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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.ins.gov/form990.

A I	or th	2014 calendar year, or tax year beginning	JUL 1, 2014 and	lending J	UN 30, 2015		
B	Check if applicab	C Name of organization			D Employer ic	lentific	ation number
	Addre	e AMERICAN LUNG ASSOCIATION					
	Name	Doing business as			13	-1632	524
	lnitial return	Number and street (or P.O. box if mail is not o	delivered to street address)	Room/suite	E Telephone n	umber	
	Final return termir	55 W. WACKER DRIVE				7-787	-5864
	ated Amen	City or town, state or province, country, an	d ZIP or foreign postal code		G Gross receipts \$		51,156,651.
$\vdash$	⊒return ∏Applic	CHICAGO, IL 60601			H(a) Is this a gr		
	_tion pendi	r Name and address of principal officer;	OLD WIMMER				Yes X No
		SAME AS C ABOVE			H(b) Are all subord	inates inc	cluded? Yes No
_		empt status: X 501(c)(3) 501(c) (	) <b>◄</b> (insert no.) 4947(a)(1)	or 527	If "No," att	ach a li	ist. (see instructions)
		te: WWW.LUNG.ORG			H(c) Group exe	mption	number 🕨
			Association Other	∟ Year	of formation: 191	8 M	State of legal domicile: ME
Pa	art I	Summary					
Ð	1	Briefly describe the organization's mission or mo	st significant activities: THE MI	SSION OF	THE AMERICAN	LUNG	
Activities & Governance		ASSOCIATION IS TO SAVE LIVES BY IMPRO	OVING LUNG HEALTH AND PR	EVENTING			
Ë	2	Check this box 🕨 🔲 if the organization disc	ontinued its operations or dispo	sed of more	than 25% of its	net ass	sets.
ove		Number of voting members of the governing bod					24
Ğ	4	Number of independent voting members of the g	overning body (Part VI, line 1b)			4	24
SS		Total number of individuals employed in calendar					74
itie		Total number of volunteers (estimate if necessary					142827
ξį	72	Total unrelated business revenue from Part VIII, o	oolumn (C) line 12			7a	0.
Ā	/ h	Net unrelated business taxable income from Forr	~ 000 T line 24		*******************	7b	0.
		Net difference business taxable income from For	11 990-1, lifte 34			1/0	
		Contributions and exacts (Bost VIII line 1b)			Prior Year 6,082,	020	Current Year
Revenue				100			9,782,765.
ver					38,549,		33,065,987.
æ		Investment income (Part VIII, column (A), lines 3,			819,		523,511.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8			2,050,	_	1,441,612.
_		Total revenue - add lines 8 through 11 (must equa-			47,501,		44,813,875.
		Grants and similar amounts paid (Part IX, column			8,932,		6,778,417.
		Benefits paid to or for members (Part IX, column				0.	0.
es		Salaries, other compensation, employee benefits			5,738,		7,177,613.
Expenses		Professional fundraising fees (Part IX, column (A)			2,206,	462.	1,776,225.
X		Total fundraising expenses (Part IX, column (D), li		410.			
۳,	17	Other expenses (Part IX, column (A), lines 11a-11	d, 11f-24e)		27,126,	245.	25,839,076.
	18	Total expenses. Add lines 13-17 (must equal Part	: IX, column (A), line 25)		44,003,	967.	41,571,331.
	19	Revenue less expenses. Subtract line 18 from lin	e 12		3,497,	555.	3,242,544.
IS OF				Be	ginning of Current	Year	End of Year
aaa	20	Total assets (Part X, line 16)			35,148,	082.	38,036,463.
38	20 21 22	Fotal liabilities (Part X, line 26)			22,709,	085.	24,418,940.
碧	22	Net assets or fund balances. Subtract line 21 from	m line 20		12,438,	997.	13,617,523.
	ırt II	Signature Block					
Jnde	er pena	ties of perjury, I declare that I have examined this return	n, including accompanying schedule	s and statem	ents, and to the bes	t of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than effic					,
		Laura Scott	·		14/	HI	0
Sigr	1	sign ture of officer			Date	1100	
Here		LAURA SCOTT, CFO					
		Type or print name and title					
		Print/Type preparer's name	Preparer's signature	1	ate ch	eck	PTIN
aid		ICHARD LYNCH	RICHARD LYNCH	0:	2 (01 /16 if		₽01514704
rep	arer	Firm's name SIKICH LLP	Miles		Firm's EI	f-emuloyed N 🛌	36-3168081
	Only	Firm's address 3201 W. WHITE OAKS DR.	STE. 102		T IIII 3 LI	-	
-	1	SPRINGFIELD, IL 62704			Phone P	1 (217	793-3363
/lav	the IF	S discuss this return with the preparer shown ab	nova? (see instructions)		Lugue Re	), \ U ± 1	X Yes No
• 14 Y	CALL DAY 11	o alcouse this formit with the propare: SHOWH at	MARKET PEC HISTIACTIONS 191				. — Tes — No

Ра	Statement of Program Service Accomplishments	Х
1	Check if Schedule O contains a response or note to any line in this Part III	
•	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?	□No
	If "Yes," describe these new services on Schedule O.	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	∐No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	1
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$19,572,458. including grants of \$255,220. ) (Revenue \$17,116,3	<u> </u>
	LUNG CANCER, ASTHMA, LUNG DISEASE AND TOBACCO CONTROL:	
	THE GIVEN TO IN TRANSPORTED AND ADDRESS OF A MADE AND ADDRESS.	
	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 \$6,030,900)	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.	
40		664 \
4c	(Code:) (Expenses \$ 9,494,082. including grants of \$ 508. ) (Revenue \$ 8,302,000 SUPPORT OF AMERICAN LUNG ASSOCIATION CHARTERED ASSOCIATIONS:	<del>,,,,</del> )
	BOTTOKT OF IMPLICIAL BONG INDOCTATION CHARTERED INDOCTATIONS.	
	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	(Expenses \$ 2,860,386. including grants of \$ 497,186.)       (Revenue \$ 2,501,435.)         Total program service expenses ▶ 38,822,804.	
	Form <b>990</b>	(2014)

2014.05091 AMERICAN LUNG ASSOCIATION

# Form 990 (2014) AMERICAN LUNG ASSO Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	ا ــ ا		.,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	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? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	1
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
46	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		X
20a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(0044)

Form **990** (2014)

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

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			١
٠.	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
20	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-00		
٥.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
			~~~	

Form **990** (2014)

# Form 990 (2014) AMERICAN LUNG ASSOCIATION Part V Statements Regarding Other IRS Filings and Tax Compliance

18 Enter the number reported in Box 3 of Form 1096. Enter- 0° if not applicable be freter the number of Forms W-26 included in line 1a. Enter 0° if not applicable be from the number of Forms W-26 included in line 1a. Enter 0° if not applicable by the properties of		Check if Schedule O contains a response or note to any line in this Part V					Ш
be Enter the number of Forms W26 included in line 1a. Enter 0 if not applicable of Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field of the capital capital provided on the provided of the organization field and the organization field of the organization field and the organization field field field field field field field field				1		Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) withings to prize withinsers?  2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return.  1b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b If vess, the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Dif the "Yes," has if filed a form 990 Ti for this year? If 'No," to line 3b, provide an explanation in Schedule O  3b If "Yes," that if the and the foreign country. ►  3a Ti "Yes," enter the name of the foreign country. ►  3b If "Yes," enter the name of the foreign country. ►  3c Was the organization and are not the foreign country. ►  3c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  3c Did any taxable party notify the organization file form 8888.7?  3c Did any taxable party notify the organization file form 8888.7?  3c Did say taxable party notify the organization file form 8888.7?  3c Does the organization have around gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  3c If "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  3c Did the organization necesses of \$75 made party to a grothibition and party for goods and services provided to the paper?  3d If "Yes," did the organization necesses a payment in excess of \$75 made party to a grothibition and party for goods and services provided to the paper and the organization receives any funds, directly, to pay premiums on a personal benefit contract?  3				68			
(agambling) winnings to prize winners?  En Enter the number of employees reported on Form W-6. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  It is a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file 6ee instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did the organization thave unrelated business gross income of \$1,000 or more during the year?  3a Did the organization and the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; by  3b If "Yes," enter the name of the foreign country; by  See instructions for filing requirements for Filing				0			
2a Enter the number of employees reported on Form W-S, Transmittal of Wage and Tax Statements, filed for the calendar year anding with or within the year covered by this return.  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  As Del. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unreliated business gross income of ST, 000 or more during the year?  3a Did Hower St, 18 filed a Form 990-T for this year? If 'No,' To line 3b, provide an explanation in Schedule O  3b Did 4A rany time during the calendary year, did the organization have un interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any toxable party nority the organization that it was or is a party to a prohibited tax shelter transaction?  5c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?  5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible.  b Did the organization sective a payment in excess of \$75 made party is a contribution of quality and party for goods and services provided to the payor?  7b If 'Yes,' did the organization include with every solicitation an express statement that such contributors?  7c Did the organization sective a payment in excess of \$75 made party is a contribution of quality and payment in the payor and payment in express of \$75 made p	С						
filed for the calendar year ending with or within the year covered by this return			 T	 I	1c		
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to € file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5b If 'Yes,' enter the name of the foreign country?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5b Was the organization have the organization that it was or is a party to a prohibited tax shelter transaction?  5c If 'Yes,' to line 5a or 5b, did the organization file Form 8888-17  5c Did any taxable party notify the organization file Form 8888-17  5c Dives the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6c If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c)  3d If the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7d If 'Yes,' did the organization motify the donor of the value of the goods or services provided to the payor?  7d If 'Yes,' did the organization sell, exchange, or otherwise dispose of tanglible personal property for which it was required?  7d If 'Yes,' did the organization sell, exchange, or otherwise dispose of tanglible personal property for which it was required?  7d If 'Yes	2a						
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-//e/e (see instructions) 3							
3a   bit he organization have unrelated business gross income of \$1,000 or more during the year?  3a   bit "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account()?  4b If "Yes," after the name of the foreign country (such as a bank account, securities account, or other financial account()?  5c If "Yes," to lift the foreign country (such as a bank account, securities account, or other financial account()?  5c Was the organization a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions orgits were not tax deductibles as charitable contributions?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions orgits were not tax deductibles?  6d If "Yes," did the organization noticy the donor of the value of the goods or services provided?  6d If the organization receive apment in excess of \$75 made party is a contribution and party for goods and services provided to the payor?  7a X Tes," include the number of Forms 8282 filed during the year  7b If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c Did the organization receive any funds, directly or indirectly, on a personal benefit contract?  7c Did the organization receive any funds, directly or indirectly, on a personal benefit contract?  7d Did the organization receive any funds, directly or indirectly, to pay premiums on a perso	b	· · · · · · · · · · · · · · · · · · ·			2b	X	
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  8 Sponsoring organization make any taxable distributions under section 4966?  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  9a  b Did the sponsoring organization make any taxable distributions under section 4966?  9b  10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11b  12c Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b  14c	f						Х
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12a   Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   12a   12b   13   Section 501(c)(29) qualified nonprofit health insurance issuers.   12b   13a   Note. See the instructions for additional information the organization must report on Schedule O.   13b   13b   13b   13c							
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organization is licensed to issue qualified health plans							
c Enter the amount of reserves on hand	b		1	I			
14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b							
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						$\vdash \vdash \vdash$	
	a	ires, has it liled a Form 720 to report these payments? If "No," provide an explanation in Schedul	<i>ie</i> О			gan	(201 <i>4</i> )

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			Х		
Sec	tion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year					
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent 1b 24					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
	officer, director, trustee, or key employee?	2		х		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х		
6 Did the organization have members or stockholders?						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or					
	more members of the governing body?	7a		Х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
	persons other than the governing body?	7b		х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
а	The governing body?	8a	х			
b	Each committee with authority to act on behalf of the governing body?	8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe					
	in Schedule O how this was done	12c	Х			
13	Did the organization have a written whistleblower policy?	13	Х			
14	Did the organization have a written document retention and destruction policy?	14	Х			
15	Did the process for determining compensation of the following persons include a review and approval by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	Х			
b	Other officers or key employees of the organization	15b	Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a					
	taxable entity during the year?	16a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's					
	exempt status with respect to such arrangements?	16b				
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE 0					
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) and 990-T (Section 501(c)(3)s only) are	availab	le			
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial			
	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:					
	LAURA SCOTT, CFO - 217-787-5864					
	3000 KELLY LANE, SPRINGFIELD, IL 62711					

# 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.

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

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

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(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	-	Lei ai	lu a u	lirecio	)/ ii us	(ee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		ee/ee	mpen		(***2/1033*****100)		and related
	below	Individual trustee or director	Institutional trustee	_	Key employee	st co	-E			organizations
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Former			
(1) KATHRYN A. FORBES, CPA	2.00									
BOARD CHAIR		х		х				0.	0.	0.
(2) JOHN F. EMANUEL, JD	2.00									
BOARD VICE-CHAIR		Х		Х				0.	0.	0.
(3) PENNY J. SIEWERT	2.00									
SECRETARY/TREASURER		Х		Х				0.	0.	0.
(4) ROSS P. LANZAFAME, ESQ.	2.00									
PAST CHAIR		Х		Х				0.	0.	0.
(5) LINN P. BILLINGSLEY, BSN	2.00									
DIRECTOR		Х						0.	0.	0.
(6) MICHAEL F. BUSK, M.D., MPH	2.00									
DIRECTOR		Х						0.	0.	0.
(7) CHERYL A. CALHOUN, BA, MBA	2.00									
DIRECTOR		Х						0.	0.	0.
(8) CHRISTOPHER CARNEY	2.00									
DIRECTOR		Х						0.	0.	0.
(9) MICHAEL V. CARSTENS	2.00	1								
DIRECTOR		Х						0.	0.	0.
(10) MARIO CASTRO, M.D., MPH	2.00									
DIRECTOR		Х						0.	0.	0.
(11) ARTHUR A. CERULLO, JD	2.00									
DIRECTOR		Х						0.	0.	0.
(12) PAULINE GRANT, MS, MBA, FACHE	2.00									
DIRECTOR		Х						0.	0.	0.
(13) SUMITA B. KHATRI, M.D., M.S.	2.00									
DIRECTOR		Х						0.	0.	0.
(14) ANGELA V. MASTROFRANCESCO	2.00									
DIRECTOR		Х						0.	0.	0.
(15) ROBERT K. MERCHANT, M.D., M.S.	2.00	1								
DIRECTOR		Х						0.	0.	0.
(16) STEPHEN J. NOLAN, ESQ.	2.00	]								
DIRECTOR		Х						0.	0.	0.
(17) STEPHEN R. O'KANE	2.00	1								
DIRECTOR		Х						0.	0.	0.
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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)			(0	<b>C)</b>			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle cer an	ss pe	more rson	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) HARRY PERLSTADT, PHD., MPH	2.00									
DIRECTOR		Х						0.	0.	0.
(19) AUSTIN K. PUGH	2.00									
DIRECTOR		Х						0.	0.	0.
(20) JANE Z. REARDON, MSN, APRN, CS,	2.00									
DIRECTOR		Х						0.	0.	0.
(21) AL ROWE	2.00									
DIRECTOR		Х						0.	0.	0.
(22) JEFFREY T. STEIN, CFP, CRPS	2.00									
DIRECTOR		Х						0.	0.	0.
(23) KARIN A. TOLLEFSON, PHARMD	2.00									
DIRECTOR		Х						0.	0.	0.
(24) LETICIA W. TOWNS	2.00									
DIRECTOR		Х						0.	0.	0.
(25) HAROLD WIMMER	40.00									
PRESIDENT & CEO				х				382,514.	0.	52,047.
(26) LAURA SCOTT	40.00									
CHIEF FINANCIAL OFFICER				х				184,476.	0.	9,431.
1b Sub-total							<b>▶</b>	566,990.	0.	61,478.
c Total from continuation sheets to Part V	II, Section A						<b></b>	1,058,757.	0.	202,151.
d Total (add lines 1b and 1c)								1,625,747.	0.	263,629.

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 Vos No

			res	NO
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	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	5		X

#### **Section B. Independent Contractors**

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.

	<u> </u>	
(A) Name and business address	(B) Description of services	(C) Compensation
ALANIZ METROGROUP	<u>'</u>	'
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 list	ed above) who received more than	
\$100,000 of compensation from the organization  \$69		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2014)

	JNG ASSOCIATI	ON							13-163252	4
Part VII Section A. Officers, Directors,	Trustees, Key Eı	mplo	oyee	s, a	nd F	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Average Position Reportable							Reportable	Estimated
	hours	(cl			that		ly)	compensation	compensation	amount of
	per					Ė	Ė	from	from related	other
	week	١.				yee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for	or di	ee ee			ated		(W-2/1099-MISC)		organization
	related organizations	ustee	trust		ee	ubeus				and related organizations
	below	dual tr	tional		nploy	st con	L			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) PAUL BILLINGS	40.00									
VP NATIONAL POLICY & ADVOCACY		1			х			188,636.	0.	20,363.
(28) SUSAN RAPPAPORT	40.00							,		,
VP RESEARCH & PROGRAM		1			х			175,189.	0.	51,617.
(29) ALANA BURNS	40.00									
VP SIGNATURE CAUSE CAMPAIGN						Х		180,624.	0.	10,907.
(30) RUSSELL BURWELL	40.00									
VP GOVERNANCE						Х		153,027.	0.	26,313.
(31) CRAIG FINSTAD	40.00									
AVP DIRECT RESPONSE OPERATION						Х		137,861.	0.	24,142.
(32) CHAUNDA ROSEBOROUGH	40.00	1							_	
VP MARKETING & COMMUNICATIONS						Х		119,731.	0.	33,883.
(33) JANICE NOLEN	40.00	-								
AVP NATIONAL POLICY						Х		103,689.	0.	34,926.
		-								
		1								
		1								
		1								
		-								
		-								
	_									
		-								
		$\vdash$		$\vdash$			$\vdash$			
		1								
		1								
		L								
Total to Part VII, Section A, line 1c					<u></u>	<u></u>		1,058,757.		202,151.

AMERICAN LUNG ASSOCIATION 13-1632524 Page 9 Form 990 (2014) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Х Revenue excluded from tax under (B) (C) Total revenue Related or Unrelated exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns ..... **b** Membership dues ..... 1b c Fundraising events d Related organizations 1d 1,372,903 e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above ..... 8,409,862 277,584 g Noncash contributions included in lines 1a-1f: \$ 9,782,765 h Total. Add lines 1a-1f Business Code 2 a PROGRAM REIMBURSEMENTS 22,339,931 Program Service Revenue 900099 22,339,931 b CHART. ASSOC. ASSESSME 900099 4,808,700 4,808,700 PROGRAM SERVICE CONTRA 900099 3,609,416 3,609,416 d DIRECT RESP. ACTIVITY 900099 2,244,215 2,244,215 MEMBERSHIP DUES 900099 63,725 63,725 All other program service revenue g Total. Add lines 2a-2f 33,065,987 Investment income (including dividends, interest, and 429,578 429,578. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 556,690. 556,690. 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ...... c Rental income or (loss) **d** Net rental income or (loss) . (i) Securities (ii) Other 7 a Gross amount from sales of 6,436,709 assets other than inventory b Less: cost or other basis 6,342,776. and sales expenses 93,933. c Gain or (loss) 93,933 93,933. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other **b** Less: direct expenses ..... c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a RESEARCH GRANT SERVICE 900099 494,705 494,705. 236,168 b PROGRAM PARTICIPANT FE 900099 236,168. TRUST INCOME 900099 134,248 134,248. 900099 19,801 19,801. d All other revenue

> 1,965,123. Form **990** (2014)

Total revenue. See instructions.

e Total. Add lines 11a-11d

33,065,987

884,922

44,813,875

### 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).

Do	Check if Schedule O contains a respons	(A) Total expenses	(B) Program service	(C) Management and	( <b>D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,778,417.	6,778,417.		
2	Grants and other assistance to domestic	0,770,417.	0,770,417.		
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ŭ	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	2,531,049.	2,222,775.	278,465.	29,809
6	Compensation not included above, to disqualified	, ,	, ,	,	,
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,890,165.	2,538,153.	317,974.	34,038
8	Pension plan accruals and contributions (include		. ,	,	•
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,367,601.	1,174,289.	173,646.	19,666
10	Payroll taxes	388,798.	333,841.	49,366.	5,591
11	Fees for services (non-employees):	·			•
а	Management				
	Legal	104,062.	95,217.	7,805.	1,040
	Accounting	·			•
	Lobbying	221,973.	221,973.		
	Professional fundraising services. See Part IV, line 17	1,776,225.	·		1,776,225
f	Investment management fees	57,645.		57,645.	
g	- :				
_	column (A) amount, list line 11g expenses on Sch O.)	6,236,598.	6,072,825.	140,016.	23,757
12	Advertising and promotion	15,173,177.	14,228,531.	758,659.	185,987
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	792,595.	585,835.	189,731.	17,029
17	Travel	322,006.	291,878.	27,156.	2,972
18	Payments of travel or entertainment expenses	·	·		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	281,900.	252,409.	26,561.	2,930
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	129,119.	115,001.	12,715.	1,403
23	Insurance	128,897.	99,709.	26,288.	2,900
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	4 06	4 000 015	20. 20.	
а	RESIDENTIAL CAMPAIGN	1,967,726.	1,869,340.	98,386.	
b	PROCESSING FEES	1,278,626.	1,107,420.	154,120.	17,086
С.	OFFICE SUPPLIES & EQUIP	530,349.	498,968.	28,263.	3,118
d	MISCELLANEOUS	178,847.	178,847.	F0 204	1 550 444
e or	· —	-1,564,444.	157,376.	50,321.	-1,772,141
25	Total functional expenses. Add lines 1 through 24e	41,571,331.	38,822,804.	2,397,117.	351,410
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	500 050	277 074	35 000	105 005
	Check here X if following SOP 98-2 (ASC 958-720)	599,959.	377,974.	35,998.	185,987

432010 11-07-14 Form **990** (2014)

# Form 990 (2014) Part X Balance Sheet

Par	LA	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			300.	1	550.
	2	Savings and temporary cash investments			9,318,297.	2	13,137,880.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			3,543,192.	4	3,617,193
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated er	mployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958	(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
2		employees' beneficiary organizations (see instr).	Comp	olete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,007,824.	9	1,030,940
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,380,491.			
	b	Less: accumulated depreciation	10b		215,805.	10c	185,642
	11	Investments - publicly traded securities			15,324,523.	11	14,669,182
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			5,738,141.	15	5,395,076
	16	Total assets. Add lines 1 through 15 (must equal			35,148,082.	16	38,036,463
	17	Accounts payable and accrued expenses	3,275,212.	17	2,033,125		
	18	Grants payable			3,443,045.	18	3,790,814
	19	Deferred revenue			6,988,384.	19	9,155,191
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
g	22	Loans and other payables to current and former	office	rs, directors, trustees,			
Liabilities		key employees, highest compensated employee					
ap		Complete Part II of Schedule L				22	
5	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D			9,002,444.	25	9,439,810
	26	Total liabilities. Add lines 17 through 25			22,709,085.	26	24,418,940
		Organizations that follow SFAS 117 (ASC 958					
g		complete lines 27 through 29, and lines 33 an					
ğ	27	Unrestricted net assets			6,970,520.	27	8,515,889
Fund Balances	28	Temporarily restricted net assets			1,415,412.	28	1,211,570
5	29	B			4,053,065.	29	3,890,064
5		Organizations that do not follow SFAS 117 (A					
		and complete lines 30 through 34.					
3	30	Capital stock or trust principal, or current funds				30	
2	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets of	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			12,438,997.	33	13,617,523
	34	Total liabilities and net assets/fund balances			35,148,082.	34	38,036,463.

Form **990** (2014)

Ра	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1		44	,813,	<u>,875.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		41	,571	,331.
3	Revenue less expenses. Subtract line 2 from line 1	3		3	,242,	,544.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		12	,438,	,997.
5	Net unrealized gains (losses) on investments	5		-1	,048,	,224.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-1	,015,	,794.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		13	,617	,523.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis	,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?			За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit	$\neg \neg$		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3h	х	

Form **990** (2014)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AMERICAN LUNG ASSOCIATION

**Employer identification number** 

13-1632524 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	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.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	11,915,758.	10,546,204.	8,618,848.	6,082,938.	9,782,765.	46,946,513.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						46,946,513.
	etion B. Total Support	( ) 00/0	#20044	( ) 00/0	( 0 00 40		
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	11,915,758.	10,546,204.	8,618,848.	6,082,938.	9,782,765.	46,946,513.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	1 410 410	1 500 040	052 301	1 170 134	006 260	6 120 454
_	and income from similar sources	1,419,418.	1,592,243.	952,391.	1,178,134.	986,268.	6,128,454.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	1,024,657.	556,293.	517,426.	1,339,034.	884,922.	4,322,332.
11	assets (Explain in Part VI.)	1,024,037.	330,233.	317,420.	1,335,034.	004,522.	57,397,299.
12	Gross receipts from related activities,	etc (see instruction	one)			12	174,349,284.
13	First five years. If the Form 990 is for			d fourth or fifth ta			2,2,015,201.
.0	organization, check this box and <b>stor</b>	-	inst, scoond, triir	a, rourtii, or illiir ta	ix year as a seeme	11 30 1(0)(0)	
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2014 (			olumn (f))		14	81.79 %
15	Public support percentage from 2013					15	81.10 %
						<b>I</b>	
	16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the "fac	J			, , ,		•
	meets the "facts-and-circumstances"		•	•	•	•	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets tl						
	organization meets the "facts-and-circ		•				<b>&gt;</b>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s <b>&gt;</b>

Schedule A (Form 990 or 990-EZ) 2014

# 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.)

Called any sery (or fiscall year beginning in) by Gill 50, grants, contributions, and membership fises received. (Di not include any) "unusual grants.")  Gross received from admissions, formula or fiscall year beginning in by Gill 50, grants. (Gill 50, grants.)  Gross received from admissions, formula or fiscall year beginning in by Gill 50, grants. (Gill 50, grants.)  The value of services or facilities framished in a received from a division of the organization is tax exempt purpose or any activity that is related to the organization is tax exempt purpose. (Gill 50, grants.)  The value of services or facilities framished by a governmental unit to the organization without change of Total. Add lines 1 through 5 s. 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons. (Gill 50, grants.)  A received from signal society of the disquality of the di	Se	ction A. Public Support	low, please com	ipiete Fart II.)				
1 Gifts, grants, contributions, and membership beer received. (Do not include any "unusual grants.")  2 Gross receipts from admissions, merchandise acid or services per formed, or facilities turnished in any activity that is related to the organization's trave-empt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513.  4 Tax revenues level for the organization's benefit and either paid to or expended on its behalf.  5 The value of services or facilities (mished by a governmental unit to the organization without change of Total. Add insist through 5.  7.3 Amounts included on lines 1, 2, and 3 received for the organization without change of Total Add insist through 5.  7.3 Amounts included on lines 1, 2, and 3 received for from disqualified persons business and the section of the secti			(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
membership fees received. (Do not include any runsual grants?)  2. Gross receipts from admissions, membrandies and on success performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admissions performed, or facilities furnished to the organization's tax-exempt purpose 3 Gross receipts from admission that are not an unrelated trade or business under section 513  4. Tax revenues levied for the organization's performed and either paid to or expanded on its behalf 5  5. The value of services or facilities furnished by a governmental unit to the organization without charge 6  6. Total. Add lines 1 through 5  7. A mounts included on lines 1, 2, and 3 received from disqualified persons by Amousts included on lines 1, 2, and 3 received from disqualified persons by Amousts included on lines 1, 2, and 3 received from disqualified persons by Amousts included on lines 1, 2, and 3 received from disqualified persons by Amousts included on lines 1, 2, and 3 received from disqualified persons by Amousts included on lines 1, 2, and 3 received from disqualified persons by Amousts included on lines 1, 2, and 3 received from order than the consideration of the consideration o		· ` ` · · · · · · · · · · · · · · · · ·		<b>,</b> ,	, ,	<b>,</b> , , , , , , , , , , , , , , , , , ,		.,
include any 'unusual grants.")  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's take-warmy turpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levies for the organization's take-warmy turnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization without charge.  6 Total. Add lines 1 through 5.  7 A mounts holded on lines 1, 2, and 3 received from disqualified persons but the organization without charge.  6 Add lines 1 through 5.  8 Public support isotepaire to the form of the paid to organize the trade of the general of the paid to organize the paid to org								
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marchandise sold or services per- formed, or facilities furnished in  any activity that is related to the  organization's tox-exempt purpose  3 Gross receipts from activities that  are not an unrelated trade or bus- iness under section 513  4 Tax revenues level of for the organ- ization's benefit and either paid to  or expended on its behalf  5. The value of services or facilities  furnished by a governmental unit to  the organization without charge  6. Total. Add lines 1 through 5  7. A mount is included on lines 1, 2, and  3. received from disqualified persons  but  have been been been been been been been be	2	· · · · · · · · · · · · · · · · · · ·						
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### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? If "Yes," provide detail in

#### Part VI.

- 7 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a 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))? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- c 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? If "Yes," provide detail in Part VI.
- 10a 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)? If "Yes," answer (b) below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Pa	Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	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	A family member of a person described in (a) above?		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	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 Part VI 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.		
2	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		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.		
Sec	etion C. Type II Supporting Organizations		
	acir or Type it cupper ting organizations	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	103	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).		
<u>Sac</u>	etion D. Type III Supporting Organizations		<u> </u>
360	Tion D. Type in Supporting Organizations	Yes	T No
_	Did the averagination averaged to each of its averaged averaged to the last day of the fifth would of the	res	No
1	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?	_	
2	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 Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	_	
3	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 Part VI the role the organization's		
	supported organizations played in this regard.		<u> </u>
Sec	tion E. Type III Functionally-Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	s)	
2	Activities Test. Answer (a) and (b) below.	Yes	No
а	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 Part VI 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.		
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 Part VI the		
	reasons for the organization's position that its supported organization(s) would have engaged in these		
	activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
а	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 Part VI.		
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 <i>Part VI</i> the role played by the organization in this regard.  3b		

432025 09-17-14

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations			
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.					
Cont	ion A - Adjusted Net Income		(A) Prior Voor	(B) Current Year		
Seci	ion A - Adjusted Net Income		(A) Prior 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_	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(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	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount	_		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	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functionall	y-integra	ated Type III supporting org	ganization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2014

Par	rt V   Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	npt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
0 4:	in E. Distribution Allegations (see instructions)	Excess Distributions	Underdistributions	Distributable
Secti	ion E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

#### Schedule B (Form 990, 990-F7. or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### 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 ·

OMB No. 1545-0047

Employer identification number

13-1632524 AMERICAN LUNG ASSOCIATION Organization type (check one): Filers of: Section: 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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)

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		- \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		- \$ <b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and Zir + +	- \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		- \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization Employer identification number

AMERICAN LUNG ASSOCIATION 13-1632524

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Name, audiess, and Zir + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

AMERICAN LUNG ASSOCIATION

13-1632524

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
	-	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		<u> </u>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		I \$	l

Name of orga			Employer Identification number
Part III	LUNG ASSOCIATION  Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou	ributions to organizations described in secolumns (a) through (e) and the following	tion 501(c)(7), (8), or (10) that total more than \$1,000 for ine entry. For organizations or the year. (Enter this info. once)
	Use duplicate copies of Part III if addition		, (Elliot tillo lillot. 91100.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	
-	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-	(e) Trans  Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) F di pose Oi giit	(c) 03e 01 girt	(a) Description of now girt is field
<u> </u>		<u> </u>	
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee

#### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

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

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.

OMB No. 1545-0047

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

Tax) (see separate instructions), then				
<ul> <li>Section 501(c)(4), (5), or (6) organizat</li> </ul>	tions: Complete Part III.			
Name of organization			Emp	loyer identification number
	ING ASSOCIATION			13-1632524
Part I-A Complete if the org	anization is exempt unde	er section 501(c)	or is a section 527 o	organization.
<ol> <li>Provide a description of the organiz</li> <li>Political expenditures</li> <li>Volunteer hours</li> </ol>	······································		<b>&gt;</b> \$	S
Part I-B Complete if the org	janization is exempt unde	er section 501(c)(	(3).	
1 Enter the amount of any excise tax	incurred by the organization unde	er section 4955	▶\$	3
2 Enter the amount of any excise tax	incurred by organization manage	rs under section 4955	<b>▶</b> \$	3
3 If the organization incurred a section				
4a Was a correction made?				Yes No
<b>b</b> If "Yes," describe in Part IV.				(-\/o\
Part I-C Complete if the org	anization is exempt unde	er section 501(c),		
<ol> <li>Enter the amount directly expended</li> <li>Enter the amount of the filing organ exempt function activities</li> <li>Total exempt function expenditures line 17b</li> <li>Did the filing organization file Form</li> <li>Enter the names, addresses and en made payments. For each organizar contributions received that were propolitical action committee (PAC). If a</li> </ol>	ization's funds contributed to oth  . Add lines 1 and 2. Enter here ar  1120-POL for this year?  nployer identification number (EIN tion listed, enter the amount paid pmptly and directly delivered to a	er organizations for se and on Form 1120-POL, I) of all section 527 po from the filing organiz separate political orga	ection 527	Yes No Ch the filing organization ne amount of political
(a) Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
			1	

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

Schedule C (Form 990 or 990-EZ) 2014

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	( <b>d)</b> 2014	(e) Total	
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
<b>d</b> Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f 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 e	ch "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		a)	(b)	
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?	Х			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
	Media advertisements?	X			26,152.
	Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?	X			12,600.
	Grants to other organizations for lobbying purposes?	X			16,750.
	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			164,781.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Х			1,690.
	Other activities?	Х			
j	Total. Add lines 1c through 1i				221,973.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	, , , , , , , , , , , , , , , , , , , ,				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			otion	
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				10 3 ic
	answered "Ves "		n (b) Fai	t III-A, III	ie 3, 15
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
_	expenses for which the section 527(f) tax was paid).	Jai			
а	Current year		2a		
	Carryover from last year				
c	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4		
_5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Prov	de 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 l	I-A, lines 1	and 2 (see	
instr	uctions); 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				
RANG	E OF ADVOCACY ACTIVITIES TO FURTHER OUR MISSION TO SAVE LIVES BY				
IMPE	OVING LUNG HEALTH AND PREVENTING LUNG DISEASE. OUR WORK INCLUDES				
EFFC	ORTS TO EDUCATE MEMBERS OF CONGRESS, THEIR STAFF AND THE PUBLIC ON				
LUNC	HEALTH ISSUES AND ACCESS TO HEALTHCARE. WE ADVOCATE FOR CLEAN,	<u> </u>	lo C (Form		

Schedule C (Form 990 or 990-EZ) 2014

# **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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN LUNG ASSOCIATION

**Employer identification number** 13-1632524

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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		ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
Pai		ganization answered "Yes" to Form 990. P	
1	Purpose(s) of conservation easements held by the organization		,
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		or a seriest valient sacement on the last
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	T		-
c	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
_	listed in the National Register		l l
3	Number of conservation easements modified, transferred, re		
_	year ▶	ioacca, chanigationea, or terminated by and	o.ga.n <u>-</u> a.io.n da.in.ig u.io taix
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		3
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	,	,,
	(i) Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
			·
2	If the organization received or held works of art, historical tre		
-	the following amounts required to be reported under SFAS 1		J 710 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100
а	Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2014

Pai	t III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Oth	ner S	Similar Asse	<b>ts</b> (conti	nuea	)
3									
	(check all that apply):								
а	a Public exhibition d Loan or exchange programs								
b	b								
С	c Preservation for future generations								
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 of						7	_	_
D	to be sold to raise funds rather than to be ma						Yes		No
Pai	reported an amount on Form 990, Par	•	ete if the organization	n answered "Yes" t	o Forr	n 990, Part IV,	line 9, or	•	
1a	Is the organization an agent, trustee, custod		•				٦٧	_	¬
	on Form 990, Part X?		University of Analysis				<b>∐</b> Yes	L	No
D	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing table:		Г		Λ		
_	Designing belongs				ŀ	10	Amoun	τ	
	Beginning balance					1c			
	Additions during the year					1e			
f	Distributions during the year Ending balance				⊦	1f			
	Did the organization include an amount on F				L		Yes		No
	If "Yes," explain the arrangement in Part XIII.				-			F	= ''
$\overline{}$	t V Endowment Funds. Complete i								
	·	(a) Current year	(b) Prior year	(c) Two years back		Three years back	(e) Fou	r vear	s back
1a	Beginning of year balance	1,405,053.	1,201,259.	1,030,809	. `	1,099,684.			,525.
	Contributions								<u> </u>
	Net investment earnings, gains, and losses -59,489. 304,334. 259,40723,972. 201,713							713.	
	Grants or scholarships	98,509.	95,089.	77,218	+	34,318.	72,000.		
	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 cur	rent year end baland	e (line 1g, column (a	)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment  40.40	%							
С	Temporarily restricted endowment ▶	59.60 %							
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held a	nd administered for	the o	rganization			
	by:							Yes	No
	(i) unrelated organizations								Х
	(ii) related organizations						3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizations						3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm		. D. I.IV. II. 44 O	5 000 D 1)		40			
	Complete if the organization answere								
	Description of property	(a) Cost or o basis (investr		' '	Accur eprec	nulated iation	(d) Boo	k val	ue 
1a	Land								
	Buildings								
С	Leasehold improvements			186,357.		151,799.			1,558.
d	Equipment			742,716.		595,543.			7,173.
	Other			451,418.		447,507.			911.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)		<b>)</b>			642.
						Schodule	D /Ears	~ 00	N 2014

Schedule D (Form 990) 2014

Part VII	Investments -	Other	Securities.
----------	---------------	-------	-------------

investinents - Other becurities.		
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)		
Total. (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)		

(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶

Part IX Other Assets.

(4) (5) (6) (7)

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)	
Total. (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)		
Total.	(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

Schedule D (Form 990) 2014

Pai	Reconciliation of Revenue per Audited Financial Stateme		Revenue per R	eturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			1	58,985,274.
1	Total revenue, gains, and other support per audited financial statements			1	56,965,274.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا م ا	1 049 224		
	Net unrealized gains (losses) on investments		-1,048,224.		
	Donated services and use of facilities		16,235,417.		
C	Recoveries of prior year grants		1 015 504		
	Other (Describe in Part XIII.)	2d	-1,015,794.		
е	Add lines 2a through 2d			2e	14,171,399.
3	Subtract line 2e from line 1			3	44,813,875.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	-			
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	44,813,875.
Pai	t XII Reconciliation of Expenses per Audited Financial Statem		n Expenses per	Return	•
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	57,806,748.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	16,235,417.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	16,235,417.
3	Subtract line 2e from line 1			3	41,571,331.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	-			
	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )			5	41,571,331.
_	t XIII Supplemental Information.				, ,
	de 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
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			+, r are 7t,	
100	and 45, and 1 are Air, intel 2d and 45. Also complete time part to provide any add	incional innor	mation.		
PART	IV, LINE 2B:				
	,				
PERM	ANENTLY RESTRICTED NET ASSETS ARE PRIMARILY DEDICATED TO SUPPO	RTING			
					_
RESE	ARCH SCHOLARS IN INTERSTITIAL RELATED LUNG DISEASES.				
	······································				
DALS	EMER ENDOWMENT: IN 1983, LEONARD DALSEMER, THE JOHN A. HARTFOR	D			
FOUN	DATION, AND THE WHEELABRATOR FOUNDATION ENDOWED THE NATIONAL O	FFICE			
	billow, into the winderbillow rootetillow bisones the millowin o	11102			
WTTE	\$500,000 (THE CORPUS) TO FUND RESEARCH TO FIND A CURE FOR				
****	7500,000 (IIII COREOD) TO TOND REDEMINE TO TIND IT COME TON				
TNTE	RSTITIAL LUNG DISEASE. THE EARNINGS FROM THE CORPUS ARE TO FUN	מא ת			
	ROTTING BONG DIDENDE, THE BRANCO TRON THE CORE OF TAKE TO TOK	<i>D</i> 2111			
ANNI	AL RESEARCH AWARD IN A MINIMAL AMOUNT OF \$30,000. THE TERM OF	EACH			
	in Reservoir initial in in initial initial of \$50,000. In that of				
AWAF	D IS THREE YEARS. ANNUAL EXPENDITURES ARE LIMITED TO 6% OF THE	FAIR			
MARK	ET VALUE OF THE ENDOWMENT. THE AMERICAN LUNG ASSOCIATION IS TO	STRIVE			
TO G	ROW THE ENDOWMENT BY SOLICITING ADDITIONAL DONOR CONTRIBUTIONS	. THE			

02036721

AMERICAN LUNG ASSOCIATION 13-1632524 Schedule D (Form 990) 2014 Page 5 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

Schedule D (Form 990) 2014

AND 2014 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.

#### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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 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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

OMB No. 1545-0047

Open to Public

Open to Public Inspection

Name of the organization

AMERICAN LUNG ASSOCIATION Employer identification number 13-1632524

Fundraising Activities required to complete this part	<ul><li>Complete if the organization answ rt.</li></ul>	ered "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rai</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitation</li> <li>c X Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written key employees listed in Form 990, F</li> <li>b If "Yes," list the ten highest paid incompensated at least \$5,000 by the</li> </ul>	e Solicita f Solicita g Specia  or oral agreement with any individua Part VII) or entity in connection with playiduals or entities (fundraisers) purs	ation of ation of I fundra al (includ profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribution	trol of	(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
THOMPSON, HABIB & DENISON -		Yes	No			
80 HAYDEN,, LEXINGTON, MA	DIRECT MAIL		Х	23,167,913.	300,000.	22,867,913.
INFOCISION MANAGEMENT CORP -						
325 SPRINGSIDE DR., AKRON, OH	RESIDENTIAL		х	1,749,994.	1,244,467.	505,527.
SFI NONPROFIT - 7800 3RD ST.						
N, SUITE 900, ST. PAUL, MN	TELEMARKETING		х	373,889.	231,758.	142,131.
Total			<u> </u>	25,291,796.		23,515,571.
3 List all states in which the organization or licensing.  AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,H					d it is exempt from re	egistration
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, O	K,OR,PA,RI,SC,SD,TN,TX,UT,V	T,VA,	WA,W	V,WI,WY		
DC						

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Schedule G (Form 990 or 990-EZ) 2014

432081 08-28-14

		of fundraising event contributions and gro				pts greater than \$5,000
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
e l			(event type)	(event type)	(total number)	COI. (C))
Revenue						
ĝ	1	Gross receipts				
	2	Less: Contributions				
$\dashv$	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	_	Namanala miran				
es 	5	Noncash prizes				
Ulrect Expenses	6	Rent/facility costs				
)   ec	7	Food and beverages				
٦	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through			<b>&gt;</b>	
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)		<b>)</b>	
<sup>2</sup> a	rt I		answered "Yes" to For	m 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1		i	
ا پ <u>ه</u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
everine				bingo/progressive bingo		col. (a) through col. (c
<u> </u>		Cross revenue				
┪	1	Gross revenue				
Ses	2	Cash prizes				
Uirect Expenses	3	Noncash prizes				
Jrect b	4	Rent/facility costs				
-	_	Ohle ou dive she over our				
$\dashv$	5	Other direct expenses	Yes 9	% Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	-				1	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		<b>&gt;</b>	
	0	Not goming in come our moon. Subtract line 7	from line 1 column (d		_	
	0	Net gaming income summary. Subtract line 7	Trom line 1, column (d	)	······	
a	Ent	er the state(s) in which the organization condu	icte gaming activities:			
		he organization licensed to conduct gaming a				Yes No
		No," explain:				— 100 — 111
		, ,				
		ere any of the organization's gaming licenses re	•		•	Yes No
b	If "	Yes," explain:				
_	_					

Sch	ledule G (Form 990 or 990-EZ) 2014 AMERICAN LUNG ASSOCIATION 13-163	32324		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	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:			
	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲	Yes	☐ No
t	o 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 convisce provided			
	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
k	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 ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, line 2b, columns (iii) and (v), and Part III, line 2b, columns (iii) and (v), and Part III, line 2b, columns (iii) and (v), and Part III, line 2b, columns (iii) and (v), and Part III, line 2b, columns (iii) and (v), and Part III, line 2b, columns (iii) and (v), and Part III, line 2b, columns (iii) and (v), and Part III, line 2b, columns (iii) and (v), and Part III, line 2b, columns (iii) and (v), and Part III, line 2b, columns (iii) and (v), and Part III, line 2b, columns (iii) and (v), and Part III, line 2b, columns (iii) and (v), and Part III, line 2b, columns (iii) and (v), and Part III, line 2b, columns (iii) and (v), and Part III, line 2b, columns (iii) and (v), and Part III, line 2b, columns (iii) and (v), and Part III, line 2b, columns (iii) and (v), and Part III, line 2b, columns (iii) and (v), and Part III, line 2b, columns (iii) and (v), and Part III, line 2b, columns (iii) and (v), and Part III, line 2b, columns (iii) and (v), and Part III, line 2b, columns (iii) and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and (v), and	ines 9.	9b. 1	Ob. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	,	•	, ,
PAR	TI, LINE 2B, COLUMN (V):			
	AMERICAN LUNG ASSOCIATION'S NATIONAL OFFICE PROVIDES SUPPORT FOR			
	MALICIAL BONG INDUCTION D INTIGNAL CITIES INCIDES BOTTON 15N			
СНА	ARTERED AMERICAN LUNG ASSOCIATIONS' DIRECT MAIL, RESIDENTIAL CAMPAIGNS,			
AND	TELEMARKETING. AS PART OF THIS SUPPORT, THE AMERICAN LUNG ASSOCIATION			
(NA	TIONAL) CONTRACTS WITH PROFESSIONAL FUNDRAISERS TO DEVELOP FUNDRAISING			
STR	ATEGIES ON THESE INITIATIVES. REVENUES FROM DIRECT RESPONSE,			
RES	IDENTIAL CAMPAIGN AND TELEMARKETING CAMPAIGNS ARE DISTRIBUTED TO THE			
СНА	ARTERED AMERICAN LUNG ASSOCIATIONS, AND EACH RESPECTIVE CHARTER			
	MBURSES 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.

OMB No. 1545-0047 **2014** 

Open to Public Inspection

Name of the organization					•		Employer identification number
AMERICAN LUNG	13-1632524						
Part I General Information on Grants a							
Does the organization maintain records criteria used to award the grants or assi							tion X Yes No
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	ic Governments. C	omplete if the orga	anization answered "\	es" to Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II car	· '	1 .		(f) Mathead of	1	
(a) Name and address of organization or government	( <b>b)</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 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) a			ne line 1 table				67.

Organization or government   ff applicable   cash grant   non-cash assistance   valuation   valuation   non-cash assistance   cossistance   co	Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	i
600 GREENWOOD PLAZA BLVD. SUITE 1 REENWOOD VILLAGE, CO 80111  86-0111676  501(C)(3)  143,092.  0.  PED. & FROG. GRANT.  LA OF THE UPPER MIDNEST  000 KELLY LANS PRINGFIELD, IL 62707  20-4392201  501(C)(3)  79,969.  0.  PED. & PROG. GRANT.  LBANY MEDICAL COLLEGE 7 NEW SCOTLAND AVE.  LBANY, NY 12208  14-1338310  501(C)(3)  40,000.  0.  RESEARCH  ACCURATE FLAZA  COUSTON, TX 77030  74-1613878  501(C)(3)  122,300.  0.  RESEARCH  AGE WESTERN RESERVE UNIVERSITY  900 EUCLID AVE.  LEVELAND, OH 44106  34-1018992  501(C)(3)  40,000.  0.  RESEARCH  CINCINNATI - 3333 BURET AVE  1NCINNATI - 45229  31-0833936  501(C)(3)  40,000.  0.  RESEARCH  COUNCIL UNIVERSITY  22 W. 167H SF., 47H FLOOR EW YORK, NY 10032  13-1623978  501(C)(3)  40,000.  0.  RESEARCH  COUNCIL UNIVERSITY 75 LEXINGTON AVE. EW YORK, NY 10032  13-1623978  501(C)(3)  40,000.  0.  RESEARCH  COUNCIL UNIVERSITY 75 LEXINGTON AVE. EW YORK, NY 10022  13-1623978  501(C)(3)  40,000.  0.  RESEARCH  COUNCINSTY		(b) EIN			non-cash	valuation (book, FMV,		<b>(h)</b> Purpose of grant or assistance
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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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) 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) 0 RESEARCH 65,000 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. -0 RESEARCH ALBUQUERQUE, NM 87108 85-0110669 501(C)(3) 40,000 MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT ST. 04-1564655 501(C)(3) 0 RESEARCH BOSTON, MA 02114 205,000. NATIONAL JEWISH MEDICAL AND RESEARCH CENTER - 1400 JACKSON ST. RESEARCH - DENVER CO 80206 74-2044647 501(C)(3) 139,525. 0 NEMOURS CHILDREN CLINC 10140 CENTURION PARKWAY NORTH JACKSONVILLE, FL 32256 59-0634433 501(C)(3) 75,050. 0 RESEARCH NEW YORK MEDICAL COLLEGE WORMEN'S AND CHILDREN CENTER - 40 SUNSHINE COTTAGE RD. - VALHALLA, NY 10595 13-1099420 501(C)(3) 75,425. 0 RESEARCH

Page 1

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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) 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. 93-1176109 501(C)(3) 0 RESEARCH PORTLAND, OR 97239 132,500. REGENTS OF THE UNIVERSITY OF CALIFORNIA BERKLEY - 2195 HEARST 94-6002123 501(C)(3) AVE. - BERKLEY, CA 94704 0 RESEARCH 32,500. REGENTS OF THE UNIVERSITY OF CALIFORNIA IRVINE - 1400 BIOLOGICAL SCIENCES III - IRVINE, RESEARCH CA 92697 95-2226406 501(C)(3) 100 000 0 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

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (h) Purpose of grant (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Description of organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) 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 94-1156365 501(C)(3) 0 RESEARCH 94304 200,000 THE OHIO STATE UNIVERSITY RESEARCH FOUNDATION - 1960 KENNY RD. -COLUMBUS, OH 43210 31-6401599 501(C)(3) 0 RESEARCH 188,475. THOMAS JEFFERSON UNIVERSITY 1020 WALNUT ST. RESEARCH PHILADELPHIA, PA 19107 23-1352651 501(C)(3) 40 000 0 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. RESEARCH HANOVER, NH 03755 02-0222111 501(C)(3) 99,962, 0

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (h) Purpose of grant (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) 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 RESEARCH 59-6002052 501(C)(3) 0 GAINESVILLE, FL 32611 39,891 UNIVERSITY OF ILLINOIS PO BOX 20787 SPRINGFIELD, IL 62708 37-6000511 501(C)(3) 0 RESEARCH 40,000. UNIVERSITY OF IOWA 85 JESSUP HALL RESEARCH IOWA CITY, IA 52242 42-6004603 501(C)(3) 75 000. 0 UNIVERSITY OF MARYLAND PO BOX 41428 52-6002033 501(C)(3) BALTIMORE, MD 21203 40,000. 0 RESEARCH UNIVERSITY OF MIAMI PO BOX 025405 MIAMI, FL 33102 59-0624458 501(C)(3) 45,525. 0 RESEARCH

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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) 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) 0 RESEARCH 40,000 UNIVERSITY OF TEXAS - MD ANDERSON CANCER CENTER - 1515 HOLCOMBE 74-6001118 501(C)(3) BLVD. - HOUSTON, TX 77030 0 RESEARCH 100,000. UNIVERSITY OF TEXAS - MEDICAL BRANCH AT GALVESTON - PO BOX RESEARCH 4786-750 - HOUSTON, TX 77210 74-6000949 501(C)(3) 115 000 0 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

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 (c) IRC section (f) Method of (h) Purpose of grant (b) EIN (d) Amount of (e) Amount of (a) Description of organization or government if applicable cash grant non-cash valuation non-cash assistance or assistance (book, FMV, assistance appraisal, other) 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 43-0653611 501(C)(3) RESEARCH 63110 0 161,350, YALE UNIVERSITY 2 WHITNEY AVE. 6TH FL. NEW HAVEN, CT 06510 06-0646973 501(C)(3) 0 RESEARCH 212,500. REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN DIEGO - 9500 GILMAN RESEARCH DR. - LA JOLLA, CA 92093 95-6006144 501(C)(3) 91,350. 0

Schedule I (Form 990) (2014) AMERICAN LUNG ASSOCIATION 13-1632524 Page 2

Part III Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed	<b>ls.</b> Complete if the	e organization answ	ered "Yes" to Form 9	90, Part IV, line 22.	
(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 re	quired in Part I, lin	ne 2, Part III, column	(b), and any other a	dditional information.	
PART I, LINE 2:					
AWARD RECIPIENTS ARE REQUIRED TO SUBMIT A RENEWAL	APPLICATION A	FTER THEIR			
FIRST YEAR OF FUNDING. RENEWAL APPLICATIONS ARE TH	EN REVIEWED B	Y OUR			
RESEARCH COMMITTEE CHAIRS FOR APPROVAL OF SECOND Y	EAR FUNDING.	AT THE TIME			
OF TERMINATION (AFTER THE SECOND YEAR OF FUNDING),	AWARD RECIPI	ENTS ARE			
REQUIRED TO SUBMIT A SUMMARY OF THEIR ACTIVITIES,	COPIES OF PRE	SENTATIONS			
AND/OR PUBLICATIONS, AND A CASH DISBURSEMENT REPOR	T FOR THE ENT	IRE GRANT			
TIME.					

## **SCHEDULE J** (Form 990)

# **Compensation Information**

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

AMERICAN LUNG ASSOCIATION

**Employer identification number** 13-1632524

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes 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	1b		
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?	2		
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X 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?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only continue $501(a)(2)$ , $501(a)(4)$ , and $501(a)(20)$ organizations must complete lines $50$			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
3	contingent on the revenues of:			
а	The organization?	5a		х
h	Any related organization?	5b		Х
~	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			
Ū	contingent on the net earnings of:			
а	The organization?	6a		х
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		х
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	8		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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.

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

Schedule J (Form 990) 2014

## **SCHEDULE M** (Form 990)

Name of the organization

**Noncash Contributions** 

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Employer identification number

	AMERICAN LUNG ASSO	CTATION			13-163	32524		
Pai	rt I Types of Property							
	·	(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini		s
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	Х	3	277,584.				
21	Taxidermy			, .				
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	• • • · · · · · · · · · · · · · · · ·							
26	Other () Other ()							
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organi	zation durin	a the tay year for a	contributions				
23	for which the organization completed Form 82		•					
	for which the organization completed form 62	05, Fait IV, I	Donee Acknowled	gement [ 29 ]			Yes	No
302	During the year, did the organization receive b	v contributio	on any proporty ro	ported in Part I lines 1 throu	ah 28 that it		163	NO
Sua		-			-			
	must hold for at least three years from the date					200		х
<b>b</b>	exempt purposes for the entire holding period	·				30a		Λ
	If "Yes," describe the arrangement in Part II.	naliay that :-	oquiroo tha ravie	of any non atondard accession	utions?	24		Х
31	Does the organization have a gift acceptance					31		Λ
3∠a	Does the organization hire or use third parties		_	· · · · · · · · · · · · · · · · · · ·		00-		v
1.	contributions?					32a		Х
	If "Yes," describe in Part II.	h ( ) (		an de la constante de la constante de la constante de la constante de la constante de la constante de la const	l d			
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is ch	iecked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2014)

432142 08-12-14

Schedule M (Form 990) (2014)

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

## 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.

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Inspection

**Employer identification number** 

Name of the organization

AMERICAN LUNG ASSOCIATION 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. 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)

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 LING CANCER JOHNNEY 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 GOAGUING AND GONGUI MARTON DV NARTONAL HEADOUADREDG GRADE IG	

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

Name of the organization  AMERICAN LUNG ASSOCIATION	Employer identification number
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 MEDICAN LINE AGGOLITION CONDUCTE A NATIONALDE NO INVESTIGATION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROP	
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
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	
SUBSTANTAILLY 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
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 OFFICAL, 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	
432212 08-27-14 6.4	Schedule O (Form 990 or 990-EZ) (2014

Name of the organization  AMERICAN LUNG ASSOCIATION	Employer identification number 13-1632524
ADEQUATE DATA TO DETERMINE THE REASONABLENESS OF THE COMPENSATION BEING	
CONSDERED. 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,	

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LESS DIRECT RESPONSE EXPENSES AND 13% OF ALL UNRESTRICTED BEQUESTS IN THOSE INSTANCES WHEN THE DOMOR DIED PRIOR TO JULY 1, 2009. THIS REVENUE  IS RECORNIZED 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 AFFROXIMATED \$2,200,000 AND \$2,300,000 RESPECTIVELY.  FORM 990, FART IK, LINE 11G, OTHER FEES:  OTHER:  PROGRAM SERVICE EXPENSES  1,431,184.  MANAGEMENT AND GENERAL EXPENSES  1,505,484.  PROGRAM CONSULTING:  PROGRAM SERVICE EXPENSES  4,641,641.  MANAGEMENT AND GENERAL EXPENSES  8,052.  FORDERAND CONSULTING:  PROGRAM SERVICE EXPENSES  4,641,641.  MANAGEMENT AND GENERAL EXPENSES  8,052.  TOTAL EXPENSES  4,731,114.  TOTAL OTHER FEES ON FORM 990, FART IX, LINE 11G, COL A 6,236,598.  PORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:  CHARGE IN VALUE OF SELIT-INTEREST AGREEMENTS  -23,221.  BENEFIT RELATED CHANGES  -793,312.  TOTAL TO FORM 990, PART XI, LINE 9  -1,015,794.	Name of the organization  AMERICAN LUNG ASSOCIATION		Employer identification number 13-1632524
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:  FROGRAM SERVICE EXPENSES  1,431,184.  MANAGEMENT AND GENERAL EXPENSES  14,905.  TOTAL EXPENSES  1,505,484.  MANAGEMENT AND GENERAL EXPENSES  4,641,641.  MANAGEMENT AND GENERAL EXPENSES  80,621.  FUNDRAISING EXPENSES  4,731,114.  TOTAL EXPENSES  4,731,114.  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 VALUE OF SPLIT-INTEREST AGREEMENTS  -23,221.  ERMEPIT RELATED CHANGES  -793,112.	LESS DIRECT RESPONSE EXPENSES AND 13% OF ALL UNRESTRICTED E	BEQUESTS IN	
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:  CTHER:  PROGRAM SERVICE EXPENSES  1,431,184.  MANAGEMENT AND GENERAL EXPENSES  14,905.  TOTAL EXPENSES  1,505,484.  MANAGEMENT AND GENERAL EXPENSES  4,641,641.  MANAGEMENT AND GENERAL EXPENSES  8,852.  TOTAL EXPENSES  4,731,114.  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 VALUE OF SPLIT-INVEREST AGREEMENTS  -23,221.  EBENEFIT RELATED CHANGES  793,112.	THOSE INSTANCES WHEN THE DONOR DIED PRIOR TO JULY 1, 2009.	THIS REVENUE	
RESPONSE ACTIVITIES AND BEQUEST SHARE REVENUE FROM CHARTERED  ABSOCIATIONS APPROXIMATED \$2,200,000 AND \$2,300,000 RESPECTIVELY.  FORM 990, PART IX, LINE 11G, OTHER FEES:  COTHER:  PROGRAM SERVICE EXPENSES  1,431,184.  MANAGEMENT AND GENERAL EXPENSES  59,395.  FUNDRAISING EXPENSES  14,905.  TOTAL EXPENSES  1,505,484.  PROGRAM CONSULTING:  PROGRAM CONSULTING:  PROGRAM SERVICE EXPENSES  4,641,641.  MANAGEMENT AND GENERAL EXPENSES  80,621.  FUNDRAISING EXPENSES  4,731,114.  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 VALUE OF SPLIT-INTEREST AGREEMENTS  -23,221.  BENEFIT RELATED CHANGES  -793,112.	IS RECOGNIZED IN THE PERIOD WHEN CONTRIBUTIONS ARE COLLECTE	D. FOR THE	
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	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-23,221.	
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	TOTAL TO FORM 990, PART XI, LINE 9	-1,015,794.	

Form 8868 (Rev. 1-2014)					Page 2
If you are filing for an Additional (Not Automa	itic) 3-Month Extension,	complete only Part II and check th	is box		× X
Note. Only complete Part II if you have already b	een granted an automati	c 3-month extension on a previously	filed Form	8868.	
If you are filing for an Automatic 3-Month Ext					
Part II Additional (Not Automatic	c) 3-Month Extension	on of Time. Only file the origi	•	•	•
		Enter filer	s identifyi	ng number, s	ee instructions
Type or Name of exempt organization or other	er filer, see instructions.		Employe	r identificatior	n number (EIN) o
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instructions. City, town or post office, state, and 2	ZID and a For a foreign ad	draga ago instructions			
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Enter the Return code for the return that this app	dilication is for (file a separ	ate application for each return)			
Application	Return	Application			Return
ls For	Code	Is For			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 auto	matic 3-month extension on a pre	viously file	ed Form 8868	3.
LAURA SCO	•				
<ul> <li>The books are in the care of</li></ul>	Y LANE - SPRINGFIEL	D, IL 62711			
Telephone No. ▶ 217-787-5864		Fax No. ►			
If the organization does not have an office or	place of business in the U	Inited States, check this box			▶ □
<ul> <li>If this is for a Group Return, enter the organization</li> </ul>	ation's four digit Group Ex	kemption Number (GEN)	If this is fo	r the whole gi	oup, check this
box 🕨 🔲 . If it is for part of the group, check	this box > and att	ach a list with the names and EINs	of all memb	ers the exten	sion is for.
4 I request an additional 3-month extension	of time until MAY 15	5, 2016			
5 For calendar year, or other tax ye	ar beginning JUL 1,	, and endi	ng JUN	30, 2015	
6 If the tax year entered in line 5 is for less th			Final		
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.					
8a If this application is for Forms 990-BL, 990	-PF, 990-T, 4720, or 6069	, enter the tentative tax, less anv		1	
8a If this application is for Forms 990-BL, 990 nonrefundable credits. See instructions.	-PF, 990-T, 4720, or 6069	, enter the tentative tax, less any	8a	\$	0.
nonrefundable credits. See instructions.			8a	\$	0 .
<ul><li>nonrefundable credits. See instructions.</li><li>b If this application is for Forms 990-PF, 990-</li></ul>	T, 4720, or 6069, enter a	ny refundable credits and estimated		\$	0 .
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