

<b>Form 5500-SF</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b>Short Form Annual Return/Report of Small Employee Benefit Plan</b>  This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</b>	OMB Nos. 1210-0110 1210-0089  <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">2012</div> <b>This Form is Open to Public Inspection</b>
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<b>Part I Annual Report Identification Information</b>			
For calendar plan year 2012 or fiscal plan year beginning <u>07/01/2012</u> and ending <u>06/30/2013</u>			
<b>A</b>	This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) <input type="checkbox"/> a one-participant plan	
<b>B</b>	This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)	
<b>C</b>	Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)	

<b>Part II Basic Plan Information</b> —enter all requested information			
<b>1a</b>	Name of plan <u>AMERICAN LUNG ASSOCIATION RETIREMENT PLAN D</u>	<b>1b</b>	Three-digit plan number (PN) ▶ <u>001</u>
		<b>1c</b>	Effective date of plan <u>05/01/1971</u>
<b>2a</b>	Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>AMERICAN LUNG ASSOCIATION OF THE MIDLAND STATES</u>  <u>4100 CHURCHMAN AVE.</u> <u>LOUISVILLE, KY 40215-1154</u>	<b>2b</b>	Employer Identification Number (EIN) <u>62-0517560</u>
		<b>2c</b>	Sponsor's telephone number <u>615-329-1151</u>
		<b>2d</b>	Business code (see instructions) <u>813000</u>
<b>3a</b>	Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address	<b>3b</b>	Administrator's EIN
		<b>3c</b>	Administrator's telephone number
<b>4</b>	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.	<b>4b</b>	EIN
<b>a</b>	Sponsor's name	<b>4c</b>	PN
<b>5a</b>	Total number of participants at the beginning of the plan year .....	<b>5a</b>	<u>62</u>
<b>b</b>	Total number of participants at the end of the plan year .....	<b>5b</b>	<u>57</u>
<b>c</b>	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) .....	<b>5c</b>	
<b>6a</b>	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>b</b>	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.</b>			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	04/15/2014	ROBERT SINGLETARY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)			Preparer's telephone number (optional)

**Part III Financial Information**

<b>7 Plan Assets and Liabilities</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	1841586	1635599
<b>b</b> Total plan liabilities .....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	1841586	1635599
<b>8 Income, Expenses, and Transfers for this Plan Year</b>		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	105094	
<b>(2)</b> Participants .....	<b>8a(2)</b>		
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>		
<b>b</b> Other income (loss) .....	<b>8b</b>	49461	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		154555
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	288235	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) ....	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	72307	
<b>g</b> Other expenses .....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		360542
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		-205987
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>		

**Part IV Plan Characteristics**

<b>9a</b>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1G 1I
<b>b</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**

<b>10</b>	During the plan year:	Yes	No	Amount
<b>a</b>	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 DOL's Voluntary Fiduciary Correction Program) .....		X	
<b>b</b>	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....		X	
<b>c</b>	Was the plan covered by a fidelity bond? .....	X		500000
<b>d</b>	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>e</b>	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.) .....		X	
<b>f</b>	Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>g</b>	Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....		X	
<b>h</b>	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....			
<b>i</b>	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 .....			

**Part VI Pension Funding Compliance**

<b>11</b>	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) .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11a</b>	Enter the amount from Schedule SB line 39 .....	<b>11a</b>	0
<b>12</b>	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ..	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
<b>a</b>	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 _____		
<b>If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.</b>			
<b>b</b>	Enter the minimum required contribution for this plan year .....	<b>12b</b>	

<b>c</b> Enter the amount contributed by the employer to the plan for this plan year.....	<b>12c</b>	
<b>d</b> 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) .....	<b>12d</b>	
<b>e</b> Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

**Part VII Plan Terminations and Transfers of Assets**

<b>13a</b> Has a resolution to terminate the plan been adopted in any plan year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," enter the amount of any plan assets that reverted to the employer this year .....	<b>13a</b>
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>c</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	
<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)

**Part VIII Trust Information (optional)**

<b>14a</b> Name of trust	<b>14b</b> Trust's EIN

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2012</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2012 or fiscal plan year beginning 07/01/2012 and ending 06/30/2013

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>AMERICAN LUNG ASSOCIATION RETIREMENT PLAN D</u>	<b>B</b> Three-digit plan number (PN) ►	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AMERICAN LUNG ASSOCIATION OF THE MIDLAND STATES</u>	<b>D</b> Employer Identification Number (EIN) <u>62-0517560</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

<b>Part I</b>	<b>Basic Information</b>		
<b>1</b>	Enter the valuation date:	Month <u>07</u> Day <u>01</u> Year <u>2012</u>	
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>1841586</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>1841586</u>
<b>3</b>	Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment.....	<b>3a</b>	<u>0</u>
	<b>b</b> For terminated vested participants.....	<b>3b</b>	<u>56</u>
	<b>c</b> For active participants:		
	(1) Non-vested benefits.....	<b>3c(1)</b>	<u>651</u>
	(2) Vested benefits.....	<b>3c(2)</b>	<u>95891</u>
	(3) Total active .....	<b>3c(3)</b>	<u>6</u>
	<b>d</b> Total .....	<b>3d</b>	<u>62</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) .....		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>6.81 %</u>
<b>6</b>	Target normal cost.....	<b>6</b>	<u>43477</u>

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	Signature of actuary  <u>DAVID M. WEINREB</u>  Type or print name of actuary  <u>BUCK CONSULTANTS</u>  Firm name  <u>500 PLAZA DRIVE</u> <u>SECAUCUS, NJ 07096-1533</u>  Address of the firm	<div style="text-align: right;"> <u>03/31/2014</u>            Date   <u>11-06292</u>            Most recent enrollment number   <u>201-902-2300</u>            Telephone number (including area code)         </div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

<b>Part II</b>		<b>Beginning of Year Carryover Prefunding Balances</b>	
		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	56813	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	56803	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	10	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>8.83</u> % .....	1	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b</b> Interest on (a) using prior year's effective interest rate of <u>5.42</u> % except as otherwise provided (see instructions) .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	11	0

<b>Part III</b>		<b>Funding Percentages</b>	
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	87.91 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	87.91 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	83.52 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV</b>		<b>Contributions and Liquidity Shortfalls</b>	
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
10/16/2012	23000	0	
01/09/2013	23000	0	
04/04/2013	23000	0	
06/26/2013	36071	0	
09/18/2013	23	0	
<b>Totals ►</b>		<b>18(b)</b>	105094
		<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....	19a 0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	19b 0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	19c 100475
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6) .....	<b>31a</b>	43477	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	253256	56998	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	<b>34</b>	100475	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	100475	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	100475	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	0	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years.....	<b>40</b>	0	

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

<b>41</b> If an election was made to use PRA 2010 funding relief for this plan:			
<b>a</b> Schedule elected .....	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years		
<b>b</b> Eligible plan year(s) for which the election in line 41a was made .....	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		
<b>42</b> Amount of acceleration adjustment .....	<b>42</b>		
<b>43</b> Excess installment acceleration amount to be carried over to future plan years .....	<b>43</b>		

**American Lung Association of the Midland States**

**American Lung Association Retirement Plan “D”**

**EIN/PN: 62-0517560 / 001**

**Schedule SB, line 26 – Schedule of Active Participant Data**

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

**American Lung Association of the Midland States**

**American Lung Association Retirement Plan “D”**

**EIN/PN: 62-0517560 / 001**

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

***Prescribed Funding Assumptions and Methods***

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**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	6.81%
(Based on MAP-21 rates)	

Prior Year:	Segment Rates with four month lookback:	
	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.



**American Lung Association of the Midland States**  
**American Lung Association Retirement Plan “D”**  
**EIN/PN: 62-0517560 / 001**

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

***Non-Prescribed Funding Assumptions and Methods***

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**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%.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2012</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2012 or fiscal plan year beginning 07/01/2012 and ending 06/30/2013

► Round off amounts to nearest dollar.

► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan AMERICAN LUNG ASSOCIATION RETIREMENT PLAN D	<b>B</b> Three-digit plan number (PN) ►	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AMERICAN LUNG ASSOCIATION OF THE MIDLAND STATES	<b>D</b> Employer Identification Number (EIN) 62-0517560	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

Part I Basic Information			
<b>1</b>	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2012</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	1841586
	<b>b</b> Actuarial value .....	<b>2b</b>	1841586
<b>3</b>	Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment.....	<b>3a</b>	0
	<b>b</b> For terminated vested participants.....	<b>3b</b>	56
	<b>c</b> For active participants:		
	(1) Non-vested benefits .....	<b>3c(1)</b>	651
	(2) Vested benefits .....	<b>3c(2)</b>	95891
	(3) Total active.....	<b>3c(3)</b>	6
	<b>d</b> Total.....	<b>3d</b>	62
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	6.81%
<b>6</b>	Target normal cost .....	<b>6</b>	43477

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	David M. Weinreb <i>DMW</i>  Signature of actuary	<div style="font-size: 2em; font-family: cursive;">3/31/2014</div> Date 1106292
	David M. Weinreb  Type or print name of actuary	Most recent enrollment number 201-902-2300
	Buck Consultants  Firm name	Telephone number (including area code)
	500 Plaza Drive  Secaucus NJ 07096-1533 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

<b>Part II</b>	<b>Beginning of Year Carryover Prefunding Balances</b>	(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	56813	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	56803	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	10	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>8.83%</u> .....	1	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b</b> Interest on (a) using prior year's effective interest rate of <u>5.42%</u> except as otherwise provided (see instructions) .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	11	0

<b>Part III</b>	<b>Funding Percentages</b>		
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	87.91 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	87.91 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	83.52 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV</b>	<b>Contributions and liquidity shortfalls</b>		
<b>18</b>	Contributions made to the plan for the plan year by employer(s) and employees:		
	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
	10/16/2012	23000	0
	01/09/2013	23000	0
	04/04/2013	23000	0
	06/26/2013	36071	0
	09/18/2013	23	0
	<b>Totals ▶</b>	<b>18(b)</b>	105094
		<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b>	0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	100475
<b>20</b>	Quarterly contributions and liquidity shortfalls:		
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>b</b> If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	<b>c</b> If 20a is "Yes," see instructions and complete the following table as applicable:		
	Liquidity shortfall as of end of quarter of this plan year		
	(1) 1st	(2) 2nd	(3) 3rd
	0	0	0
			(4) 4th
			0

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52%
			<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....			<b>21b</b> 4
<b>22</b> Weighted average retirement age .....			<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>	

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6).....		<b>31a</b>	43477
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....		<b>31b</b>	0
<b>32</b> Amortization installments:		Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment.....		253256	56998
<b>b</b> Waiver amortization installment .....		0	0
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....		<b>33</b>	
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...		<b>34</b>	100475
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>		100475
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>		100475
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) .....		<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....		<b>38b</b>	0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>		0
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>		0

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

<b>41</b> If an election was made to use PRA 2010 funding relief for this plan:			
<b>a</b> Schedule elected .....		<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years	
<b>b</b> Eligible plan year(s) for which the election in line 41a was made .....		<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011	
<b>42</b> Amount of acceleration adjustment .....	<b>42</b>		
<b>43</b> Excess installment acceleration amount to be carried over to future plan years .....	<b>43</b>		

**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**

<u>Date</u>	<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>Discounted</u> <u>Value</u>
10/16/2012	\$ 22,421	2012	106	1	\$ 21,989
10/16/2012	\$ 579	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

**American Lung Association of the Midland States**

**American Lung Association Retirement Plan "D"**

**EIN/PN: 62-0517560 / 001**

**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

<b>(1) Age</b>	<b>(2) Expected Active Headcount</b>	<b>(3) Retirement Rate</b>	<b>(4) Expected Retirements (2)*(3)</b>	<b>(5) Weighted Age (1)*(4)</b>
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>
<b>Total</b>			<b>5.81</b>	<b>374.86</b>
<b>Weighted Average Retirement Age = 374.86 / 5.81</b>				<b>64.55</b>
<b>Rounded Weighted Average Retirement Age</b>				<b>65</b>

**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.

**American Lung Association of the Midland States**  
**American Lung Association Retirement Plan “D”**  
**EIN/PN: 62-0517560 / 001**

**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 30<sup>th</sup> 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.

**American Lung Association of the Midland States**  
**American Lung Association Retirement Plan “D”**  
**EIN/PN: 62-0517560 / 001**

**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.



**American Lung Association of the Midland States**

**American Lung Association Retirement Plan “D”**

**EIN/PN: 62-0517560 / 001**

**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.

**American Lung Association of the Midland States**

**American Lung Association Retirement Plan "D"**

**EIN/PN: 62-0517560 / 001**

**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)

**American Lung Association of the Midland States**  
**American Lung Association Retirement Plan “D”**  
**EIN/PN: 62-0517560 / 001**

**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.

**American Lung Association of the Midland States**

**American Lung Association Retirement Plan “D”**

**EIN/PN: 62-0517560 / 001**

**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.