For	m 5500-SF	Short Form Annual Re	eturn/Report o enefit Plan	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089	
	tment of the Treasury nal Revenue Service	D This form is required to be filed		nd 4065 of the Employe	е	2	012	
Employee Be	partment of Labor enefits Security Administration	Retirement Income Security Act of 1 the Internal	974 (ERISA), and see Revenue Code (the C	ctions 6057(b) and 6058 ode).	58(a) of This Form is Open to Pub Inspection			
	nefit Guaranty Corporation	Complete all entries in accordate	ance with the instruc	tions to the Form 550	0-SF.		peotion	
Part I	Annual Report Id ar plan year 2012 or fisca	entification Information al plan year beginning 07/01/2012		and ending 0	6/30/2	2012		
_					10/30/			
	urn/report is for:			an (not multiemployer)		a one-particip	pant plan	
B This ret	urn/report is:		he final return/report					
		an amended return/report	short plan year return	h/report (less than 12 m	onths)		
C Check b	box if filing under:	Form 5558	automatic extension			DFVC progra	m	
		special extension (enter description)					
Part II	Basic Plan Inform	nation—enter all requested informat	ion		-			
1a Name	•				1b	Three-digit		
AMERICAN I	LUNG ASSOCIATION R	ETIREMENT PLAN D				plan number (PN) ▶	001	
					1c	Effective date of		
					10	05/01/	•	
	oonsor's name and addre LUNG ASSOCIATION C	employer plan)	2b	Employer Identif (EIN) 62-05				
4100 CHUR	CHMAN AVE.				2c	Sponsor's telep		
	, KY 40215-1154	2d	Business code (see instructions) 813000					
3a Plan ad	dministrator's name and	address 🛛 Same as Plan Sponsor Na	ime Same as Plan	Sponsor Address	3b	3b Administrator's EIN		
	•	lan sponsor has changed since the later from the last return/report.	st return/report filed fo	or this plan, enter the	4b	EIN		
a Sponso					4c	PN		
5a Total r	number of participants at	the beginning of the plan year			5a		62	
b Total r	number of participants at	the end of the plan year			5b		57	
		count balances as of the end of the pla			_			
					5c			
	•	uring the plan year invested in eligible		,			X Yes No	
		e annual examination and report of an See instructions on waiver eligibility an					X Yes No	
	`	er line 6a or line 6b, the plan canno	,					
Caution: A	penalty for the late or	incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	ise is	established.		
SB or Sche		r penalties set forth in the instructions, signed by an enrolled actuary, as wel te.						
SIGN	Filed with authorized/va	ROBERT SINGLETAR	RY					
HERE Signature of plan administrator Date Enter name of individual						gning as plan adm	ninistrator	
SIGN								
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individ	ual sid	ning as emplove	r or plan sponsor	
Preparer's		ne, if applicable) and address; include					number (optional)	

7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan liabilities 7a 1641666 1633599 Total plan liabilities 7b 1641666 1633599 B Income, Expresse, and Transfers of this Plan Year (a) Amount (b) Total 165059 B Combulors recoved or receivable from: 54(1) 105094 165059 (b) Dhers (including rollvers) 54(2) 105094 165059 (c) Dhers (including rollvers) 54(2) 105094 165059 (c) Dhers (including rollvers) 54(2) 105094 165059 (c) Dhers (including rollvers) 54 280735 165055 C Total income (total lines 64(1), 64(2), 64(3), and 80). 64 280735 165056 G Dhers including rollvers and insurance premums to provide benefits) 64 280735 1650567 G Total specifies (addrines 65, 66, 67, and 60) 68 300542 300542 300542 I Transfers to from the plan (cost instructions) 61 -205067 300542 300542 J Transfers to from the plan (cost instructions) 61 -205067 300542 300542 <	1 0	rt III Financial Information							
b Total pion labilities To To c Net pion assets (autoruct ine 7b from tine 7a) 7c 1841586 1033599 a Income, Expense, and Transfers for the Pinn Year (a) Amount (b) Total (b) Total a Contributions received or receivable from: 5a(1) 1000000000000000000000000000000000000	7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year	
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	7a	184158	6			1635599)
8 Income, Expanses, and Transfers for this Plan Year (a) Anount (b) Total a Contributions received or receivable from: 9a(1) 105094 (b) (c) Participants. 9a(2) 105094 (c) (c) (c) Other income (loss) 9a(2) (c) (c) <t< td=""><td>b</td><td>Total plan liabilities</td><td>7b</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	b	Total plan liabilities	7b						
a Contributions receivable form: sa(1) 105094 (a) Participants. 68(2)	С	Net plan assets (subtract line 7b from line 7a)	7c	184158	6			1635599)
(1) Employers 8a(1) 100094 (2) Participants 8a(2) 100094 (3) Other income (loss) 8a(3) 49461 (5) Other income (loss) 8b 49461 (7) Formation (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 288235 (7) Contain income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 288235 (7) Contain income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d 288235 (7) Contain income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d 288235 (7) Contain spraws 8g 380542 (8) Contain the plan (add lines 8d, 8e, 8f, and 8g) 8h -200587 (7) Transfers to (from) the plan (se instructions) 8j -200587 (7) Plan Characteristics 9a 14 -200587 (7) Compliance Questions 14 150 14 160 14 (8) Compliance Questions 14 160 14 160 14 160 14 160 160 160 160 160 160 <t< td=""><td>8</td><td>Income, Expenses, and Transfers for this Plan Year</td><td></td><td>(a) Amount</td><td></td><td></td><td></td><td>(b) Total</td><td></td></t<>	8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
(a) Participants	а			10500					
(3) Others (including rolevers) Be(3) Image: Control (roles) Res b Other income (roles) 8b 49461 154555 c Total income (roles) 8c 154555 154555 d Benefits paid (including direct rollovers and insurance prenums by portobe providers (salaries, fees, cormission) 8c 288235 154555 e Cartain deemed and/or corretaive distributions (see instructions) 8c 288235 1555555 g Other sequences 8g 300542 155555555 155555555 g The loan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 156 205867 g If the plan provides pension benefits, enter the applicable veliare feature codes from the List of Plan Characteristic Codes in the instructions: 156 156 g If the plan provides pension banefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 156 <				10509	4	_			
b Other income (loss) Bb 49461 C Total income (loss) Back (locking direct collovers and insurance premiums depression (locking direct collovers and insurance premiums depression (locking direct collovers and insurance premiums depression) Back (locking direct collovers and insurance collovers and collovers direct collovers direct collovers and collovers direct collovers direct collovers and collovers direct collovers direct collovers dinsurance corefrest dinsuble direct direcollovers dinsurance collov						_			
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	h			10.10		_			
d Bendits paid (including direct rollovers and insurance premiums by provide bendifits)				4946	1	_			
Bd 288235 e Certain deemed and/or corrective distributions (see instructions)	-		80			_		154555	
f Administrative service providers (salaries, fees, commissions)	u		8d	28823	5				
g Other expenses Bg 0 Other expenses (add lines 8d, 8e, 8f, and 8g). 8h 360542 1 Net income (loss) (subtract line 8h from line 8c)	е	Certain deemed and/or corrective distributions (see instructions)	8e						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f	7230	7				
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g						
j Transfers to (from) the plan (see instructions) Bj Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1G 11 b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Yes No Amount 10 During the plan year: Yes No Amount 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10c X 500 d Did X 10a X 10a X 10a X e Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10a X 500 d Did X 10a X 500 10a X 500 d Did Did X 10a 10a X	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					360542	2
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 14 1G 11 9a If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fluciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) X 500 c Was the plan covered by a fidelity bond? 10c X 500 d User there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) X 500 d User there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) X 500 d User there any nonexempt transactions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instruction	i	Net income (loss) (subtract line 8h from line 8c)	8i					-205987	7
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1G 11 If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No Amount a Was there a tailure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 50C d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X 50C f Has the plan failed to provide any benefit when due under the plan? 10f X 50C g Did the plan have any participant loans? (If "Yes," enter amount as of year end.). 10g X 50C f Has the plan failed to provide any benefit when due under the plan?	j	Transfers to (from) the plan (see instructions)	8j						
1A 1G 11 1A 1G 11 1A 1G 11 1B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 20 CFR 2510.3-1022 (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10b X 500 c Was the plan covered by a fidelity bond? 10c X 500 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X 500 e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10d X 4 f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 10d 10d <	Pa	t IV Plan Characteristics							
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DDL's Voluntary Fiduciary Correction Program)		V Compliance Questions							
29 CFR 2510.3-102? (See instructions and DDL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 500 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonest? 10d X 500 e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X 500 f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 500 g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 10h X 10h X 10t X 10h X 10h X 10h X 10h X 10h X 10h X									
on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 500 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X 500 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X 500 e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See lose instructions.) 10d X X f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X X f Has the plan failed to provide any benefit when due under the plan? 10d X X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3) 10h X X i If on was answered "Yes," check the box if						Yes	No	Amount	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d × e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10d × f Has the plan failed to provide any benefit when due under the plan? 10f × g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g × h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3. 10h i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10i Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form \$500) and line 11a below) 112 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes \$\$ (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.	а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Correc	ction Program)	10a	Yes	-	Amount	
or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X Image: service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X Image: service or other organization that provide the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10h Image: service or other organization that provide the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10h Image: service or other organization that provide the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10i Image: service organization that provide the required notice or one of the exceptions to providing the notice applied under 29 CFR 250.101-3. 10i Image: service organization that provide the service organization that provide the service organization that provide the requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). Image: see instructions and complete Schedule SB (Form 5500) and section 412 of the Code or section 302 of ERISA? Image: see instructions, and enter the date of the lett	а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	uciary Correct? (Do not inc	ction Program) clude transactions reported			X	Amount	
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	a b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Correct ? (Do not inc	ction Program)	10b		X		500000
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	a b c	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	(Do not inc	ction Program) clude transactions reported 	10b 10c		X X		500000
b If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10i Part VI Pension Funding Compliance 10i 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). Yes 11a Enter the amount from Schedule SB line 39. 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. It at the function of the minimum function of the function of the letter ruling granting the waiver. It at the function of the letter ruling the waiver.	a b c d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	iciary Correct ? (Do not ind fidelity bond mer persons I of the benefit	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d		x x x		500000
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3	a b c d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	iciary Correct ? (Do not ind fidelity bond ner persons l of the benefit	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e		x x x x x		500000
exceptions to providing the notice applied under 29 CFR 2520.101-3	a b c d e f	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan	iciary Correct ? (Do not ind fidelity bond her persons l of the benefit n?	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f		x x x x x x		500000
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	a b c d d e f g	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Correct ? (Do not ind fidelity bond fidelity bond ner persons l of the benefit n? s of year end (See instruct	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR	10b 10c 10d 10e 10f 10g		x x x x x x		500000
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	a b c d e f g	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the 	iciary Correct ? (Do not ind fidelity bond her persons h of the benefit n? s of year end (See instruct me required r	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h		x x x x x x		500000
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If a value of the line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	a b c d d e f g h i	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 	iciary Correct ? (Do not ind fidelity bond her persons h of the benefit n? s of year end (See instruct me required r	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h		x x x x x x		500000
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Image: sector of the sector of the letter rule of the sector of the rule of the rule of the letter rule of the rule	a b c d e f g h i i	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 	iciary Correct ? (Do not ind fidelity bond fidelity bond ner persons l of the benefit n? s of year end (See instruct ne required r 1-3	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X	3 (Form	500000
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If the table of the letter rule of the line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	a b c d d e f g h i i Part	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Correct ? (Do not ind fidelity bond fidelity bond ner persons l of the benefit n? s of year end (See instruct ne required r 1-3	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X	3 (Form	No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. It to be a start of the letter start of t	a b c d d e f g h i 2art 11	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 	Iciary Correct ? (Do not ind fidelity bond ner persons l of the benefit n? s of year end (See instruct ne required r 1-3	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) d.) tions and 29 CFR notice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X Schee	X X X X X X X Iule SB	B (Form	No 0
	a b c d d e f g h i 11 11a	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	Iciary Correct ? (Do not ind fidelity bond her persons h of the benefit n? s of year end (See instruct he required r 1-3	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR motice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X Schee	X X X X X X X Iule SB	B (Form	No 0
b Enter the minimum required contribution for this plan year	a b c d e f g f h i 11 11a 12	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Correct ? (Do not ind fidelity bond her persons l of the benefit n? s of year end (See instruct he required r 1-3	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i e or se	X Schec	X X X X X X X X X A A A A A A A A A A A	B (Form Yes B RISA? Yes ERISA? Yes	0 X No
	a b c d e f g h i 11 11a 11a 12 a	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Correct ? (Do not ind fidelity bond her persons l of the benefit n? s of year end (See instruct he required r 1-3	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i e or se	X Schec	X X X X X X X X X A A A A A A A A A A A	B (Form Yes B RISA? Yes ERISA? Yes	□ No 0 ▼ No

С	Enter	the amount contributed by the employer to the plan for this plan year	12c						
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)								
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?								
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has a	a resolution to terminate the plan been adopted in any plan year?		Yes X No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a								
b	Were of the		Yes X No						
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) in assets or liabilities were transferred. (See instructions.)	to	_					
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)				
Part	VIII	Trust Information (optional)							

14a Name of trust	14b Trust's EIN

SC	CHEDULE SB	Single-Employ	ver Define	d Benefit I	Plan	OME	3 No. 1210-0110	
	(Form 5500)		rial Inform		_		2012	
	epartment of the Treasury nternal Revenue Service	This schedule is required to	a ha filad undar a	otion 104 of the l	Employee			
Employee	Department of Labor Benefits Security Administration	This schedule is required to Retirement Income Security Internal F		SA) and section 6		This Form is Open to Public Inspection		
Pensior	n Benefit Guaranty Corporation		chment to Form	,			inspection	
For calend	dar plan year 2012 or fiscal					5/30/2013		
	d off amounts to nearest o							
Cautic	on: A penalty of \$1,000 will	be assessed for late filing of this re	eport unless reaso	onable cause is e	stablished.			
A Name of AMERICA	of plan N LUNG ASSOCIATION R	ETIREMENT PLAN D			hree-digit lan number (PN	1) 🕨	001	
C Plan sp	onsor's name as shown on	line 2a of Form 5500 or 5500-SF		D Er	nployer Identific	cation Number	(EIN)	
AMERICA	N LUNG ASSOCIATION O	F THE MIDLAND STATES		62-05	517560			
E Type of		ole-A Multiple-B	F Prior year pla	an size: 🗙 100 or	fewer 101	-500 More	than 500	
Part I	Basic Information							
1 Ente	r the valuation date:	Month Day	01 Year 2	2012				
2 Asse	its:							
							1841586	
-					2b	1	1841586	
	ling target/participant count			(1) Number o	f participants		Funding Target	
_		eneficiaries receiving payment				0	0	
		oants	3b		5	6	1998289	
C Fo	r active participants:							
	()		. ,				651	
			,			0	95891	
	(-)					6	96542	
					C	62	2094831	
	•	eck the box and complete lines (a)						
		rescribed at-risk assumptions						
_	at-risk status for fewer than	sk assumptions, but disregarding to n five consecutive years and disreg	garding loading fac		40	1		
^ –							6.81 %	
					6		43477	
To the be accordan		supplied in this schedule and accompanying ns. In my opinion, each other assumption is re ated experience under the plan.						
SIGN HERE						03/31/2	2014	
		Signature of actuary		_		Date		
DAVID M.	WEINREB					11-06	292	
	Тур	e or print name of actuary		_	Mos	t recent enrolln	nent number	
BUCK CO	NSULTANTS					201-9	02-2300	
500 PLAZ/ SECAUCU	A DRIVE JS, NJ 07096-1533	Firm name			Telephon	e number (incl	uding area code)	
		Address of the firm						
If the actual		y regulation or ruling promulgated	under the statute	in completing this	schedule, che	ck the box and	see	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Г

Pa	art II Be	ginning of Year	Carryov	er Prefunding Balan	ces								
							(a) C	arryover balance	;	(b)	Prefundir	ng balance	
7		0 0 1 7		cable adjustments (line 13 f	•				56813			0	
8			,	unding requirement (line 35					56803			0	
9	Amount rema	aining (line 7 minus lir	ne 8)				. 10 0						
10	Interest on lir	ne 9 using prior year's	actual ret	urn of <u>8.83</u> %					1			0	
11	Prior year's e	excess contributions to	o be addeo	to prefunding balance:									
	a Present value of excess contributions (line 38a from prior year)								Ī			0	
		() 01)		interest rate of <u>5.42</u> %					-			0	
	C Total availa	ble at beginning of cur	rent plan ye	ear to add to prefunding balar	nce							0	
	d Portion of	(c) to be added to pre	funding ba	alance								0	
12	Other reduct	ons in balances due t	to election:	s or deemed elections					0			0	
13	Balance at b	eginning of current ye	ar (line 9 +	+ line 10 + line 11d – line 12)				11			0	
Р	art III F	unding Percenta	ages										
14			•								14	87.91 %	
-		ding target attainment									15	87.91 %	
16	 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to current year's funding requirement. 									16	83.52 %		
17	If the current	value of the assets o	f the plan i	s less than 70 percent of the	e fundi	ing targ	et, enter su	uch percentage			17	%	
P	art IV C	ontributions and	d Liauid	itv Shortfalls									
18				ear by employer(s) and emp	olovee	s:							
(N	(a) Date /IM-DD-YYYY)	(b) Amount pa employer((c) Amount paid by employees	(M	(a) Da M-DD-\	Date (b) Amount paid by D-YYYY) employer(s)			((c) Amount paid by employees		
10	0/16/2012		23000	0									
01	1/09/2013		23000	0									
04	4/04/2013		23000	0									
06	6/26/2013		36071	0									
09	9/18/2013		23	0									
					Tota	ls ►	18(b)		105094	4 18(c)		C	
19	Discounted e	mployer contributions	s – see ins	tructions for small plan with	a valu	ation da	ate after the	e beginning of th	e year:				
	a Contributio	ons allocated toward u	unpaid min	imum required contributions	s from	prior ye	ears		19a			0	
	b Contributio	ons made to avoid res	trictions ac	djusted to valuation date					19b			0	
	C Contributio	ns allocated toward mi	nimum req	uired contribution for current y	/ear ad	ljusted t	o valuation	date	19c			100475	
20	Quarterly cor	ntributions and liquidit	y shortfalls	3:									
	a Did the pla	n have a "funding sh	ortfall" for t	he prior year?							×	Yes No	
	b If line 20a is "Yes," were required quarterly installments for the current ye					made ir	n a timely n	nanner?			 T	Yes X No	
	C If line 20a is "Yes," see instructions and complete the following												
	Liquidity shortfall as o						of this plan	year					
	(1)	1st		(2) 2nd			(3)	3rd			(4) 4th		
		0			0				0			0	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and ⁻	Farget Normal Cost					
21	Disco	ount rate:								
	a Se	egment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segr 7	ment: .52 %	N/A, full yield curve used			
	b Ap	plicable month (enter code)			21b	4			
22	Weig	hted average ret	tirement age			22	65			
23		ality table(s) (see		escribed - combined	Prescribed - separate	Substitu	te			
Ра	rt VI	Miscellane	ous Items							
24		-	nade in the non-prescribed act							
25			e been made for the current pl				<u>_</u>			
26		-	p provide a Schedule of Active	-			<u> </u>			
27			o alternative funding rules, en			27				
Pa	rt VII		ation of Unpaid Minimu							
28			uired contributions for all prior				0			
29			contributions allocated toward	•			<u> </u>			
20		1					0			
30			f unpaid minimum required cor	-	9 29)		0			
Ра 31			Required Contribution							
31			nd excess assets (see instruct	· ·		210				
	-	-	(line 6)				43477			
20			pplicable, but not greater than	line 31a			0			
32		tization installme			Outstanding	,	Installment			
			zation installment			253256	56998			
			n installment		•	0	0			
33	If a w (Mon		approved for this plan year, en Day Year	ter the date of the ruling lett) and the waived am		33				
34	Total	funding requirer	ment before reflecting carryove	er/prefunding balances (line	s 31a - 31b + 32a + 32b -	33) 34	100475			
				Carryover balance	Prefunding	balance	Total balance			
35			use to offset funding		0	0	0			
36	Addit	ional cash requir	rement (line 34 minus line 35)		·		100475			
37	Contr	ributions allocate	ed toward minimum required c	ontribution for current year a	djusted to valuation date	37	100475			
38	Prese	ent value of exce	ess contributions for current ye	ar (see instructions)						
			y, of line 37 over line 36)				0			
			line 38a attributable to use of				0			
39			uired contribution for current y		•		0			
40	Unpa	id minimum requ	uired contributions for all years			40	0			
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of	2010 (See Instructi	ons)				
41	lf an e	election was mad	de to use PRA 2010 funding re	elief for this plan:						
	a Sch	nedule elected					2 plus 7 years 15 years			
	b Elig	gible plan year(s)) for which the election in line	41a was made			8 2009 2010 2011			
42	Amou	int of acceleratio	on adjustment			42				
43	Excess installment acceleration amount to be carried over to future plan years									

Schedule SB, line 26 – Schedule of Active Participant Data

	CREDITED SERVICE										
AGE	Under 1 1 - 4 5 - 9 10 - 14 15 - 19 20 - 24 25 - 29 30 - 34 35 - 39 40+										
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 - 29	0	1	0	0	0	0	0	0	0	0	1
30 - 34	1	0	0	0	0	0	0	0	0	0	1
35 - 39	0	0	1	0	0	0	0	0	0	0	1
40 - 44	0	0	0	0	0	0	0	0	0	0	0
45 - 49	0	0	0	0	0	0	0	0	0	0	0
50 - 54	0	0	0	0	0	0	0	0	0	0	0
55 - 59	1	0	0	0	0	0	0	0	0	0	1
60 - 64	0	0	0	0	0	0	0	0	0	0	0
65 - 69	0	1	0	1	0	0	0	0	0	0	2
70+	0	0	0	0	0	0	0	0	0	0	0
Total	2	2	1	1	0	0	0	0	0	0	6

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Prescribed Funding Assumptions and Methods

Funding interest rates

Current Year:	Segment Rates with four month lookback:					
	First Segment Rate	1.93%				
	Second Segment Rate	4.95%				
	Third Segment Rate	6.07%				

In accordance with MAP-21, the first, second and third Segment Rates are constrained to a 90%-110% Corridor around the average Segment Rates for the 25-year period ending September 30, 2011, or **5.54%**, **6.85%** and **7.52%**, respectively, for minimum funding and benefit restrictions but not maximum tax-deductible purposes.

	Effective Interest Rate (Based on MAP-21 rates)	6.81%
Prior Year:	Segment Rates with four month lookback	c :
	First Segment Rate	2.67%
	Second Segment Rate	5.69%
	Third Segment Rate	6.44%
	Effective Interest Rate	5.42%

Mortality

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, using the blended annuitant/non-annuitant table applicable to small plans.

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan administrative related expenses to be paid from plan assets during the year.

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods (Continued)

Non-Prescribed Funding Assumptions and Methods

Maximum benefit limitation

\$200,000 annually (as indexed to the beginning of each plan year), adjusted for payment prior to social security retirement age and the expected form of benefit.

Expenses

Expected plan related expenses of \$43,477 were added to the Target Normal Cost.

Frequency of optional payment forms

100% of participants are assumed to elect payment in the form of a lump sum.

Marital percentage

Based on the US Social Security awards in 1972. Husbands are assumed to be 3 years older than their wives.

Retirement rates

Age	Assumption
62	33.33%
63	25.00%
64	25.00%
65	100.00%

Terminated vested participants are assumed to commence receiving benefits as above.

Disability rates

None.

Asset valuation method

Market Value, including the discounted value of accrued contributions.

Lump Sum Conversion

For June 30, 2008 accrued benefits eligible for the GATT basis: 4.75% interest rate and mortality as defined in Revenue Ruling 2001-62.

For benefits eligible for the 417(e)(3) basis: three-tier segment rates (reflecting MAP-21 constraints) and applicable 2013 PPA mortality under 417(e)(3)(b).

Employee Contributions

Employee contributions were assumed to earn 4.0%.

SCH	HEDULE SB Single-Employer Defined Benefit Plan OMB No. 1210-0110						1210-0110		
	orm 5500)			Inform					
`	ment of the Treasury		Juana		allon			20	012
Inform Der	al Revenue Service	This schedule is requered Retirement Income Section 2010	ecurity Act	of 1974 (ERIS	A) and s			This Form is Open to Public	
	efits Security Administration	Int	ernal Reve		Inspection				
	······			ent to Form	5500 or :			C (20 (00)	
	plan year 2012 or fiscal pl		07/01,	/2012		and ending	Ū.	6/30/20:	L 3
	f amounts to nearest do A people of \$1,000 will be	alar. assessed for late filing of	(this report	unless reaso	nable ca	use is established			
A Name of p		cooose for any ming o				B Three-digit			
		TION RETIREMENT	PLAN D			plan numbe	r (PN)	•	001
C. Riss asses	er'e name og shoure og li	ne 2a of Form 5500 or 550				D Employer Ide	plification	Number (EIN	
C Plan spons	or s name as shown on in	19 29 OF FORM 5500 OF 550	JU-3F				mincanon	Number (Env	''
AMERIC.	AN LUNG ASSOCIA	FION OF THE MIDI	LAND ST	ATES		62-0517560			
E Type of pla	n: 🛛 Single 🗌 Multiple	-A AMultiple-B	F	Prior year pla	n size: 🛛	100 or fewer	101-500	More than	500
Part I E	Basic Information	5							
	e valuation date:	Month 07 C)ay 01	Year	2012				
2 Assets:									
a Marke	t value						2a		1841586
b Actua	rial value						2b		1841586
	target/participant count b				(1) N	lumber of participa		(2) Fur	nding Target
		eficiaries receiving payme					0		0
		nts	••••••	<u>3b</u>	4		56		1998289
	tive participants:			20/41					651
				1 1 1 1 1 1			-		95891
(2)									96542
							62		2094831
		k the box and complete li							
		scribed at-risk assumption					4a		<u> </u>
	0 0 0 0 I	assumptions, but disrega					4b		
at-		ive consecutive years and							
							5		6.81%
				*************			6		43477
To the best of accordance v	/ Enrolled Actuary f my knowledge, the information so with applicable law and regulations offer my best estimate of anticipat	upplied in this schedule and accom . In my opinion, each other assump ed experience under the plan	ipanying sched alion is reason:	lules, statements a able (taking into ac	ind attachm count the e	ents, if any, is complete experience of the plan an	and accurate. d repsonable	Each prescribed expectations) and	assumption was applied in such other assumptions, in
SIGN HERE	David M. We	inreb MM4	J	ara tan 17 at 19 at 1		3	/31	12	014
	S	Signature of actuary						Date	
David M.		,,						1106292	
· · · · · · · · · · · · · · · · · · ·	Туре	or print name of actuary					Most rece	nt enrollment	number
Buck Cons	ultants					_	20	1-902-23	00
		Firm name				Tele	phone nur	nber (includin	ng area code)
500 Plaza	Drive								
Secaucus	MJ 0	7096-1533							
		Address of the firm							
If the actuary I	has not fully reflected any	regulation or ruling promu	lgated unde	er the statute i	n comple	eting this schedule	, check the	box and see	. []
ananduuulis	1 (5) 1 (1) (1) (1) (1) (1)		48.			m 5500 or 5500 (200	Calcadada (SP /Earm 5500) 2012

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF. Schedu

Pa	art II	Begin	ning of Year	Carryov	er Prefunding Balan	ce	s							
_								(a) (Carryover balance		(b)	Prefundi	ng balan	се
7		0	0 . ,		cable adjustments (line 13			56813			0			
8 Portion elected for use to offset pr prior year)				•	• • •				5	6803		0		
9	Amoun	nt remainii	ng (line 7 minus lir	ne 8)						10				0
10	Interes	t on line 9	ousing prior year's	s actual retu	urn of <u>8.83</u> %					1				0
11	Prior ye	ear's exce	ess contributions to	o be added	to prefunding balance:									
	a Pres	ent value	of excess contribution	utions (line	38a from prior year)									0
					nterest rate of <u>5.42</u>									0
	c Total	available	at beginning of cur	rent plan ye	ar to add to prefunding bala	ince	ə							0
	d Porti	ion of (c)	to be added to pre	efunding ba	lance							0		
12	Other r	eductions	in balances due	to elections	or deemed elections					0				0
13	Balanc	e at begir	nning of current ye	ar (line 9 +	line 10 + line 11d – line 12	2)				11				0
P	art III	Fun	ding Percenta	ages										
14	Fundin	g target a	ttainment percent	age								14	87.	.91%
15	Adjuste	ed funding	g target attainmen	t percentag	e							15	87.	.91%
16					of determining whether ca					o reduce	; 	16	83.	.52%
17	If the c	urrent val	ue of the assets o	f the plan is	s less than 70 percent of th	ne f	unding targe	et, enter s	such percentage			17		%
P	art IV	Con	tributions and	d liquidit	y shortfalls									
18	Contrib	outions ma			ear by employer(s) and em	nplo	yees:							
(N	(a) Da [.] 1M-DD-Y		(b) Amount pa employer((c) Amount paid by employees		(a) Dat (MM-DD-Y		(b) Amount pa employer(s		(nt paid b oyees	У
10	0/16/2	2012		23000	C									
01	1/09/2	2013		23000	C									
04	4/04/2	2013		23000	C									
06	5/26/2	2013		36071	C									
0 9	09/18/2013			23	C									
						╞								
						\downarrow								
								40(1)		05004	40(-)	1		
						1	Totals ►	18(b)			18(C)			0
19					ructions for small plan with				г	- -				
	_			•	mum required contribution					19a 19b				0
												0		
- 20						yea	ar adjusted to	valuation	n date	19c			T (10475
20			outions and liquidit									37		
					he prior year?							X		No
					allments for the current ye			nely mar	iner?			·····	Yes 2	K No
	c If 20	a is "Yes,	" see instructions	and comple	ete the following table as a			fthis -1-	n voor					
		(1) 1s	st		Liquidity shortfall as of e (2) 2nd	end	i oi quarter c	of this pla (3)	in year 3rd		100 100			
		<u>, , , , , , , , , , , , , , , , , , , </u>	0		(-)	0)	0			0			

Pa	rt V	Assumptio	ns Used to Determine I	Funding Target and 1	Targe	t Normal Cost			
21	Disco	ount rate:							
	a Se	egment rates:	1st segment: 5 . 54 %	2nd segment: 6.85%		3rd segment: 7.52%		N/A, full yield curve use	ed
	b Ap	plicable month (enter code)				21b		4
22	Weig	hted average ret	tirement age				22		65
23		ality table(s) (see		escribed - combined		scribed - separate	Substitu	te	
Ра	rt VI	Miscellane		L	_				
24		-	nade in the non-prescribed act	•		•			No
25			e been made for the current pla						No
26		_	provide a Schedule of Active	-					No
27		• •	o alternative funding rules, ent				27		
De	attac		ation of Unpaid Minimu						
28			uired contributions for all prior	•			28		0
29	-		contributions allocated toward				29		
- 20		,							0
-		-	f unpaid minimum required con	,	e 29)		30		0
	rt VIII		Required Contribution						
31	-		nd excess assets (see instruct	,			24 -	12	477
		-	(line 6)				31a	43	477
			oplicable, but not greater than	line 31a			31b		0
32		tization installme				Outstanding Bala		Installment	
	_		zation installment				253256 0	56	998
			n installment				0		0
33	lf a w (Mon		approved for this plan year, en Day Year	ter the date of the ruling lette) and the waived amo	-		33		
34	Total	funding requirer	ment before reflecting carryove	r/prefunding balances (lines	s 31a -	31b + 32a + 32b - 33)	34	100	475
				Carryover balance		Prefunding balar	nce	Total balance	
35			use to offset funding		0		0		0
36	-		rement (line 34 minus line 35).				36	100	475
37	Contr	ributions allocate	ed toward minimum required co	ontribution for current year a	djusted	d to valuation date	37	100	475
38	`	,	ess contributions for current ye						
			y, of line 37 over line 36)	, ,			38a		0
			line 38a attributable to use of p				38b		0
39			uired contribution for current ye				39		0
40	Unpa	id minimum requ	uired contributions for all years				40		0
Pa	rt IX	Pension I	Funding Relief Under P	ension Relief Act of	2010	(See Instructions)			
41	lf an e	election was mad	de to use PRA 2010 funding re	lief for this plan:					
	a Sch	nedule elected						2 plus 7 years	3
	b Eliç	gible plan year(s) for which the election in line 4	11a was made			200	8 2009 2010 2011	1
42	Amou	int of acceleratio	n adjustment				42		
43	Exces	ss installment ac	celeration amount to be carried	d over to future plan years			43		

American Lung Association of the Midland States American Lung Association Retirement Plan D

EIN / PN: 62-0517560 / 001

Schedule SB, Line 19 - Discounted Employer Contributions

Date	<u>Amount</u>	<u>Plan Year</u>	Days Discounted at <u>Effective Rate</u> <u>of 6.81%</u>	Days Discounted at <u>Penalty Rate</u> <u>of 11.81%</u>	<u>Di</u>	<u>scounted</u> <u>Value</u>
10/16/2012	\$ 22,421	2012	106	1	\$	21,989
10/16/2012	. ,	2012	107	0	\$	568
1/9/2013	\$ 23,000	2012	192	0	\$	22,217
4/4/2013	\$ 23,000	2012	277	0	\$	21,878
6/26/2013	\$ 36,071	2012	360	0	\$	33,802
9/18/2013	\$ 23	2012	444	0	\$	21
Total	\$ 105,094				\$	100,475

Schedule SB, line 22 – Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)					
62	3.86	0.33	1.29	79.83					
63	2.55	0.25	0.64	40.20					
64	1.90	0.25	0.47	30.34					
65	1.41	1.00	1.41	91.50					
66	1.00	1.00	1.00	66.00					
67	1.00	1.00	<u>1.00</u>	<u>67.00</u>					
Total			5.81	374.86					
Weighted Ave	erage Retirement	Age = 374.86 / 5.8 [,]	1	64.55					
Rounded Wei	Rounded Weighted Average Retirement Age								

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

Schedule SB, Part V – Summary of Plan Provisions

This plan is closed to new participants, and benefits are frozen as of June 30, 2008.

Plan Year

July 1 – June 30

Eligibility

Participants are eligible at the age of 21 and completion of 1 year of employment.

Final Average Earnings

Average of the highest 60 consecutive months of earnings. Earnings are subject to IRS limits.

Accrued Benefit

The accrued benefit under the plan is based on Tier I unless the plan sponsor elected Tier II

Tier I: 1.4% of the first \$9,000 of Final Average Earnings plus 1.9% of Final Average Earnings in excess of \$9,000, times Credited Service up to a maximum of 30 years.

Tier II: Effective July 1, 1994 a plan sponsor could adopt Tier II equal to the greater of the sum of A. and B. and C:

- A. Accrued benefit as of the June 30th prior to the effective date of the Employer's adoption of the Tier II benefit option.
- B. 1.4% of Final Average Earnings times Credited Service subsequent to the Tier II adoption date, limited to a total of thirty years combined.
- C. 1.4% of final Average Earnings times all Credited Service limited to 30 years.

There are no longer any sponsors who are accruing benefits under the Tier II provisions.

Normal Retirement Benefit

Eligibility

First of the month coincident with or next following the date the participant attains age 65 and four years of participation.

Benefit

Accrued Benefit payable immediately.

Early Retirement Benefit

Eligibility

First of any month after attainment of age 55 and completion of 5 years of service.

Benefit

Accrued Benefit reduced 4% per year below age 65. For participants hired on or after July 1, 1997 with less than 12 years of service, reduction is actuarial equivalent.

Schedule SB, Part V – Summary of Plan Provisions (Continued)

Termination Benefit

Eligibility

100% vested after 5 or more years of service.

Benefit

Accrued Benefit payable at Normal Retirement Date.

Disability Benefit

Eligibility

5 or more years of service.

Benefit

Accrued Benefit payable at retirement payable at 65 based on projected service to 65 and salary at time of disability.

Death Benefits Prior to Retirement

Eligibility

5 or more years of service.

Amount of Spouse Benefit

Upon the death of a Participant, the Participant's Spouse will receive a retirement income equal to 50% of the Accrued Benefit the Participant would have received under the Normal Form of payment, payable at earliest eligibility for early retirement and reduced by early retirement and joint and survivor coverage.

Death Benefits after Retirement

Eligibility N/A

Amount of Spouse Benefit

If married, beginning at age 55 pension benefits are paid in the form of a joint and survivor annuity unless this form is rejected by employee and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If rejected, or if not married, benefits are payable for the life of the employee. For plans whose employees formerly made contributions, a return of employee contributions is guaranteed.

Schedule SB, Part V – Summary of Plan Provisions (Continued)

Form of Benefits

Automatic

50% Joint and Survivor Life Annuity if married at retirement and Life Annuity with if not married.

Optional

Joint and Survivor at 25%, 50%, 75% or 100%, 10 Year Certain and Life, Lump Sum, and Life Annuity.

Lump Sums

Lump sum cashout factors based on 1971 Group Annuity Mortality Table with a 50/50 male/female mortality blend and an investment return assumption equal to 7%, but not less than factors based on the 2012 Applicable Mortality table under IRC 417(e)(3), and the PPA Lump Sum Yield Curve as of May 2012. Additionally, GATT lump sum factors have been grandfathered into the plan for benefits accrued through June 30, 2008.

Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Remaining Installments as of July 1, 2012	Date Established	Remaining Installments	Shortfall Amortization Installment	
Shortfall	\$226,185	7/1/2010	5	\$50,242	
Shortfall	\$98,902	7/1/2011	6	\$18,947	
Shortfall	(\$71,831)	7/1/2012	7	(\$12,191)	

Schedule SB, line 25 – Change in Method

The enrolled actuary and business organization providing actuarial services for the plan changed. The prior enrolled actuary may have used different valuation software and may have applied the overall funding method in a different manner than the current actuary.

The conditions required under IRS Regulation 430 and Announcement 2010-3 for automatic approval for any change in funding method of takeover plans and valuation software changes were met.

Schedule SB, line 24 – Change in Actuarial Assumptions

- The lump sum conversion rate on a GATT basis was changed from 5.50% to 4.75% to better reflect expected market rates.
- The Target Normal Cost expense load assumption changed from 1% of the Funding Target to an estimate of the expected amount of administrative expenses to be paid during the plan year. This estimate is determined based on actual administrative expenses paid from the trust in the prior year, adjusted for expected changes.