AMERICAN LUNG ASSOCIATION

Form 990 for the
Year Ended June 30, 2014

Public Disclosure Copy

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07/01, 2013, and ending 06/30, 20 14

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

C Name of organization: AMERICAN LUNG ASSOCIATION

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 55 W. WACKER DRIVE — Room/suite: 1150

City or town, state or province, country, and ZIP or foreign postal code: CHICAGO, IL 60601

D Employer identification number: 13-1632524

E Telephone number: (217) 787-5864

G Gross receipts $ 76,307,271.

F Name and address of principal officer: HAROLD WIMMER
55 W. WACKER DRIVE 60601 CHICAGO IL

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.LUNG.ORG

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

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

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	23.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23.
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	98.
6	Total number of volunteers (estimate if necessary)	6	175,692.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

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			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	8,618,848.	6,082,938.
	9	Program service revenue (Part VIII, line 2g)	32,040,360.	38,549,037.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,077,406.	819,330.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,071,621.	2,050,217.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42,808,235.	47,501,522.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,046,311.	8,932,506.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,433,387.	5,738,754.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	2,206,462.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 242,645.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	28,649,992.	27,126,245.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	45,129,690.	44,003,967.
	19	Revenue less expenses. Subtract line 18 from line 12	-2,321,455.	3,497,555.
Net Assets or Fund Balances			**Beginning of Current Year**	**End of Year**
	20	Total assets (Part X, line 16)	27,830,675.	35,148,082.
	21	Total liabilities (Part X, line 26)	19,392,037.	22,709,085.
	22	Net assets or fund balances. Subtract line 21 from line 20	8,438,638.	12,438,997.

Part II Signature Block

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

Sign Here

▶ Laura Scott — Signature of officer — Date: 5/13/15

▶ LAURA SCOTT — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: BRIDGET T ROCHE — Preparer's signature: Bridget T Roche — Date: 5/12/15 — Check [ ] if self-employed — PTIN: P00666837

Firm's name ▶ GRANT THORNTON LLP — Firm's EIN ▶ 36-6055558

Firm's address ▶ 175 W. JACKSON BLVD. STE. 2000 CHICAGO, IL 60604 — Phone no. 312-856-0200

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2013)

JSA
3E1065 2.000
3400CO 700J

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

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

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

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. AMERICAN LUNG ASSOCIATION	Employer identification number (EIN) or 13-1632524
	Number, street, and room or suite no. If a P.O. box, see instructions. 55 W. Wacker Drive 1150	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. chicago, IL 60601	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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

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

• The books are in the care of ▶ LAURA SCOTT 3000 KELLY LANE

Telephone No. ▶ 217-787-5684 Fax No. ▶

• If the organization does not have an office or place of business in the United States, check this box . . . . ▶ ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box . . . . ▶ ☐ . If it is for part of the group, check this box . . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15 , 20 15 .

5 For calendar year ______ , or other tax year beginning JULY 1 , 20 13 , and ending JUNE 30 , 20 14 .

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension ALL THE NECESSARY DATA TO PREPARE A COMPLETE RETURN IS NOT AVAILABLE AT THIS TIME.

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

Signature and Verification must be completed for Part II only.

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

Signature ▶ [signature] Title ▶ SENIOR TAX MANAGER Date ▶ 02-13-2014

Form **8868**
(Rev. January 2014)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.
▶ Information about Form 8868 and its instructions is at *www.irs.gov/form8868.*

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

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

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
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

- The books are in the care of ▶ LAURA SCOTT, 3000 KELLY LANE SPRINGFIELD, IL 62711

Telephone No. ▶ 217 787-5684 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ________ . If this is for the whole group, check this box . . . . . . ▶ [ ] . If it is for part of the group, check this box . . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15 , 20 15 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ [ ] calendar year 20 ____ or
▶ [X] tax year beginning 07/01 , 20 13 , and ending 06/30 , 20 14 .

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$ 0
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$ 0
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ 0

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

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

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

4a (Code:) (Expenses $ 19,222,891. including grants of $ 265,323.) (Revenue $ 17,765,714.)

ATTACHMENT 2

4b (Code:) (Expenses $ 9,011,898. including grants of $ 8,299,275.) (Revenue $ 8,971,794.)

ATTACHMENT 3

4c (Code:) (Expenses $ 9,377,823. including grants of $) (Revenue $ 9,075,806.)

ATTACHMENT 4

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

(Expenses $ 3,763,141. including grants of $ 367,500.) (Revenue $ 2,735,723.)

4e Total program service expenses ▶ 41,375,753.

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* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, 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	X	
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	X	
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
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		X
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
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	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
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	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
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
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
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 foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
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		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20 a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	67			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	98			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶ ______ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	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?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	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?			13a		
	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	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year **1a** 23			
	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** 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		X

Section 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	X	
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	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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		X
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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 6

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

[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 financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ LAURA SCOTT 3000 KELLY LANE SPRINGFIELD, IL 62711 217-787-5684

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) LINN P. BILLINGSLEY, BSN BOARD MEMBER	2.00	X						0	0	0
(2) MICHAEL V. CARSTENS BOARD MEMBER	2.00	X						0	0	0
(3) MARIO CASTRO, M.D., MPH BOARD MEMBER	2.00	X						0	0	0
(4) ARTHUR A. CERULLO, JD BOARD MEMBER	2.00	X						0	0	0
(5) JOHN F. EMANUEL, JD SECRETARY/TREASURER	2.00	X		X				0	0	0
(6) KATHRYN A. FORBES, CPA VICE CHAIR	2.00	X		X				0	0	0
(7) PAULINE GRANT, MS, MBA, FACHE BOARD MEMBER	2.00	X						0	0	0
(8) SUSAN S. GRIFFIN, RPA, CPM, CC BOARD MEMBER	2.00	X						0	0	0
(9) VIRGINIA L. HALL BOARD MEMBER	2.00	X						0	0	0
(10) DARIUS A. JOSEPH BOARD MEMBER	2.00	X						0	0	0
(11) VENKATARAMA R. KOPPAKA, M.D., BOARD MEMBER	2.00	X						0	0	0
(12) ROSS P. LANZAFAME, ESQ. BOARD CHAIR	2.00	X		X				0	0	0
(13) ANGELA V. MASTROFRANCESCO BOARD MEMBER	2.00	X						0	0	0
(14) STEPHEN J. NOLAN, ESQ. BOARD MEMBER	2.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
15) STEPHEN R. O'KANE BOARD MEMBER	2.00	X						0	0	0
16) HARRY PERLSTADT, PH.D., MPH BOARD MEMBER	2.00	X						0	0	0
17) AUSTIN K. PUGH BOARD MEMBER	2.00	X						0	0	0
18) JANE Z. REARDON, MSN, APRN, CS BOARD MEMBER	2.00	X						0	0	0
19) ALBERT A. RIZZO, M.D. PAST CHAIR	2.00	X		X				0	0	0
20) JONATHON K. ROSEN BOARD MEMBER	2.00	X						0	0	0
21) PENNY J. SIEWERT BOARD MEMBER	2.00	X						0	0	0
22) JEFFREY T. STEIN, CFP BOARD MEMBER	2.00	X						0	0	0
23) ROBERT G. TWEEL, JD BOARD MEMBER	2.00	X						0	0	0
24) HAROLD WIMMER PRESIDENT & CEO	40.00			X				320,175.	0	43,198.
25) ADRIENNE GLASGOW (THRU 1/2014) CHIEF FINANCIAL OFFICER	40.00			X				208,361.	0	29,352.
1b Sub-total ▶								0	0	0
c Total from continuation sheets to Part VII, Section A ▶								1,514,021.	0	223,110.
d Total (add lines 1b and 1c) ▶								1,514,021.	0	223,110.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 12

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 7		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 21

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
26) LAURA SCOTT (AS OF 2/1/14) CHIEF FINANCIAL OFFICER	40.00			X				0	0	0
27) PAUL BILLINGS VP NATIONAL POLICY & ADVOCACY	40.00				X			187,796.	0	20,042.
28) SUSAN RAPPAPORT VP RESEARCH & PROGRAM	40.00				X			171,811.	0	51,495.
29) RUSSELL BURWELL VP GOVERNANCE	40.00					X		144,343.	0	17,512.
30) KAREN ENGSTRON VP CRM	40.00					X		125,736.	0	19,676.
31) CRAIG FINSTAD AVP, DIRECT RESPONSE OPERATION	40.00					X		133,466.	0	23,979.
32) PETER IWANOWICZ AVP, HEALTHY AIR CAMPAIGN	40.00					X		112,369.	0	9,417.
33) KATHERINE PRUITT AVP, HEALTH EDUCATION	40.00					X		109,964.	0	8,439.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 12

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

Section B. Independent Contractors

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

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

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

Part VIII **Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts							
1a	Federated campaigns	1a					
b	Membership dues	1b					
c	Fundraising events	1c					
d	Related organizations	1d					
e	Government grants (contributions)	1e	1,331,126.				
f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,751,812.				
g	Noncash contributions included in lines 1a-1f: $						
h	**Total.** Add lines 1a-1f ▶			6,082,938.			
Program Service Revenue		Business Code					
2a	REIMBURSEMENTS FROM CHARTERED ASSN	900099		21,080,383.	21,080,383.		
b	PROGRAM SERVICE CONTRACTS	900099		6,496,661.	6,496,661.		
c	CHARTER ASSOCIATION ASSESSMENTS	900099		4,675,015.	4,675,015.		
d	STRATEGIC CAUSE SUPPORT	900099		3,957,738.	3,957,738.		
e	DIRECT RESPONSE ACTIVITY-CHARTER ASSN	900099		2,291,310.	2,291,310.		
f	All other program service revenue			47,930.	47,930.		
g	**Total.** Add lines 2a-2f ▶			38,549,037.			
Other Revenue							
3	Investment income (including dividends, interest, and other similar amounts) ▶			466,951.			466,951.
4	Income from investment of tax-exempt bond proceeds ▶			0			
5	Royalties ▶			705,933.			705,933.
		(i) Real	(ii) Personal				
6a	Gross rents	5,250.					
b	Less: rental expenses						
c	Rental income or (loss)	5,250.					
d	Net rental income or (loss) ▶			5,250.			5,250.
		(i) Securities	(ii) Other				
7a	Gross amount from sales of assets other than inventory	29,158,128.					
b	Less: cost or other basis and sales expenses	28,805,749.					
c	Gain or (loss)	352,379.					
d	Net gain or (loss) ▶			352,379.			352,379.
8a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18 . . . a						
b	Less: direct expenses . . . b						
c	Net income or (loss) from fundraising events ▶			0			
9a	Gross income from gaming activities. See Part IV, line 19 . . . a						
b	Less: direct expenses . . . b						
c	Net income or (loss) from gaming activities ▶			0			
10a	Gross sales of inventory, less returns and allowances . . . a						
b	Less: cost of goods sold . . . b						
c	Net income or (loss) from sales of inventory ▶			0			
	Miscellaneous Revenue	Business Code					
11a	RESEARCH GRANT SERVICE FEE	900099		474,070.			474,070.
b	TRUST INCOME	900099		17,000.			17,000.
c	PROGRAM PARTICIPANT FEES	900099		76,622.			76,622.
d	All other revenue	900099		771,342.			771,342.
e	**Total.** Add lines 11a-11d ▶			1,339,034.			
12	**Total revenue.** See instructions ▶			47,501,522.	38,549,037.		2,869,547.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	8,932,506.	8,932,506.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	980,175.	547,507.	335,329.	97,339.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	3,537,666.	3,373,745.	139,758.	24,163.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	904,702.	796,273.	83,489.	24,940.
10 Payroll taxes	316,211.	278,313.	29,181.	8,717.
11 Fees for services (non-employees):				
a Management	0			
b Legal	117,639.	68,282.	33,310.	16,047.
c Accounting	196,414.		196,414.	
d Lobbying	52,414.	52,414.		
e Professional fundraising services. See Part IV, line 17	2,206,462.			2,206,462.
f Investment management fees	49,510.		49,510.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	4,894,719.	4,922,569.	-55,698.	27,848.
12 Advertising and promotion	16,412,574.	15,475,982.	934,516.	2,076.
13 Office expenses	290,753.	252,513.	37,058.	1,182.
14 Information technology	0			
15 Royalties	0			
16 Occupancy	910,850.	677,976.	226,140.	6,734.
17 Travel	324,690.	281,164.	34,861.	8,665.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	252,070.	235,171.	15,875.	1,024.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	145,779.	130,179.	14,655.	945.
23 Insurance	112,329.	85,529.	25,185.	1,615.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RESIDENTIAL CAMPAIGN	1,991,768.	1,872,262.	119,506.	
b PROCESSING FEES	1,122,379.	977,490.	127,936.	16,953.
c BAD DEBT EXPENSE	32,829.		32,829.	
d SERVICE CHARGES	20,348.	13,873.	2,177.	4,298.
e All other expenses	199,180.	2,402,005.	3,538.	-2,206,363.
25 **Total functional expenses.** Add lines 1 through 24e	44,003,967.	41,375,753.	2,385,569.	242,645.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ [X] if following SOP 98-2 (ASC 958-720)	1,351,203.	808,258.	76,618.	466,327.

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	467.	1	300.
	2	Savings and temporary cash investments	4,888,014.	2	9,318,297.
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	3,499,811.	4	3,543,192.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	374,472.	9	1,007,824.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 1,281,536.			
	b	Less: accumulated depreciation — 10b: 1,065,731.	258,491.	10c	215,805.
	11	Investments - publicly traded securities	13,388,524.	11	15,324,523.
	12	Investments - other securities. See Part IV, line 11	0	12	0
	13	Investments - program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	5,420,896.	15	5,738,141.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	27,830,675.	16	35,148,082.
Liabilities	17	Accounts payable and accrued expenses	1,701,323.	17	3,275,212.
	18	Grants payable	3,889,180.	18	3,443,045.
	19	Deferred revenue	5,439,115.	19	6,988,384.
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,362,419.	25	9,002,444.
	26	**Total liabilities.** Add lines 17 through 25	19,392,037.	26	22,709,085.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	3,631,338.	27	6,970,520.
	28	Temporarily restricted net assets	1,004,215.	28	1,415,412.
	29	Permanently restricted net assets	3,803,085.	29	4,053,065.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	8,438,638.	33	12,438,997.
	34	Total liabilities and net assets/fund balances	27,830,675.	34	35,148,082.

Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	47,501,522.
2	Total expenses (must equal Part IX, column (A), line 25)	2	44,003,967.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,497,555.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,438,638.
5	Net unrealized gains (losses) on investments	5	1,137,536.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-634,732.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	12,438,997.

Part XII **Financial Statements and Reporting**

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

			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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2013

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).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ____________

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [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.)

9 [ ] An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I **b** [ ] Type II **c** [ ] Type III-Functionally integrated **d** [ ] Type III-Non-functionally integrated

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18,165,400.	11,915,758.	10,546,204.	8,618,848.	6,082,938.	55,329,148.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	18,165,400.	11,915,758.	10,546,204.	8,618,848.	6,082,938.	55,329,148.
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)						2,563,529.
6 **Public support.** Subtract line 5 from line 4.						52,765,619.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	18,165,400.	11,915,758.	10,546,204.	8,618,848.	6,082,938.	55,329,148.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	985,737.	1,419,418.	1,592,243.	952,391.	1,178,134.	6,127,923.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .ATCH. 1	165,047.	1,024,657.	556,293.	517,426.	1,339,034.	3,602,457.
11 **Total support.** Add lines 7 through 10						65,059,528.

12 Gross receipts from related activities, etc. (see instructions) . . . **12** 165,285,108.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . **14** 81.10 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . **15** 88.91 %

16a **33 1/3 % support test - 2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶ ☒

b **33 1/3 % support test - 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

b **10%-facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3 % support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
GROSS SALES OF INVENTORY		49,056.	21,162.	-62,566.		7,652.
MICELLANEOUS INCOME	165,047.	468,166.	535,131.	579,992.	771,342.	2,519,678.
LEGAL SETTLEMENT RECOVERY		507,435.				507,435.
RESEARCH GRANT SERVICE FEE					474,070.	474,070.
TRUST INCOME					17,000.	17,000.
PROGRAM PARTICIPANT FEES					76,622.	76,622.
TOTALS	165,047.	1,024,657.	556,293.	517,426.	1,339,034.	3,602,457.

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	**Schedule of Contributors** ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at *www.irs.gov/form990*.	OMB No. 1545-0047 **2013**

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

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization AMERICAN LUNG ASSOCIATION

Employer identification number 13-1632524

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 1,234,183.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 890,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 2,079,555.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization AMERICAN LUNG ASSOCIATION

Employer identification number 13-1632524

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

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

(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
		$	

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

Name of organization AMERICAN LUNG ASSOCIATION

Employer identification number 13-1632524

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

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

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

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

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2013
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If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

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

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

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

		(a)	(b)
g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a. If zero or less, enter -0-		
i	Subtract line 1f from line 1c. If zero or less, enter -0-		

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

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?	X		
d Mailings to members, legislators, or the public?	X		20,160.
e Publications, or published or broadcast statements?	X		35,087.
f Grants to other organizations for lobbying purposes?	X		4,000.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		164,752.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		1,057.
i Other activities?	X		7,994.
j Total. Add lines 1c through 1i			233,050.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

SEE PAGE 4

Part IV Supplemental Information *(continued)*

SCHEDULE C, PART II-B, LINE 1(I)

THE AMERICAN LUNG ASSOCIATION VOLUNTEERS AND STAFF ENGAGE IN A WIDE RANGE OF ADVOCACY ACTIVITIES TO FURTHER OUR MISSION TO SAVE LIVES BY IMPROVING LUNG HEALTH AND PREVENTING LUNG DISEASE. OUR WORK INCLUDES EFFORTS TO EDUCATE MEMBERS OF CONGRESS, THEIR STAFF AND THE PUBLIC ON LUNG HEALTH ISSUES AND ACCESS TO HEALTHCARE. WE ADVOCATE FOR CLEAN, HEALTHY AIR TO REDUCE THE HEALTH IMPACTS OF AIR POLLUTION. WE FOCUS ON SUPPORTING THE IMPLEMENTATION AND STRENGTHENING OF THE NATION'S CLEAN AIR LAWS. WE STRONGLY SUPPORT THE PUBLIC HEALTH INFRASTRUCTURE AND LUNG HEALTH RESEARCH FUNDING INCLUDING FUNDING FOR LUNG CANCER, CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD), ASTHMA, TUBERCULOSIS AND OTHER LUNG DISEASES. FURTHERMORE, THE AMERICAN LUNG ASSOCIATION VOLUNTEERS AND STAFF ACTIVELY ADVOCATE IN WASHINGTON, D.C. AND IN THE STATES FOR TOBACCO CONTROL LAWS, INCLUDING EFFORTS TO REGULATE TOBACCO PRODUCTS, PROMOTE TOBACCO CESSATION AND ELIMINATE EXPOSURE TO SECOND HAND SMOKE.

SCHEDULE D (Form 990)

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

2013

Open to Public Inspection

Name of the organization: AMERICAN LUNG ASSOCIATION

Employer identification number: 13-1632524

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

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

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

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

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically important land area

☐ Preservation of a certified historic structure

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,201,259.	1,030,809.	1,099,684.	980,525.	950,135.
b Contributions					
c Net investment earnings, gains, and losses	304,334.	259,407.	-23,972.	201,713.	97,595.
d Grants or scholarships	95,089.	77,218.	34,318.	72,000.	56,728.
e Other expenditures for facilities and programs					
f Administrative expenses	5,451.	11,739.	10,585.	10,554.	10,477.
g End of year balance	1,405,053.	1,201,259.	1,030,809.	1,099,684.	980,525.

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

a Board designated or quasi-endowment ▶ ______ %

b Permanent endowment ▶ 35.5900 %

c Temporarily restricted endowment ▶ 64.4100 %

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

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

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

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

Part VI **Land, Buildings, and Equipment.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		180,602.	121,477.	59,125.
d Equipment		447,418.	376,833.	70,585.
e Other		653,516.	567,421.	86,095.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				215,805.

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

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

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

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST	
(2) IN PERPETUAL TRUSTS	3,915,341.
(3) AMOUNTS HELD ON BEHALF	
(4) OF OTHERS	1,822,800.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	5,738,141.

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 AND LIFE INSURANCE BENEFITS	4,089,366.
(3) DUE TO CHARTERED ASSOC.	908,856.
(4) AMOUNTS HELD ON BEHALF OF OTHERS	1,822,800.
(5) ANNUITY FUND INVESTMENTS	158,911.
(6) OTHER LIABILITIES	2,022,511.
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	9,002,444.

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 [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	56,137,745.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	1,137,536.		
b	Donated services and use of facilities	2b	8,133,419.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-634,732.		
e	Add lines **2a** through **2d**			2e	8,636,223.
3	Subtract line **2e** from line **1**			3	47,501,522.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	47,501,522.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	52,137,386.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	8,133,419.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	8,133,419.
3	Subtract line **2e** from line **1**			3	44,003,967.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	44,003,967.

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

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART V, LINE 4

INTENDED USE OF ENDOWMENT FUNDS

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

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

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

Part XIII Supplemental Information *(continued)*

RECIPIENTS SHALL BE MADE UNDER THE NAME MARY FULLER RUSSELL RESEARCH FUND.

SCHEDULE D, PART X, LINE 2

FIN 48 FOOTNOTE

GUIDANCE IN THE AREA OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES UNDER THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS STANDARD PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE-LIKELY-THAN-NOT TO BE SUSTAINED, IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE STANDARD ALSO PROVIDES GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE. THE FISCAL YEARS ENDED 2011, 2012, 2013 AND 2014 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. NATIONAL OFFICE HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND, TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. NATIONAL OFFICE INCURRED NO INTEREST OR PENALTIES RELATED TO TAX LIABILITIES FOR THE YEARS ENDED JUNE 30, 2014 AND 2013.

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART XI, LINE 2D

OTHER REVENUE RECONCILING ITEMS

LOSS ON SUBLEASE	(716,563)
CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUSTS	435,256
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	4,851
BENEFIT-RELATED CHANGES	(358,276)

TOTAL	$(634,732)

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 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/form990*.

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a [X] Mail solicitations
- b [X] Internet and email solicitations
- c [X] Phone solicitations
- d [ ] In-person solicitations
- e [ ] Solicitation of non-government grants
- f [ ] Solicitation of government grants
- g [ ] Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] Yes [ ] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(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
1	INFOCISION MANAGEMENT CORP	RESIDENT		X	1,907,226.	1,403,716.	503,511.
2	THOMPSON, HABIB & DENISON, I	MAIL		X	23,966,293.	300,000.	23,666,293.
3	SFI NONPROFIT	TELE-MKTG		X	670,834.	502,746.	168,088.
4							
5							
6							
7							
8							
9							
10							
Total ▶					26,544,353.	2,206,462.	24,337,892.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL,AZ,AR,CA,CO,CT,DE,DC,FL,GA,HI,ID,IL,IN,
IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,
OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY,

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

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

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

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

9 Enter the state(s) in which the organization operates gaming activities: ____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: ____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: ____

11 Does the organization operate gaming activities with nonmembers? . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ______________________

Address ▶ ______________________

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

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

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

Name ▶ ______________________

Address ▶ ______________________

16 Gaming manager information:

Name ▶ ______________________

Gaming manager compensation ▶ $ ______________

Description of services provided ▶ ______________________

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

SCHEDULE G, PART I, LINE 1

FUNDRAISING ACTIVITIES

THE AMERICAN LUNG ASSOCIATION'S NATIONAL OFFICE PROVIDES SUPPORT FOR CHARTERED AMERICAN LUNG ASSOCIATIONS' DIRECT MAIL, RESIDENTIAL CAMPAIGNS, AND TELEMARKETING. AS PART OF THIS SUPPORT, THE AMERICAN LUNG ASSOCIATION (NATIONAL) CONTRACTS WITH PROFESSIONAL FUNDRAISERS TO DEVELOP FUNDRAISING STRATEGIES ON THESE INITIATIVES. REVENUES FROM DIRECT

11 Does the organization operate gaming activities with nonmembers? . . . . Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . Yes No

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ________________

Address ▶ ________________

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

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

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

Name ▶ ________________

Address ▶ ________________

16 Gaming manager information:

Name ▶ ________________

Gaming manager compensation ▶ $ ________

Description of services provided ▶ ________________

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

RESPONSE, RESIDENTIAL CAMPAIGN AND TELEMARKETING CAMPAIGNS ARE DISTRIBUTED TO THE CHARTERED AMERICAN LUNG ASSOCIATIONS, AND EACH RESPECTIVE CHARTER REIMBURSES NATIONAL FOR THEIR ALLOCABLE PORTION OF EXPENSES RELATED TO EACH FUNDRAISING CAMPAIGN.

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
2013
Open to Public Inspection

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

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ALA OF MID-ATLANTIC 3001 OLD GETTYBURG ROAD CAMP HILL, PA 17011	25-1825116	501(C)(3)	75,000.				FED & PROG GRANTS
(2) ALA OF MIDLAND STATES 1950 ARLINGATE LANE COLUMBUS, OH 43228	31-4379531	501(C)(3)	130,665.				FED & PROG GRANTS
(3) ALA OF MOUNTAIN PACIFIC 7420 SW BRIDGEPORT RD STE 200	93-0386887	501(C)(3)	56,250.				FED & PROG GRANTS
(4) ALA OF THE NORTHEAST 21 WEST 38TH STREET NEW YORK, NY 10018	93-0386887	501(C)(3)	127,164.				FED & PROG GRANTS
(5) ALA OF THE PLAINS GULF REGION 2325 SEVERN AVENUE, SUITE 8	63-0320189	501(C)(3)	44,238.				FED & PROG GRANTS
(6) ALA OF THE SOUTHEAST 6852 BELFORT OAKS PLACE	59-0662271	501(C)(3)	46,033.				FED & PROG GRANTS
(7) ALA OF THE SOUTHWEST 5600 GREENWOOD PLAZA BLVD, #100	86-0111676	501(C)(3)	62,111.				FED & PROG GRANTS
(8) ALA OF THE UPPER MIDWEST 3000 KELLY LANE SPRINGFIELD, IL 62707	20-4392201	501(C)(3)	83,950.				FED & PROG GRANTS
(9) ALBANY MEDICAL COLLEGE 47 NEW SCOTLAND AVENUE ALBANY, NY 12208	14-1338310	501(C)(3)	32,500.				FED & PROG GRANTS
(10) ATS FOUNDATION 25 BROADWAY, 18TH FLOOR NEW YORK, NY 10004	20-2138855	501(C)(3)	20,000.				RESEARCH
(11) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030-3411	74-1613878	501(C)(3)	245,077.				RESEARCH
(12) BIOMED RESEARCH INST OF NM 1501 SAN PEDRO DRIVE BUILDING 14	85-0374063	501(C)(3)	40,000.				RESEARCH

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

3 Enter total number of other organizations listed in the line 1 table . . . ▶

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.
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OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization
AMERICAN LUNG ASSOCIATION

Employer identification number
13-1632524

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BRIGHAM & WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	100,000.				RESEARCH
(2) CHILDREN'S HOSPITAL BOSTON PO 414413 BOSTON, MA 02241	04-2774441	501(C)(3)	107,500.				RESEARCH
(3) CHILDREN'S HOSPITAL MED CTR CHILDREN'S HOSPITAL MEDICAL CENTER	31-0833936	501(C)(3)	40,000.				RESEARCH
(4) CLEAN AIR WATCH 1250 CONNECTICUT AVENUE	34-2025788	501(C)(3)	30,000.				ASTHMA
(5) COLUMBIA UNIVERSITY 722 WEST 168TH STREET 4TH FL	15-5598093	501(C)(3)	136,068.				RESEARCH
(6) DUKE UNIVERSITY BOX 104132 DURHAM, NC 27708	56-0532129	501(C)(3)	223,614.				RESEARCH
(7) FARMINGDALE STATE UNIVERSITY 35 STATE STREET ALBANY, NY 12207	23-7046497	501(C)(3)	33,380.				RESEARCH
(8) H. LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DRIVE TAMPA TAMPA, FL 33612	59-2451713	501(C)(3)	100,000.				RESEARCH
(9) JOHNS HOPKINS UNIVERSITY 1101 E33RD STREET, SUITE D200	52-0595110	501(C)(3)	706,000.				RESEARCH
(10) LA STATE UNIV HEALTH SCI CTR 433 BOLIVAR STREET NEW ORLEANS, LA 70112	72-6087770	501(A)	158,472.				RESEARCH
(11) MA GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-1564655	501(C)(3)	72,195.				RESEARCH
(12) MCLEAN HOSPITAL 115 MILL STREET #228 BELMONT, MA 02478	04-3362620	501(C)(3)	39,932.				RESEARCH

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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.
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OMB No. 1545-0047
2013
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Name of the organization: AMERICAN LUNG ASSOCIATION
Employer identification number: 13-1632524

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NATL JEWISH MED & RESEARCH CTR 1400 JACKSON STREET DENVER, CO 80206	74-2044647	501(C)(3)	276,631.				RESEARCH
(2) NEMOURS CHILDREN CLINIC 10140 CENTURION PARKWAY NORTH	59-0634433	501(C)(3)	235,940.				RESEARCH
(3) NY MEDICAL COLLEGE WOMEN'S & CHILDREN CTR 40 SUNSHINE COTTAGE ROAD VALHALLA, NY 10595	13-1099420	501(C)(3)	263,255.				RESEARCH
(4) NORTH SHORE LONG ISLAND JEWISH 300 COMMUNITY DRIVE MANHASSET, NY 11030	11-1562701	501(C)(3)	332,507.				RESEARCH
(5) NORTHWESTERN UNIVERSITY 619 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	404,976.				RESEARCH
(6) NYU SCHOOL OF MEDICINE 545 FIRST AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	73,900.				RESEARCH
(7) OREGON HEALTH & SCI UNIV 3181 SW SAM JACKSON PARK RD	93-1176109	501(C)(3)	32,500.				RESEARCH
(8) REGENTS OF THE UNIV OF CA-SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	501(C)(3)	288,964.				RESEARCH
(9) REGENTS OF THE UNIV OF CA-IRVINE 1400 BIOLOGICAL SCIENCES III	95-2226406	501(C)(3)	100,000.				RESEARCH
(10) REGENTS OF THE UNIV OF CA-SF 3333 CALIFORNIA ST, STE 315, # 0962	94-6036493	501(C)(3)	172,500.				RESEARCH
(11) REGENTS OF UNIV OF MICHIGAN 3003 S. STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	52,500.				RESEARCH
(12) RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501(C)(3)	38,723.				RESEARCH

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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OMB No. 1545-0047
2013
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Name of the organization
AMERICAN LUNG ASSOCIATION

Employer identification number
13-1632524

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) RUTGERS UNIV SCHOOL OF PUBLIC HEALTH 7 COLLEGE AVENUE WINANT HALL	22-6001086	501(A)	40,000.				RESEARCH
(2) SANFORD-BURNHAM MED RESEARCH INST 10901 NORTH TORREY PINES ROAD	51-0197108	501(C)(3)	32,500.				RESEARCH
(3) SEATTLE BIOMED RESEARCH INST 307 WESTLAKE AVE N SUITE 500	91-0961784	501(C)(3)	16,250.				RESEARCH
(4) ST. JOSEPH'S HOSPITAL & MED CTR 700 ROSEDALE AVENUE ST. LOUIS, MO 63112	95-1643359	501(C)(3)	39,829.				RESEARCH
(5) ST. VINCENT OF INDIANA 1 HOSPITAL DRIVE INDIANAPOLIS, IN 46260	35-0869066	501(C)(3)	210,522.				RESEARCH
(6) STANFORD UNIVERSITY CORTE MADERA CREEK BLDG, STE 142	94-1156365	501(C)(3)	112,500.				RESEARCH
(7) SUNY - STONY BROOK PO 9 ALBANY, NY 12201	13-1099420	501(A)	40,000.				RESEARCH
(8) CHILDREN'S HOSPITAL OF SEATTLE PO 50020 SEATTLE, WA 98145	23-1352166	501(C)(3)	32,500.				RESEARCH
(9) OHIO STATE UNIV RESEARCH FNDN 1960 KENNY ROAD COLUMBUS, OH 43210	31-6401599	501(C)(3)	281,286.				RESEARCH
(10) TRUSTEES OF THE UNIV OF PA BRBII/III 438 421 CURIE BLVD	23-1352685	501(C)(3)	40,000.				RESEARCH
(11) UNIV OF NC-CHAPEL HILL 104 AIRPORT DR STE 2200 #1350	59-1711424	501(C)(3)	38,869.				RESEARCH
(12) UNIV OF TX MD ANDERSON CANCER CTR 1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-6001118	501(A)	100,000.				RESEARCH

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

3 Enter total number of other organizations listed in the line 1 table . . . . . . ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2013)**

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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OMB No. 1545-0047
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Employer identification number: 13-1632524

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIV OF WISCONSIN 600 HIGHLAND AVE MADISON, WI 53792	39-0743975	501(C)(3)	80,000.				RESEARCH
(2) TRUSTEES OF BOSTON UNIV-BU MED CAMPUS 72 EAST CONCORD ST, R304 BOSTON, MA 02118	04-2103547	501(C)(3)	165,000.				RESEARCH
(3) UNIFORMED SVCS UNIV OF HEALTH SCI 6720-A ROCKLEDGE DRIVE BETHESDA, MD 20817	52-1317896	501(A)	10,465.				RESEARCH
(4) UNIV MED OF SOUTH FL-MIAMI PO 025405 MIAMI, FL 33102	59-0624458	501(C)(3)	196,361.				RESEARCH
(5) UNIV MED OF SOUTH FL-TAMPA 3802 SPECTRUM BLVD TAMPA, FL 33612	59-2959590	501(C)(3)	65,625.				RESEARCH
(6) UNIV OF AL-BIRMINGHAM UNIVERSITY STATION BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	65,000.				RESEARCH
(7) UNIVERSITY OF ARIZONA PO BOX 3308 TUCSON, AZ 85722	74-2652689	501(C)(3)	170,834.				RESEARCH
(8) UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	40,000.				RESEARCH
(9) UNIVERSITY OF ILLINOIS 601 S. MATHEWS AVENUE URBANA, IL 61801	37-6000511	501(A)	180,000.				RESEARCH
(10) UNIVERSITY OF IOWA B5 JESSUP HALL IOWA CITY, IA 52242	42-6004603	501(A)	93,673.				RESEARCH
(11) UNIV OF LOUSIVILLE RESEARCH FNDN STEVENSON HALL #520 LOUISVILLE, KY 40290	61-1029626	501(C)(3)	40,000.				RESEARCH
(12) UNIV OF MO-KANSAS CITY 5100 ROCKHILL ROAD, AC202	43-6003859	501(A)	161,531.				RESEARCH

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

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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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(1) UNIVERSITY OF MONTANA 32 CAMPUS DRIVE MISSOULA, MT 59812	42-6004813	501(A)	40,000.				RESEARCH
(2) UNIVERSITY OF NEW MEXICO 1 UNIVERSITY DRIVE ALBUQUERQUE, NM 87131	85-0275408	501(A)	40,000.				RESEARCH
(3) UNIVERSITY OF PITTSBURGH OFFICE OF FINANCIAL INFORMATION	25-0965591	501(C)(3)	240,000.				RESEARCH
(4) UNIVERSITY OF ROCHESTER 910 GENESEE STREET #200 ROCHESTER, NY 14611	16-0743209	501(C)(3)	40,000.				RESEARCH
(5) UNIVERSITY OF TAMPA 401 WEST KENNEDY BLVD. BOX M	59-0624459	501(C)(3)	40,000.				RESEARCH
(6) UNIV OF TN HEALTH SCI CTR 62 S. DUNLAP, SUITE 300	62-6001636	501(C)(3)	40,000.				RESEARCH
(7) UNIV OF TX MED BRANCH-GALVESTON PO BOX 4786-750 HOUSTON, TX 77210-4786	74-6000949	501(C)(3)	40,000.				RESEARCH
(8) UNIVERSITY OF VERMONT 85 SOUTH PROSPECT STREET	03-0179440	501(C)(3)	137,259.				RESEARCH
(9) UNIVERSITY OF VIRGINIA PO BOX 400202 CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	123,609.				RESEARCH
(10) WAKE FOREST UNIV OF HEALTH STUDIES MEDICAL CENTER BLVD WINSTON-SALEM, NC 27157	22-3849199	501(C)(3)	32,500.				RESEARCH
(11) WASHINGTON UNIV SCHOOL OF MED 660 S. EUCLID AVE. ST. LOUIS, MO 63110	43-0653611	501(C)(3)	422,003.				RESEARCH
(12) WAYNE STATE UNIVERSITY 5057 WOODWARD AVENUE 13TH FL	38-3555142	501(C)(3)	40,000.				RESEARCH

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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Name of the organization: AMERICAN LUNG ASSOCIATION
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) YALE UNIVERSITY 2 WHITNEY AVENUE, 6TH FL.	06-0646973	501(C)(3)	32,500.				FED & PROG GRANTS
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 73.

3 Enter total number of other organizations listed in the line 1 table . . . . ▶

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

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

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

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

SCHEDULE I, PART I, LINE 2

PROCEDURE FOR MONITORING GRANTS IN THE US

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

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: AMERICAN LUNG ASSOCIATION

Employer identification number: 13-1632524

Part 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. X Compensation committee ☐ Written employment contract X Independent compensation consultant X Compensation survey or study X 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	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation: (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
1 HAROLD WIMMER	(i)	320,175.	0	0	19,496.	23,702.	363,373.	0
PRESIDENT & CEO	(ii)	0	0	0	0	0	0	0
2 ADRIENNE GLASGOW (THRU	(i)	208,361.	0	0	16,201.	13,151.	237,713.	0
CHIEF FINANCIAL OFFICER	(ii)	0	0	0	0	0	0	0
3 PAUL BILLINGS	(i)	187,796.	0	0	18,976.	1,066.	207,838.	0
VP NATIONAL POLICY & ADVOCACY	(ii)	0	0	0	0	0	0	0
4 SUSAN RAPPAPORT	(i)	171,811.	0	0	18,483.	33,012.	223,306.	0
VP RESEARCH & PROGRAM	(ii)	0	0	0	0	0	0	0
5 RUSSELL BURWELL	(i)	144,343.	0	0	14,815.	2,697.	161,855.	0
VP GOVERNANCE	(ii)	0	0	0	0	0	0	0
6 CRAIG FINSTAD	(i)	133,466.	0	0	13,208.	10,771.	157,445.	0
AVP, DIRECT RESPONSE OPERATION	(ii)	0	0	0	0	0	0	0
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 4B

ALA HAS A 457(B) SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN. ADRIENNE GLASGOW PARTICIPATED IN THE 457(B) PLAN. THE AMOUNT ACCRUED IN CALENDAR YEAR 2013 IS INCLUDED ON SCHEDULE J AS DEFERRED COMPENSATION (I.E., SCHEDULE J, PART II, COLUMN (C)).

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2013
Open to Public Inspection

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FORM 990, PART VIII, LINE 2

REIMBURSEMENT FROM CHARTER ASSOCIATION

AT JUNE 30, 2014, THERE WERE NINE CHARTERED ASSOCIATIONS THAT HAVE JURISDICTION OVER SPECIFIC GEOGRAPHICAL AREAS. HOWEVER, ONE OF THE CHARTERED ASSOCIATIONS LEGALLY DISSOLVED WITH AN EFFECTIVE DATE OF JUNE 30, 2014. THE GEOGRAPHICAL AREA WAS ABSORBED BY THREE OF THE REMAINING CHARTERED ASSOCIATIONS, EFFECTIVE JULY 1, 2014. 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 ENDED JUNE 30, 2014 AND 2013, PROGRAM REIMBURSEMENTS APPROXIMATED $21,100,000 AND $23,400,000, RESPECTIVELY.

EACH CHARTERED ASSOCIATION IS ALSO REQUIRED TO REMIT A MONTHLY ASSESSMENT, WHICH NATIONAL OFFICE USES IN A VARIETY OF WAYS INCLUDING,

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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, 2014 AND 2013, CHARTERED ASSOCIATIONS' ASSESSMENTS REVENUE APPROXIMATED $4,700,000 AND $4,800,000, RESPECTIVELY.

ADDITIONALLY, PER NATIONAL OFFICE'S AGREEMENT WITH EACH CHARTERED ASSOCIATION, NATIONAL OFFICE RECEIVES 30% OF DIRECT RESPONSE REVENUES, LESS DIRECT RESPONSE EXPENSES AND 13% OF ALL UNRESTRICTED BEQUESTS IN THOSE INSTANCES WHEN THE DONOR DIED PRIOR TO JULY 1, 2009. THIS REVENUE IS RECOGNIZED IN THE PERIOD WHEN CONTRIBUTIONS ARE COLLECTED. FOR THE YEARS ENDED JUNE 30, 2014 AND 2013, THE ALLOCABLE SHARE OF DIRECT RESPONSE ACTIVITIES AND BEQUEST SHARE REVENUE FROM CHARTERED ASSOCIATIONS APPROXIMATED $2,300,000 AND $2,400,000, RESPECTIVELY.

FORM 990, PART VI, LINE 1A

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 NOT BEEN IMPLEMENTED PRIOR TO THE BOARD MEETING OR MEETINGS FOLLOWING THE EXECUTIVE COMMITTEE 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.

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

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

FORM 990 PART VI, LINE 11B

FORM 990 REVIEW PROCESS

ALA HAS ESTABLISED 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 CFO. PROR 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

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FINALIZED BEFORE THE SUBMISSION.

FORM 990, PART VI, LINE 12C

WRITTEN CONFLICT OF INTEREST POLICY

ALA CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH IT MONITORS AND ENFORCES ANNUALLY AND HAS A STANDING GOVERNANCE COMMITTEE THAT OVERSEES ITS EXECUTION. THE ORGANIZATION CURRENTLY MANDATES THAT ALL MEMBERS OF THE GOVERNING BODY, COMMITTEE MEMBERS AND ALL STAFF ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. THE SIGNED CONFLICT OF INTEREST POLICY STATEMENTS ARE SUBMITTED TO THE GOVERNANCE COMMITTEE. THESE STATEMENTS ARE REVIEWED FOR POTENTIAL OR ACTUAL CONFLICTS.

IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS, THE GOVERNANCE COMMITTEE WILL NOTIFY MEMBERS OF MANAGEMENT AND/OR THE GOVERNING BODY ABOUT SUCH CONFLICT AND INVESTIGATE THE CONFLICT AND ITS POSSIBLE EFFECT. IF THE GOVERNANCE COMMITTEE DETERMINES THAT AN ACTUAL OR APPARENT CONFLICT EXISTS, IT WILL INFORM THE GOVERNING BODY AND/OR MANAGEMENT OF ITS DECISION. THE CONFLICTED INDIVIDUAL WILL NOT BE ALLOWED TO VOTE OR BE PART OF ANY DECISIONS ABOUT ANY SUCH TRANSACTIONS THAT HAVE TO DO WITH THE CONFLICT UNTIL SUCH TIME AS THE GOVERNANCE COMMITTEE DETERMINES THERE IS NO LONGER A CONFLICT.

FORM 990, PART VI, LINE 15

PROCESS FOR DETERMINING COMPENSATION

THE AMERICAN LUNG ASSOCIATION HAS ESTABLISHED A COMPENSATION POLICY FOR

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

THE COMMITTEE'S DECISION ON THE AMOUNT OF COMPENSATION PAID IS DOCUMENTED IN 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 19

MAKING CERTAIN DOCUMENTS PUBLIC

THE THREE MOST RECENT YEARS OF FORM 990 AND ANNUAL REPORTS ARE AVAILABLE ON AMERICAN LUNG ASSOCIATION'S WEBSITE WWW.LUNG.ORG. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST. OUR WEBSITE ALSO PROVIDES THE NAMES OF OUR BOARD OF DIRECTORS AND OUR ETHICS POLICY.

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FORM 990, PART XI, LINE 9

LOSS ON SUBLEASE	($716,563)
CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUSTS	435,256
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	4,851
BENEFIT-RELATED CHANGES	(358,276)

TOTAL	($634,732)

FORM 990, PART XII, LINE 2C

AUDIT COMMITTEE

THE AUDIT COMMITTEE OF THE BOARD HAS THE FIDUCIARY RESPONSIBILITY FOR HIRING OF THE AUDIT FIRM, THE REVIEW OF THE RISK ISSUES FOR THE ASSOCIATION AND THE FINAL AUDIT REVIEW AND PACKAGE THAT IS ACCEPTED BY THE BOARD. THE COMMITTEE MEETS WITH THE AUDIT FIRM INDEPENDENTLY FROM STAFF DURING THE AUDIT REVIEW PROCESS AND RECOMMENDS TO THE BOARD THE ACCEPTANCE OF THE AUDIT AND ITS FINDINGS.

FORM 990, PART VI, LINE 1

EXECUTIVE COMMITTEE

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.

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

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ATTACHMENT 1 (CONT'D)

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

AMERICAN LUNG ASSOCIATION WEB SITE, WWW.LUNG.ORG.

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

THE PROGRAM SERVICES OF THE AMERICAN LUNG ASSOCIATION NATIONAL HEADQUARTERS CAN BE BROKEN DOWN INTO FOUR BROAD CATEGORIES: LUNG CANCER, ASTHMA, LUNG DISEASE AND TOBACCO CONTROL, RESEARCH, FIELD DEVELOPMENT AND SUPPORT, ADVOCACY AND ENVIRONMENTAL.

ATTACHMENT 2

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

LUNG CANCER, ASTHMA, LUNG DISEASE, AND TOBACCO CONTROL:

LUNG CANCER IS AN URGENT HEALTH CRISIS IN AMERICA, KILLING MORE PEOPLE THAN ANY OTHER CANCER. THE AMERICAN LUNG ASSOCIATION IS DEDICATED TO REDUCING LUNG CANCER'S TERRIBLE TOLL. WE LAUNCHED LUNG FORCE TO MAKE LUNG CANCER A NATIONAL PRIORITY. WE'VE SIGNIFICANTLY INCREASED OUR LUNG CANCER RESEARCH FUNDING, AND WE ARE CONTINUALLY DEVELOPING AND IMPROVING SUPPORT RESOURCES FOR LUNG CANCER PATIENTS AND THEIR CAREGIVERS.

WE ARE FACING A CRISIS IN WOMEN'S HEALTH. EVERY FIVE MINUTES, A WOMAN IN THE U.S. IS DIAGNOSED WITH LUNG CANCER, AND EVERY EIGHT MINUTES, A WOMAN DIES FROM LUNG CANCER. IN THE LAST 27 YEARS, THE LUNG CANCER DEATH RATE HAS RISEN 98 PERCENT AMONG WOMEN, WHILE FALLING 28 PERCENT AMONG MEN. THE AMERICAN LUNG ASSOCIATION ASKED

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ATTACHMENT 2 (CONT'D)

WOMEN ACROSS THE COUNTRY ABOUT THEIR PERCEPTIONS AROUND LUNG CANCER AND THE RESULTS WERE PUBLISHED IN THE WOMEN'S LUNG HEALTH BAROMETER.

ONLY ONE PERCENT OF WOMEN KNEW THAT LUNG CANCER WAS THE #1 CANCER KILLER OF BOTH WOMEN AND MEN. IN THE UPCOMING YEAR, LUNG FORCE EXPOS WILL OFFER EDUCATION AND SUPPORT FOR LUNG DISEASE PATIENTS, CAREGIVERS AND HEALTHCARE PROVIDERS. LUNG FORCE WALKS WILL BRING TOGETHER THOSE FIGHTING FOR LUNG HEALTH TO RAISE MONEY TO SUPPORT THE LUNG FORCE GOALS. THROUGH LUNG FORCE, WE HAVE COMMITTED TO:

1) INVEST $10 MILLION IN LUNG CANCER RESEARCH AND $5 MILLION INCREASING PUBLIC HEALTH PROMOTION;

2) PROVIDE PATIENTS WITH INFORMATION ABOUT CLINICAL TRIALS AND BIOMARKER TESTING;

3) ADVOCATE FOR INCREASING FEDERAL FUNDING FOR LUNG CANCER RESEARCH FROM $213 MILLION TODAY TO $300 MILLION BY 2020.

EVERY YEAR THE AMERICAN LUNG ASSOCIATION HELPS PEOPLE MANAGE THEIR LUNG DISEASE, OVERCOME THEIR NICOTINE ADDICTION AND LIVE HEALTHIER LIVES. LAST YEAR WE EXPANDED OUR SUITE OF EDUCATION AND SUPPORT TOOLS FOR PATIENTS WITH LUNG DISEASE AND THEIR CAREGIVERS. WE PROVIDED EDUCATIONAL AND LUNG HELPLINE SUPPORT TO MORE THAN 220,000 PEOPLE. NATIONWIDE, WE PROVIDED EDUCATIONAL SUPPORT TO MORE THAN 100,000 PEOPLE, HELPING SMOKERS QUIT AND SUPPORTING THOSE IMPACTED BY LUNG DISEASE. DURING COPD AWARENESS MONTH

ATTACHMENT 2 (CONT'D)

(NOVEMBER) WE HOSTED A NATIONWIDE PUBLIC WEBINAR THAT HELPED COPD PATIENTS CONNECT WITH SOCIAL SUPPORT, LIKE OUR LUNG CONNECTION COMMUNITY AND BETTER BREATHERS CLUBS.

WITH SUPPORT FROM THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) WE WORKED TO HELP STUDENTS WITH ASTHMA HAVE IMPROVED ACCESS TO THEIR ASTHMA MEDICATION IN SCHOOLS. WE CONTINUED TO REACH ADULTS WITH ASTHMA AND CAREGIVERS WITH THE NECESSARY STEPS TO IMPROVE THEIR ASTHMA MANAGEMENT THROUGH OUR ASTHMA BASICS ONLINE COURSE. 2014 SAW A 150 PERCENT INCREASE IN COURSE COMPLETIONS.

THE AMERICAN LUNG ASSOCIATION CONTINUES TO WORK AGGRESSIVELY ON TOBACCO CONTROL EFFORTS AROUND THE COUNTRY. 2014 MARKED THE 50TH ANNIVERSARY OF THE SURGEON GENERAL'S LANDMARK 1964 REPORT ON SMOKING AND HEALTH. WE JOINED OTHER HEALTH PARTNERS TO RECOGNIZE 50 YEARS OF PROGRESS AND LAID OUT THREE BOLD GOALS:

1) REDUCE SMOKING RATES, CURRENTLY AT ABOUT 18 PERCENT, TO LESS THAN 10 PERCENT WITHIN 10 YEARS;

2) PROTECT ALL AMERICANS FROM SECONDHAND SMOKE WITHIN FIVE YEARS; AND

3) ULTIMATELY ELIMINATE THE DEATH AND DISEASE CAUSED BY TOBACCO USE.

OUR STATE OF TOBACCO CONTROL 2014 REPORT HIGHLIGHTED THE URGENT

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ATTACHMENT 2 (CONT'D)

NEED FOR OUR NATION TO RENEW ITS COMMITMENT TO ELIMINATE TOBACCO-CAUSED DEATH AND DISEASE.

THANKS TO A COMMUNITY TRANSFORMATION GRANT FROM CDC, WE WORKED WITH 11 COMMUNITIES OVER THE LAST THREE YEARS TO REDUCE TOBACCO USE AND EXPOSURE, WITH AN EMPHASIS ON REDUCING TOBACCO-RELATED HEALTH DISPARITIES. THE QUITTER IN YOU CAMPAIGN TARGETED TOBACCO USERS IN 15 MARKETS ACROSS THE COUNTRY AND LET THEM KNOW THAT IT'S NOT UNUSUAL TO TRY SEVERAL TIMES BEFORE QUITTING FOR GOOD AND THAT THE AMERICAN LUNG ASSOCIATION IS HERE TO HELP. OUR FREEDOM FROM SMOKING AND NOT-ON-TOBACCO PROGRAMS CONTINUE TO HELP THOUSANDS OF TEEN AND ADULT SMOKERS QUIT. BECAUSE NOT EVERYONE QUITS SMOKING THE SAME WAY, WE ALSO OFFERED FREEDOM FROM SMOKING ONLINE AND ONE-ON-ONE CESSATION COUNSELING THROUGH THE LUNG HELPLINE.

ATTACHMENT 3

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

RESEARCH:

FUNDING RESEARCH HAS BEEN A CORNERSTONE OF THE LUNG ASSOCIATION'S FIGHT AGAINST LUNG DISEASE FOR MORE THAN A CENTURY. IN 2013 - 2014, OUR DONORS AGAIN MADE IT POSSIBLE TO FUND CLOSE TO $9 MILLION FOR EXCEPTIONAL RESEARCHERS SEEKING TREATMENTS AND CURES LUNG DISEASES, INCLUDING ASTHMA, COPD, AND LUNG CANCER.

THE AMERICAN LUNG ASSOCIATION NATIONWIDE RESEARCH PROGRAM CONSISTS

ATTACHMENT 3 (CONT'D)

OF TWO PROGRAMS: THE AWARDS AND GRANTS PROGRAM AND THE ASTHMA CLINICAL RESEARCH CENTERS.

THE AWARDS AND GRANTS PROGRAM FOSTERS LABORATORY AND PATIENT-CENTERED AND SOCIAL BEHAVIOR RESEARCH TO PREVENT, TREAT AND HOPEFULLY FIND A CURE FOR ALL LUNG DISEASES. NEARLY 70 GRANTS FUNDED THROUGH THE AWARDS AND GRANTS PROGRAM INCLUDED PROJECTS ON ASTHMA, COPD, LUNG CANCER, LUNG INFECTIONS AND RARE LUNG DISORDERS, AS WELL AS RESEARCH ON IMPORTANT RISK FACTORS SUCH AS SMOKING AND AIR QUALITY.

THE ASTHMA CLINICAL RESEARCH CENTERS (ACRC) IS THE NATION'S LARGEST NETWORK CONDUCTING ASTHMA CLINICAL TRIALS OUTSIDE THE PHARMACEUTICAL INDUSTRY. IN FY14, ACRC PROGRAMS FUNDED NEARLY 90 SCIENTISTS. THE ACRC HAS RECENTLY EXPANDED ITS RESEARCH PORTFOLIO TO INCLUDE COPD. NOW KNOWN AS THE AIRWAYS CLINICAL RESEARCH CENTERS, IT WILL REMAIN THE NATION'S LARGEST NOT-FOR-PROFIT NETWORK OF CLINICAL RESEARCH CENTERS WITH AN ENHANCED MISSION OF IMPROVING ASTHMA AND COPD CARE THROUGH CLINICAL RESEARCH IN DIVERSE POPULATIONS. ACRC ALSO PUBLISHED RESULTS OF THE STUDY OF NASAL STEROIDS IN ASTHMA TRAIL IN THE JOURNAL OF ALLERGY AND CLINICAL IMMUNOLOGY. THE TRIAL FOUND THAT TREATMENT OF CHRONIC SINUSITIS WITH NASAL CORTICOSTEROIDS DID NOT IMPROVE ASTHMA CONTROL.

OUR LUNG CANCER DISCOVERY AWARD WAS EXPANDED TO FUND EARLY

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ATTACHMENT 3 (CONT'D)

DETECTION PROJECTS IN ADDITION TO TREATMENT PROPOSALS. IN FY14 WE INCREASED FUNDING FOR LUNG CANCER RESEARCH PROJECTS BY 17 PERCENT OVER THE YEAR BEFORE. THE LUNG CANCER EXPERT MEDICAL ADVISORY PANEL WAS FORMED TO ASSIST IN THE EXAMINATION OF LUNG CANCER AND PROVIDE STRATEGIC ADVICE ON LUNG CANCER.

ATTACHMENT 4

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

FIELD PROGRAM DEVELOPMENT & SUPPORT OF AMERICAN LUNG ASSOCIATION CHARTERED ASSOCIATIONS:

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

ONE-ON-ONE COACHING AND CONSULTATION BY NATIONAL HEADQUARTERS STAFF IS OFFERED AS NEEDED OR REQUESTED. INDIVIDUAL DISCIPLINE GROUPS (E.G. CHIEF EXECUTIVE OFFICERS, CHIEF FINANCIAL OFFICERS,

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ATTACHMENT 4 (CONT'D)

CHIEF DEVELOPMENT OFFICERS, PROGRAM MANAGERS, ETC.) MEET REGULARLY WITH NATIONAL HEADQUARTERS PEERS TO SHARE IDEAS, PROBLEM-SOLVE, AND NETWORK. THE AMERICAN LUNG ASSOCIATION CONDUCTS A NATIONWIDE VOLUNTEER AND STAFF RECOGNITION PROGRAM. VOLUNTEERS AND STAFF ARE RECOGNIZED ON AN ONGOING BASIS FOR OUTSTANDING PERFORMANCE. AN ANNUAL RECOGNITION CEREMONY IS HELD AT A MEETING OF THE AMERICAN LUNG ASSOCIATION BOARD OF DIRECTORS 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 CHARTERED 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)

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ATTACHMENT 4 (CONT'D)

- TRAINING (MONTHLY CONFERENCE CALLS, BEST PRACTICE STAFF TRAINING, LISTSERV BASED MATERIALS, STAFF TRAINING WEBINARS, ETC.)
- IMPLEMENTATION (SPONSORSHIP CALLS, RECRUITMENT, EVENT ATTENDANCE/PARTICIPATION)
- COACHING (STAFF, LEADERSHIP, VOLUNTEERS)
- COORDINATION OF COLLATERAL; SOLICIT NATIONAL SPONSORS/TEAMS
- BUILD, FACILITATE AND INTEGRATE E-COMMERCE PLATFORMS
- AND EVALUATION OF NEW EVENTS.

THE PRIMARY FOCUS IS TO INCREASE THE CHARTERED ASSOCIATIONS NET REVENUE AND FULLY INTEGRATE BEST PRACTICE STRATEGIES INTO THE OVERALL WORK PLAN.

MARKETING AND COMMUNICATIONS TEAM MEMBERS FROM NATIONAL PROVIDE SUPPORT AND TEMPLATE MATERIALS TO CHARTERED ASSOCIATION TO LOCALLY PROMOTE SIGNATURE REPORTS, CONDUCT SOCIAL MEDIA, MEDIA MONITORING/ANALYSIS AND CONDUCT MEDIA RESPONSE TO NEWS ITEMS AND EVENTS.

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

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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:

IN 2013 - 2014 WE MADE SIGNIFICANT HEADWAY IT THE FIGHT FOR HEALTHY AIR. WE SUCCESSFULLY PUSHED THE U.S. ENVIRONMENTAL PROTECTION AGENCY (EPA) TO ADOPT NEW STANDARDS FOR CLEANER GASOLINE AND CLEANER VEHICLES THAT WILL REDUCE AIR POLLUTION ACROSS THE NATION. OUR LEADERSHIP RESULTED IN AMERICAN LUNG ASSOCIATION PRESIDENT AND CEO, HAROLD WIMMER, JOINING EPA ADMINISTRATOR GINA MCCARTHY FOR THAT ANNOUNCEMENT, TO UNDERSCORE THE IMPORTANCE OF REDUCING AIR POLLUTION TO PROTECT LUNG HEALTH. OUR 15TH ANNUAL STATE OF THE AIR REPORT RECEIVED WIDE MEDIA COVERAGE THROUGHOUT THE YEAR. THE REPORT SHOWS THAT NEARLY 1 IN 2 AMERICANS STILL LIVE IN AREAS WHERE THE POLLUTION LEVELS EARN THEM A GRADE OF "F". WE WON SEVERAL COURT CASES IN THE FIGHT FOR

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ATTACHMENT 4 (CONT'D)

HEALTHY AIR, INCLUDING A SUPREME COURT DECISION THAT UPHELD THE PROTECTIONS FROM THE POLLUTION BLOWN ACROSS STATE LINES.

PRESIDENT OBAMA JOINED A NATION-WIDE CONFERENCE CALL WITH THE AMERICAN LUNG ASSOCIATION TO HIGHLIGHT IMPORTANCE OF REDUCING CARBON POLLUTION FROM POWER PLANTS. PRESIDENT OBAMA HIGHLIGHTED THE NEED TO PROTECT PEOPLE WITH ASTHMA AND OTHER VULNERABLE POPULATIONS. MORE THAN 22,000 PEOPLE PARTICIPATED IN THE CALL.

IN THE PAST YEAR, THE AMERICAN LUNG ASSOCIATION'S HEALTHY AIR CAMPAIGN SUCCESSFULLY SECURED SIGNIFICANT VICTORIES IN THE FIGHT FOR HEALTHY AIR, ENSURING THAT THE EPA ADVANCED STRONG FEDERAL POLICIES TO REDUCE POLLUTION FROM TAILPIPES AND SMOKESTACKS ACROSS THE NATION. WHEN FULLY IMPLEMENTED, THESE HEALTHY AIR SAFEGUARDS WILL RESULT IN THOUSANDS OF LIVES SAVED, TENS OF THOUSANDS OF ASTHMA ATTACKS AND HEART ATTACKS AVOIDED, AND WILL HELP PREVENT MILLIONS OF MISSED SCHOOL OR WORK DAYS DUE TO ILLNESS. THE CAMPAIGN'S STRATEGIC APPROACH INCLUDING BUILDING A STRONG COALITION OF HEALTH AND MEDICAL LEADERS, SHARING THE POWERFUL STORIES OF VOLUNTEER ADVOCATES, AND HIGHLIGHTING THE HEATH BURDENS OF AIR POLLUTION IN THE MEDIA PROVED TO BE A HIGHLY EFFECTIVE WAY TO NEUTRALIZE THOSE OPPOSED TO HEALTHY AIR SAFEGUARDS AND ADVANCE OUR POLICY GOALS.

WE HAVE ADVOCATED AGGRESSIVELY TO ENSURE THAT THE U.S. FOOD AND DRUG ADMINISTRATION (FDA) EXTENDS ITS OVERSIGHT TO PREVIOUSLY

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ATTACHMENT 4 (CONT'D)

UNREGULATED TOBACCO PRODUCTS INCLUDING E-CIGARETTES, CIGARS AND OTHER PRODUCTS. THE AMERICAN LUNG ASSOCIATION TESTIFIED AT A HEARING TO URGE MEDICARE TO COVER LOW-DOSE CT SCANS FOR LUNG CANCER AND SUBMITTED DETAILED RECOMMENDATIONS TO THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS). WE ALSO LAUNCHED AN ONLINE PETITION WHERE 17,000 PEOPLE TOOK ACTION TO URGE CMS TO COVER THIS LIFE-SAVING EARLY DETECTION.

THE AMERICAN LUNG ASSOCIATION ADVOCATES FOR INCREASED FEDERAL FUNDING IN LUNG HEALTH RESEARCH AT THE NATIONAL INSTITUTES OF HEALTH FOR BETTER DIAGNOSES, TREATMENTS, PREVENTION, CURES, AND DETECTION OF LUNG DISEASES INCLUDING ASTHMA, COPD, LUNG CANCER AND TUBERCULOSIS. WE LED THE CAMPAIGN TO SAVE THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S NATIONAL ASTHMA CONTROL PROGRAM FROM ELIMINATION. WE NOW CONTINUE OUR LEADERSHIP IN WORKING WITH CHAMPIONS ON CAPITOL HILL TO INCREASE FUNDING FOR STATE PROGRAMS TO REDUCE THE TERRIBLE BURDEN OF ASTHMA IN OUR COMMUNITIES. TO REDUCE THE TERRIBLE BURDEN OF ASTHMA IN OUR COMMUNITIES.

ATTACHMENT 5

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

DESCRIPTION	GRANTS	EXPENSES	REVENUE
ADVOCACY AND ENVIRONMENT	367,500.	3,763,141.	2,735,723.
TOTALS	367,500.	3,763,141.	2,735,723.

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ATTACHMENT 6

FORM 990, PART VI, LINE 17 - STATES

AL,AK,AZ,AR,CA,CO,CT,

DC,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,

MN,MS,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,

RI,SC,TN,VA,WA,WV,WI,

ATTACHMENT 7

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ALANIZ METROGROUP 425 N. IRIS STREET MT. PLEASANT, IA 52641	MARKETING	4,501,489.
RR DONNELLEY 1333 SCHEURING ROAD DE PERE, WI 54115	SUPPLY CHAIN MGMT	4,693,242.
BRICKMILL MARKETING SERVICES 24 MILL BROOK ROAD WILTON, NJ 03086	MARKETING	2,463,675.
DANIEL EDELMAN INC. 200 E. RANDOLPH ST. FLR 63 CHICAGO, IL 60601	PUBLIC RELATIONS	1,546,617.
INFOCISION MANAGEMENT CORP 325 SPRINGSIDE DRIVE AKRON, OH 44333	MARKETING	1,364,003.