,148,082.</td> <td>38,036,463.</td> </tr> <tr> <td>21</td> <td>22,709,085.</td> <td>24,418,940.</td> </tr> <tr> <td>22</td> <td>12,438,997.</td> <td>13,617,523.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20	35,148,082.	38,036,463.	21	22,709,085.	24,418,940.	22	12,438,997.	13,617,523.												
	Beginning of Current Year	End of Year																								
20	35,148,082.	38,036,463.																								
21	22,709,085.	24,418,940.																								
22	12,438,997.	13,617,523.																								

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer 	Date 4/1/16
	LAURA SCOTT, CFO Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name RICHARD LYNCH	Preparer's signature RICHARD LYNCH	Date 03/21/16	Check if self-employed <input type="checkbox"/>	PTIN 01514704
	Firm's name <b>SIKICH LLP</b>	Firm's EIN <b>36-3168081</b>			
	Firm's address <b>3201 W. WHITE OAKS DR., STE. 102 SPRINGFIELD, IL 62704</b>			Phone no. (217) 793-3363	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SEE ATTACHMENT 1 - SCHEDULE O.

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 19,572,458. including grants of \$ 255,220. ) (Revenue \$ 17,116,299. ) LUNG CANCER, ASTHMA, LUNG DISEASE AND TOBACCO CONTROL:

LUNG CANCER IS AN URGENT HEALTH CRISIS IN AMERICA, KILLING MORE PEOPLE THAN ANY OTHER CANCER. THE AMERICAN LUNG ASSOCIATION IS DEDICATED TO REDUCING LUNG CANCER'S TERRIBLE TOLL. IN ITS SECOND YEAR, OUR LUNG FORCE INITIATIVE, TO MAKE LUNG CANCER A NATIONAL PRIORITY, CONTINUED TO RAISE AWARENESS, OFFER PATIENT SUPPORT AND RAISE FUNDS FOR RESEARCH. THE LUNG ASSOCIATION INCREASED OUR INVESTMENT TO \$1.6 MILLION IN LUNG CANCER RESEARCH - WITH ANOTHER \$9 MILLION COMMITTED IN THE NEXT FEW YEARS. WITH OUR LUNG FORCE LUNG CANCER CALL-IN DAY, WE SUCCESSFULLY ADVOCATED FOR AN INCREASE IN FEDERAL LUNG CANCER RESEARCH FUNDING. OUR LUNG FORCE EVENTS GREW IN NUMBER AND PARTICIPANTS IN OUR SECOND YEAR.

4b (Code: ) (Expenses \$ 6,895,878. including grants of \$ 6,025,503. ) (Revenue \$ 6,030,511. ) RESEARCH:

FUNDING RESEARCH HAS BEEN A CORNERSTONE OF THE LUNG ASSOCIATION'S FIGHT AGAINST LUNG DISEASE FOR MORE THAN A CENTURY. IN 2014 - 2015, OUR DONORS AGAIN MADE IT POSSIBLE TO FUND \$9 MILLION FOR EXCEPTIONAL RESEARCHERS SEEKING TREATMENTS AND CURES FOR LUNG DISEASES, INCLUDING ASTHMA, COPD, AND LUNG CANCER.

THE AMERICAN LUNG ASSOCIATION NATIONWIDE RESEARCH PROGRAM CONSISTS OF TWO PROGRAMS: THE AWARDS AND GRANTS PROGRAM AND THE AIRWAYS CLINICAL RESEARCH CENTERS. WE FUNDED 85 NOVEL AND INNOVATIVE RESEARCH PROJECTS THROUGH OUR AWARDS PROGRAMS.

4c (Code: ) (Expenses \$ 9,494,082. including grants of \$ 508. ) (Revenue \$ 8,302,664. ) SUPPORT OF AMERICAN LUNG ASSOCIATION CHARTERED ASSOCIATIONS:

THE AMERICAN LUNG ASSOCIATION NATIONAL HEADQUARTERS SUPPORTS ITS 8 CHARTERED ASSOCIATIONS THROUGH COACHING, TRAINING, MARKETING, CONSULTATION AND TECHNICAL ASSISTANCE. AMERICAN LUNG ASSOCIATION STAFF AND VOLUNTEERS THROUGHOUT THE COUNTRY ARE PROVIDED SKILL-BUILDING AND OTHER LEARNING OPPORTUNITIES TO HELP THEM SUCCESSFULLY DELIVER THE AMERICAN LUNG ASSOCIATION'S MISSION. THROUGH IMPLEMENTATION OF THESE STAFF LEARNING AND VOLUNTEER DEVELOPMENT OFFERINGS, CHARTERED ASSOCIATIONS ARE KEPT CURRENT ON BEST PRACTICES IN LUNG HEALTH PROGRAMS AND DELIVERY, ADVOCACY, FINANCIAL MANAGEMENT, FUNDRAISING, LEADERSHIP DEVELOPMENT, PROGRAM AND EVENT MARKETING AND VOLUNTEER MANAGEMENT.

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,860,386. including grants of \$ 497,186. ) (Revenue \$ 2,501,435.)

4e Total program service expenses 38,822,804.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes sub-questions for various IRS forms and financial reporting.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members, and meeting documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, Form 990 distribution, conflict of interest policy, whistleblower policy, document retention, compensation review, joint ventures, and participation in joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHRYN A. FORBES, CPA BOARD CHAIR	2.00	X		X				0.	0.	0.
(2) JOHN F. EMANUEL, JD BOARD VICE-CHAIR	2.00	X		X				0.	0.	0.
(3) PENNY J. SIEWERT SECRETARY/TREASURER	2.00	X		X				0.	0.	0.
(4) ROSS P. LANZAFAME, ESQ. PAST CHAIR	2.00	X		X				0.	0.	0.
(5) LINN P. BILLINGSLEY, BSN DIRECTOR	2.00	X						0.	0.	0.
(6) MICHAEL F. BUSK, M.D., MPH DIRECTOR	2.00	X						0.	0.	0.
(7) CHERYL A. CALHOUN, BA, MBA DIRECTOR	2.00	X						0.	0.	0.
(8) CHRISTOPHER CARNEY DIRECTOR	2.00	X						0.	0.	0.
(9) MICHAEL V. CARSTENS DIRECTOR	2.00	X						0.	0.	0.
(10) MARIO CASTRO, M.D., MPH DIRECTOR	2.00	X						0.	0.	0.
(11) ARTHUR A. CERULLO, JD DIRECTOR	2.00	X						0.	0.	0.
(12) PAULINE GRANT, MS, MBA, FACHE DIRECTOR	2.00	X						0.	0.	0.
(13) SUMITA B. KHATRI, M.D., M.S. DIRECTOR	2.00	X						0.	0.	0.
(14) ANGELA V. MASTROFRANCESCO DIRECTOR	2.00	X						0.	0.	0.
(15) ROBERT K. MERCHANT, M.D., M.S. DIRECTOR	2.00	X						0.	0.	0.
(16) STEPHEN J. NOLAN, ESQ. DIRECTOR	2.00	X						0.	0.	0.
(17) STEPHEN R. O'KANE DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HARRY PERLSTADT, PHD., MPH DIRECTOR	2.00	X					0.	0.	0.	
(19) AUSTIN K. PUGH DIRECTOR	2.00	X					0.	0.	0.	
(20) JANE Z. REARDON, MSN, APRN, CS, DIRECTOR	2.00	X					0.	0.	0.	
(21) AL ROWE DIRECTOR	2.00	X					0.	0.	0.	
(22) JEFFREY T. STEIN, CFP, CRPS DIRECTOR	2.00	X					0.	0.	0.	
(23) KARIN A. TOLLEFSON, PHARM D DIRECTOR	2.00	X					0.	0.	0.	
(24) LETICIA W. TOWNS DIRECTOR	2.00	X					0.	0.	0.	
(25) HAROLD WIMMER PRESIDENT & CEO	40.00			X			382,514.	0.	52,047.	
(26) LAURA SCOTT CHIEF FINANCIAL OFFICER	40.00			X			184,476.	0.	9,431.	
<b>1b Sub-total</b>							566,990.	0.	61,478.	
<b>c Total from continuation sheets to Part VII, Section A</b>							1,058,757.	0.	202,151.	
<b>d Total (add lines 1b and 1c)</b>							1,625,747.	0.	263,629.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 16

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ALANIZ METROGROUP 425 N. IRIS ST., MT. PLEASEANT, IA 52641	MARKETING	5,118,349.
RR DONNELLEY 1333 SCHEURING RD., DE PERE, WI 54115	SUPPLY CHAIN MANAGEMENT	4,024,462.
DANIEL EDLEMAN, INC, 200 E RANDOLPH ST., FLR 63, CHICAGO, IL 60601	PUBLIC RELATIONS	3,168,031.
BRICKMILL MARKETING SERVICES 24 MILL BROOK RD., WILTON, NH 03086	MARKETING	1,932,661.
INFOCISION MANAGEMENT CORP 325 SPRINGSIDE DR., AKRON, OH 44333	MARKETING	1,528,192.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 69

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,372,903.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	8,409,862.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		277,584.				
	<b>h Total.</b> Add lines 1a-1f		9,782,765.				
<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM REIMBURSEMENTS	<b>Business Code</b>	900099	22,339,931.	22,339,931.		
	<b>b</b> CHART. ASSOC. ASSESSME		900099	4,808,700.	4,808,700.		
	<b>c</b> PROGRAM SERVICE CONTRA		900099	3,609,416.	3,609,416.		
	<b>d</b> DIRECT RESP. ACTIVITY		900099	2,244,215.	2,244,215.		
	<b>e</b> MEMBERSHIP DUES		900099	63,725.	63,725.		
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			33,065,987.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			429,578.		429,578.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties			556,690.		556,690.	
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		6,436,709.					
		<b>b</b> Less: cost or other basis and sales expenses			6,342,776.		
		<b>c</b> Gain or (loss)			93,933.		
	<b>d</b> Net gain or (loss)			93,933.		93,933.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses					
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> RESEARCH GRANT SERVICE		900099	494,705.			494,705.	
	<b>b</b> PROGRAM PARTICIPANT FE		900099	236,168.		236,168.	
	<b>c</b> TRUST INCOME		900099	134,248.		134,248.	
	<b>d</b> All other revenue		900099	19,801.		19,801.	
	<b>e Total.</b> Add lines 11a-11d			884,922.			
<b>12 Total revenue.</b> See instructions.			44,813,875.	33,065,987.	0.	1,965,123.	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX  X

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,778,417.	6,778,417.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,531,049.	2,222,775.	278,465.	29,809.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,890,165.	2,538,153.	317,974.	34,038.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	1,367,601.	1,174,289.	173,646.	19,666.
<b>10</b> Payroll taxes	388,798.	333,841.	49,366.	5,591.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	104,062.	95,217.	7,805.	1,040.
<b>c</b> Accounting				
<b>d</b> Lobbying	221,973.	221,973.		
<b>e</b> Professional fundraising services. See Part IV, line 17	1,776,225.			1,776,225.
<b>f</b> Investment management fees	57,645.		57,645.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	6,236,598.	6,072,825.	140,016.	23,757.
<b>12</b> Advertising and promotion	15,173,177.	14,228,531.	758,659.	185,987.
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	792,595.	585,835.	189,731.	17,029.
<b>17</b> Travel	322,006.	291,878.	27,156.	2,972.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	281,900.	252,409.	26,561.	2,930.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	129,119.	115,001.	12,715.	1,403.
<b>23</b> Insurance	128,897.	99,709.	26,288.	2,900.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> RESIDENTIAL CAMPAIGN	1,967,726.	1,869,340.	98,386.	
<b>b</b> PROCESSING FEES	1,278,626.	1,107,420.	154,120.	17,086.
<b>c</b> OFFICE SUPPLIES & EQUIP	530,349.	498,968.	28,263.	3,118.
<b>d</b> MISCELLANEOUS	178,847.	178,847.		
<b>e</b> All other expenses	-1,564,444.	157,376.	50,321.	-1,772,141.
<b>25</b> Total functional expenses. Add lines 1 through 24e	41,571,331.	38,822,804.	2,397,117.	351,410.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	599,959.	377,974.	35,998.	185,987.

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	300.	<b>1</b>	550.
	<b>2</b> Savings and temporary cash investments .....	9,318,297.	<b>2</b>	13,137,880.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	3,543,192.	<b>4</b>	3,617,193.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	1,007,824.	<b>9</b>	1,030,940.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,380,491.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,194,849.		
	<b>11</b> Investments - publicly traded securities .....	215,805.	<b>10c</b>	185,642.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	15,324,523.	<b>11</b>	14,669,182.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	5,738,141.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	35,148,082.	<b>15</b>	5,395,076.	
		<b>16</b>	38,036,463.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,275,212.	<b>17</b>	2,033,125.
	<b>18</b> Grants payable .....	3,443,045.	<b>18</b>	3,790,814.
	<b>19</b> Deferred revenue .....	6,988,384.	<b>19</b>	9,155,191.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	9,002,444.	<b>25</b>	9,439,810.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	22,709,085.	<b>26</b>	24,418,940.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	6,970,520.	<b>27</b>	8,515,889.
	<b>28</b> Temporarily restricted net assets .....	1,415,412.	<b>28</b>	1,211,570.
	<b>29</b> Permanently restricted net assets .....	4,053,065.	<b>29</b>	3,890,064.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	12,438,997.	<b>33</b>	13,617,523.
<b>34</b> Total liabilities and net assets/fund balances .....	35,148,082.	<b>34</b>	38,036,463.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	44,813,875.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	41,571,331.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,242,544.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	12,438,997.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,048,224.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-1,015,794.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	13,617,523.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>c</b>	If "Yes" to line 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3a</b>	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?	X	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	11,915,758.	10,546,204.	8,618,848.	6,082,938.	9,782,765.	46,946,513.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	11,915,758.	10,546,204.	8,618,848.	6,082,938.	9,782,765.	46,946,513.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						46,946,513.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....	11,915,758.	10,546,204.	8,618,848.	6,082,938.	9,782,765.	46,946,513.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1,419,418.	1,592,243.	952,391.	1,178,134.	986,268.	6,128,454.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	1,024,657.	556,293.	517,426.	1,339,034.	884,922.	4,322,332.
<b>11 Total support.</b> Add lines 7 through 10						57,397,299.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	174,349,284.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	81.79 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	81.10 %
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2013.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** 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 Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Lined area for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 200px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 160px; height: 15px;"></div>	\$ <span style="background-color: black; display: inline-block; width: 80px; height: 15px;"></span>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<div style="background-color: black; width: 140px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 180px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 180px; height: 15px;"></div>	\$ <span style="background-color: black; display: inline-block; width: 80px; height: 15px;"></span>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

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

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

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

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public Inspection**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2014

LHA  
432041  
10-21-14

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....	X		
<b>d</b> Mailings to members, legislators, or the public? .....	X		26,152.
<b>e</b> Publications, or published or broadcast statements? .....	X		12,600.
<b>f</b> Grants to other organizations for lobbying purposes? .....	X		16,750.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		164,781.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	X		1,690.
<b>i</b> Other activities? .....	X		
<b>j</b> Total. Add lines 1c through 1i .....			221,973.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> 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	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, 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 AND ACCESS TO HEALTHCARE. WE ADVOCATE FOR CLEAN,



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2014**

**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 value of contributions to (during year) .....		
3 Aggregate value of 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 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 Tax 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, and not on a historic structure listed in the National Register .....	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 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)? .....
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
  - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 

(i) Revenue included in Form 990, Part VIII, line 1 .....	▶ \$ _____
(ii) Assets included in Form 990, Part X .....	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
 

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

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

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII 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, for escrow or custodial account liability?  Yes  No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,405,053.	1,201,259.	1,030,809.	1,099,684.	980,525.
b Contributions					
c Net investment earnings, gains, and losses	-59,489.	304,334.	259,407.	-23,972.	201,713.
d Grants or scholarships	98,509.	95,089.	77,218.	34,318.	72,000.
e Other expenditures for facilities and programs					
f Administrative expenses	9,385.	5,451.	11,739.	10,585.	10,554.
g End of year balance	1,237,670.	1,405,053.	1,201,259.	1,030,809.	1,099,684.

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  40.40 %
- c Temporarily restricted endowment  59.60 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		186,357.	151,799.	34,558.
d Equipment		742,716.	595,543.	147,173.
e Other		451,418.	447,507.	3,911.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				185,642.



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	3,715,880.
(2) AMOUNTS HELD ON BEHALF OF OTHERS	1,679,196.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	5,395,076.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PENSION & LIFE INSURANCE BENEFITS	4,869,463.
(3) DUE TO CHARTERED ASSOC.	1,002,166.
(4) AMOUNTS HELD ON BEHALF OF OTHERS	1,679,196.
(5) ANNUITY FUND INVESTMENTS	82,247.
(6) OTHER LIABILITIES	1,806,738.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	9,439,810.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	58,985,274.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-1,048,224.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	16,235,417.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-1,015,794.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	14,171,399.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	44,813,875.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	44,813,875.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	57,806,748.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	16,235,417.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	16,235,417.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	41,571,331.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	41,571,331.

**Part XIII Supplemental Information.**

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

PART IV, LINE 2B:

PERMANENTLY RESTRICTED NET ASSETS ARE PRIMARILY DEDICATED TO SUPPORTING RESEARCH SCHOLARS IN INTERSTITIAL RELATED LUNG DISEASES.

DALSEMER ENDOWMENT: IN 1983, LEONARD DALSEMER, THE JOHN A. HARTFORD FOUNDATION, AND THE WHEELABRATOR FOUNDATION ENDOWED THE NATIONAL OFFICE WITH \$500,000 (THE CORPUS) TO FUND RESEARCH TO FIND A CURE FOR INTERSTITIAL LUNG DISEASE. THE EARNINGS FROM THE CORPUS ARE TO FUND AN ANNUAL RESEARCH AWARD IN A MINIMAL AMOUNT OF \$30,000. THE TERM OF EACH AWARD IS THREE YEARS. ANNUAL EXPENDITURES ARE LIMITED TO 6% OF THE FAIR MARKET VALUE OF THE ENDOWMENT. THE AMERICAN LUNG ASSOCIATION IS TO STRIVE TO GROW THE ENDOWMENT BY SOLICITING ADDITIONAL DONOR CONTRIBUTIONS. THE

**Part XIII** Supplemental Information (continued)

AWARD IS ONLY TO BE CONFERRED WHEN THE REVIEW COMMITTEE DEEMS THE PROPOSED

RESEARCH MERITORIOUS.

MARY FULLER RUSSELL RESEARCH FUND: IN A SETTLEMENT ENTERED BY AMERICAN LUNG ASSOCIATION OF NEW HAMPSHIRE (ALANH) AND NATIONAL OFFICE (ALA) ON JULY 9, 2003, ALANH AGREED TO SET ASIDE, AS A SEGREGATED FUND, WITHIN ITS ENDOWMENT FUND, THE SUM OF \$1,297,643 REPRESENTING ALA'S 10% SHARE, AND TO MAINTAIN SUCH SEGREGATED FUND INTACT FOR THE PURPOSE OF PAYING TO AND ALLOWING ALA TO USE ALL THE INCOME AND THE ANNUAL NET APPRECIATION, IF ANY, IN THE FAIR VALUE OF THE SEGREGATED FUND FOR RESEARCH PURPOSES DETERMINED BY ALA. UNDER THE SETTLEMENT, SUCH SEGREGATED FUND IS TO BE HELD FOR ALA'S BENEFIT IN PERPETUITY. ALANH AND ALA AGREED THAT DISTRIBUTIONS FROM THE MARY FULLER RUSSELL RESEARCH FUND SHALL BE USED TO SUPPORT RESEARCH INTO LUNG HEALTH ISSUES, AND THAT RESEARCH GRANTS TO RECIPIENTS SHALL BE MADE UNDER THE NAME MARY FULLER RUSSELL RESEARCH FUND.

PART X, LINE 2:

GUIDANCE IN THE AREA OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES UNDER THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS STANDARD PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE-LIKELY-THAN-NOT TO BE SUSTAINED, IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE STANDARD ALSO PROVIDES GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE. THE FISCAL YEARS ENDED 2012, 2013 AND 2014 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.

**Part XIII** Supplemental Information (continued)

NATIONAL OFFICE HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE  
 OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO  
 DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS  
 NEXUS; AND, TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED  
 TAX POSITIONS. NATIONAL OFFICE INCURRED NO INTEREST OR PENALTIES RELATED  
 TO TAX LIABILITIES FOR THE YEAR ENDED JUNE 30, 2015.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUSTS	-199,461.
CHANGE IN VALUE OF SPLIT INTEREST TRUSTS	-23,221.
PENSION AND POST RETIREMENT PLAN CHANGES	-793,112.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-1,015,794.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
THOMPSON, HABIB & DENISON - 80 HAYDEN,, LEXINGTON, MA	DIRECT MAIL		X	23,167,913.	300,000.	22,867,913.
INFOCISION MANAGEMENT CORP - 325 SPRINGSIDE DR., AKRON, OH	RESIDENTIAL		X	1,749,994.	1,244,467.	505,527.
SFI NONPROFIT - 7800 3RD ST. N, SUITE 900, ST. PAUL, MN	TELEMARKETING		X	373,889.	231,758.	142,131.
<b>Total</b>				25,291,796.	1,776,225.	23,515,571.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO  
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY  
DC

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts .....			
	2	Less: Contributions .....			
	3	Gross income (line 1 minus line 2) .....			
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....			
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			
	11	Net income summary. Subtract line 10 from line 3, column (d) .....			

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue .....		
Direct Expenses	2	Cash prizes .....			
	3	Noncash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
	6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

PART I, LINE 2B, COLUMN (V):

THE AMERICAN LUNG ASSOCIATION'S NATIONAL OFFICE PROVIDES SUPPORT FOR  
 CHARTERED AMERICAN LUNG ASSOCIATIONS' DIRECT MAIL, RESIDENTIAL CAMPAIGNS,  
 AND TELEMARKETING. AS PART OF THIS SUPPORT, THE AMERICAN LUNG ASSOCIATION  
 (NATIONAL) CONTRACTS WITH PROFESSIONAL FUNDRAISERS TO DEVELOP FUNDRAISING  
 STRATEGIES ON THESE INITIATIVES. REVENUES FROM DIRECT RESPONSE,  
 RESIDENTIAL CAMPAIGN AND TELEMARKETING CAMPAIGNS ARE DISTRIBUTED TO THE  
 CHARTERED AMERICAN LUNG ASSOCIATIONS, AND EACH RESPECTIVE CHARTER  
 REIMBURSES NATIONAL FOR THEIR ALLOCABLE PORTION OF EXPENSES RELATED TO





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2014**

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALA OF MID-ATLANTIC 3001 OLD GETTYSBURG RD. CAMP HILL, PA 17011	25-1825116	501(C)(3)	226,250.	0.			FED. & PROG. GRANTS
ALA OF MIDLAND STATES 1950 ARLINGATE LANE COLUMBUS, OH 43228	31-4379531	501(C)(3)	110,585.	0.			FED. & PROG. GRANTS
ALA OF MOUNTAIN PACIFIC 7420 S. BRIDGEPORT RD, SUITE 200 TIGARD, OR 97224	93-0386887	501(C)(3)	51,875.	0.			FED. & PROG. GRANTS
ALA OF CALIFORNIA 333 HEGENBERGER RD, SUITE 450 OAKLAND, CA 94621	94-0362650	501(C)(3)	5,800.	0.			FED. & PROG. GRANTS
ALA OF THE NORTHEAST 21 WEST 38TH ST. NEW YORK, NY 10018	06-0646594	501(C)(3)	104,400.	0.			FED. & PROG. GRANTS
ALA OF THE SOUTHEAST 6852 BELFORT OAKS PLACE JACKSONVILLE, FL 32216	59-0662271	501(C)(3)	52,229.	0.			FED. & PROG. GRANTS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 67.
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2014)

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

(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
ALA OF THE SOUTHWEST 5600 GREENWOOD PLAZA BLVD. SUITE 1 GREENWOOD VILLAGE, CO 80111	86-0111676	501(C)(3)	143,092.	0.			FED. & PROG. GRANTS
ALA OF THE UPPER MIDWEST 3000 KELLY LANE SPRINGFIELD, IL 62707	20-4392201	501(C)(3)	79,969.	0.			FED. & PROG. GRANTS
ALBANY MEDICAL COLLEGE 47 NEW SCOTLAND AVE. ALBANY, NY 12208	14-1338310	501(C)(3)	40,000.	0.			RESEARCH
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	122,300.	0.			RESEARCH
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE. CLEVELAND, OH 44106	34-1018992	501(C)(3)	40,000.	0.			RESEARCH
CHILDREN'S HOSPITAL MEDICAL CENTER - CINCINNATI - 3333 BURNET AVE. - CINCINNATI, OH 45229	31-0833936	501(C)(3)	40,000.	0.			RESEARCH
COLUMBIA UNIVERSITY 722 W. 168TH ST, 4TH FLOOR NEW YORK, NY 10032	15-5598093	501(C)(3)	159,500.	0.			RESEARCH
CORNELL UNIVERSITY 575 LEXINGTON AVE. NEW YORK, NY 10022	13-1623978	501(C)(3)	40,000.	0.			RESEARCH
DUKE UNIVERSITY BOX 104132 DURHAM, NC 27708	56-0532129	501(C)(3)	169,900.	0.			RESEARCH

Schedule I (Form 990)

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

(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
GEORGIA REGENTS UNIVERSITY 1120 15TH ST. AUGUSTA, GA 30912	58-6002053	501(C)(3)	40,000.	0.			RESEARCH
INDIANA UNIVERSITY PO BOX 78000 DETROIT, MI 48278	35-6001673	501(C)(3)	65,000.	0.			RESEARCH
JOHNS HOPKINS UNIVERSITY 1101 E 33RD ST. D200 BALTIMORE, MD 21218	52-0595110	501(C)(3)	998,500.	0.			RESEARCH
LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - 433 BOLIVAR ST. - NEW ORLEANS, LA 70112	72-6087770	501(C)(3)	76,025.	0.			RESEARCH
LOVELACE RESPIRATORY RESEARCH INSTITUTE - 2425 RIDGECREST DR. - ALBUQUERQUE, NM 87108	85-0110669	501(C)(3)	40,000.	0.			RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT ST. BOSTON, MA 02114	04-1564655	501(C)(3)	205,000.	0.			RESEARCH
NATIONAL JEWISH MEDICAL AND RESEARCH CENTER - 1400 JACKSON ST. - DENVER, CO 80206	74-2044647	501(C)(3)	139,525.	0.			RESEARCH
NEMOURS CHILDREN CLINC 10140 CENTURION PARKWAY NORTH JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	75,050.	0.			RESEARCH
NEW YORK MEDICAL COLLEGE WOMEN'S AND CHILDREN CENTER - 40 SUNSHINE COTTAGE RD. - VALHALLA, NY 10595	13-1099420	501(C)(3)	75,425.	0.			RESEARCH

Schedule I (Form 990)

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

(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
NORTH DAKOTA STATE UNIVERSITY PO BOX 6050 FARGO, ND 58108	45-6002439	501(C)(3)	40,000.	0.			RESEARCH
NORTH SHORE LONG ISLAND JEWISH 300 COMMUNITY DR. MANHASSET, NY 11030	11-1562701	501(C)(3)	76,875.	0.			RESEARCH
NORTHWESTERN UNIVERSITY 619 CLARK ST. EVANSTON, IL 60208	36-2167817	501(C)(3)	140,000.	0.			RESEARCH
NYU SCHOOL OF MEDICINE 545 FIRST AVE. NEW YORK, NY 10016	13-5562308	501(C)(3)	59,400.	0.			RESEARCH
OREGON HEALTH & SCIENCE UNIVERSITY 3181 W. SAM JACKSON PARK RD. PORTLAND, OR 97239	93-1176109	501(C)(3)	132,500.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA BERKLEY - 2195 HEARST AVE. - BERKLEY, CA 94704	94-6002123	501(C)(3)	32,500.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA IRVINE - 1400 BIOLOGICAL SCIENCES III - IRVINE, CA 92697	95-2226406	501(C)(3)	100,000.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO - 3333 CALIFORNIA ST. SUITE 315 BOX 0962 - SAN FRANCISCO, CA 94118	94-6036493	501(C)(3)	200,000.	0.			RESEARCH
REGENTS OF UNIVERSITY OF MINNESOTA PO BOX 1450 MINNEAPOLIS, MN 55485	41-6007513	501(C)(3)	80,000.	0.			RESEARCH

Schedule I (Form 990)

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

(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
ROSALIND FRANKLIN UNIVERSITY 333 GREEN BAY RD. NORTH CHICAGO, IL 60046	36-2181973	501(C)(3)	40,000.	0.			RESEARCH
RUTGERS UNIVERSITY SCHOOL OF PUBLIC HEALTH - 7 COLLEGE AVE. WINANT HALL - NEW BRUNSWICK, NJ 08901	22-6001086	501(C)(3)	32,500.	0.			RESEARCH
SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH - 1275 YORK AVE. BOX 070 - NEW YORK, NY 10065	13-1924236	501(C)(3)	100,000.	0.			RESEARCH
ST. VINCENT OF INDIANA 1 HOSPITAL DR. INDIANAPOLIS, IN 46260	35-0869066	501(C)(3)	78,100.	0.			RESEARCH
STANFORD UNIVERSITY CORTE MADERA CREEK BLDG STE. 142, 3145 PORTER DR. - PALO ALTO, CA 94304	94-1156365	501(C)(3)	200,000.	0.			RESEARCH
THE OHIO STATE UNIVERSITY RESEARCH FOUNDATION - 1960 KENNY RD. - COLUMBUS, OH 43210	31-6401599	501(C)(3)	188,475.	0.			RESEARCH
THOMAS JEFFERSON UNIVERSITY 1020 WALNUT ST. PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	40,000.	0.			RESEARCH
TRUDEAU INSTITUTE 154 ALGONQUIN AVE. SARANAC LAKE, NY 12983	14-1401413	501(C)(3)	40,000.	0.			RESEARCH
TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY RD. HANOVER, NH 03755	02-0222111	501(C)(3)	99,962.	0.			RESEARCH

Schedule I (Form 990)

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

(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
TUFTS UNIVERSITY 169 HOLLAND ST. MEDFORD, MA 02144	04-2103634	501(C)(3)	40,000.	0.			RESEARCH
UNIVERSITY MEDICAL OF SOUTH FLORIDA - TAMPA - 3802 SPECTRUM BLVD. - TAMPA, FL 33612	59-2959590	501(C)(3)	37,725.	0.			RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM - UNIVERSITY STATION - BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	40,000.	0.			RESEARCH
UNIVERSITY OF ARIZONA PO BOX 3308 TUCSON, AZ 85922	74-2652689	501(C)(3)	192,811.	0.			RESEARCH
UNIVERSITY OF FLORIDA PO BOX 113001 GAINESVILLE, FL 32611	59-6002052	501(C)(3)	39,891.	0.			RESEARCH
UNIVERSITY OF ILLINOIS PO BOX 20787 SPRINGFIELD, IL 62708	37-6000511	501(C)(3)	40,000.	0.			RESEARCH
UNIVERSITY OF IOWA 85 JESSUP HALL IOWA CITY, IA 52242	42-6004603	501(C)(3)	75,000.	0.			RESEARCH
UNIVERSITY OF MARYLAND PO BOX 41428 BALTIMORE, MD 21203	52-6002033	501(C)(3)	40,000.	0.			RESEARCH
UNIVERSITY OF MIAMI PO BOX 025405 MIAMI, FL 33102	59-0624458	501(C)(3)	45,525.	0.			RESEARCH

Schedule I (Form 990)

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

(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
UNIVERSITY OF MISSOURI - KANSAS CITY - 5100 ROCKHILL RD, AC 202 - KANSAS CITY, MO 64110	43-6003859	501(C)(3)	91,625.	0.			RESEARCH
UNIVERSITY OF PITTSBURGH OFFICE OF FINANCIAL INFORMATION PITTSBURGH, PA 15260	25-0965591	501(C)(3)	40,000.	0.			RESEARCH
UNIVERSITY OF ROCHESTER 910 GENESEE ST. #200 ROCHESTER, NY 14611	16-0743209	501(C)(3)	40,000.	0.			RESEARCH
UNIVERSITY OF SOUTH ALABAMA 307 UNIVERSITY BLVD. MOBILE, AL 36688	63-0477348	501(C)(3)	40,000.	0.			RESEARCH
UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER - 62 S. DUNLAP, SUITE 300 - MEMPHIS, TN 38163	62-6001636	501(C)(3)	40,000.	0.			RESEARCH
UNIVERSITY OF TEXAS - MD ANDERSON CANCER CENTER - 1515 HOLCOMBE BLVD. - HOUSTON, TX 77030	74-6001118	501(C)(3)	100,000.	0.			RESEARCH
UNIVERSITY OF TEXAS - MEDICAL BRANCH AT GALVESTON - PO BOX 4786-750 - HOUSTON, TX 77210	74-6000949	501(C)(3)	115,000.	0.			RESEARCH
UNIVERSITY OF TEXAS - SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BLVD. - DALLAS, TX 75390	75-3175630	501(C)(3)	32,500.	0.			RESEARCH
UNIVERSITY OF VERMONT 85 SOUTH PROSPECT ST. BURLINGTON, VT 05405	03-0179440	501(C)(3)	77,675.	0.			RESEARCH

Schedule I (Form 990)

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

(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
UNIVERSITY OF VIRGINIA PO BOX 400202 CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	176,825.	0.			RESEARCH
UNIVERSITY OF WASHINGTON 3917 UNIVERSITY WAY SEATTLE, WA 98105	91-6001537	501(C)(3)	100,000.	0.			RESEARCH
UNIVERSITY OF WISCONSIN 600 HIGHLAND AVE. MADISON, WI 53792	39-0743975	501(C)(3)	40,000.	0.			RESEARCH
VANDERBILT UNIVERSITY 2301 VANDERBILT PL. NASHVILLE, TN 37240	62-0476822	501(C)(3)	32,500.	0.			RESEARCH
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - 902 YALEM, BOX 8052 660 S. EUCLID AVE. - ST. LOUIS, MO 63110	43-0653611	501(C)(3)	161,350.	0.			RESEARCH
YALE UNIVERSITY 2 WHITNEY AVE. 6TH FL. NEW HAVEN, CT 06510	06-0646973	501(C)(3)	212,500.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN DIEGO - 9500 GILMAN DR. - LA JOLLA, CA 92093	95-6006144	501(C)(3)	91,350.	0.			RESEARCH



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

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

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

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

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2014**

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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 .....

**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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HAROLD WIMMER PRESIDENT & CEO	(i)	357,514.	25,000.	0.	26,586.	25,461.	434,561.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LAURA SCOTT CHIEF FINANCIAL OFFICER	(i)	174,476.	10,000.	0.	8,197.	1,234.	193,907.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PAUL BILLINGS VP NATIONAL POLICY & ADVOCACY	(i)	183,636.	5,000.	0.	18,806.	1,557.	208,999.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SUSAN RAPPAPORT VP RESEARCH & PROGRAM	(i)	170,189.	5,000.	0.	18,950.	32,667.	226,806.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ALANA BURNS VP SIGNATURE CAUSE CAMPAIGN	(i)	155,624.	25,000.	0.	9,752.	1,155.	191,531.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) RUSSELL BURWELL VP GOVERNANCE	(i)	148,027.	5,000.	0.	15,233.	11,080.	179,340.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CRAIG FINSTAD AVP DIRECT RESPONSE OPERATION	(i)	134,861.	3,000.	0.	13,592.	10,550.	162,003.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CHAUNDA ROSEBOROUGH VP MARKETING & COMMUNICATIONS	(i)	119,731.	0.	0.	4,814.	29,069.	153,614.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	3	277,584.	
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2014)

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

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

LUNG DISEASE.

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

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

- FUNDS RESEARCH INTO THE CAUSES, PREVENTION AND CURES OF LUNG DISEASE.
- ADVOCATES FOR POLICIES THAT PROTECT LUNG HEALTH, INCLUDING FIGHTING FOR HEALTHY AIR.
- PROVIDES A BROAD ARRAY OF HEALTH EDUCATIONAL PROGRAMS AND SERVICES TO SUPPORT SMOKING CESSATION, HELP PREVENT LUNG DISEASE AND TO ASSIST PEOPLE WITH LUNG DISEASE IN BETTER MANAGING THEIR CONDITION.
- SUPPORTS LOCAL LUNG ASSOCIATIONS' IMPLEMENTATION OF HEALTH EDUCATIONAL PROGRAMS AND DISSEMINATION OF EDUCATIONAL MATERIAL.
- PROVIDES AN ARRAY OF LEARNING OPPORTUNITIES AND TOOLS TO DEVELOP NATIONWIDE VOLUNTEER AND STAFF LEADERS.
- PROVIDES EPIDEMIOLOGICAL DATA, MEDICAL AND SCIENTIFIC ADVICE AND COUNSEL TO THE PUBLIC AND LUNG ASSOCIATIONS.
- PROVIDES THE PUBLIC WITH THE LATEST INFORMATION ON LUNG DISEASE, AND NATIONAL AND LOCAL LUNG ASSOCIATION ACTIVITIES THROUGH THE AMERICAN LUNG ASSOCIATION WEBSITE, [WWW.LUNG.ORG](http://WWW.LUNG.ORG).
- ENSURES THAT ALL PROGRAMS AND SERVICES ARE CULTURALLY SENSITIVE AND

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

Schedule O (Form 990 or 990-EZ) (2014)

432211  
08-27-14

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

THAT THEY RESPOND TO THE LUNG HEALTH NEEDS OF ALL COMMUNITIES.

THE PROGRAM SERVICES OF THE AMERICAN LUNG ASSOCIATION NATIONAL

HEADQUARTERS CAN BE BROKEN DOWN INTO FOUR BROAD CATEGORIES: LUNG

CANCER, ASTHMA, LUNG DISEASE AND TOBACCO CONTROL, RESEARCH, FIELD

DEVELOPMENT AND SUPPORT, AND ADVOCACY AND ENVIRONMENTAL.

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

THIS WAS THE INAUGURAL YEAR FOR LUNG FORCE EXPOS, EVENTS THAT ALLOW

PATIENTS, CAREGIVERS AND HEALTHCARE PROVIDERS TO CONNECT AND LEARN THE

LATEST TRENDS, RESOURCES AND RESEARCH AROUND LUNG CANCER, COPD, ASTHMA

AND TUBERCULOSIS. IN OUR FIRST YEAR, 14 EXPOS REACHED OVER 2,000

PARTICIPANTS ACROSS THE COUNTRY. WE ALSO HELD EIGHT LUNG FORCE PATIENT

PANELS IN BOSTON AND FT. LAUDERDALE, SPENDING MORE THAN 130 HOURS

TALKING WITH PATIENTS AND CAREGIVERS ABOUT THEIR EXPERIENCES WITH LUNG

CANCER. WE ARE USING WHAT WE LEARNED TO DRIVE POSITIVE CHANGE IN THE

CONVERSATION WITH THE PUBLIC AND CLINICIANS ABOUT WOMEN AND LUNG

CANCER.

EVERY YEAR THE AMERICAN LUNG ASSOCIATION HELPS PEOPLE MANAGE THEIR LUNG

DISEASE, OVERCOME THEIR NICOTINE ADDICTION AND LIVE HEALTHIER LIVES.

LAST YEAR WE CONTINUED TO EXPAND OUR SUITE OF EDUCATION AND SUPPORT

TOOLS FOR PATIENTS WITH LUNG DISEASE AND THEIR CAREGIVERS. TO HELP

EASE THE BURDEN OF LUNG CANCER, WE CREATED UNIQUE VIDEOS AND

DOWNLOADABLE WORKSHEETS COVERING WHAT PATIENTS CAN EXPECT FOLLOWING

DIAGNOSIS. OUR NEW LUNG CANCER ACTION GUIDE SITE ALLOWS USERS TO

SELECT WHERE THEY ARE IN THEIR LUNG CANCER JOURNEY AND BE CONNECTED



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

WITH TARGETED LUNG ASSOCIATION RESOURCES. OUR LUNG HELPLINE, STAFFED

BY REGISTERED NURSES, RESPIRATORY THERAPISTS, CERTIFIED TOBACCO

TREATMENT SPECIALISTS AND COUNSELORS CONTINUED TO PROVIDE FREE

ASSISTANCE WITH SMOKING CESSATION SUPPORT AND LUNG HEALTH QUESTIONS.

WITH SUPPORT FROM THE CDC, THE LUNG ASSOCIATION HAS DEVELOPED A NUMBER

OF TOOLS TO ENSURE THAT STUDENTS WITH ASTHMA HAVE ACCESS TO THEIR

MEDICATION IN SCHOOL. THROUGH THESE TOOLS, THE LUNG ASSOCIATION IS

HELPING TO REDUCE THE NUMBER OF ASTHMA EMERGENCIES AT SCHOOL. WE HAVE

ALSO BEEN WORKING TO HELP ADULTS BETTER MANAGE THEIR ASTHMA WHILE AT

WORK THROUGH TOOLS SUCH AS ASTHMA BASICS, AN INTERACTIVE, ONLINE

LEARNING MODULE.

THE EXPANDING SMOKEFREE COMMUNITIES PROJECT, FUNDED BY THE CDC'S

COMMUNITY TRANSFORMATION GRANTS PROJECT ENABLED THE LUNG ASSOCIATION TO

FUND PROGRAMS IN 11 COMMUNITIES FOCUSING ON STRATEGIES LIKE SMOKEFREE

MULTI-UNIT HOUSING AND CESSATION SYSTEM CHANGES IN CLINICS AND MENTAL

HEALTH FACILITIES. IN PARTNERSHIP WITH THE CHARTERED LUNG ASSOCIATIONS,

WE WERE ABLE TO PROTECT OVER 415,000 PEOPLE FROM THE IMPACT OF TOBACCO

USE. THIS YEAR, THE LUNG ASSOCIATION PARTNERED WITH PFIZER TO LAUNCH

QUITTER'S CIRCLE: AN ONLINE COMMUNITY AND MOBILE APP DESIGNED TO HELP

SMOKERS FACE COMMON OBSTACLES ASSOCIATED WITH QUITTING THROUGH

EDUCATIONAL, SOCIAL AND FINANCIAL SUPPORT.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE AWARDS AND GRANTS PROGRAM FOSTERS LABORATORY AND PATIENT-CENTERED

AND SOCIAL BEHAVIOR RESEARCH TO PREVENT, TREAT AND HOPEFULLY FIND A

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

CURE FOR ALL LUNG DISEASES. IN CONNECTION WITH OUR LUNG FORCE INITIATIVE TO FIGHT LUNG CANCER, WE DEDICATED \$1.6 MILLION TO LUNG CANCER RESEARCH. THIS REPRESENTS A 50 PERCENT INCREASE IN RESEARCH SPENDING OVER THE PRIOR YEAR, AND COMBATS THE LEADING CAUSE OF CANCER-RELATED DEATH IN THE UNITED STATES.

THIS PAST YEAR, OUR AIRWAYS CLINICAL RESEARCH CENTERS NETWORK (ACRC) EXPANDED ITS RESEARCH TO INCLUDE COPD. THE ACRC IS THE NATION'S LARGEST NETWORK CONDUCTING ASTHMA AND COPD CLINICAL TRIALS OUTSIDE THE PHARMACEUTICAL INDUSTRY. IN FY15, THE ACRC LAUNCHED TWO NEW INITIAL COPD STUDIES: ANXIETY AND COPD EVALUATION (ACE) AND RESISTANT AIRWAY OBSTRUCTION IN CHILDREN (REACH).

THE RESULTS OF THE NHLBI SUPPORTED STUDY OF SOY ISOFLAVONES IN ASTHMA (SOYA) WERE REPORTED IN THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION. OUR STUDY DID NOT FIND EVIDENCE OF SYMPTOM IMPROVEMENT IN PATIENTS TAKING SOY ISOFLAVONES, SUGGESTING THAT PATIENTS MAY BE BUYING AND TAKING AN UNNECESSARY AND INEFFECTIVE SUPPLEMENT.

WE PUBLISHED "PROVIDING GUIDANCE ON LUNG CANCER SCREENING TO PATIENTS, AND PHYSICIANS," WHICH CONTAINS UPDATED RECOMMENDATIONS ABOUT LOW-DOSE CT SCREENING FOR LUNG CANCER AND RECOMMENDATIONS THAT ASSESSMENT OF SMOKING HISTORY AND PROVISION OF SMOKING CESSATION SERVICES BE PART OF ANY LUNG CANCER SCREENING PROGRAM. WE ALSO SIGNED AN AGREEMENT WITH THE FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH TO HELP SUPPORT THE LUNG-MAP PROJECT, A GROUNDBREAKING, COLLABORATIVE APPROACH TO CLINICAL TRIALS IN SQUAMOUS CELL LUNG CANCER.

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

ONE-ON-ONE COACHING AND CONSULTATION BY NATIONAL HEADQUARTERS STAFF IS

432212  
08-27-14

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

OFFERED AS NEEDED OR REQUESTED. INDIVIDUAL DISCIPLINE GROUPS (E.G. CHIEF EXECUTIVE OFFICERS, CHIEF FINANCIAL OFFICERS, CHIEF DEVELOPMENT OFFICERS, PROGRAM MANAGERS, ETC.) MEET REGULARLY WITH NATIONAL HEADQUARTERS PEERS TO SHARE IDEAS, PROBLEM-SOLVE, AND NETWORK.

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

THE AMERICAN LUNG ASSOCIATION BOARD OF DIRECTORS PROVIDES STRATEGIC DIRECTION FOR THE NATIONAL HEADQUARTERS AND ITS CHARTERED ASSOCIATIONS. COORDINATION AND MONITORING OF NATIONAL AND CHARTERED ASSOCIATION STRATEGIC ALIGNMENT IS PROVIDED THROUGH A BOARD-APPROVED METRIC-BASED PERFORMANCE MANAGEMENT SYSTEM. THE AMERICAN LUNG ASSOCIATION BOARD OF DIRECTORS IS RESPONSIBLE FOR OVERSIGHT OF CHARTERED ASSOCIATION COMPLIANCE TO POLICIES AND PERFORMANCE STANDARDS. ASSISTANCE IS PROVIDED BY THE NATIONAL HEADQUARTERS TO THOSE CHARTERED ASSOCIATIONS THAT DO NOT MEET REQUIREMENTS AND/OR STANDARDS.

A VARIETY OF NATIONAL STAFF PROVIDE SPECIAL EVENTS SUPPORT TO THE ALA CHARTERED REGIONAL ASSOCIATIONS. THIS SUPPORT IS DESIGNED TO ASSIST IN THE DEVELOPMENT, MARKETING AND IMPLEMENTATION OF EVENTS AND PROMOTIONS STRATEGIES. AMONG THE ASSISTANCE PROVIDED ARE PLANNING (GOAL SETTING, STRATEGIC REVIEW, DEVELOPMENT OF TEMPLATE MATERIAL, FEASIBILITY STUDIES); TRAINING (MONTHLY CONFERENCE CALLS, BEST PRACTICE STAFF

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

TRAINING, LISTSERV BASED MATERIALS, STAFF TRAINING WEBINARS, ETC.);  
 IMPLEMENTATION (SPONSORSHIP CALLS, RECRUITMENT, EVENT  
 ATTENDANCE/PARTICIPATION); COACHING (STAFF, LEADERSHIP, VOLUNTEERS);  
 COORDINATION OF BRANDED MARKETING COLLATERAL; SOLICITATION OF NATIONAL  
 SPONSORS/TEAMS; BUILDING, FACILITATING AND INTEGRATING E-COMMERCE  
 PLATFORMS; AND EVALUATION OF NEW EVENTS. THE PRIMARY FOCUS IS TO  
 INCREASE THE CHARTERED ASSOCIATIONS NET REVENUE AND FULLY INTEGRATE  
 BEST PRACTICE STRATEGIES INTO THE OVERALL WORK PLAN.

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

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

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

IN 2014 - 2015 WE MADE SIGNIFICANT HEADWAY IN OUR EFFORTS TO ADVOCATE FOR HEALTHY LUNGS AND HEALTHY AIR. THE AMERICAN LUNG ASSOCIATION WORKS TO DEFEND THE CLEAN AIR ACT AND THE FAMILY SMOKING PREVENTION AND TOBACCO CONTROL ACT, SUPPORTS LEGISLATION THAT PROTECTS OUR CHILDREN FROM DEADLY AIR POLLUTION AND TOBACCO PRODUCTS, AND SUPPORTS FUNDING FOR CRITICAL LUNG DISEASE RESEARCH AND HEALTH PROGRAMS AT THE FEDERAL LEVEL - AND MUCH MORE.

THIS PAST YEAR, WE ADVOCATED FOR THE U.S. ENVIRONMENTAL PROTECTION AGENCY (EPA) TO ADOPT A STRONG FINAL CLEAN POWER PLAN TO REDUCE CARBON POLLUTION FROM NEW AND EXISTING POWER PLANTS. TO HIGHLIGHT THE HEALTH IMPACTS OF CLIMATE CHANGE, WE HOSTED EPA ADMINISTRATOR GINA MCCARTHY AT A ROUNDTABLE IN CHICAGO THIS APRIL AND PARTICIPATED IN THE WHITE HOUSE SUMMIT ON CLIMATE CHANGE AND HEALTH IN JUNE IN WASHINGTON, DC.

OUR 16TH ANNUAL "STATE OF THE AIR" REPORT SHOWED THAT MORE THAN FOUR IN 10 AMERICANS LIVE IN COUNTIES WHERE OZONE OR PARTICLE POLLUTION LEVELS MAKE THE AIR UNHEALTHY TO BREATHE. THE REPORT FINDINGS WERE CITED IN TESTIMONY BEFORE CONGRESS AND IN EDITORIALS NATIONWIDE WITH MORE THAN 1.67 BILLION EARNED MEDIA IMPRESSIONS.

THANKS IN PART TO LUNG ASSOCIATION LEGAL ACTION, THE EPA PROPOSED TO STRENGTHEN THE NATIONAL STANDARD FOR OZONE POLLUTION. FOLLOWING THE PROPOSAL, THE LUNG ASSOCIATION HELPED ORGANIZE MORE THAN 30 HEALTH PROFESSIONALS AND VOLUNTEERS TO TESTIFY AT EPA PUBLIC HEARINGS IN TEXAS, CALIFORNIA, AND WASHINGTON, DC. WE ALSO, ALONG WITH 12 OTHER NATIONAL HEALTH ORGANIZATIONS, SUBMITTED COMMENTS TO EPA AND HELPED

RECRUIT MORE THAN 1,000 HEALTH PROFESSIONALS TO JOIN THE FIGHT URGING

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

EPA TO SET THE MOST HEALTH-PROTECTIVE STANDARDS.

PRESIDENT OBAMA, U.S. SURGEON GENERAL VIVEK MURTHY, MD, AND EPA

ADMINISTRATOR GINA MCCARTHY JOINED A ROUNDTABLE AT HOWARD UNIVERSITY

WHERE LUNG ASSOCIATION VOLUNTEER TYRA BRYANT-STEPHENS, MD, SHARED HER

CONCERNS ABOUT THE HEALTH IMPACTS OF CLIMATE CHANGE ON CHILDREN WITH

ASTHMA, INCLUDING THOSE SHE SERVES THROUGH HER WORK AT THE CHILDREN'S

HOSPITAL OF PHILADELPHIA.

OUR 13TH ANNUAL "STATE OF TOBACCO CONTROL" REPORT RELEASED IN JANUARY

2015, FOUND THAT STATES AND THE FEDERAL GOVERNMENT ARE NOT DOING ENOUGH

TO ELIMINATE TOBACCO-CAUSED DEATH AND DISEASE.

THIS YEAR, WE ALSO URGED THE OBAMA ADMINISTRATION TO MOVE QUICKLY AND

PROTECT PUBLIC HEALTH AND THE HEALTH OF THE NATION'S YOUTH BY GIVING

THE FOOD AND DRUG ADMINISTRATION OVERSIGHT AUTHORITY OVER ALL TOBACCO

PRODUCTS, INCLUDING E-CIGARETTES, CIGARS AND HOOKAH.

NEW ORLEANS WENT SMOKEFREE IN ALL PUBLIC PLACES AND WORKPLACES,

INCLUDING BARS AND CASINOS. THE LUNG ASSOCIATION PLAYED A PIVOTAL ROLE

IN PASSAGE OF THE LAW AND DEFENDING IT AGAINST ATTACKS FROM OPPONENTS.

EXPENSES \$ 2,860,386. INCL GRANTS OF \$ 497,186. REVENUE \$ 2,501,435.

FORM 990, PART VI, SECTION A, LINE 1:

EXECUTIVE COMMITTEE:

THE EXECUTIVE COMMITTEE SHALL ACT IN PLACE OF AND WITH THE FULL AUTHORITY

OF THE BOARD OF DIRECTORS WHEN THE BOARD OF DIRECTORS IS NOT IN SESSION,

SUBJECT TO THE BOARD'S POWER TO AMEND OR CHANGE THOSE ACTIONS WHICH HAVE

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

NOT BEEN IMPLEMENTED PRIOR TO THE BOARD MEETING OR MEETINGS FOLLOWING THE EXECUTIVE MEETING AT WHICH SUCH ACTION WAS TAKEN. THE BOARD OF DIRECTORS HAS THE POWER TO AUTHORIZE AND DELEGATE TO THE EXECUTIVE COMMITTEE TO THE EXTENT PERMITTED BY THE ASSOCIATION'S BYLAWS AND APPLICABLE LAW.

THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE AUTHORITY TO APPOINT OFFICERS EXCEPT ON AN INTERIM BASIS TO FILL A VACANCY, ENTER INTO OR AMEND CONTRACTS WITH OFFICERS, AMEND THE POLICIES MANUAL, OR BORROW MONEY IN EXCESS OF THE AMOUNTS EXPRESSLY AUTHORIZED BY THE BOARD. THE EXECUTIVE COMMITTEE SHALL HAVE NO AUTHORITY TO AMEND THE ARTICLES OF INCORPORATION, ADOPT A PLAN OF MERGER OR CONSOLIDATION, AUTHORIZE THE SALE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY AND ASSETS OF THE ASSOCIATION, AUTHORIZE THE VOLUNTARY DISSOLUTION OF THE ASSOCIATION OR REVOCATION OF SUCH DISSOLUTION, OR AMEND THE BYLAWS OF THE ASSOCIATION.

THE EXECUTIVE COMMITTEE MAY ESTABLISH A LEADERSHIP SUBCOMMITTEE CONSISTING OF THE CHAIR, VICE-CHAIR, AND PAST-CHAIR, WHICH SHALL SERVE AS THE EXECUTIVE COMMITTEE'S LIAISON TO THE PRESIDENT AND CEO.

FORM 990, PART VI, SECTION A, LINE 1:  
THE GOVERNANCE COMMITTEE, TAKING INTO ACCOUNT GEOGRAPHY, EXPERTISE, RACE, ETHNICITY, GENDER, AGE AND OTHER DIVERSITY FACTORS, SHALL PRESENT ANNUALLY TO THE BOARD OF DIRECTORS ITS RECOMMENDED NOMINEES FOR MEMBERS OF THE BOARD OF DIRECTORS, MEMBERS OF THE GOVERNANCE COMMITTEE AND OFFICERS (OTHER THAN THE PRESIDENT AND CHIEF EXECUTIVE OFFICER) OF THE ASSOCIATION (INCLUDING A RECOMMENDATION WHERE APPROPRIATE, FOR THE DESIGNATION OF THE VICE-CHAIR AS CHAIR-ELECT). OTHER NOMINATIONS MAY NOT BE MADE AT THE MEETING OF THE BOARD OF DIRECTORS FROM THE FLOOR.

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

FORM 990, PART VI, SECTION B, LINE 11:

AMERICAN LUNG ASSOCIATION HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND REVIEWED BY THE CFO. PRIOR TO ELECTRONIC SUBMISSION, IT IS REVIEWED BY THE ORGANIZATION'S DELEGATED RESPONSIBLE BODY, THE AUDIT AND RISK OVERSIGHT COMMITTEE, FOR APPROVAL. AFTER APPROVAL BY THE AROC COMMITTEE, THE MEMBERS OF THE GOVERNING BODY REVIEW THE FORM PRIOR TO SUBMISSION. ALL COMMENTS ARE DOCUMENTED, ADDRESSED AND FINALIZED BEFORE SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C:

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

FORM 990, PART VI, SECTION B, LINE 15:

THE AMERICAN LUNG ASSOCIATION HAS ESTABLISHED A COMPENSATION POLICY FOR ITS LEADERSHIP COMMITTEE TO FOLLOW IN ESTABLISHING THE COMPENSATION FOR ITS CEO, TOP MANAGEMENT OFFICIAL, OTHER OFFICERS OR KEY EMPLOYEES. THE POLICY MANDATES THAT EXECUTIVE COMPENSATION BE PERIODICALLY REVIEWED BY THE COMMITTEE AND THAT THE COMMITTEE SHOULD BE FREE OF CONFLICTS OF INTEREST.

IN ADDITION, THE APPROVING COMMITTEE NEEDS TO REVIEW APPROPRIATE AND



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

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

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, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC

ND, OH, OK, OR, PA, RI, SC, TN, VA, WA, WV, WI

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.LUNG.ORG. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST. OUR WEBSITE ALSO PROVIDES THE NAMES OF OUR BOARD OF DIRECTORS AND OUR ETHICS POLICY.

FORM 990, PART VIII, LINE 2

REIMBURSEMENT FROM CHARTER ASSOCIATION:

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

AT JUNE 30, 2015, THERE WERE EIGHT CHARTERED ORGANIZATIONS THAT HAVE JURISDICTION OVER SPECIFIC GEOGRAPHICAL AREAS. EACH CHARTERED ASSOCIATION IS REQUIRED TO REMIT A MONTHLY BUNDLED BILLING AMOUNT, WHICH INCLUDES A FEE FOR SOME SERVICES OR CONTRACTS HELD BY NATIONAL OFFICE. PART OF THESE FEES PERTAIN TO NATIONAL OFFICE DIRECT MARKETING AND THE ROI DATA PROGRAM WHICH PROVIDES INFORMATION ON DONORS AND FUNDRAISING EVENTS CONDUCTED BY AND FOR THE BENEFIT OF CHARTERED ASSOCIATIONS. DONATIONS RESULTING FROM THE DIRECT MAIL CAMPAIGN AND REVENUE RAISED BY THE DIRECT MARKETING PROGRAM ARE REMITTED TO THE CHARTERED ASSOCIATIONS BASED ON THE ZIP CODE OF THE DONOR. THE CHARTERED ASSOCIATIONS REIMBURSE NATIONAL OFFICE FOR COSTS REQUIRED TO OPERATE THIS PROGRAM. THESE REIMBURSEMENTS ARE SHOWN AS PROGRAM REIMBURSEMENT REVENUE FROM CHARTERED ASSOCIATIONS ON THE ACCOMPANYING STATEMENTS OF ACTIVITIES. THIS REVENUE IS RECOGNIZED AS EXPENSES ARE INCURRED. FOR THE YEARS ENDING JUNE 30, 2015 AND 2014, PROGRAM REIMBURSEMENTS APPROXIMATED \$22,300,000 AND \$21,100,000, RESPECTIVELY.

EACH CHARTERED ASSOCIATION IS ALSO REQUIRED TO REMIT A MONTHLY ASSESSMENT, WHICH NATIONAL OFFICE USES IN A VARIETY OF WAYS INCLUDING, BUT NOT LIMITED TO, PROVIDING NATIONAL LEADERSHIP, ASSISTANCE AND GUIDANCE IN THE AREAS OF FIELD PROGRAM DEVELOPMENT, FIELD FUNDRAISING AND FIELD MANAGEMENT ADVISORY AND OTHER ACTIVITIES. THIS REVENUE IS RECOGNIZED OVER THE ASSESSMENT PERIOD. FOR THE YEARS ENDED JUNE 30, 2015 AND 2014, CHARTERED ASSOCIATIONS' ASSESSMENTS REVENUE APPROXIMATED \$4,800,000 AND \$4,700,000 RESPECTIVELY.

ADDITIONALLY, PER NATIONAL OFFICE'S AGREEMENT WITH EACH CHARTERED ASSOCIATION, NATIONAL OFFICE RECEIVES 30% OF DIRECT RESPONSE REVENUES,

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

LESS DIRECT RESPONSE EXPENSES AND 13% OF ALL UNRESTRICTED BEQUESTS IN  
THOSE INSTANCES WHEN THE DONOR DIED PRIOR TO JULY 1, 2009. THIS REVENUE  
IS RECOGNIZED IN THE PERIOD WHEN CONTRIBUTIONS ARE COLLECTED. FOR THE  
YEARS ENDED JUNE 30, 2015 AND 2014, THE ALLOCABLE SHARE OF DIRECT  
RESPONSE ACTIVITIES AND BEQUEST SHARE REVENUE FROM CHARTERED  
ASSOCIATIONS APPROXIMATED \$2,200,000 AND \$2,300,000 RESPECTIVELY.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER:

PROGRAM SERVICE EXPENSES	1,431,184.
MANAGEMENT AND GENERAL EXPENSES	59,395.
FUNDRAISING EXPENSES	14,905.
TOTAL EXPENSES	1,505,484.

PROGRAM CONSULTING:

PROGRAM SERVICE EXPENSES	4,641,641.
MANAGEMENT AND GENERAL EXPENSES	80,621.
FUNDRAISING EXPENSES	8,852.
TOTAL EXPENSES	4,731,114.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	6,236,598.
--	------------

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUSTS	-199,461.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-23,221.
BENEFIT RELATED CHANGES	-793,112.
TOTAL TO FORM 990, PART XI, LINE 9	-1,015,794.

• 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).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  AMERICAN LUNG ASSOCIATION	Employer identification number (EIN) or  13-1632524
	Number, street, and room or suite no. If a P.O. box, see instructions. 55 W. WACKER DRIVE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60601	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

LAURA SCOTT, CFO

• The books are in the care of  3000 KELLY LANE - SPRINGFIELD, IL 62711  
Telephone No.  217-787-5864 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, 2016.

5 For calendar year       , or other tax year beginning JUL 1, 2014, and ending JUN 30, 2015.

6 If the tax year entered in line 5 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 NECESSARY TO GATHER SUFFICIENT INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Forms 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.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification must be completed for Part II only.**

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  Date