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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

AMERICAN LUNG ASSOCIATION

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

55 W WACKER DRIVE

City or town, state or province, country, and ZIP or foreign postal code

CHICAGO, IL 60601

F Name and address of principal officer

HAROLD WIMMER

55 W WACKER DRIVE

CHICAGO, IL 60601

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW LUNG ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1918

M State of legal domicile ME

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

THE MISSION OF THE ALA IS TO SAVE LIVES BY IMPROVING LUNG HEALTH AND PREVENTING LUNG DISEASE

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶11,782,698

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

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

Sign Here

Signature of officer

2019-03-04

Date

LAURA SCOTT CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

BRYAN L PAUTSCH CPA

Preparer's signature

BRYAN L PAUTSCH CPA

Date

2019-03-04

Check ☐ if self-employed

PTIN

P00034913

Firm's name ▶ SIKICH LLP

Firm's EIN ▶ 36-3168081

Firm's address ▶ 3201 W WHITE OAKS DR STE 102

Phone no (217) 793-3363

SPRINGFIELD, IL 62704

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

THE AMERICAN LUNG ASSOCIATION IS THE LEADING ORGANIZATION WORKING TO SAVE LIVES BY IMPROVING LUNG HEALTH AND PREVENTING LUNG DISEASE, THROUGH RESEARCH, EDUCATION AND ADVOCACY THE WORK OF THE AMERICAN LUNG ASSOCIATION IS FOCUSED ON FOUR STRATEGIC IMPERATIVES TO DEFEAT LUNG CANCER, TO IMPROVE THE AIR WE BREATHE, TO REDUCE THE BURDEN OF LUNG DISEASE ON INDIVIDUALS AND THEIR FAMILIES, AND TO ELIMINATE TOBACCO USE AND TOBACCO-RELATED DISEASES

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☒ Yes ☐ No

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 58,145,736	including grants of \$	(Revenue \$ 3,776,424)
See Additional Data				

4b	(Code)	(Expenses \$ 15,444,892	including grants of \$ 7,654,496	(Revenue \$ 1,003,108)
See Additional Data				

4c	(Code)	(Expenses \$ 15,463,901	including grants of \$	(Revenue \$ 1,004,343)
See Additional Data				

4d	Other program services (Describe in Schedule O)			
	(Expenses \$	including grants of \$	(Revenue \$	)

4e	Total program service expenses ▶	89,054,529
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	332
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	626
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: **AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, VA, WA, WI**

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
LAURA SCOTT CFO 3000 KELLY LANE SPRINGFIELD, IL 62711 (217) 787-5864

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

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

Form **990** (2017)

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 30

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
ALANIZ METRO GROUP PO BOX 799 MOUNT PLEASANT, IA 52641 RR DONNELLEY	DIGITAL PRINTING	5,128,860
1333 SCHEURING RD DE PERE, WI 54115	SUPPLY CHAIN MANAGEMENT	4,054,729
DANIEL EDLEMAN INC 200 E RANDOLPH ST FLR 63 CHICAGO, IL 60601	PUBLIC RELATIONS	1,851,671
AD COUNCIL 815 SECOND AVENUE 9TH FLOOR NEW YORK, NY 10017	PUBLIC SERVICE ADVERTISING	1,783,336
BRICKMILL MARKETING SERVICES 24 MILL BROOK RD WILTON, NH 03086	MARKETING	1,536,692

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 93	
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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c	17,203,391			
	d Related organizations	1d				
	e Government grants (contributions)	1e	24,739,244			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	48,412,934			
	g Noncash contributions included in lines 1a-1f \$ _____		905,902			
	h Total. Add lines 1a-1f ▶		90,355,569			
Program Service Revenue			Business Code			
	2a PROGRAM SERVICE CONTRA		900099	4,936,430	4,936,430	
	b MEMBERSHIP DUES		900099	208,155	208,155	
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		5,144,585			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		2,846,386			2,846,386
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶		2,376,900	639,290	25,000	1,712,610
	6a Gross rents	(i) Real (ii) Personal				
		152,248				
	b Less rental expenses	0				
	c Rental income or (loss)	152,248				
	d Net rental income or (loss) ▶		152,248			152,248
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		19,546,222 173,344				
	b Less cost or other basis and sales expenses	17,062,678 44,979				
	c Gain or (loss)	2,483,544 128,365				
	d Net gain or (loss) ▶		2,611,909			2,611,909
	8a Gross income from fundraising events (not including \$ 17,203,391 of contributions reported on line 1c) See Part IV, line 18 a		1,244,646			
	b Less direct expenses b		3,639,102			
	c Net income or (loss) from fundraising events ▶		-2,394,456			-2,394,456
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances a						
b Less cost of goods sold b						
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue		Business Code				
11a TRUST INCOME	900099	2,353,015			2,353,015	
b PROGRAM PARTICIPANT FE	900099	2,312,267			2,312,267	
c RESEARCH GRANT SERVICE	900099	1,378,900			1,378,900	
d All other revenue		547,995			547,995	
e Total. Add lines 11a-11d ▶		6,592,177				
12 Total revenue. See Instructions ▶		107,685,318	5,783,875	25,000	11,520,874	

Part IX Statement of Functional Expenses

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	7,654,496	7,654,496		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	3,506,232	3,050,422	70,124	385,686
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	32,211,802	28,040,044	792,003	3,379,755
7 Other salaries and wages.				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.	7,447,652	6,328,028	232,284	887,340
10 Payroll taxes.	2,587,044	2,250,728	51,741	284,575
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	823,885			823,885
f Investment management fees.	444,501	430,647	13,854	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	22,252,872	21,967,736	281,846	3,290
12 Advertising and promotion.	1,269,111	1,112,782	6,038	150,291
13 Office expenses.	3,495,350	2,876,029	172,934	446,387
14 Information technology.				
15 Royalties.				
16 Occupancy.	3,843,692	2,717,494	637,403	488,795
17 Travel.	1,682,672	1,559,610	26,886	96,176
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	959,395	880,638	25,838	52,919
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	513,611	363,123	85,173	65,315
23 Insurance.	600,827	494,370	29,726	76,731
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a DIRECT MAIL	12,823,139	7,793,564	649,463	4,380,112
b MISCELLANEOUS	792,501	592,313	24,283	175,905
c PRINTING	684,516	646,455	1,568	36,493
d POSTAGE & SHIPPING	352,310	296,050	7,217	49,043
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	103,945,608	89,054,529	3,108,381	11,782,698
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		550	1	76,099
	2	Savings and temporary cash investments		24,272,940	2	37,155,757
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		3,104,433	4	12,946,620
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	2,038,664
	8	Inventories for sale or use			8	125,125
	9	Prepaid expenses and deferred charges		732,981	9	1,370,190
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	20,291,245		
	b	Less: accumulated depreciation	10b	9,724,634		
				127,508	10c	10,566,611
	11	Investments—publicly traded securities		16,079,255	11	103,882,168
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		5,307,131	15	36,025,973	
16	Total assets. Add lines 1 through 15 (must equal line 34)		49,624,798	16	204,187,207	
Liabilities	17	Accounts payable and accrued expenses		3,146,153	17	8,948,271
	18	Grants payable		5,964,350	18	6,618,850
	19	Deferred revenue		11,394,234	19	19,790,399
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		8,650,708	25	19,999,331
	26	Total liabilities. Add lines 17 through 25		29,155,445	26	55,356,851
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		15,249,804	27	106,001,896
	28	Temporarily restricted net assets		1,355,149	28	5,011,492
	29	Permanently restricted net assets		3,864,400	29	37,816,968
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		20,469,353	33	148,830,356
34	Total liabilities and net assets/fund balances		49,624,798	34	204,187,207	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	107,685,318
2	Total expenses (must equal Part IX, column (A), line 25)	2	103,945,608
3	Revenue less expenses Subtract line 2 from line 1	3	3,739,710
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,469,353
5	Net unrealized gains (losses) on investments	5	1,485,983
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	123,135,310
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	148,830,356

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

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

Form 990 (2017)

Form 990, Part III, Line 4a:

LUNG CANCER, ASTHMA, LUNG DISEASE AND TOBACCO CONTROL LUNG DISEASE IS THE THIRD LEADING CAUSE OF DEATH IN AMERICA, AND LUNG CANCER ALONE KILLS MORE PEOPLE THAN ANY OTHER CANCER. EVERY DAY, THE AMERICAN LUNG ASSOCIATION WORKS ACROSS THE COUNTRY TO RAISE AWARENESS OF THE NEED TO PRIORITIZE LUNG DISEASE PREVENTION AND TREATMENT, TO PROVIDE CAREGIVER SUPPORT, AND TO RAISE FUNDS FOR RESEARCH, TO BENEFIT THE 320+ MILLION AMERICANS WITH LUNGS. OUR LUNG FORCE INITIATIVE, WHICH IS UNITING THE NATION IN THE FIGHT AGAINST LUNG CANCER, CONTINUED TO RAISE AWARENESS, OFFER PATIENT SUPPORT AND FUND MEDICAL RESEARCH. IN FY18, LUNG FORCE COLLABORATED WITH STAND UP TO CANCER AND THE LUNGevity FOUNDATION TO CREATE TWO GROUNDBREAKING LUNG CANCER RESEARCH TEAMS, REPRESENTING OUR LARGEST FUNDING INITIATIVE YET FOR LUNG CANCER RESEARCH. IN TOTAL, WE INVESTED MORE THAN \$2.5 BILLION TO LUNG CANCER RESEARCH. THROUGH LUNG FORCE, WE RELEASED OUR INAUGURAL "STATE OF LUNG CANCER" REPORT (LUNG.ORG/SOLC), A FIRST-EVER LOOK AT HOW THE IMPACT OF LUNG CANCER VARIES BY STATE. THE REPORT EXAMINES LUNG CANCER INCIDENCE, SURVIVAL, STAGE AT DIAGNOSIS, ALONG WITH SURGICAL TREATMENT AND ACCESS TO LUNG CANCER SCREENING FACILITIES. OUR FOURTH ANNUAL LUNG HEALTH BAROMETER (HTTP://WWW.LUNGFORCE.ORG/BAROMETER), FOUND THAT TOO MANY AMERICANS ARE NOT AWARE OF THEIR RISK FOR LUNG CANCER, OR OF THE LIFESAVING POTENTIAL OF LUNG CANCER SCREENING. OUR THIRD LUNG FORCE ADVOCACY DAY IN WASHINGTON DC, DREW LUNG FORCE HEROES FROM ALL 50 STATES ALONG WITH VOLUNTEERS AND STAFF TO VISIT 197 CONGRESS MEMBERS IN ONE DAY, TO ADVOCATE FOR INCREASED LUNG CANCER RESEARCH AT THE NATIONAL INSTITUTES OF HEALTH AND ACCESS TO QUALITY, AFFORDABLE HEALTHCARE FOR PEOPLE WITH LUNG DISEASE. THANKS TO THEIR EFFORTS, WE HELPED SECURE A \$3 BILLION INCREASE IN NIH FUNDING FOR FY2018 AND A \$2 BILLION INCREASE FOR FY2019. OUR LUNG FORCE INITIATIVE, "SAVED BY THE SCAN, CREATED IN COLLABORATION WITH THE AD COUNCIL, CONTINUED TO RAISE AWARENESS OF THE BENEFITS OF EARLY DETECTION THROUGH LUNG CANCER SCREENING AND DRIVE HIGH-RISK INDIVIDUALS TO TAKE AN ONLINE SCREENING ELIGIBILITY QUIZ. BY THE END OF ITS FIRST YEAR, 134,000 TOOK THE SCREENING ELIGIBILITY QUIZ, AND MORE THAN 48,000 WERE FOUND TO BE AT HIGH RISK AND WERE URGED TO TALK TO THEIR DOCTOR ABOUT GETTING SCREENED. EVERY YEAR, THE LUNG ASSOCIATION HELPS PEOPLE UNDERSTAND AND MANAGE THEIR LUNG DISEASE, OVERCOME THEIR NICOTINE ADDICTION AND LIVE HEALTHIER LIVES. THIS YEAR WE HELPED REACH MORE THAN 86,000 PATIENTS AND CAREGIVERS THROUGH OUR ONLINE SUPPORT COMMUNITIES AND OUR LUNG HELPLINE PROVIDED HELP AND SUPPORT TO 89,000 CALLERS HELPING SMOKERS QUIT AND REDUCING NONSMOKER'S EXPOSURE TO SECONDHAND SMOKE ARE ESSENTIAL PARTS OF OUR MISSION. THIS YEAR, WE TRAINED MORE THAN 2,700 TOBACCO CESSATION FACILITATORS TO IMPLEMENT OUR FREEDOM FROM SMOKING CLINICS. WE ALSO PLAYED A LEADERSHIP ROLE IN HELPING THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT IMPLEMENT ITS NEW RULE MAKING FEDERALLY FUNDED HOUSING SMOKEFREE. THIS WILL PROTECT CLOSE TO TWO MILLION AMERICANS INCLUDING 690,000 CHILDREN - FROM SECONDHAND SMOKE EXPOSURE IN THEIR HOMES. AS PART OF THIS EFFORT, WE ARE WORKING WITH HOUSING AUTHORITIES, PROPERTY MANAGERS AND DIRECTLY WITH RESIDENTS TO PROVIDE TOOLS AND RESOURCES TO HELP THOSE WHO SMOKE QUIT. MORE THAN 25 MILLION AMERICANS LIVE WITH ASTHMA, INCLUDING MORE THAN 6 MILLION CHILDREN. THIS YEAR, WE MADE MAJOR ADVANCEMENTS TO OUR ASTHMA MATERIALS, INCLUDING A NEW ASTHMA IN SCHOOLS ONLINE RESOURCE, NEW RESOURCES FOR SCHOOLS TO CREATE SAFE AND HEALTHY LEARNING ENVIRONMENTS THROUGH OUR ASTHMA FRIENDLY SCHOOLS INITIATIVE, A WELLNESS POLICY GUIDE AND A BACK TO SCHOOL CHECKLIST. 5,800 PATIENTS AND CAREGIVERS LEARNED HOW TO BETTER MANAGE THEIR ASTHMA THROUGH OUR ASTHMA BASICS COURSE. THIS YEAR, WE TEAMED UP WITH THREE LAKES PARTNERS TO RAISE AWARENESS, CREATE A NEW SUITE OF TOOLS FOR PEOPLE WITH IDIOPATHIC PULMONARY FIBROSIS AND OFFERED FREE ONLINE CME - PULMONARY FIBROSIS CONTINUING EDUCATION FOR HEALTHCARE PROFESSIONALS. WE PARTNERED WITH THE CHEST FOUNDATION AND FOUNDATION FOR SARCOIDOSIS RESEARCH (FSR) ON THE FOURTH ANNUAL SEEK ANSWERS INSPIRE RESULTS SARCOIDOSIS AWARENESS CAMPAIGN. WE ALSO HOSTED A NATIONWIDE WEBCAST NOW AVAILABLE ON DEMAND - SARCOIDOSIS: WHAT YOU NEED TO KNOW, A LEARNING OPPORTUNITY MADE POSSIBLE WITH AN EDUCATIONAL GRANT FROM MALLINCKRODT. COPD IS THE THIRD LEADING CAUSE OF DISEASE DEATH IN THE U.S. AND IMPACTS MORE THAN 15 MILLION AMERICANS. THIS YEAR WE CREATED FIVE NEW VIDEOS SHOWING PEOPLE WITH COPD HOW TO USE SUPPLEMENTAL OXYGEN AND INCREASED PARTICIPATION BY 343 PERCENT IN OUR LIVING WITH COPD ONLINE SUPPORT COMMUNITY.

Form 990, Part III, Line 4b:

RESEARCH FUNDING RESEARCH THAT HAS A DIRECT, LIFE-CHANGING IMPACT ON PATIENTS' LIVES HAS BEEN A CORNERSTONE OF THE LUNG ASSOCIATION'S FIGHT AGAINST LUNG DISEASE FOR MORE THAN A CENTURY IN FISCAL YEAR 2018, WE INCREASED BOTH OUR TOTAL RESEARCH FUNDING DOLLARS AND THE NUMBER OF PROJECTS WE FUNDED, COMMITTING \$6.6 MILLION DOLLARS FOR EXCEPTIONAL RESEARCHERS SEEKING TREATMENTS AND CURES FOR LUNG DISEASES, INCLUDING ASTHMA, COPD, AND LUNG CANCER. OUR LUNG FORCE INITIATIVE ENABLED US TO DEDICATE \$2.5 MILLION THIS YEAR SPECIFICALLY TOWARD LUNG CANCER RESEARCH. OUR RESEARCH PROGRAM INCLUDES OUR AWARDS AND GRANTS PROGRAM AND OUR AIRWAYS CLINICAL RESEARCH CENTERS NETWORK (ACRC). OUR AWARDS AND GRANTS PROGRAM PROVIDED FUNDING FOR 73 RESEARCH PROJECTS, SUPPORTING A RESEARCH TEAM ENGAGED IN A WIDE RANGE OF STUDIES. AMONG THEM WAS DR. AMANDA MATHEW OF NORTHWESTERN UNIVERSITY, WHO IS WORKING TO HELP DEVELOP A SMOKING CESSATION PROGRAM SPECIFICALLY DESIGNED FOR COPD PATIENTS. COPD IS CAUSED PRIMARILY BY SMOKING, AND SMOKING CESSATION IS THE FIRST-LINE TREATMENT FOR SLOWING THE PROGRESSION OF THE DISEASE. HONG JI, PHD, IS CONDUCTING RESEARCH TO HELP KIDS WITH HARD-TO-TREAT ASTHMA. HER WORK HAS ALREADY IDENTIFIED CERTAIN GENE VARIATIONS IN CHILDREN WITH DIFFICULT-TO-CONTROL ASTHMA AND COULD LEAD TO BETTER TREATMENT FOR THESE CHILDREN. OUR ACRC IS THE NATION'S LARGEST NOT-FOR-PROFIT NETWORK OF CLINICAL RESEARCH CENTERS DEDICATED TO ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) TREATMENT RESEARCH. THE ACRC NETWORK NOW CONSISTS OF 18 AIRWAYS CLINICAL RESEARCH CENTERS AROUND THE COUNTRY, WITH A DATA COORDINATING CENTER AT JOHNS HOPKINS HOSPITAL IN BALTIMORE, MD. OUR ACRC NETWORK CONTINUED INVESTIGATIONS THAT HAVE A CONCRETE, NEAR-TERM IMPACT ON PATIENTS' LIVES, INCLUDING A STUDY FACTORS ASSOCIATED WITH DEPRESSIVE SYMPTOMS IN UNCONTROLLED ASTHMATICS, WHICH WAS PUBLISHED IN THE JOURNAL OF ASTHMA, IN MAY 2018. THE STUDY FOUND THAT SUBJECTS WITH DEPRESSIVE SYMPTOMS HAVE SIGNIFICANTLY LESS KNOWLEDGE OF THEIR ASTHMA, AND POORER QUALITY OF LIFE COMPARED TO THOSE WITHOUT DEPRESSIVE SYMPTOMS. THE AUTHORS RECOMMEND THAT A LARGER AND MORE DIVERSE STUDY EVALUATING THE IMPACT OF DEPRESSION ON ASTHMA CONTROL WOULD BE IMPORTANT.

Form 990, Part III, Line 4c:

ADVOCACY AND ENVIRONMENTAL IN FY 2018 WE MADE SUBSTANTIAL HEADWAY IN OUR EFFORTS TO ADVOCATE FOR HEALTHY LUNGS AND HEALTHY AIR EVERY YEAR, WE SUPPORT POLICIES AND LEGISLATION THAT PROTECT OUR CHILDREN FROM DEADLY AIR POLLUTION AND TOBACCO PRODUCTS, SUPPORT FUNDING FOR CRITICAL LUNG DISEASE RESEARCH AND HEALTH PROGRAMS AT THE FEDERAL LEVEL, AND MUCH MORE THIS YEAR, OUR HEALTHY AIR CAMPAIGN CONTINUED TO FIGHT FOR HEALTHY AIR FOR ALL AMERICANS OUR POLLING FOUND SEVEN IN 10 VOTERS POLLED FAVOR FUEL EFFICIENCY STANDARDS THAT SUPPORT HEALTHY AIR WE WORKED THROUGHOUT THE YEAR TO PROTECT POLLUTION-REDUCING CLEANER CARS STANDARDS WE REACHED OUR GOAL TO GET MORE THAN 4,500 SIGNATURES ON OUR LETTER FOR PARENTS AND GRANDPARENTS TO SUPPORT THE CLEAN POWER PLAN (CPP) REPRESENTING THE 4,500 LIVES THE CPP WOULD SAVE EVERY YEAR ONCE FULLY IMPLEMENTED WE SUBMITTED THE LETTER TO ENVIRONMENTAL PROTECTION AGENCY (EPA), ALONG WITH OUR HEALTH PROFESSIONALS DECLARATION ON CLIMATE CHANGE THAT WAS SIGNED BY MORE THAN 1,600 HEALTH PROFESSIONALS EPA'S PROPOSED RULE "STRENGTHENING TRANSPARENCY IN REGULATORY SCIENCE" WOULD RESTRICT THE SCIENTIFIC RESEARCH THE AGENCY USES TO PROTECT PUBLIC HEALTH THE LUNG ASSOCIATION WAS A LEADER IN THE EFFORT TO OPPOSE THIS "CENSORING SCIENCE" RULE THROUGH A NUMBER OF LETTERS AND PETITIONS TO THE EPA ADMINISTRATOR FROM 66 NATIONAL, STATE, AND LOCAL HEALTH ORGANIZATIONS, 1,309 HEALTH PROFESSIONALS AND 5,931 INDIVIDUALS OUR ADVOCACY EFFORTS ALSO HELPED KEEP SUPER POLLUTING "GLIDER TRUCKS" THAT PRODUCE 450 TIMES THE POLLUTION OF NEWER DIESELS OFF THE HIGHWAYS THE RULE GIVING THE FOOD AND DRUG ADMINISTRATION (FDA) REGULATORY AUTHORITY OVER ALL TOBACCO PRODUCTS TOOK EFFECT IN 2016, BUT THE AGENCY HAS BEEN SLOW IN USING THAT POWER TO REGULATE MANY TOBACCO PRODUCTS, SUCH AS E-CIGARETTES AND CIGARS BECAUSE TOBACCO USE IS STILL THE LEADING CAUSE OF PREVENTABLE DISEASE AND DEATH IN AMERICA, WE FILED SUIT TO FORCE THE FDA TO USE ITS AUTHORITY TO PROTECT OUR CHILDREN FROM THESE HARMFUL, UNREGULATED PRODUCTS WE ALSO PLAYED A LEADERSHIP ROLE IN HELPING THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT CREATE AND ENACT ITS NEW RULE MAKING FEDERALLY FUNDED HOUSING SMOKEFREE, INCLUDING HELPING RESIDENTS QUIT SMOKING PROTECTING QUALITY, AFFORDABLE HEALTHCARE FOR ALL AMERICANS, ESPECIALLY THE MORE THAN 35.7 MILLION WITH LUNG DISEASE, WAS A TOP PRIORITY WE HELPED SUCCESSFULLY WARD OFF THE GRAHAM-CASSIDY BILL, ONE OF THE MANY ATTACKS ON THE AFFORDABLE CARE ACT (ACA) THIS BILL WOULD HAVE DISMANTLED MANY PROTECTIONS OF THE ACA, INCLUDING SCREENING FOR LUNG CANCER AND QUIT SMOKING TREATMENT, AND ALLOWED INSURANCE COMPANIES TO CHARGE MORE OR DENY COVERAGE TO PATIENTS WITH PRE-EXISTING CONDITIONS, LIKE COPD WE ALSO ACHIEVED SUCCESS IN STOPPING "WAIVERS" THAT WOULD HAVE REDUCED COVERAGE IN MANY STATES FOR PATIENTS ON MEDICAID IN A MASSIVE ADVOCACY EFFORT, WE SENT LUNG FORCE HEROES (ONE FROM EACH STATE), STAFF AND VOLUNTEERS TO VISIT 197 MEMBERS OF CONGRESS IN ONE DAY DURING THEIR VISITS, THEY ADVOCATED FOR INCREASED LUNG CANCER FUNDING AT THE NATIONAL INSTITUTES OF HEALTH AND FOR AFFORDABLE, QUALITY HEALTHCARE FOR OUR MILLIONS OF CONSTITUENTS WITH LUNG DISEASE THANKS TO THEIR EFFORTS, WE HELPED SECURE A \$3 BILLION INCREASE IN NIH FUNDING FOR FY2018 AND A \$2 BILLION INCREASE FOR FY 2019 THIS PAST YEAR, WE ADVOCATED FOR AND HELPED SECURE A \$362M INVESTMENT IN NATIONAL INSTITUTES OF HEALTH LUNG CANCER RESEARCH FUNDING IN 2016 OUR 16TH ANNUAL "STATE OF TOBACCO CONTROL" REPORT RELEASED IN JANUARY 2018 GRADED STATES AND THE FEDERAL GOVERNMENT ON THE PROVEN-EFFECTIVE TOBACCO CONTROL LAWS AND POLICIES NECESSARY TO SAVE LIVES IT ALSO EXPLORED HOW THE HEALTH BENEFITS OF REDUCED TOBACCO USE ARE NOT SHARED EQUALLY BY ALL COMMUNITIES OUR 19TH ANNUAL "STATE OF THE AIR" REPORT FOUND OZONE POLLUTION WORSENEDED SIGNIFICANTLY IN 2014-2016 COMPARED TO THE PREVIOUS REPORT, WHILE IMPROVEMENTS CONTINUED IN YEAR-ROUND PARTICLE POLLUTION AND FEWER EPISODES OF HIGH PARTICLE DAYS STILL, NEARLY FOUR IN 10 AMERICANS LIVE WHERE THE AIR IS UNHEALTHY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN F EMANUEL JD BOARD CHAIR	2 00	X		X				0	0	0
PENNY J SCHILZ BOARD VICE-CHAIR	2 00	X		X				0	0	0
STEPHEN R O'KANE SECRETARY/TREASURER	2 00	X		X				0	0	0
KATHRYN A FORBES CPA PAST BOARD CHAIR	2 00	X		X				0	0	0
LINN P BILLINGSLEY BSN DIRECTOR	2 00	X						0	0	0
LARRY BLUMENTHAL DIRECTOR	2 00	X						0	0	0
MICHAEL F BUSK MD MPH DIRECTOR	2 00	X						0	0	0
CHERYL A CALHOUN BA MBA DIRECTOR	2 00	X						0	0	0
CHRISTOPHER CARNEY DIRECTOR	2 00	X						0	0	0
MICHAEL V CARSTENS DIRECTOR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID CASEY DIRECTOR	2 00	X						0	0	0
MARIO CASTRO MD MPH DIRECTOR	2 00	X						0	0	0
DAVID HILL MD DIRECTOR	2 00	X						0	0	0
SUMITA B KHATRI MD MS DIRECTOR	2 00	X						0	0	0
ROBERT K MERCHANT MD MS DIRECTOR	2 00	X						0	0	0
STEPHEN J NOLAN ESQ DIRECTOR	2 00	X						0	0	0
HARRY PERLSTADT PHD MPH DIRECTOR	2 00	X						0	0	0
JANE Z REARDON MSN APRN CS AE-C DIRECTOR	2 00	X						0	0	0
AL ROWE DIRECTOR	2 00	X						0	0	0
KATHLEEN M SKAMBIS DIRECTOR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHNNY A SMITH JR DIRECTOR	2 00	X						0	0	0
JEFFREY T STEIN CFP CRPS DIRECTOR	2 00	X						0	0	0
KARIN A TOLLEFSON PHARMD DIRECTOR	2 00	X						0	0	0
HAROLD WIMMER PRESIDENT & CEO	40 00			X				470,420	0	58,792
LAURA SCOTT CHIEF FINANCIAL OFFICER	40 00			X				249,026	0	18,314
SUSAN SWAN CHIEF DEVELOPMENT OFFICER	40 00				X			214,030	0	24,812
DEBORAH BROWN -BEGIN 71 CHIEF MISSION OFFICER	40 00				X			97,250	0	10,693
LEWIS BARTFIELD -BEGIN 71 CHIEF DIVISION OFFICER, WEST	40 00				X			134,044	0	13,613
JEFF SEYLER -BEGIN 71 CHIEF DIVISION OFFICER, EAST	40 00				X			121,500	0	25,434
MARTHA BOGDAN -BEGIN 71 EXECUTIVE VP, SOUTHEAST REGION	40 00				X			115,646	0	19,555

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BARRY GOTTSCHALK -BEGIN 71 EXECUTIVE VP, MIDLAND STATES REGION	40 00				X			100,335	0	17,404
ALLISON HICKEY -BEGIN 71 EXECUTIVE VP, MOUNTAIN PACIFIC	40 00				X			90,774	0	10,107
WILLIAM PFEIFER -BEGIN 71 EXECUTIVE VP, SOUTHWEST REGION	40 00				X			114,122	0	27,275
PAUL BILLINGS VP NATIONAL POLICY & ADVOC	40 00				X			206,743	0	22,028
SUSAN RAPPAPORT VP RESEARCH & PROGRAM	40 00				X			191,002	0	29,756
RUSSELL BURWELL VP GOVERNANCE	40 00				X			162,563	0	33,187
SALLY DRAPER VP DEVELOPMENT	40 00					X		182,661	0	22,083
CRAIG FINSTAD AVP DIREC RESPONSE OPERATI	40 00					X		143,563	0	16,174
STEPHEN PEREGOY VP MISSION SERVICES & IMPACT	40 00					X		138,219	0	30,073
NEIL BALLENTINE VP DIGITAL STRATEGY/INFORMATION TECHNOLOGY	40 00					X		136,912	0	18,819

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KIM LACINA NAT VP, COMMUNICATIONS & MARKETING	40 00					X		131,252	0	18,607

SCHEDULE A (Form 990 or 990EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047
		2017 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization AMERICAN LUNG ASSOCIATION		Employer identification number 13-1632524

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2

☐

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	6,082,938	9,782,765	8,128,925	10,298,737	90,355,569	124,648,934
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	6,082,938	9,782,765	8,128,925	10,298,737	90,355,569	124,648,934
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						15,284,196
6	Public support. Subtract line 5 from line 4						109,364,738

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	6,082,938	9,782,765	8,128,925	10,298,737	90,355,569	124,648,934
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,178,134	986,268	1,065,862	942,085	4,736,244	8,908,593
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	1,339,034	884,922	878,412	1,041,521	6,592,177	10,736,066
11	Total support. Add lines 7 through 10						144,293,593
12	Gross receipts from related activities, etc (see instructions)					12	142,346,664
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	1475.790 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	1556.580 %
16a	33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► ☒	
b	33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► ☐	
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► ☐	
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► ☐	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► ☐	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS INCOME - 2013 AMOUNT \$ 771,342 2014 AMOUNT \$ 19,801 2015 AMOUNT \$ 41,524 2016 AMOUNT \$ 4,386 2017 AMOUNT \$ 547,995 RESEARCH GRANT SERVICE FEE - 2013 AMOUNT \$ 474,070 2015 AMOUNT \$ 500,753 2016 AMOUNT \$ 728,827 2017 AMOUNT \$ 1,378,900 TRUST INCOME - 2013 AMOUNT \$ 17,000 2014 AMOUNT \$ 134,248 2015 AMOUNT \$ 107,401 2016 AMOUNT \$ 66,748 2017 AMOUNT \$ 2,353,015 PROGRAM PARTICIPANT FEES - 2013 AMOUNT \$ 76,622 2014 AMOUNT \$ 236,168 2015 AMOUNT \$ 228,734 2016 AMOUNT \$ 241,560 2017 AMOUNT \$ 2,312,267 SERVICE FEE - 2014 AMOUNT \$ 494,705

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		161
e	Publications, or published or broadcast statements?	Yes		1,140
f	Grants to other organizations for lobbying purposes?	Yes		36,250
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		623,854
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		28,016
i	Other activities?		No	
j	Total. Add lines 1c through 1i			689,421
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493074006409									
SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service		Supplemental Financial Statements ► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.			OMB No 1545-0047 2017 Open to Public Inspection								
Name of the organization AMERICAN LUNG ASSOCIATION				Employer identification number 13-1632524									
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.													
		(a) Donor advised funds		(b) Funds and other accounts									
1		Total number at end of year											
2		Aggregate value of contributions to (during year)											
3		Aggregate value of grants from (during year)											
4		Aggregate value at end of year											
5		Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No											
6		Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No											
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.													
1 Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space													
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year													
		Held at the End of the Year <table><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>				2a		2b		2c		2d	
2a													
2b													
2c													
2d													
a Total number of conservation easements													
b Total acreage restricted by conservation easements													
c Number of conservation easements on a certified historic structure included in (a)													
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register													
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►													
4 Number of states where property subject to conservation easement is located ►													
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No													
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►													
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$													
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No													
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements													
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.													
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items													
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X ► \$ ► \$													
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X ► \$ ► \$													
For Paperwork Reduction Act Notice, see the Instructions for Form 990.													
		Cat No 52283D		Schedule D (Form 990) 2017									

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	1,207,060	1,114,016	1,237,670	1,405,053	1,201,259
b Contributions	7,380,831				
c Net investment earnings, gains, and losses	467,650	206,965	-26,949	-59,489	304,334
d Grants or scholarships	1,261,111	107,275	92,182	98,509	95,089
e Other expenditures for facilities and programs					
f Administrative expenses	20,973	6,646	4,523	9,385	5,451
g End of year balance	7,773,457	1,207,060	1,114,016	1,237,670	1,405,053

2

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

a

Board designated or quasi-endowment

0 %

b

Permanent endowment

76 860 %

c

Temporarily restricted endowment

23 140 %

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

3a

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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,793,914		2,793,914
b Buildings		13,176,494	5,682,202	7,494,292
c Leasehold improvements		323,974	258,074	65,900
d Equipment		3,996,863	3,784,358	212,505
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				10,566,611

Schedule D (Form 990) 2017

Part VII

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

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

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	34,766,037
(2) AMOUNTS HELD ON BEHALF OF OTHERS	978,992
(3) REFUNDABLE DEPOSITS	280,944
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	36,025,973

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
PENSION & LIFE INSURANCE BENEFITS	15,288,190
AMOUNTS HELD ON BEHALF OF OTHERS	978,992
ANNUITY FUND INVESTMENTS	1,059,228
OTHER LIABILITIES	2,672,921
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	19,999,331

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	136,934,810
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	1,485,983
b	Donated services and use of facilities	2b	27,589,635
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	173,874
e	Add lines 2a through 2d	2e	29,249,492
3	Subtract line 2e from line 1	3	107,685,318
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	107,685,318

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

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

1	Total expenses and losses per audited financial statements	1	131,535,243
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	27,589,635
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	27,589,635
3	Subtract line 2e from line 1	3	103,945,608
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	103,945,608

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	PROCEEDS EARNED FROM THE CORPUS OF THESE NUMEROUS ENDOWMENT FUNDS MAY BE EXPENDED FOR RESE ARCH, RESEARCH FELLOWSHIPS, LUNG-HEALTH EDUCATION, CONTINUING MEDICAL EDUCATION LECTURES, SCHOLARSHIPS, PATIENT ASSISTANCE, ADVOCACY, TOBACCO CESSATION ASSISTANCE, AND GENERAL OPER ATIONS IN ACCORDANCE WITH DONOR STIPULATIONS

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	THE ASSOCIATION IS DESIGNATED AS A NON-PROFIT ORGANIZATION AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION THEREFORE, CHARITABLE CONTRIBUTIONS ARE TAX DEDUCTIBLE

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUSTS 893,883 CHANGE IN VALUE OF SPLIT INTEREST TRUSTS 6,537 PENSION AND POST RETIREMENT PLAN CHANGES -645,062 CHANGE IN VALUE OF EQUITY METHOD INVESTMENTS -81,484

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SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
AMERICAN LUNG ASSOCIATION

Employer identification number
13-1632524

Part I

Fundraising Activities.

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

1

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

a

☒ Mail solicitations

☐ Solicitation of non-government grants

b

☒ Internet and email solicitations

☐ Solicitation of government grants

c

☒ Phone solicitations

☐ Special fundraising events

d

☐ In-person solicitations

2a

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

☒ Yes☐ No

b

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
NNE MARKETING 1666 MASSACHUSETTS AVE SUITE 14 LEXINGTON, MA 02420	DIRECT MAIL		No	18,589,700	363,000	18,226,700
BETTER SERIES 9655 SW SUNSHINE CT STE 500 BEAVERTON, OR 97005	SPECIAL EVENT MANAGEMENT		No	941,112	163,531	777,581
INFOCISION MANAGEMENT CORP 325 SPRINGSIDE DR AKRON, OH 44333	TELEMARKETING		No	365,271	267,522	97,749
THE HERITAGE COMPANY 2402 WILDWOOD AVENUE SUITE 500 SHERWOOD, AR 42120	TELEMARKETING		No	31,571	29,832	1,739
Total				19,927,654	823,885	19,103,769

3

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

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

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

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2017

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

		(a) Event #1 FIGHT FOR AIR CLIMBS (event type)	(b) Event #2 LUNG FORCE WALKS (event type)	(c) Other events 55 (total number)	(d) Total events (add col (a) through col (c))
	Revenue				
1	Gross receipts	7,472,696	3,196,301	7,779,040	18,448,037
2	Less Contributions	7,472,696	3,196,301	6,534,394	17,203,391
3	Gross income (line 1 minus line 2)			1,244,646	1,244,646
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	53,389	10,137	75,687	139,213
	6 Rent/facility costs	8,988	82,298	486,202	577,488
	7 Food and beverages	51,611	31,012	696,413	779,036
	8 Entertainment	14,025	11,765	48,346	74,136
	9 Other direct expenses	577,619	269,359	1,222,251	2,069,229
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				3,639,102
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-2,394,456

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity conducted in

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

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

Name ►

Address ►

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

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

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

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	THE AMERICAN LUNG ASSOCIATION ACQUIRES CONTRIBUTIONS FROM DIRECT MAIL AND TELEMARKETING IN ORDER TO MANAGE THESE ACTIVITIES, THE AMERICAN LUNG ASSOCIATION CONTRACTS WITH PROFESSIONAL FUNDRAISERS TO DEVELOP FUNDRAISING STRATEGIES ON THESE INITIATIVES

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As Filed Data -

DLN: 93493074006409

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
AMERICAN LUNG ASSOCIATION

Employer identification number
13-1632524

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2

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

50
- 3

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

0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

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

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE BRONX, NY 10461	47-2209056	501(C)(3)	200,000				RESEARCH
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 770303411	74-1613878	501(C)(3)	117,200				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON UNIVERSITY 881 COMMONWALTH AVENUE BOSTON, MA 02215	04-2103547	501(C)(3)	100,000				RESEARCH
BROWN UNIVERSITY CONTROLLERS OFFICE BOX J PROVIDENCE, RI 02912	05-0258809	501(C)(3)	42,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL OF PHILADELPHIA 3516 CIVIC CENTER BLVD PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	40,000				RESEARCH
CINCINATI CHILDREN'S HOSPITAL 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501(C)(3)	75,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)(3)	200,000				RESEARCH
COLUMBIA UNIVERSITY 615 WEST 131ST STREET NEW YORK, NY 10027	13-5598093	501(C)(3)	219,500				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUKE UNIVERSITY BOX 104132 DURHAM, NC 27708	56-0532129	501(C)(3)	124,800				RESEARCH
FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVENUE NORTH SEATTLE, WA 98109	23-7156071	501(C)(3)	100,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
H LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE 12902 MAGNOLIA DRIVE TAMPA, FL 33612	59-2451713	501(C)(3)	100,000				RESEARCH
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	165,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA UNIVERSITY PO BOX 78000 DETROIT, MI 48278	35-6001673	501(C)(3)	100,000				RESEARCH
JOHNS HOPKINS UNIVERSITY 1101 E33RD STREET SUITE D200 BALTIMORE, MD 21218	52-0595110	501(C)(3)	898,500				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-1564655	501(C)(3)	200,000				RESEARCH
NATIONAL JEWISH MEDICAL AND RESEARCH CENTER 1400 JACKSON STREET DENVER, CO 80206	74-2044647	501(C)(3)	150,500				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEMOURS CHILDREN CLINIC 10140 CENTURION PARKWAY NORTH JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	120,900				RESEARCH
NEW YORK GENOME CENTER 101 AVENUE OF THE AMERICAS NEW YORK, NY 100131941	80-0631734	501(C)(3)	200,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWESTERN UNIVERSITY 619 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	232,000				RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA LOS ANGELES 10889 WILSHIRE BOULEVARD LOS ANGELES, CA 90095	95-6006143	501(C)(3)	21,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	501(C)(3)	106,500				RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO 1855 FOLSOM STREET SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	271,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROSWELL PARK CANCER INSTITUTE ELM CARLTON STREET BUFFALO, NY 14263	14-1402155	501(C)(3)	200,000				RESEARCH
RUTGERS UNIVERSITY SCHOOL OF PUBLIC HEALTH 65 DAVIDSON ROAD PISCATAWAY, NJ 08854	46-2354111	501(C)(3)	333,350				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEATTLE BIOMEDICAL RESEARCH INSTITUTE 307 WESTLAKE AVENUE SEATTLE, WA 98109	91-1452438	501(C)(3)	105,000				RESEARCH
SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH 1275 YORK AVENUE BOX 071 NEW YORK, NY 10065	13-1924236	501(C)(3)	200,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSPEPH'S HOSPITAL DIGNITY HEALTH ST JOSEPHS CE3NTER FILE 57431 LOS ANGELES, CA 90074	94-1196203	501(C)(3)	200,000				RESEARCH
ST VINCENT OF INDIANA 1 HOSPITAL DRIVE INDIANAPOLIS, IN 46260	35-0869066	501(C)(3)	118,800				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STANFORD UNIVERSITY 3145 PORTER DRIVE PALO ALTO, CA 94304	94-1156365	501(C)(3)	297,500				RESEARCH
TEMPLE UNIVERSITY 1852 N 10TH STREET PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	148,300				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS A&M UNIVERSITY SYSTEM HEALTH SCIENCE CENTER 400 HARVEY MITCHELL PARKWAY SOUTH COLLEGE STATION, TX 77845	74-2907553	501(C)(3)	100,000				RESEARCH
TUFTS UNIVERSITY 169 HOLLAND STREET MEDFORD, MA 02144	04-2103634	501(C)(3)	40,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY MEDICAL OF SOUTH FLORIDA - TAMPA 3802 SPECTRUM BLVD TAMPA, FL 33612	59-2959590	501(C)(3)	106,500				RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM UNIVERSITY STATION BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	185,700				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ARIZONA PO BOX 3308 TUCSON, AZ 85722	74-2652689	501(C)(3)	206,000				RESEARCH
UNIVERSITY OF CHICAGO 5801 S ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	40,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF FLORIDA PO BOX 113201 GAINESVILLE, FL 32611	59-6002052	501(C)(3)	40,000				RESEARCH
UNIVERSITY OF MICHIGAN 5082 WOLVERINE TOWER 3003 S STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	329,300				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NEBRASKA 3835 HOLDREGE ST LINCOLN, NE 68583	47-0049123	501(C)(3)	40,000				RESEARCH
UNIVERSITY OF PITTSBURGH OFFICE OF FINANCIAL INFORMATION PITTSBURGH, PA 15260	25-0965591	501(C)(3)	320,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ROCHESTER 910 GENESEE STREET 200 ROCHESTER, NY 14611	16-0743209	501(C)(3)	40,000				RESEARCH
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY GARDENS SUITE 205 LOS ANGELES, CA 90089	95-1642394	501(C)(3)	40,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS - MD ANDERSON CANCER CENTER 1515 HOLCOMBE BOULEVARD HOUSTON, TX 77030	74-6001118	501(C)(3)	140,000				RESEARCH
UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	100,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF VERMONT 85 SOUTH PROSPECT STREET BURLINGTON, VT 05405	03-0179440	501(C)(3)	211,800				RESEARCH
UNIVERSITY OF VIRGINIA PO BOX 400202 CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	150,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTON 3917 UNIVERSITY WAY SEATTLE, WA 98105	91-6001537	501(C)(3)	200,000				RESEARCH
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE 902 YALEM BOX 8052 660 S EUCLID AVE AVE ST LOUIS, MO 63110	43-0653611	501(C)(3)	234,100				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEILL MEDICAL COLLEGE AT CORNELL UNIVERSITY 575 LEXINGTON AVE NEW YORK, NY 10022	13-1623978	501(C)(3)	72,500				RESEARCH
YALE UNIVERSITY 2 WHITNEY AVENUE 6TH FLOOR NEW HAVEN, CT 06510	06-0646973	501(C)(3)	32,500				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REFUNDED GRANTS 55 W WACKER DRIVE CHICAGO, IL 60601	99-9999999	501(C)(3)	-360,754				RESEARCH

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
AMERICAN LUNG ASSOCIATION

Employer identification number
13-1632524

Part I Questions Regarding Compensation

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

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

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

[illegible]

Part III **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 4B	HAROLD WIMMER RECEIVED \$19,042 FROM A 457(F) PLAN

Additional Data

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1HAROLD WIMMER PRESIDENT & CEO	(i)	415,420	55,000	0	26,831	31,961	529,212	0
	(ii)	0	0	0	0	0	0	0
1LAURA SCOTT CHIEF FINANCIAL OFFICER	(i)	221,026	28,000	0	16,665	1,649	267,340	0
	(ii)	0	0	0	0	0	0	0
2SUSAN SWAN CHIEF DEVELOPMENT OFFICER	(i)	202,030	12,000	0	14,792	10,020	238,842	0
	(ii)	0	0	0	0	0	0	0
3DEBORAH BROWN -BEGIN 71 CHIEF MISSION OFFICER	(i)	97,250	0	0	4,191	6,502	107,943	0
	(ii)	0	0	0	0	0	0	0
4LEWIS BARTFIELD -BEGIN 71 CHIEF DIVISION OFFICER, WEST	(i)	134,044	0	0	12,202	1,411	147,657	0
	(ii)	0	0	0	0	0	0	0
5JEFF SEYLER -BEGIN 71 CHIEF DIVISION OFFICER, EAST	(i)	121,500	0	0	16,721	8,713	146,934	0
	(ii)	0	0	0	0	0	0	0
6MARTHA BOGDAN -BEGIN 71 EXECUTIVE VP, SOUTHEAST REGION	(i)	115,646	0	0	14,885	4,670	135,201	0
	(ii)	0	0	0	0	0	0	0
7BARRY GOTTSCHALK -BEGIN 71 EXECUTIVE VP, MIDLAND STATES REGION	(i)	100,335	0	0	11,037	6,367	117,739	0
	(ii)	0	0	0	0	0	0	0
8ALLISON HICKEY -BEGIN 71 EXECUTIVE VP, MOUNTAIN PACIFIC	(i)	90,774	0	0	5,855	4,252	100,881	0
	(ii)	0	0	0	0	0	0	0
9WILLIAM PFEIFER -BEGIN 71 EXECUTIVE VP, SOUTHWEST REGION	(i)	114,122	0	0	18,259	9,016	141,397	0
	(ii)	0	0	0	0	0	0	0
10PAUL BILLINGS VP NATIONAL POLICY & ADVOC	(i)	200,743	6,000	0	20,324	1,704	228,771	0
	(ii)	0	0	0	0	0	0	0
11SUSAN RAPPAPORT VP RESEARCH & PROGRAM	(i)	188,002	3,000	0	19,240	10,516	220,758	0
	(ii)	0	0	0	0	0	0	0
12RUSSELL BURWELL VP GOVERNANCE	(i)	159,563	3,000	0	16,256	16,931	195,750	0
	(ii)	0	0	0	0	0	0	0
13SALLY DRAPER VP DEVELOPMENT	(i)	174,661	8,000	0	12,563	9,520	204,744	0
	(ii)	0	0	0	0	0	0	0
14CRAIG FINSTAD AVP DIREC RESPONSE OPERATI	(i)	143,563	0	0	14,306	1,868	159,737	0
	(ii)	0	0	0	0	0	0	0
15STEPHEN PEREGOY VP MISSION SERVICES & IMPACT	(i)	133,219	5,000	0	9,597	20,476	168,292	0
	(ii)	0	0	0	0	0	0	0
16NEIL BALLENTINE VP DIGITAL STRATEGY/INFORMATION TECH	(i)	133,912	3,000	0	9,571	9,248	155,731	0
	(ii)	0	0	0	0	0	0	0
17KIM LACINA NAT VP, COMMUNICATIONS & MARKETING	(i)	127,252	4,000	0	9,112	9,495	149,859	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
AMERICAN LUNG ASSOCIATION

Employer identification number
13-1632524

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>SUPPLIES</u>)	X	1,000	905,902	FMV
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

29

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

30a

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

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

32a

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

32a

No

b

If "Yes," describe in Part II

33

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

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

Cat No 51227J

Schedule M (Form 990) (2017)

Part II**Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN LUNG ASSOCIATION

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

13-1632524

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 3	EFFECTIVE JULY 1, 2017, EIGHT CHARTERED ORGANIZATIONS MERGED WITH THE ASSOCIATION TO CREATE A SINGLE NATIONWIDE ORGANIZATION TOTAL ASSETS ACQUIRED FROM THE EIGHT CHARTERS WERE APPROXIMATELY \$153,975,814 AND NET ASSETS ACQUIRED WERE APPROXIMATELY \$122,961,436

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER PROGRAM SERVICE EXPENSES 8,752,231 MANAGEMENT AND GENERAL EXPENSES 281,568 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 9,033,799 PROGRAM CONSULTING PROGRAM SERVICE EXPENSES 1 3,215,505 MANAGEMENT AND GENERAL EXPENSES 278 FUNDRAISING EXPENSES 3,290 TOTAL EXPENSES 13,219,073

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUSTS 893,883 CHANGE IN VALUE OF SPLIT-IN TEREST AGREEMENTS 6,537 BENEFIT RELATED CHANGES -645,062 CHANGE IN VALUE OF EQUITY METHO D INVESTMENTS -81,484 ACQUISITION OF DISSOLVED AND MERGED CHARTERS 122,961,436

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR