



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www.irs.gov/form990	OMB No 1545-0047 2014 Open to Public Inspection
--	--	--

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE MISSION OF THE AMERICAN LUNG ASSOCIATION IS TO SAVE LIVES BY IMPROVING LUNG HEALTH AND PREVENTING LUNG DISEASE		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	74
6 Total number of volunteers (estimate if necessary)	6	142,827	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,082,938	9,782,765
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	38,549,037	33,065,987
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	819,330	523,511
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,050,217	1,441,612
		47,501,522	44,813,875
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,932,506	6,778,417
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,738,754	7,177,613
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,206,462	1,776,225
	b Total fundraising expenses (Part IX, column (D), line 25) ☒ 351,410		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	27,126,245	25,839,076
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	44,003,967	41,571,331
	19 Revenue less expenses Subtract line 18 from line 12	3,497,555	3,242,544
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	35,148,082	38,036,463
	21 Total liabilities (Part X, line 26)	22,709,085	24,418,940
	22 Net assets or fund balances Subtract line 21 from line 20	12,438,997	13,617,523

Part II Signature Block

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

Sign Here	*****			2016-03-21	
	Signature of officer			Date	
Paid Preparer Use Only	LAURA SCOTT CFO				
	Type or print name and title				
	Print/Type preparer's name RICHARD LYNCH		Preparer's signature RICHARD LYNCH		Date 2016-03-21
	Firm's name ▶ SIKICH LLP		Firm's EIN ▶ 36-3168081		Check ☐ if self-employed
	Firm's address ▶ 3201 W WHITE OAKS DR STE 102 SPRINGFIELD, IL 62704			Phone no (217) 793-3363	

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

Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization’s mission

SEE ATTACHMENT 1 - SCHEDULE O

2

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

☐ Yes ☒ 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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 19,572,458 including grants of \$ 255,220) (Revenue \$ 17,116,299)

LUNG CANCER, ASTHMA, LUNG DISEASE AND TOBACCO CONTROL LUNG CANCER IS AN URGENT HEALTH CRISIS IN AMERICA, KILLING MORE PEOPLE THAN ANY OTHER CANCER THE AMERICAN LUNG ASSOCIATION IS DEDICATED TO REDUCING LUNG CANCER’S TERRIBLE TOLL IN ITS SECOND YEAR, OUR LUNG FORCE INITIATIVE, TO MAKE LUNG CANCER A NATIONAL PRIORITY, CONTINUED TO RAISE AWARENESS, OFFER PATIENT SUPPORT AND RAISE FUNDS FOR RESEARCH THE LUNG ASSOCIATION INCREASED OUR INVESTMENT TO \$1 6 MILLION IN LUNG CANCER RESEARCH - WITH ANOTHER \$9 MILLION COMMITTED IN THE NEXT FEW YEARS WITH OUR LUNG FORCE LUNG CANCER CALL-IN DAY, WE SUCCESSFULLY ADVOCATED FOR AN INCREASE IN FEDERAL LUNG CANCER RESEARCH FUNDING OUR LUNG FORCE EVENTS GREW IN NUMBER AND PARTICIPANTS IN OUR SECOND YEAR THIS WAS THE INAUGURAL YEAR FOR LUNG FORCE EXPOS, EVENTS THAT ALLOW PATIENTS, CAREGIVERS AND HEALTHCARE PROVIDERS TO CONNECT AND LEARN THE LATEST TRENDS, RESOURCES AND RESEARCH AROUND LUNG CANCER, COPD, ASTHMA AND TUBERCULOSIS IN OUR FIRST YEAR, 14 EXPOS REACHED OVER 2,000 PARTICIPANTS ACROSS THE COUNTRY WE ALSO HELD EIGHT LUNG FORCE PATIENT PANELS IN BOSTON AND FT LAUDERDALE, SPENDING MORE THAN 130 HOURS TALKING WITH PATIENTS AND CAREGIVERS ABOUT THEIR EXPERIENCES WITH LUNG CANCER WE ARE USING WHAT WE LEARNED TO DRIVE POSITIVE CHANGE IN THE CONVERSATION WITH THE PUBLIC AND CLINICIANS ABOUT WOMEN AND LUNG CANCER EVERY YEAR THE AMERICAN LUNG ASSOCIATION HELPS PEOPLE MANAGE THEIR LUNG DISEASE, OVERCOME THEIR NICOTINE ADDICTION AND LIVE HEALTHIER LIVES LAST YEAR WE CONTINUED TO EXPAND OUR SUITE OF EDUCATION AND SUPPORT TOOLS FOR PATIENTS WITH LUNG DISEASE AND THEIR CAREGIVERS TO HELP EASE THE BURDEN OF LUNG CANCER, WE CREATED UNIQUE VIDEOS AND DOWNLOADABLE WORKSHEETS COVERING WHAT PATIENTS CAN EXPECT FOLLOWING DIAGNOSIS OUR NEW LUNG CANCER ACTION GUIDE SITE ALLOWS USERS TO SELECT WHERE THEY ARE IN THEIR LUNG CANCER JOURNEY AND BE CONNECTED WITH TARGETED LUNG ASSOCIATION RESOURCES OUR LUNG HELPLINE, STAFFED BY REGISTERED NURSES, RESPIRATORY THERAPISTS, CERTIFIED TOBACCO TREATMENT SPECIALISTS AND COUNSELORS CONTINUED TO PROVIDE FREE ASSISTANCE WITH SMOKING CESSATION SUPPORT AND LUNG HEALTH QUESTIONS WITH SUPPORT FROM THE CDC, THE LUNG ASSOCIATION HAS DEVELOPED A NUMBER OF TOOLS TO ENSURE THAT STUDENTS WITH ASTHMA HAVE ACCESS TO THEIR MEDICATION IN SCHOOL THROUGH THESE TOOLS, THE LUNG ASSOCIATION IS HELPING TO REDUCE THE NUMBER OF ASTHMA EMERGENCIES AT SCHOOL WE HAVE ALSO BEEN WORKING TO HELP ADULTS BETTER MANAGE THEIR ASTHMA WHILE AT WORK THROUGH TOOLS SUCH AS ASTHMA BASICS, AN INTERACTIVE, ONLINE LEARNING MODULE THE EXPANDING SMOKEFREE COMMUNITIES PROJECT, FUNDED BY THE CDC’S COMMUNITY TRANSFORMATION GRANTS PROJECT ENABLED THE LUNG ASSOCIATION TO FUND PROGRAMS IN 11 COMMUNITIES FOCUSING ON STRATEGIES LIKE SMOKEFREE MULTI-UNIT HOUSING AND CESSATION SYSTEM CHANGES IN CLINICS AND MENTAL HEALTH FACILITIES IN PARTNERSHIP WITH THE CHARTERED LUNG ASSOCIATIONS, WE WERE ABLE TO PROTECT OVER 415,000 PEOPLE FROM THE IMPACT OF TOBACCO USE THIS YEAR, THE LUNG ASSOCIATION PARTNERED WITH PFIZER TO LAUNCH QUITTER’S CIRCLE AN ONLINE COMMUNITY AND MOBILE APP DESIGNED TO HELP SMOKERS FACE COMMON OBSTACLES ASSOCIATED WITH QUITTING THROUGH EDUCATIONAL, SOCIAL AND FINANCIAL SUPPORT

4b

(Code) (Expenses \$ 6,895,878 including grants of \$ 6,025,503) (Revenue \$ 6,030,511)

RESEARCH FUNDING RESEARCH HAS BEEN A CORNERSTONE OF THE LUNG ASSOCIATION’S FIGHT AGAINST LUNG DISEASE FOR MORE THAN A CENTURY IN 2014 - 2015, OUR DONORS AGAIN MADE IT POSSIBLE TO FUND \$9 MILLION FOR EXCEPTIONAL RESEARCHERS SEEKING TREATMENTS AND CURES FOR LUNG DISEASES, INCLUDING ASTHMA, COPD, AND LUNG CANCER THE AMERICAN LUNG ASSOCIATION NATIONWIDE RESEARCH PROGRAM CONSISTS OF TWO PROGRAMS THE AWARDS AND GRANTS PROGRAM AND THE AIRWAYS CLINICAL RESEARCH CENTERS WE FUNDED 85 NOVEL AND INNOVATIVE RESEARCH PROJECTS THROUGH OUR AWARDS PROGRAMS THE AWARDS AND GRANTS PROGRAM FOSTERS LABORATORY AND PATIENT-CENTERED AND SOCIAL BEHAVIOR RESEARCH TO PREVENT, TREAT AND HOPEFULLY FIND A CURE FOR ALL LUNG DISEASES IN CONNECTION WITH OUR LUNG FORCE INITIATIVE TO FIGHT LUNG CANCER, WE DEDICATED \$1 6 MILLION TO LUNG CANCER RESEARCH THIS REPRESENTS A 50 PERCENT INCREASE IN RESEARCH SPENDING OVER THE PRIOR YEAR, AND COMBATS THE LEADING CAUSE OF CANCER-RELATED DEATH IN THE UNITED STATES THIS PAST YEAR, OUR AIRWAYS CLINICAL RESEARCH CENTERS NETWORK (ACRC) EXPANDED ITS RESEARCH TO INCLUDE COPD THE ACRC IS THE NATION’S LARGEST NETWORK CONDUCTING ASTHMA AND COPD CLINICAL TRIALS OUTSIDE THE PHARMACEUTICAL INDUSTRY IN FY15, THE ACRC LAUNCHED TWO NEW INITIAL COPD STUDIES ANXIETY AND COPD EVALUATION (ACE) AND RESISTANT AIRWAY OBSTRUCTION IN CHILDREN (REACH) THE RESULTS OF THE NHLBI SUPPORTED STUDY OF SOY ISOFLAVONES IN ASTHMA (SOYA) WERE REPORTED IN THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION OUR STUDY DID NOT FIND EVIDENCE OF SYMPTOM IMPROVEMENT IN PATIENTS TAKING SOY ISOFLAVONES, SUGGESTING THAT PATIENTS MAY BE BUYING AND TAKING AN UNNECESSARY AND INEFFECTIVE SUPPLEMENT WE PUBLISHED "PROVIDING GUIDANCE ON LUNG CANCER SCREENING TO PATIENTS, AND PHYSICIANS," WHICH CONTAINS UPDATED RECOMMENDATIONS ABOUT LOW-DOSE CT SCREENING FOR LUNG CANCER AND RECOMMENDATIONS THAT ASSESSMENT OF SMOKING HISTORY AND PROVISION OF SMOKING CESSATION SERVICES BE PART OF ANY LUNG CANCER SCREENING PROGRAM WE ALSO SIGNED AN AGREEMENT WITH THE FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH TO HELP SUPPORT THE LUNG-MAP PROJECT, A GROUNDBREAKING, COLLABORATIVE APPROACH TO CLINICAL TRIALS IN SQUAMOUS CELL LUNG CANCER

4c

(Code) (Expenses \$ 9,494,082 including grants of \$ 508) (Revenue \$ 8,302,664)

SUPPORT OF AMERICAN LUNG ASSOCIATION CHARTERED ASSOCIATIONS THE AMERICAN LUNG ASSOCIATION NATIONAL HEADQUARTERS SUPPORTS ITS 8 CHARTERED ASSOCIATIONS THROUGH COACHING, TRAINING, MARKETING, CONSULTATION AND TECHNICAL ASSISTANCE AMERICAN LUNG ASSOCIATION STAFF AND VOLUNTEERS THROUGHOUT THE COUNTRY ARE PROVIDED SKILL-BUILDING AND OTHER LEARNING OPPORTUNITIES TO HELP THEM SUCCESSFULLY DELIVER THE AMERICAN LUNG ASSOCIATION’S MISSION THROUGH IMPLEMENTATION OF THESE STAFF LEARNING AND VOLUNTEER DEVELOPMENT OFFERINGS, CHARTERED ASSOCIATIONS ARE KEPT CURRENT ON BEST PRACTICES IN LUNG HEALTH PROGRAMS AND DELIVERY, ADVOCACY, FINANCIAL MANAGEMENT, FUNDRAISING, LEADERSHIP DEVELOPMENT, PROGRAM AND EVENT MARKETING AND VOLUNTEER MANAGEMENT ONE-ON-ONE COACHING AND CONSULTATION BY NATIONAL HEADQUARTERS STAFF IS OFFERED AS NEEDED OR REQUESTED INDIVIDUAL DISCIPLINE GROUPS (E G CHIEF EXECUTIVE OFFICERS, CHIEF FINANCIAL OFFICERS, CHIEF DEVELOPMENT OFFICERS, PROGRAM MANAGERS, ETC) MEET REGULARLY WITH NATIONAL HEADQUARTERS PEERS TO SHARE IDEAS, PROBLEM-SOLVE, AND NETWORK THE AMERICAN LUNG ASSOCIATION CONDUCTS A NATIONWIDE VOLUNTEER AND STAFF RECOGNITION PROGRAM VOLUNTEERS AND STAFF ARE RECOGNIZED ON AN ONGOING BASIS FOR OUTSTANDING PERFORMANCE AN ANNUAL RECOGNITION CEREMONY IS HELD AT A MEETING OF THE AMERICAN LUNG ASSOCIATION BOARD OF DIRECTORS AND NATIONWIDE ASSEMBLY WHERE AWARDS FOR HIGHEST ACHIEVEMENT ARE GIVEN IN SPECIFIC CATEGORIES THE AMERICAN LUNG ASSOCIATION BOARD OF DIRECTORS PROVIDES STRATEGIC DIRECTION FOR THE NATIONAL HEADQUARTERS AND ITS CHARTERED ASSOCIATIONS COORDINATION AND MONITORING OF NATIONAL AND CHARTERED ASSOCIATION STRATEGIC ALIGNMENT IS PROVIDED THROUGH A BOARD-APPROVED METRIC-BASED PERFORMANCE MANAGEMENT SYSTEM THE AMERICAN LUNG ASSOCIATION BOARD OF DIRECTORS IS RESPONSIBLE FOR OVERSIGHT OF CHARTERED ASSOCIATION COMPLIANCE TO POLICIES AND PERFORMANCE STANDARDS ASSISTANCE IS PROVIDED BY THE NATIONAL HEADQUARTERS TO THOSE CHARTERED ASSOCIATIONS THAT DO NOT MEET REQUIREMENTS AND/OR STANDARDS A VARIETY OF NATIONAL STAFF PROVIDE SPECIAL EVENTS SUPPORT TO THE ALA CHARTERED REGIONAL ASSOCIATIONS THIS SUPPORT IS DESIGNED TO ASSIST IN THE DEVELOPMENT, MARKETING AND IMPLEMENTATION OF EVENTS AND PROMOTIONS STRATEGIES AMONG THE ASSISTANCE PROVIDED ARE PLANNING (GOAL SETTING, STRATEGIC REVIEW, DEVELOPMENT OF TEMPLATE MATERIAL, FEASIBILITY STUDIES), TRAINING (MONTHLY CONFERENCE CALLS, BEST PRACTICE STAFF TRAINING, LISTSERV BASED MATERIALS, STAFF TRAINING WEBINARS, ETC), IMPLEMENTATION (SPONSORSHIP CALLS, RECRUITMENT, EVENT ATTENDANCE/PARTICIPATION), COACHING (STAFF, LEADERSHIP, VOLUNTEERS), COORDINATION OF BRANDED MARKETING COLLATERAL, SOLICITATION OF NATIONAL SPONSORS/TEAMS, BUILDING, FACILITATING AND INTEGRATING E-COMMERCE PLATFORMS, AND EVALUATION OF NEW EVENTS THE PRIMARY FOCUS IS TO INCREASE THE CHARTERED ASSOCIATIONS NET REVENUE AND FULLY INTEGRATE BEST PRACTICE STRATEGIES INTO THE OVERALL WORK PLAN THE DIRECT RESPONSE TEAM DEVELOPS AND IMPLEMENTS CAMPAIGN PLANS FOR ALL DIRECT MAIL APPEALS, TELEMARKETING CAMPAIGNS AND THE RESIDENTIAL PROGRAM IN CONJUNCTION WITH OUR DIRECT RESPONSE CONSULTING AGENCY ALL FUNDS GENERATED ARE DEPOSITED DIRECTLY INTO LOCAL ASSOCIATION ACCOUNTS ON A REGULAR (WEEKLY OR BI-WEEKLY) BASIS WITH DETAILED REPORTS BY CAMPAIGN FOR THE CURRENT PERIOD AND YEAR-TO-DATE LOCAL ASSOCIATIONS ARE BILLED MONTHLY FOR DIRECT RESPONSE EXPENSES AND QUARTERLY FOR A 30% SHARE OF THE NET INCOME GENERATED BY THE PROGRAMS ASSOCIATIONS ARE PROVIDED WITH A BUDGET FOR EACH PROGRAM ALONG WITH CASH FLOW AND BILLING SCHEDULES, AS WELL AS QUARTERLY UPDATES ON ACTUAL PERFORMANCE BILLED EXPENSES ARE RECONCILED TO ACTUAL COSTS AT THE END OF THE FISCAL YEAR IMAGES OF ALL ROLLOUT MAILING PACKAGES ARE AVAILABLE FOR REFERENCE BY LOCAL ASSOCIATIONS DIRECT RESPONSE CALLS OR MEETINGS ARE CONDUCTED TO WHICH ALL LOCAL CEOS ARE INVITED TO PARTICIPATE FOR UPDATES ON THE PROGRAM AND ANY ISSUES OR QUESTIONS THAT ARISE

See Additional Data

4d

Other program services (Describe in Schedule O)

(Expenses \$ 2,860,386 including grants of \$ 497,186) (Revenue \$ 2,501,435)

4e

Total program service expenses ▶

38,822,804

Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	24	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	24	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, VA, WA, WV, WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	LAURA SCOTT CFO 3000 KELLY LANE SPRINGFIELD, IL 62711 (217) 787-5864

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	1,625,747	0	263,629

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

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

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

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

Part VIII

Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

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

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		300	1	550
	2	Savings and temporary cash investments		9,318,297	2	13,137,880
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		3,543,192	4	3,617,193
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,007,824	9	1,030,940
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a1,380,491			
	b	Less accumulated depreciation	10b1,194,849	215,805	10c	185,642
	11	Investments—publicly traded securities		15,324,523	11	14,669,182
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		5,738,141	15	5,395,076
	16	Total assets. Add lines 1 through 15 (must equal line 34)		35,148,082	16	38,036,463
Liabilities	17	Accounts payable and accrued expenses		3,275,212	17	2,033,125
	18	Grants payable		3,443,045	18	3,790,814
	19	Deferred revenue		6,988,384	19	9,155,191
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			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		9,002,444	25	9,439,810
	26	Total liabilities. Add lines 17 through 25		22,709,085	26	24,418,940
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		6,970,520	27	8,515,889
	28	Temporarily restricted net assets		1,415,412	28	1,211,570
	29	Permanently restricted net assets		4,053,065	29	3,890,064
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		12,438,997	33	13,617,523
	34	Total liabilities and net assets/fund balances		35,148,082	34	38,036,463

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	Yes
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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	Yes
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	Yes

Additional Data

Software ID:
Software Version:
EIN: 13-1632524
Name: AMERICAN LUNG ASSOCIATION

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	2,860,386	including grants of \$	497,186) (Revenue \$	2,501,435)
ADVOCACY AND ENVIRONMENTAL IN 2014 - 2015 WE MADE SIGNIFICANT HEADWAY IN OUR EFFORTS TO ADVOCATE FOR HEALTHY LUNGS AND HEALTHY AIR THE AMERICAN LUNG ASSOCIATION WORKS TO DEFEND THE CLEAN AIR ACT AND THE FAMILY SMOKING PREVENTION AND TOBACCO CONTROL ACT, SUPPORTS LEGISLATION THAT PROTECTS OUR CHILDREN FROM DEADLY AIR POLLUTION AND TOBACCO PRODUCTS, AND SUPPORTS FUNDING FOR CRITICAL LUNG DISEASE RESEARCH AND HEALTH PROGRAMS AT THE FEDERAL LEVEL - AND MUCH MORE THIS PAST YEAR, WE ADVOCATED FOR THE U S ENVIRONMENTAL PROTECTION AGENCY (EPA) TO ADOPT A STRONG FINAL CLEAN POWER PLAN TO REDUCE CARBON POLLUTION FROM NEW AND EXISTING POWER PLANTS TO HIGHLIGHT THE HEALTH IMPACTS OF CLIMATE CHANGE, WE HOSTED EPA ADMINISTRATOR GINA MCCARTHY AT A ROUNDTABLE IN CHICAGO THIS APRIL AND PARTICIPATED IN THE WHITE HOUSE SUMMIT ON CLIMATE CHANGE AND HEALTH IN JUNE IN WASHINGTON, DC OUR 16TH ANNUAL "STATE OF THE AIR" REPORT SHOWED THAT MORE THAN FOUR IN 10 AMERICANS LIVE IN COUNTIES WHERE OZONE OR PARTICLE POLLUTION LEVELS MAKE THE AIR UNHEALTHY TO BREATHE THE REPORT FINDINGS WERE CITED IN TESTIMONY BEFORE CONGRESS AND IN EDITORIALS NATIONWIDE WITH MORE THAN 1 67 BILLION EARNED MEDIA IMPRESSIONS THANKS IN PART TO LUNG ASSOCIATION LEGAL ACTION, THE EPA PROPOSED TO STRENGTHEN THE NATIONAL STANDARD FOR OZONE POLLUTION FOLLOWING THE PROPOSAL, THE LUNG ASSOCIATION HELPED ORGANIZE MORE THAN 30 HEALTH PROFESSIONALS AND VOLUNTEERS TO TESTIFY AT EPA PUBLIC HEARINGS IN TEXAS, CALIFORNIA, AND WASHINGTON, DC WE ALSO, ALONG WITH 12 OTHER NATIONAL HEALTH ORGANIZATIONS, SUBMITTED COMMENTS TO EPA AND HELPED RECRUIT MORE THAN 1,000 HEALTH PROFESSIONALS TO JOIN THE FIGHT URGING EPA TO SET THE MOST HEALTH-PROTECTIVE STANDARDS PRESIDENT OBAMA, U S SURGEON GENERAL VIVEK MURTHY, MD, AND EPA ADMINISTRATOR GINA MCCARTHY JOINED A ROUNDTABLE AT HOWARD UNIVERSITY WHERE LUNG ASSOCIATION VOLUNTEER TYRA BRYANT-STEPHENS, MD, SHARED HER CONCERNS ABOUT THE HEALTH IMPACTS OF CLIMATE CHANGE ON CHILDREN WITH ASTHMA, INCLUDING THOSE SHE SERVES THROUGH HER WORK AT THE CHILDREN'S HOSPITAL OF PHILADELPHIA OUR 13TH ANNUAL "STATE OF TOBACCO CONTROL" REPORT RELEASED IN JANUARY 2015, FOUND THAT STATES AND THE FEDERAL GOVERNMENT ARE NOT DOING ENOUGH TO ELIMINATE TOBACCO-CAUSED DEATH AND DISEASE THIS YEAR, WE ALSO URGED THE OBAMA ADMINISTRATION TO MOVE QUICKLY AND PROTECT PUBLIC HEALTH AND THE HEALTH OF THE NATION'S YOUTH BY GIVING THE FOOD AND DRUG ADMINISTRATION OVERSIGHT AUTHORITY OVER ALL TOBACCO PRODUCTS, INCLUDING E-CIGARETTES, CIGARS AND HOOKAH NEW ORLEANS WENT SMOKEFREE IN ALL PUBLIC PLACES AND WORKPLACES, INCLUDING BARS AND CASINOS THE LUNG ASSOCIATION PLAYED A PIVOTAL ROLE IN PASSAGE OF THE LAW AND DEFENDING IT AGAINST ATTACKS FROM OPPONENTS					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHRYN A FORBES CPA BOARD CHAIR	2 00	X		X				0	0	0
(1) JOHN F EMANUEL JD BOARD VICE-CHAIR	2 00	X		X				0	0	0
(2) PENNY J SIEWERT SECRETARY/TREASURER	2 00	X		X				0	0	0
(3) ROSS P LANZAFAME ESQ PAST CHAIR	2 00	X		X				0	0	0
(4) LINN P BILLINGSLEY BSN DIRECTOR	2 00	X						0	0	0
(5) MICHAEL F BUSK MD MPH DIRECTOR	2 00	X						0	0	0
(6) CHERYL A CALHOUN BA MBA DIRECTOR	2 00	X						0	0	0
(7) CHRISTOPHER CARNEY DIRECTOR	2 00	X						0	0	0
(8) MICHAEL V CARSTENS DIRECTOR	2 00	X						0	0	0
(9) MARIO CASTRO MD MPH DIRECTOR	2 00	X						0	0	0
(10) ARTHUR A CERULLO JD DIRECTOR	2 00	X						0	0	0
(11) PAULINE GRANT MS MBA FACHE DIRECTOR	2 00	X						0	0	0
(12) SUMITA B KHATRI MD MS DIRECTOR	2 00	X						0	0	0
(13) ANGELA V MASTROFRANCESCO DIRECTOR	2 00	X						0	0	0
(14) ROBERT K MERCHANT MD MS DIRECTOR	2 00	X						0	0	0
(15) STEPHEN J NOLAN ESQ DIRECTOR	2 00	X						0	0	0
(16) STEPHEN R O'KANE DIRECTOR	2 00	X						0	0	0
(17) HARRY PERLSTADT PHD MPH DIRECTOR	2 00	X						0	0	0
(18) AUSTIN K PUGH DIRECTOR	2 00	X						0	0	0
(19) JANE Z REARDON MSN APRN CS AE-C DIRECTOR	2 00	X						0	0	0
(20) AL ROWE DIRECTOR	2 00	X						0	0	0
(21) JEFFREY T STEIN CFP CRPS DIRECTOR	2 00	X						0	0	0
(22) KARIN A TOLLEFSON PHARMD DIRECTOR	2 00	X						0	0	0
(23) LETICIA W TOWNS DIRECTOR	2 00	X						0	0	0
(24) HAROLD WIMMER PRESIDENT & CEO	40 00			X				382,514	0	52,047

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) LAURA SCOTT CHIEF FINANCIAL OFFICER	40 00			X				184,476	0	9,431
(1) PAUL BILLINGS VP NATIONAL POLICY & ADVOCACY	40 00				X			188,636	0	20,363
(2) SUSAN RAPPAPORT VP RESEARCH & PROGRAM	40 00				X			175,189	0	51,617
(3) ALANA BURNS VP SIGNATURE CAUSE CAMPAIGN	40 00					X		180,624	0	10,907
(4) RUSSELL BURWELL VP GOVERNANCE	40 00					X		153,027	0	26,313
(5) CRAIG FINSTAD AVP DIRECT RESPONSE OPERATION	40 00					X		137,861	0	24,142
(6) CHAUNDA ROSEBOROUGH VP MARKETING & COMMUNICATIONS	40 00					X		119,731	0	33,883
(7) JANICE NOLEN AVP NATIONAL POLICY	40 00					X		103,689	0	34,926

SCHEDULE A
(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

Part I

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

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

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

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

5

☐

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

6

☐

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

7

☒

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations _____

g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	11,915,758	10,546,204	8,618,848	6,082,938	9,782,765	46,946,513
2 Tax revenues levied for the 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	11,915,758	10,546,204	8,618,848	6,082,938	9,782,765	46,946,513
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						46,946,513

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	11,915,758	10,546,204	8,618,848	6,082,938	9,782,765	46,946,513
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,419,418	1,592,243	952,391	1,178,134	986,268	6,128,454
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	1,024,657	556,293	517,426	1,339,034	884,922	4,322,332
11	Total support Add lines 7 through 10						57,397,299
12	Gross receipts from related activities, etc (see instructions)					12	174,349,284
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	81 790 %
15	Public support percentage for 2013 Schedule A, Part II, line 14	15	81 100 %
16a	33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒		
b	33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a	10%-facts-and-circumstances test—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ☐		
b	10%-facts-and-circumstances test—2013. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ☐		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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

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

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

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

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

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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II-A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
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 separate instructions for lines 2a through 2f.)

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

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	THE AMERICAN LUNG ASSOCIATION VOLUNTEERS AND STAFF ENGAGE IN A WIDE RANGE OF ADVOCACY ACTIVITIES TO FURTHER OUR MISSION TO SAVE LIVES BY IMPROVING LUNG HEALTH AND PREVENTING LUNG DISEASE. OUR WORK INCLUDES EFFORTS TO EDUCATE MEMBERS OF CONGRESS, THEIR STAFF AND THE PUBLIC ON LUNG HEALTH ISSUES AND ACCESS TO HEALTHCARE. WE ADVOCATE FOR CLEAN, HEALTHY AIR TO REDUCE THE HEALTH IMPACTS OF AIR POLLUTION. WE FOCUS ON SUPPORTING THE IMPLEMENTATION AND STRENGTHENING OF THE NATION'S CLEAN AIR LAWS. WE STRONGLY SUPPORT THE PUBLIC HEALTH INFRASTRUCTURE AND LUNG HEALTH RESEARCH FUNDING INCLUDING FUNDING FOR LUNG CANCER, CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD), ASTHMA, TUBERCULOSIS AND OTHER LUNG DISEASES. FURTHERMORE, THE AMERICAN LUNG ASSOCIATION VOLUNTEERS AND STAFF ACTIVELY ADVOCATE IN WASHINGTON, D.C. AND IN THE STATES FOR TOBACCO CONTROL LAWS, INCLUDING EFFORTS TO REGULATE TOBACCO PRODUCTS, PROMOTE TOBACCO CESSATION AND ELIMINATE EXPOSURE TO SECOND HAND SMOKE.

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2014

Open to Public Inspection

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

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part II

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

1

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

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

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

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4

Number of states where property subject to conservation easement is located ► _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

(i) Revenue 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

Revenue included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

Part III

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

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

☐

Public exhibition

d

☐

Loan or exchange programs

b

☐

Scholarly research

e

☐

Other

c

☐

Preservation for future generations
- 4
- Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5
- During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
- ☐

Yes
- ☐

No

Part IV

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

- 1a
- Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
- ☐

Yes
- ☐

No
- b
- If "Yes," explain the arrangement in Part XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- c
- Beginning balance
- d
- Additions during the year
- e
- Distributions during the year
- f
- Ending balance
- 2a
- Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
- ☐

Yes
- ☐

No
- b
- If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII
- ☐

Part V

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

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

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

Board designated or quasi-endowment

b

Permanent endowment 40 400 %

c

Temporarily restricted endowment 59 600 %

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

3a

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

(i) unrelated organizations

3a(i)

☐

Yes

☐

No

(ii) related organizations

3a(ii)

☐

Yes

☐

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

☐

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

Part VI

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

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

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART IV, LINE 2B	PERMANENTLY RESTRICTED NET ASSETS ARE PRIMARILY DEDICATED TO SUPPORTING RESEARCH SCHOLARS IN INTERSTITIAL RELATED LUNG DISEASES. DALSEMER ENDOWMENT IN 1983, LEONARD DALSEMER, THE JOHN A. HARTFORD FOUNDATION, AND THE WHEELABRATOR FOUNDATION ENDOWED THE NATIONAL OFFICE WITH \$500,000 (THE CORPUS) TO FUND RESEARCH TO FIND A CURE FOR INTERSTITIAL LUNG DISEASE. THE EARNINGS FROM THE CORPUS ARE TO FUND AN ANNUAL RESEARCH AWARD IN A MINIMAL AMOUNT OF \$30,000. THE TERM OF EACH AWARD IS THREE YEARS. ANNUAL EXPENDITURES ARE LIMITED TO 6% OF THE FAIR MARKET VALUE OF THE ENDOWMENT. THE AMERICAN LUNG ASSOCIATION IS TO STRIVE TO GROW THE ENDOWMENT BY SOLICITING ADDITIONAL DONOR CONTRIBUTIONS. THE AWARD IS ONLY TO BE CONFERRED WHEN THE REVIEW COMMITTEE DEEMS THE PROPOSED RESEARCH MERITORIOUS. MARY FULLER RUSSELL RESEARCH FUND. IN A SETTLEMENT ENTERED BY AMERICAN LUNG ASSOCIATION OF NEW HAMPSHIRE (ALANH) AND NATIONAL OFFICE (ALA) ON JULY 9, 2003, ALANH AGREED TO SET ASIDE, AS A SEGREGATED FUND, WITHIN ITS ENDOWMENT FUND, THE SUM OF \$1,297,643 REPRESENTING ALA'S 10% SHARE, AND TO MAINTAIN SUCH SEGREGATED FUND INTACT FOR THE PURPOSE OF PAYING TO AND ALLOWING ALA TO USE ALL THE INCOME AND THE ANNUAL NET APPRECIATION, IF ANY, IN THE FAIR VALUE OF THE SEGREGATED FUND FOR RESEARCH PURPOSES DETERMINED BY ALA. UNDER THE SETTLEMENT, SUCH SEGREGATED FUND IS TO BE HELD FOR ALA'S BENEFIT IN PERPETUITY. ALANH AND ALA AGREED THAT DISTRIBUTIONS FROM THE MARY FULLER RUSSELL RESEARCH FUND SHALL BE USED TO SUPPORT RESEARCH INTO LUNG HEALTH ISSUES, AND THAT RESEARCH GRANTS TO RECIPIENTS SHALL BE MADE UNDER THE NAME MARY FULLER RUSSELL RESEARCH FUND.
PART X, LINE 2	GUIDANCE IN THE AREA OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES UNDER THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS STANDARD PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE-LIKELY-THAN-NOT TO BE SUSTAINED, IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE STANDARD ALSO PROVIDES GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE. THE FISCAL YEARS ENDED 2012, 2013 AND 2014 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. NATIONAL OFFICE HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS, TO IDENTIFY AND REPORT UNRELATED INCOME, TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS, AND, TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. NATIONAL OFFICE INCURRED NO INTEREST OR PENALTIES RELATED TO TAX LIABILITIES FOR THE YEAR ENDED JUNE 30, 2015.
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUSTS -199,461. CHANGE IN VALUE OF SPLIT INTEREST TRUSTS -23,221. PENSION AND POST RETIREMENT PLAN CHANGES -793,112.

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

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

1

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

a

☒

Mail solicitations

e

☐

Solicitation of non-government grants

b

☒

Internet and email solicitations

f

☐

Solicitation of government grants

c

☒

Phone solicitations

g

☐

Special fundraising events

d

☐

In-person solicitations

2a

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

☒ Yes ☐ No

b

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 THOMPSON HABIB & DENISON 80 HAYDEN LEXINGTON, MA 02421	DIRECT MAIL		No	23,167,913	300,000	22,867,913
2 INFOCISION MANAGEMENT CORP 325 SPRINGSIDE DR AKRON, OH 44333	RESIDENTIAL		No	1,749,994	1,244,467	505,527
3 SFI NONPROFIT 7800 3RD ST N SUITE 900 ST PAUL, MN 55128	TELEMARKETING		No	373,889	231,758	142,131
4						
5						
6						
7						
8						
9						
10						
Total ▶				25,291,796	1,776,225	23,515,571

3

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

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

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

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

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

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 				
Direct Expenses	2 Cash prizes 				
	3 Non-cash prizes 				
	4 Rent/facility costs 				
	5 Other direct expenses . . .				
	6 Volunteer labor 	Yes No %	Yes No %	Yes No %	
	7 Direct expense summary Add lines 2 through 5 in column (d) .				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states?

Yes

No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes

No

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

Yes

No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activities conducted in

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

14

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

Name 

Address 

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

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

c

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

Name 

Address 

16 Gaming manager information

Name 

Gaming manager compensation  \$

Description of services provided 

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

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

Part IV

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

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	THE AMERICAN LUNG ASSOCIATION'S NATIONAL OFFICE PROVIDES SUPPORT FOR CHARTERED AMERICAN LUNG ASSOCIATIONS' DIRECT MAIL, RESIDENTIAL CAMPAIGNS, AND TELEMARKETING AS PART OF THIS SUPPORT, THE AMERICAN LUNG ASSOCIATION (NATIONAL) CONTRACTS WITH PROFESSIONAL FUNDRAISERS TO DEVELOP FUNDRAISING STRATEGIES ON THESE INITIATIVES. REVENUES FROM DIRECT RESPONSE, RESIDENTIAL CAMPAIGN AND TELEMARKETING CAMPAIGNS ARE DISTRIBUTED TO THE CHARTERED AMERICAN LUNG ASSOCIATIONS, AND EACH RESPECTIVE CHARTER REIMBURSES NATIONAL FOR THEIR ALLOCABLE PORTION OF EXPENSES RELATED TO EACH FUNDRAISING CAMPAIGN

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization
AMERICAN LUNG ASSOCIATION

Employer identification number
13-1632524

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

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

(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
See Additional Data Table							

2

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

67

3

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

Part III

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

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

Part IV

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

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

Additional Data

Software ID:
Software Version:
EIN: 13-1632524
Name: AMERICAN LUNG ASSOCIATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALA OF MID-ATLANTIC 3001 OLD GETTYSBURG RD CAMP HILL,PA 17011	25-1825116	501(C)(3)	226,250				FED & PROG GRANTS
ALA OF MIDLAND STATES 1950 ARLINGATE LANE COLUMBUS,OH 43228	31-4379531	501(C)(3)	110,585				FED & PROG GRANTS
ALA OF MOUNTAIN PACIFIC7420 S BRIDGEPORT RD SUITE 200 TIGARD,OR 97224	93-0386887	501(C)(3)	51,875				FED & PROG GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALA OF CALIFORNIA333 HEGENBERGER RD SUITE 450 OAKLAND,CA 94621	94-0362650	501(C)(3)	5,800				FED & PROG GRANTS
ALA OF THE NORTHEAST21 WEST 38TH ST NEWYORK,NY 10018	06-0646594	501(C)(3)	104,400				FED & PROG GRANTS
ALA OF THE SOUTHEAST 6852 BELFORT OAKS PLACE JACKSONVILLE,FL 32216	59-0662271	501(C)(3)	52,229				FED & PROG GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALA OF THE SOUTHWEST 5600 GREENWOOD PLAZA BLVD SUITE 100 100 GREENWOOD VILLAGE, CO 80111	86-0111676	501(C)(3)	143,092				FED & PROG GRANTS
ALA OF THE UPPER MIDWEST3000 KELLY LANE SPRINGFIELD,IL 62707	20-4392201	501(C)(3)	79,969				FED & PROG GRANTS
ALBANY MEDICAL COLLEGE47 NEW SCOTLAND AVE ALBANY,NY 12208	14-1338310	501(C)(3)	40,000				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYLOR COLLEGE OF MEDICINEONE BAYLOR PLAZA HOUSTON,TX 77030	74-1613878	501(C)(3)	122,300				RESEARCH
CASE WESTERN RESERVE UNIVERSITY10900 EUCLID AVE CLEVELAND,OH 44106	34-1018992	501(C)(3)	40,000				RESEARCH
CHILDREN'S HOSPITAL MEDICAL CENTER - CINCINNATI3333 BURNET AVE CINCINNATI,OH 45229	31-0833936	501(C)(3)	40,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA UNIVERSITY 722 W 168TH ST 4TH FLOOR NEW YORK, NY 10032	15-5598093	501(C)(3)	159,500				RESEARCH
CORNELL UNIVERSITY575 LEXINGTON AVE NEW YORK, NY 10022	13-1623978	501(C)(3)	40,000				RESEARCH
DUKE UNIVERSITYBOX 104132 DURHAM, NC 27708	56-0532129	501(C)(3)	169,900				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA REGENTS UNIVERSITY1120 15TH ST AUGUSTA,GA 30912	58-6002053	501(C)(3)	40,000				RESEARCH
INDIANA UNIVERSITYPO BOX 78000 DETROIT,MI 48278	35-6001673	501(C)(3)	65,000				RESEARCH
JOHNS HOPKINS UNIVERSITY1101 E 33RD ST D200 BALTIMORE,MD 21218	52-0595110	501(C)(3)	998,500				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER433 BOLIVAR ST NEW ORLEANS, LA 70112	72-6087770	501(C)(3)	76,025				RESEARCH
LOVELACE RESPIRATORY RESEARCH INSTITUTE2425 RIDGECREST DR ALBUQUERQUE, NM 87108	85-0110669	501(C)(3)	40,000				RESEARCH
MASSACHUSETTS GENERAL HOSPITAL55 FRUIT ST BOSTON, MA 02114	04-1564655	501(C)(3)	205,000				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL JEWISH MEDICAL AND RESEARCH CENTER1400 JACKSON ST DENVER,CO 80206	74-2044647	501(C)(3)	139,525				RESEARCH
NEMOURS CHILDREN CLINC10140 CENTURION PARKWAY NORTH JACKSONVILLE,FL 32256	59-0634433	501(C)(3)	75,050				RESEARCH
NEW YORK MEDICAL COLLEGE WOMEN'S AND CHILDREN CENTER40 SUNSHINE COTTAGE RD VALHALLA,NY 10595	13-1099420	501(C)(3)	75,425				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH DAKOTA STATE UNIVERSITYPO BOX 6050 FARGO,ND 58108	45-6002439	501(C)(3)	40,000				RESEARCH
NORTH SHORE LONG ISLAND JEWISH300 COMMUNITY DR MANHASSET,NY 11030	11-1562701	501(C)(3)	76,875				RESEARCH
NORTHWESTERN UNIVERSITY619 CLARK ST EVANSTON,IL 60208	36-2167817	501(C)(3)	140,000				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NYU SCHOOL OF MEDICINE545 FIRST AVE NEWYORK,NY 10016	13-5562308	501(C)(3)	59,400				RESEARCH
OREGON HEALTH & SCIENCE UNIVERSITY 3181 W SAM JACKSON PARK RD PORTLAND,OR 97239	93-1176109	501(C)(3)	132,500				RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA BERKLEY2195 HEARST AVE BERKLEY,CA 94704	94-6002123	501(C)(3)	32,500				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF CALIFORNIA IRVINE1400 BIOLOGICAL SCIENCES III IRVINE,CA 92697	95-2226406	501(C)(3)	100,000				RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO3333 CALIFORNIA ST SUITE 315 BOX 0962 SAN FRANCISCO,CA 94118	94-6036493	501(C)(3)	200,000				RESEARCH
REGENTS OF UNIVERSITY OF MINNESOTAPO BOX 1450 MINNEAPOLIS,MN 55485	41-6007513	501(C)(3)	80,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROSALIND FRANKLIN UNIVERSITY333 GREEN BAY RD NORTH CHICAGO, IL 60046	36-2181973	501(C)(3)	40,000				RESEARCH
RUTGERS UNIVERSITY SCHOOL OF PUBLIC HEALTH7 COLLEGE AVE WINANT HALL NEW BRUNSWICK, NJ 08901	22-6001086	501(C)(3)	32,500				RESEARCH
SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH1275 YORK AVE BOX 070 NEW YORK, NY 10065	13-1924236	501(C)(3)	100,000				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT OF INDIANA1 HOSPITAL DR INDIANAPOLIS,IN 46260	35-0869066	501(C)(3)	78,100				RESEARCH
STANFORD UNIVERSITY CORTE MADERA CREEK BLDG STE 142 3145 PORTER DR PALO ALTO,CA 94304	94-1156365	501(C)(3)	200,000				RESEARCH
THE OHIO STATE UNIVERSITY RESEARCH FOUNDATION1960 KENNY RD COLUMBUS,OH 43210	31-6401599	501(C)(3)	188,475				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THOMAS JEFFERSON UNIVERSITY1020 WALNUT ST PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	40,000				RESEARCH
TRUDEAU INSTITUTE154 ALGONQUIN AVE SARANAC LAKE, NY 12983	14-1401413	501(C)(3)	40,000				RESEARCH
TRUSTEES OF DARTMOUTH COLLEGE11 ROPE FERRY RD HANOVER, NH 03755	02-0222111	501(C)(3)	99,962				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUFTS UNIVERSITY169 HOLLAND ST MEDFORD,MA 02144	04-2103634	501(C)(3)	40,000				RESEARCH
UNIVERSITY MEDICAL OF SOUTH FLORIDA - TAMPA 3802 SPECTRUM BLVD TAMPA,FL 33612	59-2959590	501(C)(3)	37,725				RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM UNIVERSITY STATION BIRMINGHAM,AL 35294	63-6005396	501(C)(3)	40,000				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ARIZONA PO BOX 3308 TUCSON,AZ 85922	74-2652689	501(C)(3)	192,811				RESEARCH
UNIVERSITY OF FLORIDA PO BOX 113001 GAINESVILLE,FL 32611	59-6002052	501(C)(3)	39,891				RESEARCH
UNIVERSITY OF ILLINOIS PO BOX 20787 SPRINGFIELD,IL 62708	37-6000511	501(C)(3)	40,000				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF IOWA85 JESSUP HALL IOWA CITY,IA 52242	42-6004603	501(C)(3)	75,000				RESEARCH
UNIVERSITY OF MARYLANDPO BOX 41428 BALTIMORE,MD 21203	52-6002033	501(C)(3)	40,000				RESEARCH
UNIVERSITY OF MIAMIPO BOX 025405 MIAMI,FL 33102	59-0624458	501(C)(3)	45,525				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MISSOURI - KANSAS CITY5100 ROCKHILL RD AC 202 KANSAS CITY,MO 64110	43-6003859	501(C)(3)	91,625				RESEARCH
UNIVERSITY OF PITTSBURGHOFFICE OF FINANCIAL INFORMATION PITTSBURGH,PA 15260	25-0965591	501(C)(3)	40,000				RESEARCH
UNIVERSITY OF ROCHESTER910 GENESEE ST 200 ROCHESTER,NY 14611	16-0743209	501(C)(3)	40,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTH ALABAMA307 UNIVERSITY BLVD MOBILE,AL 36688	63-0477348	501(C)(3)	40,000				RESEARCH
UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER62 S DUNLAP SUITE 300 MEMPHIS,TN 38163	62-6001636	501(C)(3)	40,000				RESEARCH
UNIVERSITY OF TEXAS - MD ANDERSON CANCER CENTER1515 HOLCOMBE BLVD HOUSTON,TX 77030	74-6001118	501(C)(3)	100,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS - MEDICAL BRANCH AT GALVESTONPO BOX 4786-750 HOUSTON,TX 77210	74-6000949	501(C)(3)	115,000				RESEARCH
UNIVERSITY OF TEXAS - SOUTHWESTERN MEDICAL CENTER5323 HARRY HINES BLVD DALLAS,TX 75390	75-3175630	501(C)(3)	32,500				RESEARCH
UNIVERSITY OF VERMONT 85 SOUTH PROSPECT ST BURLINGTON,VT 05405	03-0179440	501(C)(3)	77,675				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF VIRGINIA PO BOX 400202 CHARLOTTESVILLE,VA 22904	54-6001796	501(C)(3)	176,825				RESEARCH
UNIVERSITY OF WASHINGTON3917 UNIVERSITY WAY SEATTLE,WA 98105	91-6001537	501(C)(3)	100,000				RESEARCH
UNIVERSITY OF WISCONSIN600 HIGHLAND AVE MADISON,WI 53792	39-0743975	501(C)(3)	40,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VANDERBILT UNIVERSITY 2301 VANDERBILT PL NASHVILLE, TN 37240	62-0476822	501(C)(3)	32,500				RESEARCH
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE 902 YALEM BOX 8052 660 S EUCLID AVE AVE ST LOUIS, MO 63110	43-0653611	501(C)(3)	161,350				RESEARCH
YALE UNIVERSITY 2 WHITNEY AVE 6TH FL NEW HAVEN, CT 06510	06-0646973	501(C)(3)	212,500				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DR LA JOLLA,CA 92093	95-6006144	501(C)(3)	91,350				RESEARCH

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
AMERICAN LUNG ASSOCIATION

Employer identification number
13-1632524

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☐ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

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

Part III **Supplemental Information**

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

Return Reference	Explanation
------------------	-------------

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
AMERICAN LUNG ASSOCIATION

Employer identification number
13-1632524

Part I Types of Property

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

29

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

30a

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

30a

Yes

No

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?

31

Yes

No

32a

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

32a

Yes

No

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

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

Cat No 51227J

Schedule M (Form 990) (2014)

Part III

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

Return Reference	Explanation
------------------	-------------

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****▶ Attach to Form 990 or 990-EZ.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2014**Open to Public
Inspection**Name of the organization
AMERICAN LUNG ASSOCIATION**Employer identification number**

13-1632524

Return Reference	Explanation
ATTACHMENT 1 FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	THE AMERICAN LUNG ASSOCIATION'S MISSION IS TO SAVE LIVES BY IMPROVING LUNG HEALTH AND PREVENTING LUNG DISEASE, WITH THE ULTIMATE VISION OF A WORLD FREE OF LUNG DISEASE. THE NATIONAL HEADQUARTERS OF THE AMERICAN LUNG ASSOCIATION FIGHTS LUNG DISEASE THROUGH ITS OWN ACTIVITIES AND BY SERVICING, SUPPORTING AND LEADING ITS LOCAL LUNG ASSOCIATIONS. AMONG ITS VARIED RESPONSIBILITIES, THE NATIONAL HEADQUARTERS - FUNDS RESEARCH INTO THE CAUSES, PREVENTION AND CURES OF LUNG DISEASE - ADVOCATES FOR POLICIES THAT PROTECT LUNG HEALTH, INCLUDING FIGHTING FOR HEALTHY AIR - PROVIDES A BROAD ARRAY OF HEALTH EDUCATIONAL PROGRAMS AND SERVICES TO SUPPORT SMOKING CESSATION, HELP PREVENT LUNG DISEASE AND TO ASSIST PEOPLE WITH LUNG DISEASE IN BETTER MANAGING THEIR CONDITION - SUPPORTS LOCAL LUNG ASSOCIATIONS' IMPLEMENTATION OF HEALTH EDUCATIONAL PROGRAMS AND DISSEMINATION OF EDUCATIONAL MATERIAL - PROVIDES AN ARRAY OF LEARNING OPPORTUNITIES AND TOOLS TO DEVELOP NATIONWIDE VOLUNTEER AND STAFF LEADERS - PROVIDES EPIDEMIOLOGICAL DATA, MEDICAL AND SCIENTIFIC ADVICE AND COUNSEL TO THE PUBLIC AND LUNG ASSOCIATIONS - PROVIDES THE PUBLIC WITH THE LATEST INFORMATION ON LUNG DISEASE, AND NATIONAL AND LOCAL LUNG ASSOCIATION ACTIVITIES THROUGH THE AMERICAN LUNG ASSOCIATION WEBSITE, WWW.LUNG.ORG - ENSURES THAT ALL PROGRAMS AND SERVICES ARE CULTURALLY SENSITIVE AND THAT THEY RESPOND TO THE LUNG HEALTH NEEDS OF ALL COMMUNITIES. THE PROGRAM SERVICES OF THE AMERICAN LUNG ASSOCIATION NATIONAL HEADQUARTERS CAN BE BROKEN DOWN INTO FOUR BROAD CATEGORIES: LUNG CANCER, ASTHMA, LUNG DISEASE AND TOBACCO CONTROL, RESEARCH, FIELD DEVELOPMENT AND SUPPORT, AND ADVOCACY AND ENVIRONMENTAL.

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL ACT IN PLACE OF AND WITH THE FULL AUTHORITY OF THE BOARD OF DIRECTORS WHEN THE BOARD OF DIRECTORS IS NOT IN SESSION, SUBJECT TO THE BOARD'S POWER TO AMEND OR CHANGE THOSE ACTIONS WHICH HAVE NOT BEEN IMPLEMENTED PRIOR TO THE BOARD MEETING OR MEETINGS FOLLOWING THE EXECUTIVE MEETING AT WHICH SUCH ACTION WAS TAKEN. THE BOARD OF DIRECTORS HAS THE POWER TO AUTHORIZE AND DELEGATE TO THE EXECUTIVE COMMITTEE TO THE EXTENT PERMITTED BY THE ASSOCIATION'S BYLAWS AND APPLICABLE LAW. THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE AUTHORITY TO APPOINT OFFICERS EXCEPT ON AN INTERIM BASIS TO FILL A VACANCY, ENTER INTO OR AMEND CONTRACTS WITH OFFICERS, AMEND THE POLICIES MANUAL, OR BORROW MONEY IN EXCESS OF THE AMOUNTS EXPRESSLY AUTHORIZED BY THE BOARD. THE EXECUTIVE COMMITTEE SHALL HAVE NO AUTHORITY TO AMEND THE ARTICLES OF INCORPORATION, ADOPT A PLAN OF MERGER OR CONSOLIDATION, AUTHORIZE THE SALE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY AND ASSETS OF THE ASSOCIATION, AUTHORIZE THE VOLUNTARY DISSOLUTION OF THE ASSOCIATION OR REVOCATION OF SUCH DISSOLUTION, OR AMEND THE BYLAWS OF THE ASSOCIATION. THE EXECUTIVE COMMITTEE MAY ESTABLISH A LEADERSHIP SUBCOMMITTEE CONSISTING OF THE CHAIR, VICE-CHAIR, AND PAST-CHAIR, WHICH SHALL SERVE AS THE EXECUTIVE COMMITTEE'S LIAISON TO THE PRESIDENT AND CEO.

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	AMERICAN LUNG ASSOCIATION HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND REVIEWED BY THE CFO. PRIOR TO ELECTRONIC SUBMISSION, IT IS REVIEWED BY THE ORGANIZATION'S DELEGATED RESPONSIBLE BODY, THE AUDIT AND RISK OVERSIGHT COMMITTEE, FOR APPROVAL. AFTER APPROVAL BY THE AROC COMMITTEE, THE MEMBERS OF THE GOVERNING BODY REVIEW THE FORM PRIOR TO SUBMISSION. ALL COMMENTS ARE DOCUMENTED, ADDRESSED AND FINALIZED BEFORE SUBMISSION.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALA CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH IT MONITORS AND ENFORCES ANNUALLY AND HAS A STANDING GOVERNANCE COMMITTEE THAT OVERSEES ITS EXECUTION THE ORGANIZATION CURRENTLY MANDATES THAT ALL MEMBERS OF THE GOVERNING BODY , COMMITTEE MEMBERS AND ALL STAFF ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST THE SIGNED CONFLICT OF INTEREST POLICY STATEMENTS ARE SUBMITTED TO THE GOVERNANCE COMMITTEE THESE STATEMENTS ARE REVIEWED FOR POTENTIAL OR ACTUAL CONFLICTS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE AMERICAN LUNG ASSOCIATION HAS ESTABLISHED A COMPENSATION POLICY FOR ITS LEADERSHIP COMMITTEE TO FOLLOW IN ESTABLISHING THE COMPENSATION FOR ITS CEO, TOP MANAGEMENT OFFICAL, OTHER OFFICERS OR KEY EMPLOYEES THE POLICY MANDATES THAT EXECUTIVE COMPENSATION BE PERIODICALLY REVIEWED BY THE COMMITTEE AND THAT THE COMMITTEE SHOULD BE FREE OF CONFLICTS OF INTEREST IN ADDITION, THE APPROVING COMMITTEE NEEDS TO REVIEW APPROPRIATE AND ADEQUATE DATA TO DETERMINE THE REASONABLENESS OF THE COMPENSATION BEING CONSIDERED THE COMMITTEE MAY USE A VARIETY OF INFORMATION AND STUDIES THAT ARE AVAILABLE TO DETERMINE THAT THE APPROPRIATE LEVEL OF COMPENSATION IS BEING PAID TO ITS EXECUTIVES THE COMMITTEE'S DECISION ON THE AMOUNT OF COMPENSATION PAID IS DOCUMENTED IN A CONTEMPORANEOUSLY WRITTEN FORMAT AND DOCUMENTS THE DATE OF THE DECISION, THE MEMBERS PRESENT DURING THE MEETING AND THOSE WHO VOTED ON IT, THE DETAILS OF THE TRANSACTION THAT WAS APPROVED AND THE COMPARABILITY DATA USED AND RELIED UPON TO MAKE THE DECISION ALA DID A COMPENSATION REVIEW FOR THE CEO WHEN HE WAS HIRED IN JANUARY 2013 THE MOST RECENT COMPENSATION REVIEW PROCESS FOR ALL OTHER OFFICERS AND KEY EMPLOYEES WAS DONE IN DECEMBER 2010

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE THREE MOST RECENT YEARS OF FORM 990 AND ANNUAL REPORTS ARE AVAILABLE ON AMERICAN LUNG ASSOCIATION'S WEBSITE, WWW.LUNG.ORG. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST. OUR WEBSITE ALSO PROVIDES THE NAMES OF OUR BOARD OF DIRECTORS AND OUR ETHICS POLICY.

Return Reference	Explanation
FORM 990, PART VIII, LINE 2	REIMBURSEMENT FROM CHARTER ASSOCIATION AT JUNE 30, 2015, THERE WERE EIGHT CHARTERED ORGANIZATIONS THAT HAVE JURISDICTION OVER SPECIFIC GEOGRAPHICAL AREAS. EACH CHARTERED ASSOCIATION IS REQUIRED TO REMIT A MONTHLY BUNDLED BILLING AMOUNT, WHICH INCLUDES A FEE FOR SOME SERVICES OR CONTRACTS HELD BY NATIONAL OFFICE. PART OF THESE FEES PERTAIN TO NATIONAL OFFICE DIRECT MARKETING AND THE ROI DATA PROGRAM WHICH PROVIDES INFORMATION ON DONORS AND FUNDRAISING EVENTS CONDUCTED BY AND FOR THE BENEFIT OF CHARTERED ASSOCIATIONS. DONATIONS RESULTING FROM THE DIRECT MAIL CAMPAIGN AND REVENUE RAISED BY THE DIRECT MARKETING PROGRAM ARE REMITTED TO THE CHARTERED ASSOCIATIONS BASED ON THE ZIP CODE OF THE DONOR. THE CHARTERED ASSOCIATIONS REIMBURSE NATIONAL OFFICE FOR COSTS REQUIRED TO OPERATE THIS PROGRAM. THESE REIMBURSEMENTS ARE SHOWN AS PROGRAM REIMBURSEMENT REVENUE FROM CHARTERED ASSOCIATIONS ON THE ACCOMPANYING STATEMENTS OF ACTIVITIES. THIS REVENUE IS RECOGNIZED AS EXPENSES ARE INCURRED. FOR THE YEARS ENDING JUNE 30, 2015 AND 2014, PROGRAM REIMBURSEMENTS APPROXIMATED \$22,300,000 AND \$21,100,000, RESPECTIVELY. EACH CHARTERED ASSOCIATION IS ALSO REQUIRED TO REMIT A MONTHLY ASSESSMENT, WHICH NATIONAL OFFICE USES IN A VARIETY OF WAYS INCLUDING, BUT NOT LIMITED TO, PROVIDING NATIONAL LEADERSHIP, ASSISTANCE AND GUIDANCE IN THE AREAS OF FIELD PROGRAM DEVELOPMENT, FIELD FUNDRAISING AND FIELD MANAGEMENT ADVISORY AND OTHER ACTIVITIES. THIS REVENUE IS RECOGNIZED OVER THE ASSESSMENT PERIOD. FOR THE YEARS ENDED JUNE 30, 2015 AND 2014, CHARTERED ASSOCIATIONS' ASSESSMENTS REVENUE APPROXIMATED \$4,800,000 AND \$4,700,000 RESPECTIVELY. ADDITIONALLY, PER NATIONAL OFFICE'S AGREEMENT WITH EACH CHARTERED ASSOCIATION, NATIONAL OFFICE RECEIVES 30% OF DIRECT RESPONSE REVENUES, LESS DIRECT RESPONSE EXPENSES AND 13% OF ALL UNRESTRICTED BEQUESTS IN THOSE INSTANCES WHEN THE DONOR DIED PRIOR TO JULY 1, 2009. THIS REVENUE IS RECOGNIZED IN THE PERIOD WHEN CONTRIBUTIONS ARE COLLECTED. FOR THE YEARS ENDED JUNE 30, 2015 AND 2014, THE ALLOCABLE SHARE OF DIRECT RESPONSE ACTIVITIES AND BEQUEST SHARE REVENUE FROM CHARTERED ASSOCIATIONS APPROXIMATED \$2,200,000 AND \$2,300,000 RESPECTIVELY.

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER PROGRAM SERVICE EXPENSES 1,431,184 MANAGEMENT AND GENERAL EXPENSES 59,395 FUNDRAISING EXPENSES 14,905 TOTAL EXPENSES 1,505,484 PROGRAM CONSULTING PROGRAM SERVICE EXPENSES 4,641,641 MANAGEMENT AND GENERAL EXPENSES 80,621 FUNDRAISING EXPENSES 8,852 TOTAL EXPENSES 4,731,114

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUSTS -199,461 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -23,221 BENEFIT RELATED CHANGES -793,112