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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

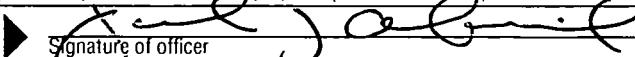
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Respiratory Health Association of Metropolitan Chicago	D Employer identification number 36-2222687
Doing Business As		E Telephone number (312) 243-2000
Number and street (or P O. box if mail is not delivered to street address) 1440 West Washington Boulevard		F Gross receipts \$ 10,900,983.
City or town, state or country, and ZIP + 4 Chicago, IL 60607		G City or town, state or country, and ZIP + 4 Chicago, IL 60607
F Name and address of principal officer Joel J. Africk same as C above		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
J Website: ► www.lungchicago.org		If "No," attach a list (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation 1906 M State of legal domicile IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities To promote healthy lungs and fight lung disease through research, advocacy, and education.	
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 32
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 32
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 65
	6 Total number of volunteers (estimate if necessary)	6 500
	7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34	7a 0. 7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 9,214,781. Current Year 7,785,363.
	9 Program service revenue (Part VIII, line 2g)	1,092,364. 922,742.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	154,886. 55,645.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	115,585. 100,306.
	12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,577,616. 8,864,056.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	170,738. 1,991,900.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,345,320. 3,035,420.
	16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ► 570,281.	0. 0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,672,876. 3,703,838.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) ► 10,188,934.	10,188,934. 8,731,158.
	19 Revenue less expenses. Subtract line 18 from line 12	388,682. 132,898.
	20 Total assets (Part X, line 16)	Beginning of Current Year 4,490,801. End of Year 4,495,140.
	21 Total liabilities (Part X, line 26)	1,515,084. 1,933,162.
22 Net assets or fund balances Subtract line 21 from line 20	2,975,717. 2,561,978.	

Part II Signature Block

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

Sign Here	►  Signature of officer ► Joel J. Africk, President & CEO Type or print name and title	Date 1/14/13
Paid Preparer Use Only	Print/Type preparer's name David Faje	Preparer's signature David Faje Date 1-10-13 Check <input type="checkbox"/> if self employed PTIN P00031371
	Firm's name ► MCGLADREY LLP	Firm's EIN ► 42-0714325
	Firm's address ► 1 S. WACKER DRIVE, STE 800 CHICAGO, IL 60606	Phone no 312-634-3400

May the IRS discuss this return with the preparer shown above? (see instructions)

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

To promote healthy lungs and fight lung disease through research, advocacy, and education.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,982,157. including grants of \$) (Revenue \$ 161,315.)

Lung Health Programs: Provide community education to support people living with lung diseases such as asthma, COPD, lung cancer and other lung diseases.

One priority area of education is asthma. We offer "Fight Asthma Now" (for youth/teens) and "Asthma Management" (for teachers/caregivers) in a variety of school and neighborhood settings. Also, we facilitate trainings for childcare providers as part of our "Asthma-Friendly Childcare" initiative. In addition, we offer an annual preparatory course for healthcare providers taking the AE-C exam. Finally, we utilize community health educators in various clinical and community settings to provide individualized education, home visits, referrals, etc., to

4b (Code) (Expenses \$ 5,357,074. including grants of \$ 1,843,991.) (Revenue \$ 725,618.)

Tobacco Control: Reduce smoking rates and reduce public exposure to secondhand smoke.

Under a 2-year grant from the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention (through March, 2012), we are working with the Chicago Department of Public Health and more than 30 community organizations to reduce the burden of tobacco use in our community. Through the Chicago Tobacco Prevention Project, we are providing targeted resources to vulnerable populations in Chicago with higher than average smoking rates, and working to implement sustainable policies to screen for tobacco use and make regular referrals to local resources.

4c (Code) (Expenses \$ 273,792. including grants of \$) (Revenue \$ 5,791.)

Environmental Health: Promote policies that improve indoor and outdoor air quality and raise awareness about how air pollution affects lung health.

In 2012 we supported educational/awareness activities to limit idling by diesel vehicles and equipment and urged local and state government to adopt public contract requirements that require the use of cleaner diesel construction equipment. We also worked to limit pollution by coal-fired power plants throughout Illinois. We called for action to reduce air pollution from transit vehicles, including diesel buses and locomotives, and initiated community-based awareness activities to inform local residents about risks to their lung health. Federal

4d Other program services (Describe in Schedule O)

(Expenses \$ 255,714. including grants of \$) (Revenue \$ 147,909.)

30,309.)

4e Total program service expenses ► 7,868,737.

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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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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 <ul style="list-style-type: none"> a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 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? <i>If "Yes," complete Schedule D, Part VIII</i> 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? <i>If "Yes," complete Schedule D, Part IX</i> e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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)? <i>If "Yes," complete Schedule D, Part X</i> 	11a X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	11b X	
12b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	11c X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	11d X	
14a Did the organization maintain an office, employees, or agents outside of the United States? <ul style="list-style-type: none"> b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> 	11e X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	11f X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	12a 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? <i>If "Yes," complete Schedule G, Part I</i>	12b 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? <i>If "Yes," complete Schedule G, Part II</i>	13 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	14a X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	14b X	
20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	15 X	
	16 X	
	17 X	
	18 X	
	19 X	
	20a X	
	20b X	

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Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? 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	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25	24a X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a X	
b	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26 X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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?	31 X	
	If "Yes," complete Schedule N, Part I		
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?	34 X	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b	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 X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36 X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37 X	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38 X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	24
1b 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	<input checked="" type="checkbox"/>
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	65
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<input checked="" type="checkbox"/>
<i>Note.</i> 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	<input checked="" type="checkbox"/>
b If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	<input checked="" type="checkbox"/>
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	6a	<input checked="" type="checkbox"/>
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?	6b	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	<input checked="" type="checkbox"/>
7 Organizations that may receive deductible contributions under section 170(c).	7b	<input checked="" type="checkbox"/>
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?	7c	<input checked="" type="checkbox"/>
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	<input checked="" type="checkbox"/>
d If "Yes," indicate the number of Forms 8282 filed during the year	7f	<input checked="" type="checkbox"/>
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
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?	9b	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	10a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12	11a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11b	
11 Section 501(c)(12) organizations. Enter:	12a	
a Gross income from members or shareholders	12b	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	13a	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13b	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	13c	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	14a	<input checked="" type="checkbox"/>
a Is the organization licensed to issue qualified health plans in more than one state?	14b	
<i>Note.</i> See the instructions for additional information the organization must report on Schedule O		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c Enter the amount of reserves on hand		
14a Did the organization receive any payments for indoor tanning services during the tax year?		
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		

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

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

Section A. Governing Body and Management

		Yes	No
1a	32		
1b	32		
2	X		
3	X		
4	X		
5	X		
6	X		
7a	X		
7b	X		
8a	X		
8b	X		
9	X		

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

		Yes	No
10a	X		
b			
10b			
11a	X		
b			
12a	X		
b			
c			
12b	X		
12c	X		
13	X		
14	X		
15a	X		
b			
15b	X		
16a	X		
b			
16b			

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► <u>IL</u>
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 <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
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: ► <u>Joel J. Africk - (312)243-2000</u> <u>1440 West Washington Boulevard, Chicago, IL 60607</u>

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee"

• List the organization's **five current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W 2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) Bradley Murlick Chair	0.30	X		X			0.	0.	0.
(2) Cindy Gronkiewicz Chair-Elect	0.30	X		X			0.	0.	0.
(3) David Yelin Vice Chair	0.30	X		X			0.	0.	0.
(4) H. Ari Jaffe Secretary	0.30	X		X			0.	0.	0.
(5) Steven Victor Treasurer	0.30	X		X			0.	0.	0.
(6) Barry Levenstam Past Board Chair	0.30	X		X			0.	0.	0.
(7) Bapu P. Arekapudi, M.D. Board Member	0.30	X					0.	0.	0.
(8) Darryl M. Bradford Board Member	0.30	X					0.	0.	0.
(9) Joan D. Boomsma, M.D., MBA Board Member	0.30	X					0.	0.	0.
(10) Andrew Carolus Board Member	0.30	X					0.	0.	0.
(11) Cathy Catrambone, Ph.D., R.N. Board Member	0.30	X					0.	0.	0.
(12) Manuel P.A. Claudio, M.D. Board Member	0.30	X					0.	0.	0.
(13) Robert Cohen, M.D. Board Member	0.30	X					0.	0.	0.
(14) John M. Coruthers Board Member	0.30	X					0.	0.	0.
(15) Paul F. Detjen, M.D. Board Member	0.30	X					0.	0.	0.
(16) Donna Frownfelter, P.T., M.A. Board Member	0.30	X					0.	0.	0.
(17) Willard A. Fry, M.D. Board Member	0.30	X					0.	0.	0.

**Respiratory Health Association
of Metropolitan Chicago**

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(18) Douglas A. Graham, Esq. Board Member	0.30 X						0.	0.	0.
(19) Cynthia Gronkiewicz, RN, MS Board Member	0.30 X						0.	0.	0.
(20) Diana P. Hackbarth, Ph.D., R.N. Board Member	0.30 X						0.	0.	0.
(21) Thomas A. Hensing, M.D. Board Member	0.30 X						0.	0.	0.
(22) Eva Hernandez, M.S.N. Board Member	0.30 X						0.	0.	0.
(23) Ravi Kalhan, M.D., M.S. Board Member	0.30 X						0.	0.	0.
(24) Jennifer Levin Board Member	0.30 X						0.	0.	0.
(25) Anthony M. Marinelli, M.D. Board Member	0.30 X						0.	0.	0.
(26) Paul Mastrapa Board Member	0.30 X						0.	0.	0.
1b Sub-total						►	0.	0.	0.
c Total from continuation sheets to Part VII, Section A						►	236,343.	0.	38,126.
d Total (add lines 1b and 1c)						►	236,343.	0.	38,126.

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 ► 1

	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
University of Illinois at Chicago 809 S. Marshfield M/C551, Chicago, IL 60612	Program consulting on grant	467,678.
American Lung Association of the Upper Midwest 3000 Kelly Lane, Springfield, IL 62711	Program consulting on grant	138,539.
American Medical Association 515 N. State Street, Chicago, IL 60654	Program consulting on grant	102,180.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 3

See Part VII, Section A Continuation sheets

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Respiratory Health Association of Metropolitan Chicago

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

**Respiratory Health Association
of Metropolitan Chicago**

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Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts					
1 a Federated campaigns	1a				
b Membership dues	1b	1,450.			
c Fundraising events	1c	1246373.			
d Related organizations	1d				
e Government grants (contributions)	1e	6272607.			
f All other contributions, gifts, grants, and similar amounts not included above	1f	264,933.			
g Noncash contributions included in lines 1a-1f \$		27,744.			
h Total. Add lines 1a-1f		► 7785363.			
Program Service Revenue					
2 a Tobacco Control	Business Code				
b Lung Health	900099	725,618.	725,618.		
c Research	900099	161,024.	161,024.		
d Environmental Health	900099	30,309.	30,309.		
e	900099	5,791.	5,791.		
f All other program service revenue					
g Total. Add lines 2a-2f		► 922,742.			
3 Investment income (including dividends, interest, and other similar amounts)		► 45,303.			45,303.
4 Income from investment of tax-exempt bond proceeds		►			
5 Royalties		►			
6 a Gross rents	(i) Real	233439.			
b Less rental expenses	(ii) Personal	133424.			
c Rental income or (loss)		100015.			
d Net rental income or (loss)		► 100,015.			100,015.
7 a Gross amount from sales of assets other than inventory	(i) Securities	1,312,025.			
b Less cost or other basis and sales expenses	(ii) Other	1,301,683.			
c Gain or (loss)		10,342.			
d Net gain or (loss)		► 10,342.			10,342.
8 a Gross income from fundraising events (not including \$ 1,246,373. of contributions reported on line 1c). See Part IV, line 18	a	601820.			
b Less direct expenses	b	601820.			
c Net income or (loss) from fundraising events		► 0.			
9 a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities		►			
10 a Gross sales of inventory, less returns and allowances	a	291.			
b Less cost of goods sold	b	0.			
c Net income or (loss) from sales of inventory		► 291.	291.		
Other Revenue					
Miscellaneous Revenue	Business Code				
11 a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		►			
12 Total revenue See instructions		► 8864056.	923,033.	0.	155,660.

**Respiratory Health Association
of Metropolitan Chicago**

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Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII</i>	(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	1,991,900.	1,991,900.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	274,470.	274,470.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,198,833.	1,633,985.	187,347.	377,501.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	180,111.	141,027.	17,831.	21,253.
9 Other employee benefits	177,820.	122,559.	15,772.	39,489.
10 Payroll taxes	204,186.	155,538.	17,088.	31,560.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	98,371.	93,383.	610.	4,378.
d Lobbying	22,000.	22,000.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	558,207.	528,783.	3,599.	25,825.
12 Advertising and promotion	2,028,767.	2,025,079.		3,688.
13 Office expenses	387,006.	367,140.	7,319.	12,547.
14 Information technology				
15 Royalties				
16 Occupancy	175,476.	133,237.	22,160.	20,079.
17 Travel	87,702.	81,536.	4,436.	1,730.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	99,058.	78,202.	7,115.	13,741.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	40,659.	31,835.	4,026.	4,798.
23 Insurance				
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 Printing & Postage	170,112.	155,496.	1,510.	13,106.
b In-Kind Video Production	27,744.	27,744.		
c Dues & Subscriptions	7,035.	3,512.	3,298.	225.
d Miscellaneous	1,701.	1,311.	29.	361.
e All other expenses				
25 Total functional expenses Add lines 1 through 24e	8,731,158.	7,868,737.	292,140.	570,281.
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 ► if following SOP 98-2 (ASC 958-720)

**Respiratory Health Association
of Metropolitan Chicago**

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	401,011.	1	487,384.
	2 Savings and temporary cash investments	158,863.	2	250,125.
	3 Pledges and grants receivable, net	44,902.	3	40,880.
	4 Accounts receivable, net	20.	4	1,110.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	32,342.	9	21,282.
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	2,110,547.		
	10b Less accumulated depreciation	1,683,473.	10c	427,074.
	11 Investments - publicly traded securities	1,972,514.	11	1,836,110.
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	1,527,967.	15	1,431,175.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	4,490,801.	16	4,495,140.
Liabilities	17 Accounts payable and accrued expenses	541,161.	17	985,050.
	18 Grants payable		18	
	19 Deferred revenue	973,923.	19	948,112.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26 Total liabilities. Add lines 17 through 25	1,515,084.	26	1,933,162.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,447,750.	27	1,130,803.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	1,527,967.	29	1,431,175.
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> 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	2,975,717.	33	2,561,978.
	34 Total liabilities and net assets/fund balances	4,490,801.	34	4,495,140.

Form 990 (2011)

**Respiratory Health Association
of Metropolitan Chicago**

Form 990 (2011)

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,864,056.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,731,158.
3	Revenue less expenses Subtract line 2 from line 1	3	132,898.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,975,717.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-546,637.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,561,978.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to 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		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:		
	<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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

Form 990 (2011)

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. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization **Respiratory Health Association
of Metropolitan Chicago** Employer identification number **36-2222687**

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h

<input type="checkbox"/> a Type I	<input type="checkbox"/> b Type II	<input type="checkbox"/> c Type III - Functionally integrated	<input type="checkbox"/> d Type III - Other
-----------------------------------	------------------------------------	---	---
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (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?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

Schedule A (Form 990 or 990-EZ) 2011

Respiratory Health Association

Schedule A (Form 990 or 990-EZ) 2011 of Metropolitan Chicago

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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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	4,027,451.	2,957,041.	3,553,603.	9,214,781.	7,785,363.	27,538,239.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,027,451.	2,957,041.	3,553,603.	9,214,781.	7,785,363.	27,538,239.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						27,538,239.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	4,027,451.	2,957,041.	3,553,603.	9,214,781.	7,785,363.	27,538,239.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	315,854.	298,398.	286,086.	289,975.	278,742.	1,469,055.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						29,007,294.
12 Gross receipts from related activities, etc (see instructions)				12	925,333.	
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						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	94.94	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	94.17	%
16a 33 1/3% support test - 2011. 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		► <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2010. 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		► <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2011. 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		► <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2010. 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		► <input type="checkbox"/>	
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		► <input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. 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 ►

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

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 **Respiratory Health Association
of Metropolitan Chicago**

Employer identification number
36-2222687

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

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

Schedule C (Form 990 or 990-EZ) 2011

LHA

132041
01-27-12

**Respiratory Health Association
of Metropolitan Chicago**

Schedule C (Form 990 or 990-EZ) 2011

36-2222687 Page 2

**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.)**

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

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) 2008	(b) 2009	(c) 2010	(d) 2011	(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					

Schedule C (Form 990 or 990-EZ) 2011

Respiratory Health Association

Schedule C (Form 990 or 990 EZ) 2011 of Metropolitan Chicago

36-2222687 Page 3

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a)		(b)
	Yes	No	Amount
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 Mailing to members, legislators, or the public?	X		11,697.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		80,133.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		43,039.
i Other activities?		X	
j Total Add lines 1c through 1i			134,869.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A 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?		
5 Taxable amount of lobbying and political expenditures (see instructions)	4	
	5	

Part IV Supplemental Information

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

Part II-B, Line 1(i), Other Lobbying Activities:

I. Local

A. Support local government spending policies that encourage the addition of pollution control devices on diesel engines used in local government construction project.

Respiratory Health Association

Schedule C (Form 990 or 990-EZ) 2011 of Metropolitan Chicago

36-2222687 Page 4

Part IV | Supplemental Information (continued)

B. Seek support for smoking cessation and tobacco prevention programs.

II. State

- A. Defense of a statewide smoke-free law.
- B. Support an increase in tobacco taxes.
- C. Support legislation monitoring radon.
- D. Support legislation that restricts the sale of flavored tobacco.
- E. Support legislation to create a fund to retrofit diesel engines with pollution control devices.

III. Federal

- A. Support more federal resources dedicated to lung disease.
- B. Support development of a national COPD program.
- C. Support the Lung Cancer Mortality Reduction Act
- D. Support the Family Asthma Act
- E. Support full funding of the Diesel Emissions Reduction Act.
- D. Support the Family Asthma Act.
- E. Support full funding of the Diesel Emissions Reduction Act.

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. ► See separate instructions.

OMB No. 1545-0047

2011
Open to Public
Inspection

Name of the organization **Respiratory Health Association
of Metropolitan Chicago** Employer identification number **36-2222687**

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space
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.	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

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

1a If the organization elected, as permitted under SFAS 116 (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 XIV, 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 VII Investments - Other Securities. See Form 990, Part X, line 12

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

Part VIII Investments - Program Related See Form 990, Part X, line 12

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end of year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)		

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

Part IX	Other Assets. See Form 990, Part X, line 15	(a) Description	(b) Book value
(1)	Beneficial Interest in Irrevocable Trust		1,431,175.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total.	<i>(Column (b) must equal Form 990, Part X, col (B) line 15.)</i>		1,431,175

Part X Other Liabilities See Form 890, Part X, line 25

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

3 FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnotes to the organization's financial statements that reports the organization's liability for uncertain tax positions under

2. FIN 48 (ASC 740)

**Respiratory Health Association
of Metropolitan Chicago**

Schedule D (Form 990) 2011

36-2222687 Page 4

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

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,864,056.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	8,731,158.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	132,898.
4 Net unrealized gains (losses) on investments	4	-79,478.
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	-467,159.
9 Total adjustments (net) Add lines 4 through 8	9	-546,637.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-413,739.

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

1 Total revenue, gains, and other support per audited financial statements	1	8,450,842.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	-79,478.
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	133,423.
e Add lines 2a through 2d	2e	53,945.
3 Subtract line 2e from line 1	3	8,396,897.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	467,159.
c Add lines 4a and 4b	4c	467,159.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	8,864,056.

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

1 Total expenses and losses per audited financial statements	1	8,864,581.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.)	2d	133,423.
e Add lines 2a through 2d	2e	133,423.
3 Subtract line 2e from line 1	3	8,731,158.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	8,731,158.

Part XIV Supplemental Information

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

Part X, Line 2: The Association is exempt from federal income taxes

under Section 501(c)(3) of the Internal Revenue Code and applicable state law. Accordingly, no provision for such taxes has been recognized in these financial statements.

Accounting standards on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements.

Part XIV Supplemental Information (continued)

Under this guidance, the Association may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position. Examples of tax positions include the tax-exempt status of the Association and various positions related to the potential sources of unrelated business income tax (UBIT). The tax benefits recognized in the financial statements from any such position are measured based on the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement. The Association has reviewed the tax positions for the open tax years (current and prior three tax years) and has concluded that no provision for income tax is required in the financial statements. There were no unrecognized tax benefits identified or recorded as liabilities during the period covered by these financial statements.

Form 990s filed by the Association are subject to examination by the Internal Revenue Service (IRS) up to three years from the extended due date of each return. Form 990s filed by the Association are generally no longer subject to examination for the years 2008 and prior.

Part XI, Line 8 - Other Adjustments:

Increase (Decrease) in value of beneficial interest in irrevocable trust	-96,792.
Adjustment to pension liability	-370,367.
Total to Schedule D, Part XI, Line 8	-467,159.

Part XIII, line 2d - other adjustments:

Rental real estate expenses	133,423
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Part XIV Supplemental Information (continued)

Total to Schedule D, Part XIII, Line 2d

133,493

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Department of the Treasury
Internal Revenue Service

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. ► See separate instructions.

Open To Public Inspection

Name of the organization	Respiratory Health Association of Metropolitan Chicago	Employer identification number 36-2222687
--------------------------	---	--

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.

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

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

Page 10 of 10

Total

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

IHA Paperwork Reduction Act Notice: see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2011

Respiratory Health Association

Schedule G (Form 990 or 990-EZ) 2011 of Metropolitan Chicago

36-2222687 Page 2

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.

Revenue	(a) Event #1 Hustle Up The Hancock (event type)	(b) Event #2 Skyline Plunge (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col (c))
1 Gross receipts	1,141,297.	308,368.	398,528.	1,848,193.
2 Less. Charitable contributions	906,925.	146,853.	192,595.	1,246,373.
3 Gross income (line 1 minus line 2)	234,372.	161,515.	205,933.	601,820.
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	234,372.	161,515.	205,933.	601,820.
10 Direct expense summary Add lines 4 through 9 in column (d)				► (601,820)
11 Net income summary Combine line 3, column (d), and line 10				► 0.

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

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

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 _____

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

b If "Yes," explain _____

**Respiratory Health Association
of Metropolitan Chicago**

Schedule G (Form 990 or 990-EZ) 2011

36-2222687 Page 3

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

b An outside facility

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

Name ► _____

Address ► _____

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

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount

of gaming revenue retained by the third party ► \$ _____

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

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions

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

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (ii) 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 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.

2011

Open to Public
Inspection

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	Respiratory Health Association Of Metropolitan Chicago					Employer identification number 36-2222687		
Part I General Information on Grants and Assistance								
<p>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?</p> <p>2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States</p>						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<p>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. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed</p>						<input checked="" type="checkbox"/> <input type="checkbox"/>		
<p>(a) Name and address of organization or government</p>		(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
<p>A Safe Haven Foundation 2750 W. Roosevelt Road Chicago, IL 60608</p>		36-4444200	501(c)(3)	16,398.	0.			To help reduce tobacco use in the Chicagoland area
<p>Access Community Health Network 222 North Canal Chicago, IL 60606</p>		36-3317058	501(c)(3)	41,145.	0.			To help reduce tobacco use in the Chicagoland area
<p>Alliances of Chicago Community Health Services, LLC - 215 W. Ohio, 4th Floor - Chicago, IL 60654</p>		36-4444309	501(c)(3)	48,679.	0.			To help reduce tobacco use in the Chicagoland area
<p>American Lung Association of the Upper Midwest - 3000 Kelly Lane - Springfield, IL 62711</p>		20-4392201	501(c)(3)	107,214.	0.			To help reduce tobacco use in the Chicagoland area
<p>American Medical Association 515 N. State Street Chicago, IL 60654</p>		36-6080517	501(c)(3)	132,872.	0.			To help reduce tobacco use in the Chicagoland area
<p>Anixter Center 2001 N. Clybourn Chicago, IL 60614</p>		36-2244895	501(c)(3)	44,404.	0.			To help reduce tobacco use in the Chicagoland area
<p>2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</p> <p>3 Enter total number of other organizations listed in the line 1 table</p>								36.

Schedule I (Form 990) (2011)

**Respiratory Health Association
Of Metropolitan Chicago**

Schedule I (Form 990)

36-2222687

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Asian Health Coalition 180 W. Washington Chicago, IL 60602	31-1607193	501(c)(3)	47,996.	0.			To help reduce tobacco use in the Chicagoland area
Asian Human Services 4753 N. Broadway Chicago, IL 60640	36-3005889	501(c)(3)	30,271.	0.			To help reduce tobacco use in the Chicagoland area
Beacon Therapeutic Diagnostic & Treatment Center - 1912 W. 103rd Street - Chicago, IL 60643	36-2660495	501(c)(3)	22,485.	0.			To help reduce tobacco use in the Chicagoland area
Beloved Community Family 6821 S. Halsted Chicago, IL 60621	04-3828358	501(c)(3)	43,313.	0.			To help reduce tobacco use in the Chicagoland area
Bickerdike Redevelopment Corporation - 2550 W. North Avenue - Chicago, IL 60647	23-7087890	501(c)(3)	10,000.	0.			To help reduce tobacco use in the Chicagoland area
Caritas 140 N. Ashland Chicago, IL 60607	36-2826768	501(c)(3)	26,551.	0.			To help reduce tobacco use in the Chicagoland area
Catholic Charities of the Archdiocese of Chicago - 721 N. LaSalle Street - Chicago, IL 60654	36-2170821	501(c)(3)	67,706.	0.			To help reduce tobacco use in the Chicagoland area
Centro de Salud Esperanza 2001 S. California, Suite 100 Chicago, IL 60608	32-0115907	501(c)(3)	21,055.	0.			To help reduce tobacco use in the Chicagoland area
Claretian Associates, Inc. 9108 S. Brandon Chicago, IL 60617	36-4087259	501(c)(3)	10,000.	0.			To help reduce tobacco use in the Chicagoland area

Schedule I (Form 990)

**Respiratory Health Association
Of Metropolitan Chicago**

Schedule 1 (Form 990)

36-2222687 Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Garfield Counseling Center 4132 W. Madison Chicago, IL 60624	36-3195792	501(c)(3)	23,522.	0.			To help reduce tobacco use in the Chicagoland area
Healthcare Alternative Systems 2755 W. Armitage Chicago, IL 60647	23-7432930	501(c)(3)	57,413.	0.			To help reduce tobacco use in the Chicagoland area
Heartland Human Care Services 208 S. LaSalle, Suite 1818 Chicago, IL 60604	36-4053244	501(c)(3)	48,639.	0.			To help reduce tobacco use in the Chicagoland area
Howard Brown Health Center 4025 N. Sheridan Chicago, IL 60613	36-2894128	501(c)(3)	67,356.	0.			To help reduce tobacco use in the Chicagoland area
Illinois Maternal and Child Health Coalition - 1256 W. Chicago Avenue - Chicago, IL 60642	36-3651051	501(c)(3)	48,750.	0.			To help reduce tobacco use in the Chicagoland area
Illinois Restaurant Association 333 W. Monroe, Suite 250 Chicago, IL 60603	36-0904760	501(c)(3)	11,250.	0.			To help reduce tobacco use in the Chicagoland area
Institute for the Development of Educational Alliances - 4541 N. Ravenswood - Chicago, IL 60640	23-3031036	501(c)(3)	34,208.	0.			To help reduce tobacco use in the Chicagoland area
Lakeside Community Development 1652 W. Wallen Avenue Chicago, IL 60626	42-1670630	501(c)(3)	10,000.	0.			To help reduce tobacco use in the Chicagoland area
Mental Health American of Illinois 70 East Lake, Suite 900 Chicago, IL 60601	37-0794769	501(c)(3)	45,510.	0.			To help reduce tobacco use in the Chicagoland area

Schedule I (Form 990)

Schedule I (Form 990) Respiratory Health Association
Of Metropolitan Chicago

36-2222687 Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Midwest Business Group on Health 35 E. Wacker, Suite 1500 Chicago, IL 60601	36-3059249	501(c)(3)	22,527.	0.			To help reduce tobacco use in the Chicagoland area
National Museum of Mexican Art 1852 W. 19th Street Chicago, IL 60608	36-3225519	501(c)(3)	48,577.	0.			To help reduce tobacco use in the Chicagoland area
Northwestern University Department of Medicine - 240 E. Huron, McGaw M-334 - Chicago, IL 60611	36-2167817	501(c)(3)	54,893.	0.			To help reduce tobacco use in the Chicagoland area
Polish American Association 3834 N. Cicero Chicago, IL 60641	36-2240816	501(c)(3)	9,243.	0.			To help reduce tobacco use in the Chicagoland area
Prevention Partnership, Inc. 5936 W. Lake Chicago, IL 60644	36-3580758	501(c)(3)	40,996.	0.			To help reduce tobacco use in the Chicagoland area
Salvation Army Harbor Light Center 1515 W. Monroe Chicago, IL 60607	36-2167909	501(c)(3)	25,021.	0.			To help reduce tobacco use in the Chicagoland area
SGA Youth and Family Services 111 E. Adams, Suite 1500 Chicago, IL 60603	36-2167916	501(c)(3)	43,897.	0.			To help reduce tobacco use in the Chicagoland area
The Beloved Community: Hip Hop Detox - 7823 S. Racine - Chicago, IL 60620	20-2273463	501(c)(3)	15,718.	0.			To help reduce tobacco use in the Chicagoland area
United Neighborhood Organization 954 W. Washington Boulevard, 3rd Fl Chicago, IL 60607	36-3290055	501(c)(3)	17,778.	0.			To help reduce tobacco use in the Chicagoland area

Schedule I (Form 990)

Respiratory Health Association
of Metropolitan Chicago

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Illinois at Chicago 809 W. Marshfield, M/C551 Chicago, IL 60612	37-6000511	501(c)(3)	450,182.	0.			To help reduce tobacco use in the Chicagoland area
Women's Treatment Center 140 N. Ashland Chicago, IL 60607	36-3688166	501(c)(3)	18,765.	0.			To help reduce tobacco use in the Chicagoland area
Y2Kwanzaa Org 6616 S. Minerva Chicago, IL 60637	20-82298570	501(c)(3)	38,165.	0.			To help reduce tobacco use in the Chicagoland area

Part IV Summary of Information Contained in the Information Document
Part I, Part II and Part III and any other additional information

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All grants issued are awarded and monitored by a research committee and managed by a senior staff member of the organization.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

Respiratory Health Association
of Metropolitan Chicago

Employer identification number
36-2222687

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) 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?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

Schedule J (Form 990) 2011

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	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Joe1 J. Africk	(i) 232,215.	0.	4,128.	38,126.	0.	274,469.	0.
2	(i) 0.	0.	0.	0.	0.	0.	0.
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

SCHEDULE M
(Form 990)Department of the Treasury
Internal Revenue Service**Noncash Contributions**

OMB No 1545-0047

2011Open to Public
InspectionName of the organization **Respiratory Health Association
of Metropolitan Chicago** Employer identification number **36-2222687****Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	2	27,744.	Fair Market Value
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (_____)				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

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

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a	X	
31	X	
32a	X	

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

Schedule M (Form 990) (2011)

Respiratory Health Association
Schedule M (Form 990) (2011) of Metropolitan Chicago

36-2222687 Page 2

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

Schedule M, Line 32b: Schedule M, Line 32b:

An outside organization is responsible for towing donated vehicles and liquidating vehicles through auction or resale. RHAMC provides an acknowledgement letter and Form 1098-C tax form to all donors. RHAMC receives \$50 for any vehicle that is considered "junk" and 50% of the auction or resale value of all other vehicles.

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

2011
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Inspection

Name of the organization

Respiratory Health Association
of Metropolitan Chicago

Employer identification number
36-2222687

Form 990, Part III, Line 4a, Program Service Accomplishments:

people diagnosed with asthma. We also work to raise awareness about COPD through programs and education designed to improve the quality of life of people living with the disease, and to support early detection of the COPD. Activities include: an annual educational conference; quarterly "Inspiration" newsletter (circ. 8,000); statewide collection and dissemination of health surveillance data; and statewide/midwest coalition activities to engage healthcare providers, patients and other in sharing information and establishing priorities for addressing COPD in our communities. Related to lung cancer, the association supports radon awareness efforts and tobacco cessation programs. In addition, we work closely with other organizations who work with us to secure additional funds for lung cancer research through passage of the Lung Cancer Mortality Reduction Act. Respiratory Health Association's programs reach people living in Chicago and throughout Illinois. In addition to the programs listed above, we also have programs and educational materials related to tuberculosis, influenza (flu), pertussis and other lung diseases.

Form 990, Part III, Line 4b, Program Service Accomplishments:

In addition, the Healthy Lungs Initiative, in collaboration with the Cook County Health and Hospitals System, provides direct counseling and other resources to smokers who want to quit.

Through partnerships with the city and county, as well as with private businesses and other local health departments and hospitals,

Respiratory Health Association provides "Courage to Quit" smoking

Name of the organization **Respiratory Health Association
of Metropolitan Chicago**

Employer identification number
36-2222687

cessation classes and "Quit Readiness" workshops for adults, as well as the "Operation Storefront" curriculum that introduces teens to the tactics of tobacco-industry marketing toward their age group, and encourages them to make the choice to stay tobacco-free.

These programmatic efforts are complemented by several policy initiatives to increase smoke free environments (including beaches, parks) and to resist efforts to create exemptions in the Illinois Clean Indoor Air Law, which we helped pass in 2007. We also helped pass a tobacco tax increase at the state level.

Form 990, Part III, Line 4c, Program Service Accomplishments:

lawmakers were asked to support funds to clean up diesel vehicle fleets, requirements that clean construction vehicles be used on federally funded projects, and strategies to address global warming and clean energy.

Form 990, Part III, Line 4d, Other Program Services:

Research: Advance the understanding and treatment of lung diseases by supporting scientifically meritorious research.

Research on a wide range of lung disease issues is considered, including asthma, lung cancer, COPD, interstitial lung disease (including pulmonary fibrosis) and women's lung health.

Respiratory Health Association aims to fund the most promising research and strives to foster greater collaboration among researchers and among organizations that support lung disease research. Through the development of partnerships with other research organizations,

Name of the organization **Respiratory Health Association
of Metropolitan Chicago**

Employer identification number
36-2222687

Respiratory Health Association is able to maximize research awards and make every dollar raised go farther.

Research funded by Respiratory Health Association helps scientists diagnose lung disease earlier, discover causes and find cures. The goals are to help improve the quality of life for those living with lung disease and lead to future treatments and cures. Recently funded projects include efforts at University of Chicago, University of Illinois at Chicago, Rush University Medical Center and Northwestern University.

Expenses \$ 255,714. including grants of \$ 147,909. Revenue \$ 30,309.

Form 990, Part VI, Section B, line 11: The board of directors has delegated the authority to review and approve the Respiratory Health Association of Metropolitan Chicago's Form 990 to the association's executive committee for the 2011 return. The committee reviewed and approved the form before filing.

Form 990, Part VI, Section B, Line 12c: All members of the board of directors are required to complete a conflict of interest statement each year identifying any interests that could give rise to conflicts. These forms are reviewed and lists of potential conflicts are prepared and used to monitor their involvement with decisions throughout the year.

Form 990, Part VI, Section B, Line 15a: The board has established a CEO performance review and compensation committee consisting of six officers of the board. The committee meets at least once annually to review the CEO's performance and make any adjustments to CEO compensation. The committee

Name of the organization	Respiratory Health Association of Metropolitan Chicago
--------------------------	---

Employer identification number
36-2222687

reviews and considers salary survey results and data regarding compensation of top management officials at similarly sized non-profit organizations in metropolitan Chicago. The committee also reviews and considers progress toward individual and organizational goals, and the financial strength of the organization. Periodically, the committee has engaged a compensation consultant to undertake an independent review of the CEO's compensation and to make recommendations regarding compensation adjustments.

Form 990, Part VI, Section C, Line 19: The association's financial statements are contained in the annual report and are available to the public on the association's website or upon request. The association's governing documents and conflict of interest policy are made available to the public on request.

Form 990, Part XI, line 5, Changes in Net Assets:

Net unrealized losses on investments:	-79,478.
Increase (Decrease) in value of beneficial interest in irrevocable trust	-96,792.
Adjustment to pension liability	-370,367.
Total to Form 990, Part XI, Line 5	-546,637.

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

- 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

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions. Respiratory Health Association of Metropolitan Chicago	Employer identification number (EIN) or <input checked="" type="checkbox"/> 36-2222687
	Number, street, and room or suite no. If a P O box, see instructions 1440 West Washington Boulevard	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Chicago, IL 60607	

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	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	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

Joel J. Africk• The books are in the care of ► **1440 West Washington Boulevard - Chicago, IL 60607**Telephone No ► **(312) 243-2000**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

February 15, 2013, to file the exempt organization return for the organization named above. The extension

is for the organization's return for.

► calendar year or► tax year beginning **JUL 1, 2011**, and ending **JUN 30, 2012**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 fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2012)