

EXTENDED TO MAY 15, 2019

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2017 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018

B Check if applicable: C Name of organization: AMERICAN LUNG ASSOCIATION D Employer identification number: 13-1632524 E Telephone number: 217-787-5864 G Gross receipts \$: 128,432,077 H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: X 501(c)(3) J Website: WWW.LUNG.ORG K Form of organization: X Corporation L Year of formation: 1918 M State of legal domicile: ME

Part I Summary

Table with 4 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Each section contains rows for various metrics and their values for Prior Year and Current Year.

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 (Laura Scott), Date (3/30/19), Type or print name and title (LAURA SCOTT, CFO)

Paid Preparer Use Only: Print/Type preparer's name (BRYAN L. PAUTSCH, CPA), Preparer's signature (BRYAN L. PAUTSCH, CPA), Date (03/04/19), 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, SPRINGFIELD, IL 62704), Phone no. ((217) 793-3363)

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

Part III Statement of Program Service Accomplishments

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

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

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 [X] 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? [X] 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. ) 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

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

4c (Code: ) (Expenses \$ 15,463,901. including grants of \$ ) (Revenue \$ 1,004,343. ) 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

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

4e Total program service expenses 89,054,529.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

**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> .....		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i> .....		
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> .....	X	
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> .....		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
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 <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
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> .....		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
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> .....		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
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> .....		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
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> .....		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
b <i>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)? If "Yes," complete Schedule R, Part V, line 2</i> .....		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	



Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 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?; 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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; 15b Other officers or key employees of the organization; 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?; 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 SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] 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 - 217-787-5864 3000 KELLY LANE, SPRINGFIELD, IL 62711

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN F. EMANUEL, JD BOARD CHAIR	2.00	X		X				0.	0.	0.
(2) PENNY J. SCHILZ BOARD VICE-CHAIR	2.00	X		X				0.	0.	0.
(3) STEPHEN R. O'KANE SECRETARY/TREASURER	2.00	X		X				0.	0.	0.
(4) KATHRYN A. FORBES, CPA PAST BOARD CHAIR	2.00	X		X				0.	0.	0.
(5) LINN P. BILLINGSLEY, BSN DIRECTOR	2.00	X						0.	0.	0.
(6) LARRY BLUMENTHAL DIRECTOR	2.00	X						0.	0.	0.
(7) MICHAEL F. BUSK, M.D., MPH DIRECTOR	2.00	X						0.	0.	0.
(8) CHERYL A. CALHOUN, BA, MBA DIRECTOR	2.00	X						0.	0.	0.
(9) CHRISTOPHER CARNEY DIRECTOR	2.00	X						0.	0.	0.
(10) MICHAEL V. CARSTENS DIRECTOR	2.00	X						0.	0.	0.
(11) DAVID CASEY DIRECTOR	2.00	X						0.	0.	0.
(12) MARIO CASTRO, M.D., MPH DIRECTOR	2.00	X						0.	0.	0.
(13) DAVID HILL, M.D. DIRECTOR	2.00	X						0.	0.	0.
(14) SUMITA B. KHATRI, M.D., M.S. DIRECTOR	2.00	X						0.	0.	0.
(15) ROBERT K. MERCHANT, M.D., M.S. DIRECTOR	2.00	X						0.	0.	0.
(16) STEPHEN J. NOLAN, ESQ. DIRECTOR	2.00	X						0.	0.	0.
(17) HARRY PERLSTADT, PHD., MPH DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) JANE Z. REARDON, MSN, APRN, CS, DIRECTOR	2.00	X					0.	0.	0.	
(19) AL ROWE DIRECTOR	2.00	X					0.	0.	0.	
(20) KATHLEEN M SKAMBIS DIRECTOR	2.00	X					0.	0.	0.	
(21) JOHNNY A SMITH JR DIRECTOR	2.00	X					0.	0.	0.	
(22) JEFFREY T. STEIN, CFP, CRPS DIRECTOR	2.00	X					0.	0.	0.	
(23) KARIN A. TOLLEFSON, PHARM D DIRECTOR	2.00	X					0.	0.	0.	
(24) HAROLD WIMMER PRESIDENT & CEO	40.00			X			470,420.	0.	58,792.	
(25) LAURA SCOTT CHIEF FINANCIAL OFFICER	40.00			X			249,026.	0.	18,314.	
(26) SUSAN SWAN CHIEF DEVELOPMENT OFFICER	40.00				X		214,030.	0.	24,812.	
<b>1b Sub-total</b>							933,476.	0.	101,918.	
<b>c Total from continuation sheets to Part VII, Section A</b>							2,066,586.	0.	314,808.	
<b>d Total (add lines 1b and 1c)</b>							3,000,062.	0.	416,726.	

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ALANIZ METRO GROUP PO BOX 799, MOUNT PLEASANT, IA 52641	DIGITAL PRINTING	5,128,860.
RR DONNELLEY 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

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) DEBORAH BROWN -BEGIN 7/1 CHIEF MISSION OFFICER	40.00				X			97,250.	0.	10,693.
(28) LEWIS BARTFIELD -BEGIN 7/1 CHIEF DIVISION OFFICER, WEST	40.00				X			134,044.	0.	13,613.
(29) JEFF SEYLER -BEGIN 7/1 CHIEF DIVISION OFFICER, EAST	40.00				X			121,500.	0.	25,434.
(30) MARTHA BOGDAN -BEGIN 7/1 EXECUTIVE VP, SOUTHEAST REGION	40.00				X			115,646.	0.	19,555.
(31) BARRY GOTTSCHALK -BEGIN 7/1 EXECUTIVE VP, MIDLAND STATES REGION	40.00				X			100,335.	0.	17,404.
(32) ALLISON HICKEY -BEGIN 7/1 EXECUTIVE VP, MOUNTAIN PACIFIC	40.00				X			90,774.	0.	10,107.
(33) WILLIAM PFEIFER -BEGIN 7/1 EXECUTIVE VP, SOUTHWEST REGION	40.00				X			114,122.	0.	27,275.
(34) PAUL BILLINGS VP NATIONAL POLICY & ADVOC	40.00				X			206,743.	0.	22,028.
(35) SUSAN RAPPAPORT VP RESEARCH & PROGRAM	40.00				X			191,002.	0.	29,756.
(36) RUSSELL BURWELL VP GOVERNANCE	40.00				X			162,563.	0.	33,187.
(37) SALLY DRAPER VP DEVELOPMENT	40.00					X		182,661.	0.	22,083.
(38) CRAIG FINSTAD AVP DIREC RESPONSE OPERATI	40.00					X		143,563.	0.	16,174.
(39) STEPHEN PEREGOY VP MISSION SERVICES & IMPACT	40.00					X		138,219.	0.	30,073.
(40) NEIL BALLENTINE VP DIGITAL STRATEGY/INFORMATION TECH	40.00					X		136,912.	0.	18,819.
(41) KIM LACINA NAT. VP, COMMUNICATIONS & MARKETING	40.00					X		131,252.	0.	18,607.
<b>Total to Part VII, Section A, line 1c</b>								<b>2,066,586.</b>		<b>314,808.</b>

**Part VIII Statement of Revenue**

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

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

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

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	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 Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
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?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	



SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

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).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
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.
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 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.") .....	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 <b>Total.</b> 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 <b>Public support.</b> 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 <b>Total support.</b> Add lines 7 through 10 .....						144,293,593.
12 Gross receipts from related activities, etc. (see instructions) .....					12	142,346,664.
13 <b>First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	14	75.79	%
15 Public support percentage from 2016 Schedule A, Part II, line 14 .....	15	56.58	%
16a <b>33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

**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 <b>Total.</b> 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 <b>Public support.</b> (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 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						
14 <b>First five years.</b> 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 <b>stop here</b> .....						

**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 in line 12 on 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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
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>		
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>		
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>		
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>		
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>		
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>		
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 10b below.</i>		
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>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> 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>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		
<b>3</b> 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>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>		
<b>2a</b>		
<b>b</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>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>		
<b>3a</b>		
<b>b</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>		
<b>3b</b>		



**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	<b>Adjusted Net Income</b> (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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> 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 <b>Total annual distributions.</b> 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 <b>Total</b> 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. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2018.</b> 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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR 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.

**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.)

SERVICE FEE

2014 AMOUNT: \$ 494,705.

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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 organization <b>AMERICAN LUNG ASSOCIATION</b>	Employer identification number <b>13-1632524</b>
----------------------------------------------------------	-----------------------------------------------------

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

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

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

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

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

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

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



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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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? .....	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	X		
c Media advertisements? .....		X	
d Mailings to members, legislators, or the public? .....	X		161.
e Publications, or published or broadcast statements? .....	X		1,140.
f Grants to other organizations for lobbying purposes? .....	X		36,250.
g Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		623,854.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	X		28,016.
i Other activities? .....		X	
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)? .....		X	
b If "Yes," enter the amount of any tax incurred under section 4912 .....			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

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,

**Part IV** Supplemental Information *(continued)*

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.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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...?, 6 Did the organization inform all grantees...?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses incurred..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports 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.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1, Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 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:

**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 on 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  .00 %
  - b Permanent endowment  76.86 %
  - c Temporarily restricted endowment  23.14 %
- 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
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,566,611.

**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) .....		
<b>Total.</b> (Col. (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) .....		
<b>Total.</b> (Col. (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) .....	
<b>Total.</b> (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	
(2) PENSION & LIFE INSURANCE BENEFITS	15,288,190.
(3) AMOUNTS HELD ON BEHALF OF OTHERS	978,992.
(4) ANNUITY FUND INVESTMENTS	1,059,228.
(5) OTHER LIABILITIES	2,672,921.
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (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.

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

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

PART V, LINE 4:

PROCEEDS EARNED FROM THE CORPUS OF THESE NUMEROUS ENDOWMENT FUNDS MAY BE

EXPENDED FOR RESEARCH, RESEARCH FELLOWSHIPS, LUNG-HEALTH EDUCATION,

CONTINUING MEDICAL EDUCATION LECTURES, SCHOLARSHIPS, PATIENT ASSISTANCE,

ADVOCACY, TOBACCO CESSATION ASSISTANCE, AND GENERAL OPERATIONS IN

ACCORDANCE WITH DONOR STIPULATIONS.

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.



**Part XIII** Supplemental Information *(continued)*

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.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 173,874.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

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

**Part I Fundraising Activities.** Complete if the organization answered "Yes" 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
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 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, BETTER SERIES - 9655 SW SUNSHINE CT, STE 500, INFOCISION MANAGEMENT CORP - 325 SPRINGSIDE DR., AKRON, OH THE HERITAGE COMPANY - 2402 WILDWOOD AVENUE , SUITE 500,	DIRECT MAIL SPECIAL EVENT MANAGEMENT TELEMARKETING TELEMARKETING		X X X X	18,589,700. 941,112. 365,271. 31,571.	363,000. 163,531. 267,522. 29,832.	18,226,700. 777,581. 97,749. 1,739.
<b>Total</b>				<b>19,927,654.</b>	<b>823,885.</b>	<b>19,103,769.</b>

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

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" 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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		FIGHT FOR AIR CLIMBS (event type)	LUNG FORCE WALKS (event type)	55 (total number)		
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				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. 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 to be 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.

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.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number  
13-1632524

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

**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.

1 (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.	0.			RESEARCH
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030-3411	74-1613878	501(C)(3)	117,200.	0.			RESEARCH
BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2103547	501(C)(3)	100,000.	0.			RESEARCH
BROWN UNIVERSITY CONTROLLER'S OFFICE, BOX J PROVIDENCE, RI 02912	05-0258809	501(C)(3)	42,000.	0.			RESEARCH
CHILDREN'S HOSPITAL OF PHILADELPHIA - 3516 CIVIC CENTER BLVD - PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	40,000.	0.			RESEARCH
CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501(C)(3)	75,000.	0.			RESEARCH

**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.

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

Schedule I (Form 990) (2017)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)(3)	200,000.	0.			RESEARCH
COLUMBIA UNIVERSITY 615 WEST 131ST STREET NEW YORK, NY 10027	13-5598093	501(C)(3)	219,500.	0.			RESEARCH
DUKE UNIVERSITY BOX 104132 DURHAM, NC 27708	56-0532129	501(C)(3)	124,800.	0.			RESEARCH
FRED HUTCHINSON CANCER RESEARCH CENTER - 1100 FAIRVIEW AVENUE NORTH - SEATTLE, WA 98109	23-7156071	501(C)(3)	100,000.	0.			RESEARCH
H. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE - 12902 MAGNOLIA DRIVE - TAMPA, FL 33612	59-2451713	501(C)(3)	100,000.	0.			RESEARCH
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE - NEW YORK, NY 10029	13-6171197	501(C)(3)	165,000.	0.			RESEARCH
INDIANA UNIVERSITY PO BOX 78000 DETROIT, MI 48278	35-6001673	501(C)(3)	100,000.	0.			RESEARCH
JOHNS HOPKINS UNIVERSITY 1101 E33RD STREET, SUITE D200 BALTIMORE, MD 21218	52-0595110	501(C)(3)	898,500.	0.			RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-1564655	501(C)(3)	200,000.	0.			RESEARCH



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL JEWISH MEDICAL AND RESEARCH CENTER - 1400 JACKSON STREET - DENVER, CO 80206	74-2044647	501(C)(3)	150,500.	0.			RESEARCH
NEMOURS CHILDREN CLINIC 10140 CENTURION PARKWAY NORTH JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	120,900.	0.			RESEARCH
NEW YORK GENOME CENTER 101 AVENUE OF THE AMERICAS NEW YORK, NY 10013-1941	80-0631734	501(C)(3)	200,000.	0.			RESEARCH
NORTHWESTERN UNIVERSITY 619 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	232,000.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 10889 WILSHIRE BOULEVARD - LOS ANGELES, CA 90095	95-6006143	501(C)(3)	21,000.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE - LA JOLLA, CA 92093	95-6006144	501(C)(3)	106,500.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM STREET - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	271,000.	0.			RESEARCH
ROSWELL PARK CANCER INSTITUTE ELM & CARLTON STREET BUFFALO, NY 14263	14-1402155	501(C)(3)	200,000.	0.			RESEARCH
RUTGERS UNIVERSITY SCHOOL OF PUBLIC HEALTH - 65 DAVIDSON ROAD - PISCATAWAY, NJ 08854	46-2354111	501(C)(3)	333,350.	0.			RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEATTLE BIOMEDICAL RESEARCH INSTITUTE - 307 WESTLAKE AVENUE - SEATTLE, WA 98109	91-1452438	501(C)(3)	105,000.	0.			RESEARCH
SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH - 1275 YORK AVENUE, BOX 071 - NEW YORK, NY 10065	13-1924236	501(C)(3)	200,000.	0.			RESEARCH
ST. JOSEPH'S HOSPITAL, DIGNITY HEALTH ST. JOSEPH'S CENTER FILE 57431 - LOS ANGELES, CA 90074	94-1196203	501(C)(3)	200,000.	0.			RESEARCH
ST. VINCENT OF INDIANA 1 HOSPITAL DRIVE INDIANAPOLIS, IN 46260	35-0869066	501(C)(3)	118,800.	0.			RESEARCH
STANFORD UNIVERSITY 3145 PORTER DRIVE PALO ALTO, CA 94304	94-1156365	501(C)(3)	297,500.	0.			RESEARCH
TEMPLE UNIVERSITY 1852 N. 10TH STREET PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	148,300.	0.			RESEARCH
TEXAS A&M UNIVERSITY SYSTEM HEALTH SCIENCE CENTER - 400 HARVEY MITCHELL PARKWAY SOUTH - COLLEGE STATION, TX 77845	74-2907553	501(C)(3)	100,000.	0.			RESEARCH
TUFTS UNIVERSITY 169 HOLLAND STREET MEDFORD, MA 02144	04-2103634	501(C)(3)	40,000.	0.			RESEARCH
UNIVERSITY MEDICAL OF SOUTH FLORIDA - TAMPA - 3802 SPECTRUM BLVD. - TAMPA, FL 33612	59-2959590	501(C)(3)	106,500.	0.			RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ALABAMA AT BIRMINGHAM - UNIVERSITY STATION - BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	185,700.	0.			RESEARCH
UNIVERSITY OF ARIZONA PO BOX 3308 TUCSON, AZ 85722	74-2652689	501(C)(3)	206,000.	0.			RESEARCH
UNIVERSITY OF CHICAGO 5801 S. ELLIS AVENUE CHICAGO, IL 60637	35-2177139	501(C)(3)	40,000.	0.			RESEARCH
UNIVERSITY OF FLORIDA PO BOX 113201 GAINESVILLE, FL 32611	59-6002052	501(C)(3)	40,000.	0.			RESEARCH
UNIVERSITY OF MICHIGAN 5082 WOLVERINE TOWER, 3003 S. STATE ANN ARBOR, MI 48109	38-6006309	501(C)(3)	329,300.	0.			RESEARCH
UNIVERSITY OF NEBRASKA 3835 HOLDREGE ST. LINCOLN, NE 68583	47-0049123	501(C)(3)	40,000.	0.			RESEARCH
UNIVERSITY OF PITTSBURGH OFFICE OF FINANCIAL INFORMATION PITTSBURGH, PA 15260	25-0965591	501(C)(3)	320,000.	0.			RESEARCH
UNIVERSITY OF ROCHESTER 910 GENESEE STREET #200 ROCHESTER, NY 14611	16-0743209	501(C)(3)	40,000.	0.			RESEARCH
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY GARDENS, SUITE 205 LOS ANGELES, CA 90089	95-1642394	501(C)(3)	40,000.	0.			RESEARCH

AMERICAN LUNG ASSOCIATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS - MD ANDERSON CANCER CENTER - 1515 HOLCOMBE BOULEVARD - HOUSTON, TX 77030	74-6001118	501(C)(3)	140,000.	0.			RESEARCH
UNIVERSITY OF UTAH 201 S. PRESIDENTS CIRCLE SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	100,000.	0.			RESEARCH
UNIVERSITY OF VERMONT 85 SOUTH PROSPECT STREET BURLINGTON, VT 05405	03-0179440	501(C)(3)	211,800.	0.			RESEARCH
UNIVERSITY OF VIRGINIA PO BOX 400202 CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	150,000.	0.			RESEARCH
UNIVERSITY OF WASHINGTON 3917 UNIVERSITY WAY SEATTLE, WA 98105	91-6001537	501(C)(3)	200,000.	0.			RESEARCH
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - 902 YALEM, BOX 8052 660 S. EUCLID AVE. - ST. LOUIS, MO 63110	43-0653611	501(C)(3)	234,100.	0.			RESEARCH
WEILL MEDICAL COLLEGE AT CORNELL UNIVERSITY - 575 LEXINGTON AVE. - NEW YORK, NY 10022	13-1623978	501(C)(3)	72,500.	0.			RESEARCH
YALE UNIVERSITY 2 WHITNEY AVENUE, 6TH FLOOR NEW HAVEN, CT 06510	06-0646973	501(C)(3)	32,500.	0.			RESEARCH
REFUNDED GRANTS 55 W. WACKER DRIVE CHICAGO, IL 60601	APPLIED FOR	501(C)(3)	-360,754.	0.			RESEARCH

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

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.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		
<b>3</b> 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.		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?		X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	X	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?		X
<b>b</b> Any related organization?		X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization?		X
<b>b</b> Any related organization?		X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III		X
<b>8</b> 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		X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2017

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

For each individual whose compensation must be reported 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 aren't listed on Form 990, Part VII.

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

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



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

For each individual whose compensation must be reported 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 aren't listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) NEIL BALLENTINE	133,912.	3,000.	0.	9,571.	9,248.	155,731.	0.
VP DIGITAL STRATEGY/INFORMATION TECH	0.	0.	0.	0.	0.	0.	0.
(18) KIM LACINA	127,252.	4,000.	0.	9,112.	9,495.	149,859.	0.
NAT. VP, COMMUNICATIONS & MARKETING	0.	0.	0.	0.	0.	0.	0.

**Part III** Supplemental Information

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

PART I, LINE 4B:

HAROLD WIMMER RECEIVED \$19,042 FROM A 457(F) PLAN.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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 ▶ ( SUPPLIES )	X	1,000	905,902. FMV	
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

- 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 isn't required to be used for exempt purposes for the entire holding period? .....
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 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.

Lined area for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

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.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

GROUND-BREAKING LUNG CANCER RESEARCH TEAMS, REPRESENTING OUR LARGEST  
FUNDING INITIATIVE YET FOR LUNG CANCER RESEARCH. IN TOTAL, WE INVESTED  
MORE THAN \$2.5 MILLION 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](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

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

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 FY 2019.

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

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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, PROGRAM SERVICE ACCOMPLISHMENTS:



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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, PROGRAM SERVICE ACCOMPLISHMENTS:

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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

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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.

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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.

FORM 990, PART VI, SECTION A, LINE 1:

THE GOVERNANCE COMMITTEE, TAKING INTO ACCOUNT GEOGRAPHY, EXPERTISE, RACE,

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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.

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.

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.

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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.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC  
ND, OH, OK, OR, PA, RI, SC, TN, VA, WA, WV, WI

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

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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.

FORM 990, PART IX, LINE 11G, OTHER FEES:

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	13,215,505.
MANAGEMENT AND GENERAL EXPENSES	278.
FUNDRAISING EXPENSES	3,290.
TOTAL EXPENSES	13,219,073.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	22,252,872.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUSTS	893,883.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	6,537.
BENEFIT RELATED CHANGES	-645,062.
CHANGE IN VALUE OF EQUITY METHOD INVESTMENTS	-81,484.
ACQUISITION OF DISSOLVED AND MERGED CHARTERS	122,961,436.
TOTAL TO FORM 990, PART XI, LINE 9	123,135,310.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.

