

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016
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.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 **and ending** JUN 30, 2017

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN LUNG ASSOCIATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 55 W. WACKER DRIVE City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60601 F Name and address of principal officer: HAROLD WIMMER SAME AS C ABOVE	D Employer identification number 13-1632524 E Telephone number 217-787-5864 G Gross receipts \$ 46,085,714. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.LUNG.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1918		M State of legal domicile: ME

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: THE MISSION OF THE ALA IS TO SAVE LIVES BY IMPROVING LUNG HEALTH AND PREVENTING LUNG DISEASE.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	23
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	83
	6	Total number of volunteers (estimate if necessary)	6	113889
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	8,128,925.	10,298,737.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31,705,838.	30,152,001.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	194,559.	231,886.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,811,516.	2,535,026.
			42,840,838.	43,217,650.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,370,838.	8,610,438.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,577,482.	8,369,508.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	15,305,468.	844,187.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 521,214.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,253,492.	21,515,329.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	39,507,280.	39,339,462.
	19	Revenue less expenses. Subtract line 18 from line 12	3,333,558.	3,878,188.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	38,729,214.	49,624,798.
	22	Net assets or fund balances. Subtract line 21 from line 20	23,536,810.	29,155,445.
			15,192,404.	20,469,353.

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 	Date 5/14/18
	LAURA SCOTT, CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name BRYAN L. PAUTSCH, CPA	Preparer's signature BRYAN L. PAUTSCH, CPA	Date 02/28/18	Check <input type="checkbox"/> 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) 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: SEE ATTACHMENT 1 - SCHEDULE O.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 13,016,143. including grants of \$ 1,500,000.) (Revenue \$ 11,036,792.) 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 AND 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 HAS ENABLED US TO MAKE OUR LARGEST SINGLE INVESTMENT IN LUNG CANCER RESEARCH A \$2 MILLION INVESTMENT IN LUNG CANCER

4b (Code:) (Expenses \$ 11,049,198. including grants of \$ 6,212,850.) (Revenue \$ 9,368,959.) 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 2016 - 2017, OUR DONORS AGAIN MADE IT POSSIBLE TO FUND \$6.5 MILLION FOR EXCEPTIONAL RESEARCHERS SEEKING TREATMENTS AND CURES FOR LUNG DISEASES, INCLUDING ASTHMA, COPD, AND LUNG CANCER. OUR RESEARCH PROGRAM INCLUDES OUR AWARDS AND GRANTS PROGRAM AND OUR AIRWAYS CLINICAL RESEARCH CENTERS NETWORK (ACRC). OUR AWARDS AND GRANTS PROGRAM PROVIDES INVESTIGATORS WITH THE FUNDS THEY NEED TO INITIATE AND GROW THEIR LUNG DISEASE CAREERS. THIS YEAR, THE PROGRAM FUNDED 69 RESEARCH PROJECTS CENTERED IN 50 INSTITUTIONS

4c (Code:) (Expenses \$ 9,814,989. including grants of \$ 897,588.) (Revenue \$ 8,322,434.) SUPPORT OF AMERICAN LUNG ASSOCIATION CHARTERED ASSOCIATIONS:

THIS PAST YEAR, THE AMERICAN LUNG ASSOCIATION NATIONAL OFFICE SUPPORTED ITS EIGHT CHARTERED ASSOCIATIONS THROUGH TRAINING, COACHING, MARKETING, ACCOUNTING SUPPORT AND TECHNICAL ASSISTANCE. AMERICAN LUNG ASSOCIATION STAFF AND VOLUNTEERS THROUGHOUT THE COUNTRY ARE PROVIDED SKILL-BUILDING AND OTHER LEARNING OPPORTUNITIES TO HELP THEM SUCCESSFULLY DELIVER THE ORGANIZATION'S MISSION. THROUGH THE IMPLEMENTATION OF A VARIETY OF STAFF LEARNING AND VOLUNTEER DEVELOPMENT OFFERINGS, CHARTERED ASSOCIATIONS ARE KEPT CURRENT ON BEST PRACTICES IN LUNG HEALTH PROGRAMS AND DELIVERY, ADVOCACY, FUNDRAISING, PROGRAM AND EVENT MARKETING, FISCAL MANAGEMENT, LEADERSHIP DEVELOPMENT

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,804,292. including grants of \$) (Revenue \$ 2,377,847.)

4e Total program service expenses 36,684,622.

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? Note. 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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sub-questions for backup withholding, employee reporting, foreign accounts, and charitable contributions.

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 (23), 1b (23), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
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) KATHRYN A. FORBES, CPA PAST BOARD CHAIR	2.00	X		X				0.	0.	0.
(2) JOHN F. EMANUEL, JD BOARD CHAIR	2.00	X		X				0.	0.	0.
(3) PENNY J. SCHILZ BOARD VICE-CHAIR	2.00	X		X				0.	0.	0.
(4) LINN P. BILLINGSLEY, BSN DIRECTOR	2.00	X						0.	0.	0.
(5) MICHAEL F. BUSK, M.D., MPH DIRECTOR	2.00	X						0.	0.	0.
(6) CHERYL A. CALHOUN, BA, MBA DIRECTOR	2.00	X						0.	0.	0.
(7) CHRISTOPHER CARNEY DIRECTOR	2.00	X						0.	0.	0.
(8) MICHAEL V. CARSTENS DIRECTOR	2.00	X						0.	0.	0.
(9) MARIO CASTRO, M.D., MPH DIRECTOR	2.00	X						0.	0.	0.
(10) SUMITA B. KHATRI, M.D., M.S. DIRECTOR	2.00	X						0.	0.	0.
(11) ROBERT K. MERCHANT, M.D., M.S. DIRECTOR	2.00	X						0.	0.	0.
(12) STEPHEN J. NOLAN, ESQ. DIRECTOR	2.00	X						0.	0.	0.
(13) STEPHEN R. O'KANE SECRETARY/TREASURER	2.00	X		X				0.	0.	0.
(14) HARRY PERLSTADT, PHD., MPH DIRECTOR	2.00	X						0.	0.	0.
(15) JANE Z. REARDON, MSN, APRN, CS, DIRECTOR	2.00	X						0.	0.	0.
(16) AL ROWE DIRECTOR	2.00	X						0.	0.	0.
(17) JEFFREY T. STEIN, CFP, CRPS 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) KARIN A. TOLLEFSON, PHARM D DIRECTOR	2.00	X					0.	0.	0.	
(19) LETICIA W. TOWNS DIRECTOR	2.00	X					0.	0.	0.	
(20) LARRY BLUMENTHAL DIRECTOR	2.00	X					0.	0.	0.	
(21) KATHLEEN M SKAMBIS DIRECTOR	2.00	X					0.	0.	0.	
(22) JOHNNY A SMITH JR DIRECTOR	2.00	X					0.	0.	0.	
(23) HANLEY H WHEELER DIRECTOR	2.00	X					0.	0.	0.	
(24) HAROLD WIMMER PRESIDENT & CEO	40.00			X			414,519.	0.	67,072.	
(25) LAURA SCOTT CHIEF FINANCIAL OFFICER	40.00			X			219,677.	0.	18,418.	
(26) SUSAN SWAN CHIEF DEVELOPMENT OFFICER	40.00				X		206,910.	0.	25,503.	
1b Sub-total							841,106.	0.	110,993.	
c Total from continuation sheets to Part VII, Section A							1,172,828.	0.	178,969.	
d Total (add lines 1b and 1c)							2,013,934.	0.	289,962.	

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 21

	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	3	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	4	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	5	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
RR DONNELLEY 1333 SCHEURING RD., DE PERE, WI 54115 BRICKMILL MARKETING SERVICES	SUPPLY CHAIN MANAGEMENT	4,256,655.
24 MILL BROOK RD., WILTON, NH 03086 DANIEL EDLEMAN, INC, 200 E RANDOLPH ST., FLR 63, CHICAGO, IL 60601	MARKETING PUBLIC RELATIONS	3,846,324. 2,395,225.
RESOURCE ONE 2900 EAST APACHE ST., TULSA, OK 74110 JOHNS HOPKINS	MARKETING RESEARCH PROJECTS	1,416,918. 1,012,944.

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 47

SEE PART VII, SECTION A CONTINUATION SHEETS

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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,054,945.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,243,792.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		10,298,737.				
Program Service Revenue	2 a PROGRAM REIMBURSEMENTS	Business Code 900099	19,515,310.	19,515,310.			
	b CHART. ASSOC. ASSESME	900099	5,720,915.	5,720,915.			
	c PROGRAM SERVICE CONTRA	900099	2,752,526.	2,752,526.			
	d DIRECT RESP. ACTIVITY	900099	2,071,314.	2,071,314.			
	e MEMBERSHIP DUES	900099	91,936.	91,936.			
	f All other program service revenue						
	g Total. Add lines 2a-2f		30,152,001.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		402,611.			402,611.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		1,493,505.	954,031.		539,474.	
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses		2,697,339.			
		c Gain or (loss)		2,868,064.			
	d Net gain or (loss)		-170,725.			-170,725.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a RESEARCH GRANT SERVICE		900099	728,827.			728,827.	
	b PROGRAM PARTICIPANT FE	900099	241,560.			241,560.	
	c TRUST INCOME	900099	66,748.			66,748.	
	d All other revenue	900099	4,386.			4,386.	
	e Total. Add lines 11a-11d		1,041,521.				
12 Total revenue. See instructions.		43,217,650.	31,106,032.	0.	1,812,881.		

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 X

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 ...	8,610,438.	8,610,438.		
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	1,396,619.	689,498.	426,158.	280,963.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,427,611.	4,658,294.	744,613.	24,704.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,083,855.	898,189.	166,465.	19,201.
10 Payroll taxes	461,423.	363,668.	78,648.	19,107.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	844,187.			844,187.
f Investment management fees	59,081.		59,081.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	5,377,950.	5,166,026.	158,954.	52,970.
12 Advertising and promotion	13,126,987.	13,126,987.		
13 Office expenses	122,500.	102,873.	15,791.	3,836.
14 Information technology				
15 Royalties				
16 Occupancy	521,781.	307,850.	172,254.	41,677.
17 Travel	339,255.	286,023.	42,827.	10,405.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	421,140.	345,280.	61,033.	14,827.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	60,300.	35,620.	19,856.	4,824.
23 Insurance	183,905.	108,633.	60,560.	14,712.
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 PROCESSING FEES	1,303,108.	1,291,278.	9,518.	2,312.
b RESIDENTIAL CAMPAIGN	329,619.	329,619.		
c EQUIPMENT	191,752.	115,498.	61,350.	14,904.
d TELECOMMUNICATION	114,756.	85,419.	23,603.	5,734.
e All other expenses	-636,805.	163,429.	32,915.	-833,149.
25 Total functional expenses. Add lines 1 through 24e	39,339,462.	36,684,622.	2,133,626.	521,214.
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	1 Cash - non-interest-bearing	550.	1	550.
	2 Savings and temporary cash investments	16,004,595.	2	24,272,940.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,360,812.	4	3,104,433.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	640,164.	9	732,981.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,289,024.		
	b Less: accumulated depreciation	10b 1,161,516.		
	11 Investments - publicly traded securities	167,095.	10c	127,508.
	12 Investments - other securities. See Part IV, line 11	14,408,164.	11	16,079,255.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	5,147,834.	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	38,729,214.	15	5,307,131.	
		16	49,624,798.	
Liabilities	17 Accounts payable and accrued expenses	1,041,581.	17	3,146,153.
	18 Grants payable	4,598,273.	18	5,964,350.
	19 Deferred revenue	8,325,436.	19	11,394,234.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	9,571,520.	25	8,650,708.
	26 Total liabilities. Add lines 17 through 25	23,536,810.	26	29,155,445.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	10,333,066.	27	15,249,804.
	28 Temporarily restricted net assets	1,098,527.	28	1,355,149.
	29 Permanently restricted net assets	3,760,811.	29	3,864,400.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	15,192,404.	33	20,469,353.	
34 Total liabilities and net assets/fund balances	38,729,214.	34	49,624,798.	

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	43,217,650.
2	Total expenses (must equal Part IX, column (A), line 25)	2	39,339,462.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,878,188.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,192,404.
5	Net unrealized gains (losses) on investments	5	1,462,566.
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	-63,805.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	20,469,353.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,618,848.	6,082,938.	9,782,765.	8,128,925.	10,298,737.	42,912,213.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8,618,848.	6,082,938.	9,782,765.	8,128,925.	10,298,737.	42,912,213.
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)						13,096,130.
6 Public support. Subtract line 5 from line 4.						29,816,083.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	8,618,848.	6,082,938.	9,782,765.	8,128,925.	10,298,737.	42,912,213.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	952,391.	1,178,134.	986,268.	1,065,862.	942,085.	5,124,740.
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.)	517,426.	1,339,034.	884,922.	878,412.	1,041,521.	4,661,315.
11 Total support. Add lines 7 through 10						52,698,268.
12 Gross receipts from related activities, etc. (see instructions)					12	167,794,847.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	56.58 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	68.46 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. 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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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>		

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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).		

Schedule A (Form 990 or 990-EZ) 2016

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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.)

Multiple horizontal lines for supplemental information.

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2016

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
CVS PHARMACY, INC	13,077,777.	12,023,812.
PFIZER, INC	2,126,283.	1,072,318.
Total Excess Contributions to Schedule A, Part II, Line 5	13,096,130.	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CVS PHARMACY INC ONE CVS DR. WOONSOCKET, RI 02895	\$ 6,098,158.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	US DEPT OF HEALTH & HUMAN SERVICES CDC 2920 BRANDYWINE RD., MS, K-69 ATLANTA, GA 30341	\$ 909,654.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	PFIZER, INC. 235 E 42ND ST. NEW YORK, NY 10017	\$ 1,046,089.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THE WILLIAM AND FLORA HEWLETT FOUNDATION 2121 SAND HILL RD. MENLO PARK, CA 94025	\$ 570,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ENERGY FOUNDATION 301 BATTERY ST. 5TH FL. SAN FRANCISCO, CA 94111	\$ 580,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization AMERICAN LUNG ASSOCIATION	Employer identification number 13-1632524
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

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.**

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

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 <p style="text-align: center;">AMERICAN LUNG ASSOCIATION</p>	Employer identification number <p style="text-align: center;">13-1632524</p>
--	---

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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2016

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	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		39,592.
e Publications, or published or broadcast statements?	X		13,160.
f Grants to other organizations for lobbying purposes?	X		6,500.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		195,324.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		35,568.
i Other activities?	X		
j Total. Add lines 1c through 1i			290,144.
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 DESEASE (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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2016
Open to Public Inspection

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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:

	Amount
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	1,114,016.	1,237,670.	1,405,053.	1,201,259.	1,030,809.
b Contributions					
c Net investment earnings, gains, and losses	206,965.	-26,949.	-59,489.	304,334.	259,407.
d Grants or scholarships	107,275.	92,182.	98,509.	95,089.	77,218.
e Other expenditures for facilities and programs					
f Administrative expenses	6,646.	4,523.	9,385.	5,451.	11,739.
g End of year balance	1,207,060.	1,114,016.	1,237,670.	1,405,053.	1,201,259.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 41.42 %
- c Temporarily restricted endowment 58.58 %

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				
b Buildings				
c Leasehold improvements		221,238.	181,197.	40,041.
d Equipment		716,203.	628,736.	87,467.
e Other		351,583.	351,583.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				127,508.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (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	3,864,405.
(2) AMOUNTS HELD ON BEHALF OF OTHERS	1,442,726.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	5,307,131.

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	5,387,584.
(3) AMOUNTS HELD ON BEHALF OF OTHERS	1,442,726.
(4) ANNUITY FUND INVESTMENTS	77,944.
(5) OTHER LIABILITIES	1,742,454.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	8,650,708.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	45,061,087.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,462,566.	
b	Donated services and use of facilities	2b	444,676.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-63,805.	
e	Add lines 2a through 2d		2e	1,843,437.
3	Subtract line 2e from line 1		3	43,217,650.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	43,217,650.

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

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

1	Total expenses and losses per audited financial statements		1	39,784,138.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	444,676.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	444,676.
3	Subtract line 2e from line 1		3	39,339,462.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	39,339,462.

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 IV, LINE 2B:

PERMANENTLY RESTRICTED NET ASSETS ARE PRIMARILY DEDICATED TO SUPPORTING

RESEARCH SCHOLARS IN INTERSTITIAL RELATED LUNG DISEASES.

DALSEMER ENDOWMENT: IN 1983, LEONARD DALSEMER, THE JOHN A. HARTFORD

FOUNDATION, AND THE WHEELABRATOR FOUNDATION ENDOWED THE NATIONAL OFFICE

WITH \$500,000 (THE CORPUS) TO FUND RESEARCH TO FIND A CURE FOR

INTERSTITIAL LUNG DISEASE. THE EARNINGS FROM THE CORPUS ARE TO FUND AN

ANNUAL RESEARCH AWARD IN A MINIMAL AMOUNT OF \$30,000. THE TERM OF EACH

AWARD IS THREE YEARS. ANNUAL EXPENDITURES ARE LIMITED TO 6% OF THE FAIR

MARKET VALUE OF THE ENDOWMENT. THE AMERICAN LUNG ASSOCIATION IS TO STRIVE

TO GROW THE ENDOWMENT BY SOLICITING ADDITIONAL DONOR CONTRIBUTIONS. THE

Part XIII Supplemental Information (continued)

AWARD IS ONLY TO BE CONFERRED WHEN THE REVIEW COMMITTEE DEEMS THE PROPOSED

RESEARCH MERITORIOUS.

MARY FULLER RUSSELL RESEARCH FUND: IN A SETTLEMENT ENTERED BY AMERICAN LUNG ASSOCIATION OF NEW HAMPSHIRE (ALANH) AND NATIONAL OFFICE (ALA) ON JULY 9, 2003, ALANH AGREED TO SET ASIDE, AS A SEGREGATED FUND, WITHIN ITS ENDOWMENT FUND, THE SUM OF \$1,297,643 REPRESENTING ALA'S 10% SHARE, AND TO MAINTAIN SUCH SEGREGATED FUND INTACT FOR THE PURPOSE OF PAYING TO AND ALLOWING ALA TO USE ALL THE INCOME AND THE ANNUAL NET APPRECIATION, IF ANY, IN THE FAIR VALUE OF THE SEGREGATED FUND FOR RESEARCH PURPOSES DETERMINED BY ALA. UNDER THE SETTLEMENT, SUCH SEGREGATED FUND IS TO BE HELD FOR ALA'S BENEFIT IN PERPETUITY. ALANH AND ALA AGREED THAT DISTRIBUTIONS FROM THE MARY FULLER RUSSELL RESEARCH FUND SHALL BE USED TO SUPPORT RESEARCH INTO LUNG HEALTH ISSUES, AND THAT RESEARCH GRANTS TO RECIPIENTS SHALL BE MADE UNDER THE NAME MARY FULLER RUSSELL RESEARCH FUND.

PART X, LINE 2:

NATIONAL OFFICE 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 XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUSTS	267,166.
CHANGE IN VALUE OF SPLIT INTEREST TRUSTS	17,488.
PENSION AND POST RETIREMENT PLAN CHANGES	-348,459.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-63,805.

SCHEDULE G
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Part I 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,	DIRECT MAIL		X	20,356,420.	360,250.	19,996,170.
INFOCISION MANAGEMENT CORP - 325 SPRINGSIDE DR., AKRON, OH	TELEMARKETING		X	454,931.	297,588.	157,344.
INFOCISION MANAGEMENT CORP - 325 SPRINGSIDE DR., AKRON, OH	RESIDENTIAL		X	358,407.	186,349.	172,058.
Total				21,169,758.	844,187.	20,325,572.

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

Part III Gaming. Complete if the organization answered "Yes" 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))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	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'S NATIONAL OFFICE PROVIDES SUPPORT FOR
 CHARTERED AMERICAN LUNG ASSOCIATIONS' DIRECT MAIL, RESIDENTIAL CAMPAIGNS,
 AND TELEMARKETING. AS PART OF THIS SUPPORT, THE AMERICAN LUNG ASSOCIATION
 (NATIONAL) CONTRACTS WITH PROFESSIONAL FUNDRAISERS TO DEVELOP FUNDRAISING
 STRATEGIES ON THESE INITIATIVES. REVENUES FROM DIRECT RESPONSE,
 RESIDENTIAL CAMPAIGN AND TELEMARKETING CAMPAIGNS ARE DISTRIBUTED TO THE
 CHARTERED AMERICAN LUNG ASSOCIATIONS, AND EACH RESPECTIVE CHARTER
 REIMBURSES NATIONAL FOR THEIR ALLOCABLE PORTION OF EXPENSES RELATED TO

**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.**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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 noncash assistance	(h) Purpose of grant or assistance
ALA OF CALIFORNIA 333 HEGENBERGER RD, SUITE 450 OAKLAND, CA 94621	94-0362650	501(C)(3)	46,000.	0.			FED. & PROG. GRANTS
ALA OF MID-ATLANTIC 3001 OLD GETTYSBURG RD. CAMP HILL, PA 17011	25-1825116	501(C)(3)	193,205.	0.			FED. & PROG. GRANTS
ALA OF MIDLAND STATES 1950 ARLINGATE LANE COLUMBUS, OH 43228	31-4379531	501(C)(3)	73,955.	0.			FED. & PROG. GRANTS
ALA OF MOUNTAIN PACIFIC 7420 S. BRIDGEPORT RD, SUITE 200 TIGARD, OR 97224	93-0386887	501(C)(3)	54,553.	0.			FED. & PROG. GRANTS
ALA OF THE NORTHEAST 21 WEST 38TH ST. NEW YORK, NY 10018	06-0646594	501(C)(3)	68,000.	0.			FED. & PROG. GRANTS
ALA OF THE SOUTHEAST 6852 BELFORT OAKS PLACE JACKSONVILLE, FL 32216	59-0662271	501(C)(3)	27,402.	0.			FED. & PROG. GRANTS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 68.
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2016)

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
ALA OF THE SOUTHWEST 5600 GREENWOOD PLAZA BLVD. SUITE 10 GREENWOOD VILLAGE, CO 80111	86-0111676	501(C)(3)	252,403.	0.			FED. & PROG. GRANTS
ALA OF THE UPPER MIDWEST 3000 KELLY LANE SPRINGFIELD, IL 62707	20-4392201	501(C)(3)	182,070.	0.			FED. & PROG. GRANTS
ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK AVE. - BRONX, NY 10461	47-2209056	501(C)(3)	75,000.	0.			RESEARCH
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	180,000.	0.			RESEARCH
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE. BOSTON, MA 02115	04-2774441	501(C)(3)	32,500.	0.			RESEARCH
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS ST. BOSTON, MA 02115	04-2312909	501(C)(3)	115,000.	0.			RESEARCH
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE. CLEVELAND, OH 44106	34-1018992	501(C)(3)	40,000.	0.			RESEARCH
CHILDREN'S HOSPITAL OF PHILADELPHIA - 3516 CIVIC CENTER BLVD - PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	40,000.	0.			RESEARCH
COLD SPRING HARBOR LABORATORY 1 BUNGTOWN RD. COLD SPRING HARBOR, NY 11724	11-2011303	501(C)(3)	100,000.	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
COLUMBIA UNIVERSITY 615 W. 131ST ST, NEW YORK, NY 10027	15-5598093	501(C)(3)	132,500.	0.			RESEARCH
DREXEL UNIVERSITY 3201 ARCH ST. SUITE 420 PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	40,000.	0.			RESEARCH
DUKE UNIVERSITY BOX 104132 DURHAM, NC 27708	56-0532129	501(C)(3)	100,000.	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
HARVARD UNIVERSITY 1033 MASSACHUSETTS AVE. CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	40,000.	0.			RESEARCH
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L LEVY PLACE - NEW YORK, NY 10029	13-6171197	501(C)(3)	100,000.	0.			RESEARCH
JOHNS HOPKINS UNIVERSITY 1101 E 33RD ST. D200 BALTIMORE, MD 21218	52-0595110	501(C)(3)	648,500.	0.			RESEARCH
LA JOLLA INSTITUTE FOR ALLERGY AND IMMUNOLOGY - 9420 ATHENA CIRCLE - LA JOLLA, CA 92037	33-0328688	501(C)(3)	32,500.	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
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT ST. BOSTON, MA 02114	04-1564655	501(C)(3)	280,000.	0.			RESEARCH
MAYO CLINIC 200 FIRST ST. SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	32,500.	0.			RESEARCH
NATIONAL JEWISH MEDICAL AND RESEARCH CENTER - 1400 JACKSON ST. - DENVER, CO 80206	74-2044647	501(C)(3)	140,000.	0.			RESEARCH
NEMOURS CHILDREN CLINC 10140 CENTURION PARKWAY NORTH JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	100,000.	0.			RESEARCH
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE. BOSTON, MA 02115	04-1679980	501(C)(3)	100,000.	0.			RESEARCH
NORTHWESTERN UNIVERSITY 619 CLARK ST. EVANSTON, IL 60208	36-2167817	501(C)(3)	212,500.	0.			RESEARCH
PENNSYLVANIA STATE UNIVERSITY 408 OLD MAINE UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	40,000.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA DAVIS - 1850 RESEARCH PARK DR. SUITE 300 - DAVIS, CA 95618	94-6036494	501(C)(3)	40,000.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN DIEGO - 9500 GILMAN DR. - LA JOLLA, CA 92093	95-6006144	501(C)(3)	100,000.	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
REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO - 1855 FOLSOM ST. - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	200,000.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 10889 WILSHIRE BLVD - LOS ANGELES, CA 90095	95-6006143	501(C)(3)	83,500.	0.			RESEARCH
REGENTS OF UNIVERSITY OF MICHIGAN 5082 WOLVERINE TOWER, 3003 S. STATE ANN ARBOR, MI 48109	38-6006309	501(C)(3)	240,000.	0.			RESEARCH
RUTGERS UNIVERSITY SCHOOL OF PUBLIC HEALTH - 65 DAVIDSON RD. - PISCATAWAY, NJ 08854	46-2354111	501(C)(3)	133,350.	0.			RESEARCH
SEATTLE BIOMEDICAL RESEARCH INSTITUTE - 307 WESTLAKE AVE - SEATTLE, WA 98109	91-1452438	501(C)(3)	100,000.	0.			RESEARCH
ST. VINCENT OF INDIANA 1 HOSPITAL DR. INDIANAPOLIS, IN 46260	35-0869066	501(C)(3)	100,000.	0.			RESEARCH
STANFORD UNIVERSITY 3145 PORTER DR. PALO ALTO, CA 94304	94-1156365	501(C)(3)	65,000.	0.			RESEARCH
TEMPLE UNIVERSITY 1852 N 10TH ST. PHILADELPHIA, PA 19112	23-1365971	501(C)(3)	100,000.	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

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
THE OHIO STATE UNIVERSITY RESEARCH FOUNDATION - 1960 KENNY RD. - COLUMBUS, OH 43210	31-6401599	501(C)(3)	40,000.	0.			RESEARCH
TRUSTEES OF BOSTON UNIVERSITY 715 ALBANY BOSTON, MA 02118	04-2103547	501(C)(3)	100,000.	0.			RESEARCH
TRUSTEES OF THE UNIVERSITY OF ILLINOIS - 28395 NETWORK PLACE - CHICAGO, IL 60607	37-6000511	501(C)(3)	40,000.	0.			RESEARCH
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT ST. - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	100,000.	0.			RESEARCH
TUFTS UNIVERSITY 169 HOLLAND ST. 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)	100,000.	0.			RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM - UNIVERSITY STATION - BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	220,000.	0.			RESEARCH
UNIVERSITY OF ARIZONA PO BOX 3308 TUCSON, AZ 85922	74-2652689	501(C)(3)	240,000.	0.			RESEARCH
UNIVERSITY OF CHICAGO 5801 S ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	40,000.	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 COLORADO AMC BLDG. 500 13001 E. 7TH PL. AURORA, CO 80045	84-6000555	501(C)(3)	32,500.	0.			RESEARCH
UNIVERSITY OF FLORIDA PO BOX 113201 GAINESVILLE, FL 32611	59-6002052	501(C)(3)	72,500.	0.			RESEARCH
UNIVERSITY OF MASSACHUSETTS 333 SOUTH ST. SHREWSBURY, MA 01545	04-3167352	501(C)(3)	40,000.	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)	160,000.	0.			RESEARCH
UNIVERSITY OF ROCHESTER 910 GENESEE STREET #200 ROCHESTER, NY 14611	16-0743209	501(C)(3)	40,000.	0.			RESEARCH
UNIVERSITY OF SOUTH CALIFORNIA UNIVERSITY GARDENS SUITE 205 LOS ANGELES, CA 90089	95-1642394	501(C)(3)	40,000.	0.			RESEARCH
UNIVERSITY OF TEXAS - HEALTH SCIENCE CENTER OF HOUSTON - 7300 FANNIN ST. - HOUSTON, TX 77030	74-1761309	501(C)(3)	40,000.	0.			RESEARCH
UNIVERSITY OF TEXAS - MD ANDERSON CANCER CENTER - 1515 HOLCOMBE BLVD - HOUSTON, TX 77030	74-6001118	501(C)(3)	140,000.	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 TEXAS AT DALLAS 800 W. CAMPBELL RD. RICHARDSON, TX 75080	75-1305566	501(C)(3)	100,000.	0.			RESEARCH
UNIVERSITY OF UTAH 201 S. PRESIDENTS CIRCLE SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	140,000.	0.			RESEARCH
UNIVERSITY OF VERMONT 85 SOUTH PROSPECT ST. BURLINGTON, VT 05405	03-0179440	501(C)(3)	100,000.	0.			RESEARCH
VETERANS MEDICAL RESEARCH FOUNDATION OF SAN DIEGO - 3550 LA JOLLA VILLAGE DR. - SAN DIEGO, CA 92161	33-0189397	501(C)(3)	100,000.	0.			RESEARCH
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - 902 YALEM, BOX 8052 660 S. EUCLID AVE. - ST. LOUIS, MO 63110	43-0653611	501(C)(3)	100,000.	0.			RESEARCH
WEIL 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 AVE. 6TH FL. NEW HAVEN, CT 06510	06-0646973	501(C)(3)	32,500.	0.			RESEARCH
ENTERTAINMENT INDUSTRY FOUNDATION (DBA STAND UP TO CANCER) - 10880 WILSHIRE BLVD SUITE 1400 - LOS ANGELES, CA 90024	95-1644609	501(C)(3)	1,500,000.	0.			UCLA DREAM TEAM - CANCER RESEARCH

Schedule I (Form 990)

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

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2016

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization AMERICAN LUNG ASSOCIATION	Employer identification number 13-1632524
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Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

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

2 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?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

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)	389,519.	25,000.	0.	39,325.	27,747.	481,591.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LAURA SCOTT CHIEF FINANCIAL OFFICER	(i)	203,177.	16,500.	0.	15,673.	2,745.	238,095.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SUSAN SWAN CHIEF DEVELOPMENT OFFICER	(i)	194,910.	12,000.	0.	14,086.	11,417.	232,413.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SUSAN RAPPAPORT VP RESEARCH & PROGRAM	(i)	179,639.	5,000.	0.	19,300.	19,033.	222,972.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PAUL BILLINGS VP NATIONAL POLICY & ADVOC	(i)	194,214.	5,000.	0.	19,707.	2,626.	221,547.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ALANA BURNS VP SIGNATURE CAUSE CAMPAIG	(i)	177,553.	12,376.	0.	13,656.	2,158.	205,743.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) RUSSELL BURWELL VP GOVERNANCE	(i)	147,761.	3,000.	0.	15,991.	23,085.	189,837.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CRAIG FINSTEAD AVP DIREC RESPONSE OPERATI	(i)	141,216.	0.	0.	14,048.	6,836.	162,100.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SALLY DRAPER VP DEVELOPMENT	(i)	168,890.	5,000.	0.	12,111.	10,783.	196,784.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) NEIL BALLENTINE VP DIGITAL STRATEGY & INFORMATION TE	(i)	129,179.	4,000.	0.	9,378.	10,257.	152,814.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 \$13,576 FROM A 457(F) PLAN.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

AMERICAN LUNG ASSOCIATION

Employer identification number

13-1632524

ATTACHMENT 1: FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE AMERICAN LUNG ASSOCIATION'S MISSION IS TO SAVE LIVES BY IMPROVING

LUNG HEALTH AND PREVENTING LUNG DISEASE, WITH THE ULTIMATE VISION OF A

WORLD FREE OF LUNG DISEASE. THE NATIONAL HEADQUARTERS OF THE AMERICAN

LUNG ASSOCIATION FIGHTS LUNG DISEASE THROUGH ITS OWN ACTIVITIES AND BY

SERVICING, SUPPORTING AND LEADING ITS LOCAL LUNG ASSOCIATIONS. AMONG

ITS VARIED RESPONSIBILITIES, THE NATIONAL HEADQUARTERS:

- FUNDS RESEARCH INTO THE CAUSES, PREVENTION AND CURES OF LUNG DISEASE.

- ADVOCATES FOR POLICIES THAT PROTECT LUNG HEALTH, INCLUDING FIGHTING

FOR HEALTHY AIR.

- PROVIDES A BROAD ARRAY OF HEALTH EDUCATIONAL PROGRAMS AND SERVICES TO

SUPPORT SMOKING CESSATION, HELP PREVENT LUNG DISEASE AND TO ASSIST

PEOPLE WITH LUNG DISEASE IN BETTER MANAGING THEIR CONDITION.

- SUPPORTS LOCAL LUNG ASSOCIATIONS' IMPLEMENTATION OF HEALTH

EDUCATIONAL PROGRAMS AND DISSEMINATION OF EDUCATIONAL MATERIAL.

- PROVIDES AN ARRAY OF LEARNING OPPORTUNITIES AND TOOLS TO DEVELOP

NATIONWIDE VOLUNTEER AND STAFF LEADERS.

- PROVIDES EPIDEMIOLOGICAL DATA, MEDICAL AND SCIENTIFIC ADVICE AND

COUNSEL TO THE PUBLIC AND LUNG ASSOCIATIONS.

- PROVIDES THE PUBLIC WITH THE LATEST INFORMATION ON LUNG DISEASE, AND

NATIONAL AND LOCAL LUNG ASSOCIATION ACTIVITIES THROUGH THE AMERICAN

LUNG ASSOCIATION WEBSITE, WWW.LUNG.ORG.

- ENSURES THAT ALL PROGRAMS AND SERVICES ARE CULTURALLY SENSITIVE AND

THAT THEY RESPOND TO THE LUNG HEALTH NEEDS OF ALL COMMUNITIES.

THE PROGRAM SERVICES OF THE AMERICAN LUNG ASSOCIATION NATIONAL

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization AMERICAN LUNG ASSOCIATION	Employer identification number 13-1632524
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HEADQUARTERS CAN BE BROKEN DOWN INTO FOUR BROAD CATEGORIES: LUNG
 CANCER, ASTHMA, LUNG DISEASE AND TOBACCO CONTROL, RESEARCH, FIELD
 DEVELOPMENT AND SUPPORT, AND ADVOCACY AND ENVIRONMENTAL.

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

INTERCEPTION TEAMS IN PARTNERSHIP WITH STAND UP TO CANCER AND
 LUNGEVITY.

THROUGH ITS AWARENESS EFFORTS, LUNG FORCE HAS DOUBLED THE NUMBER OF
 WOMEN WHO IDENTIFY LUNG CANCER AS A HEALTH RISK, AND GREW OUR "TEAM
 TURQUOISE" TO MORE THAN 119,000. IN ADDITION, OUR SECOND LUNG FORCE
 ADVOCACY DAY IN WASHINGTON DC, DREW 150 LUNG FORCE HEROES, VOLUNTEERS
 AND STAFF TO VISIT 205 CONGRESS MEMBERS TO ADVOCATE FOR INCREASED LUNG
 CANCER RESEARCH AT THE NATIONAL INSTITUTES OF HEALTH.

THIS YEAR, IN COLLABORATION WITH THE AD COUNCIL, OUR LUNG FORCE
 INITIATIVE DEVELOPED A GROUNDBREAKING LUNG CANCER SCREENING CAMPAIGN,
 "SAVED BY THE SCAN." THIS MULTI-YEAR PUBLIC AWARENESS EFFORT IS
 DESIGNED TO RAISE AWARENESS OF THE BENEFITS OF EARLY DETECTION THROUGH
 LUNG CANCER SCREENING AND DRIVE HIGH-RISK INDIVIDUALS TO TAKE AN ONLINE
 LUNG CANCER SCREENING ELIGIBILITY QUIZ, AND IF ELIGIBLE, GET SCREENED.
 TUMOR TESTING CAN HELP LUNG CANCER PATIENTS AND THEIR CARE TEAM BETTER
 UNDERSTAND THEIR UNIQUE CANCER AND CAN LEAD TO MORE EFFECTIVE, TARGETED
 TREATMENTS. OUR "TELL A FRIEND ABOUT TUMOR TESTING" INITIATIVE
 ENCOURAGED PEOPLE TO SHARE THIS EXCITING NEWS AND URGE A FRIEND WITH
 LUNG CANCER TO GET TESTED.

EVERY YEAR, THE LUNG ASSOCIATION HELPS PEOPLE UNDERSTAND AND MANAGE
 THEIR LUNG DISEASE, OVERCOME THEIR NICOTINE ADDICTION AND LIVE
 HEALTHIER LIVES. NEARLY 10 MILLION PEOPLE VISIT OUR WEBSITE LUNG.ORG

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FOR INFORMATION AND RESOURCES EACH YEAR AND OUR HEALTH EDUCATION VIDEOS

RECEIVE 1 BILLION VIEWS ANNUALLY.

HELPING SMOKERS QUIT IS AN ESSENTIAL PART OF OUR MISSION. WITH OUR

INNOVATIVE FREEDOM FROM SMOKING PLUS CESSATION PROGRAM, AVAILABLE ON

COMPUTERS, TABLETS AND SMARTPHONES, THE LUNG ASSOCIATION CONTINUES AS

AMERICA'S LEADER IN SMOKING CESSATION. LAST YEAR NEARLY 20,000 PEOPLE

CHOSE FREEDOM FROM SMOKING TO HELP THEM QUIT.

THIS PAST YEAR, WE TRANSFORMED OUR LUNG CANCER ACTION GUIDE INTO AN

ONLINE LUNG CANCER NAVIGATOR TOOL AVAILABLE AT LUNG.ORG/LUNG-CANCER,

FEATURING FIVE ENGAGEMENT PATHWAYS. THIS TOOL CONNECTS USERS WITH THE

COMPREHENSIVE EDUCATION RESOURCES FOR EVERY STAGE OF THE LUNG CANCER

JOURNEY.

MORE THAN 24 MILLION AMERICANS LIVE WITH ASTHMA, INCLUDING MORE THAN 6

MILLION CHILDREN. THIS YEAR, WE EXPANDED THE REACH OF OUR ASTHMA BASICS

ONLINE LEARNING MODULE BY LAUNCHING A SPANISH LANGUAGE VERSION. WE ALSO

DEVELOPED AN ONLINE EDUCATOR TRAINING TO PREPARE COMMUNITY ASTHMA

EDUCATORS TO DELIVER ADULT ASTHMA EDUCATION USING BREATHE WELL, LIVE

WELL: THE GUIDE TO MANAGING ASTHMA AT HOME AND WORK.

WE WERE A LEAD PARTNER IN CREATING THE FIRST-EVER COPD (CHRONIC

OBSTRUCTIVE PULMONARY DISEASE) NATIONAL ACTION PLAN, WHICH WAS

ANNOUNCED BY THE NATIONAL HEART, LUNG, AND BLOOD INSTITUTE (NHLBI) IN

MAY. COPD IS THE THIRD LEADING CAUSE OF DEATH IN THE U.S. AND IMPACTS

MORE THAN 11 MILLION AMERICANS. THE PLAN'S KEY GOALS INCLUDE THE CALL

FOR GREATER PUBLIC AWARENESS OF COPD, STRATEGIES TO REDUCE COPD RISK

FACTORS, IMPROVED QUALITY OF CARE AND INCREASED RESEARCH EFFORTS

SURROUNDING COPD. WE ALSO IMPLEMENTED AN EXPANSION OF OUR BETTER

BREATHERS CLUBS MOST OF WHOSE MEMBERS HAVE COPD AND TRAINED OVER 200

NEW BETTER BREATHERS CLUB FACILITATORS.

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

THROUGHOUT 24 STATES. OUR RESEARCH TEAM IS ENGAGED IN A WIDE RANGE OF

STUDIES EXPLORING AN ARRAY OF LUNG HEALTH ISSUES, INCLUDING LUNG

CANCER, ASTHMA, COPD, TUBERCULOSIS, INFLUENZA AND MANY MORE.

THIS PAST YEAR, LUNG ASSOCIATION GRANT AWARDEE, JUNG-WHAN KIM, PH.D.,

FOUND THAT SUGAR SERVES AS AN ENERGY SUPPLY IN SQUAMOUS CELL CARCINOMA,

A TYPE OF LUNG CANCER THAT ACCOUNTS FOR 25 TO 30 PERCENT OF ALL LUNG

CANCERS. DR. KIM'S FINDING MAY HELP LEAD TO NEW TARGETED THERAPIES THAT

MAY PROVE MORE EFFECTIVE FOR SQUAMOUS CELL LUNG CANCER. HIS STUDY WAS

PUBLISHED IN THE ONLINE JOURNAL, NATURE COMMUNICATIONS.

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 PUBLISHED IN THE

ANNALS OF THE AMERICAN THORACIC SOCIETY, FINDING NO EVIDENCE TO SUPPORT

POSITIVE PRESSURE (CPAP) AS EFFECTIVE FOR REDUCING AIRWAYS REACTIVITY

IN PEOPLE WITH WELL-CONTROLLED ASTHMA. WE CONTINUE TO SEARCH FOR

METHODS THAT IMPROVE ASTHMA CONTROL FOR PATIENTS.

OUR LUNG FORCE INITIATIVE ENABLED US TO DEDICATE \$2.2 MILLION THIS YEAR

SPECIFICALLY TOWARD LUNG CANCER RESEARCH. WE ARE ALSO COLLABORATING

WITH STAND UP TO CANCER AND THE LUNGEVITY FOUNDATION TO FUND THE LUNG

CANCER INTERCEPTION RESEARCH TEAMS, FOR WHICH WE HAVE COMMITTED ANOTHER

\$2 MILLION OVER THE NEXT TWO YEARS OUR LARGEST SINGLE INVESTMENT IN

LUNG CANCER RESEARCH TO DATE.

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

AND VOLUNTEER DEVELOPMENT AND MANAGEMENT. NATIONAL OFFICE STAFF OFFERS

ONE-ON-ONE COACHING AND CONSULTATION AS NEEDED OR BY REQUEST.

INDIVIDUAL DISCIPLINE GROUPS (E.G., CHIEF EXECUTIVE OFFICERS, CHIEF

FINANCIAL OFFICERS, CHIEF DEVELOPMENT OFFICERS, PROGRAM MANAGERS, ETC.)

MEET REGULARLY WITH NATIONAL OFFICE PEERS TO SHARE IDEAS, PROBLEM-SOLVE

AND NETWORK.

THE AMERICAN LUNG ASSOCIATION BOARD OF DIRECTORS PROVIDES STRATEGIC

DIRECTION FOR THE NATIONAL OFFICE AND ALL CHARTERED ASSOCIATIONS. A

BOARD-APPROVED METRIC-BASED PERFORMANCE MANAGEMENT SYSTEM PROVIDES

COORDINATION AND MONITORING OF NATIONAL AND CHARTERED ASSOCIATION

STRATEGIC ALIGNMENT. THE BOARD OF DIRECTORS IS RESPONSIBLE FOR

OVERSIGHT OF CHARTERED ASSOCIATION COMPLIANCE TO POLICIES AND

PERFORMANCE STANDARDS. ASSISTANCE IS PROVIDED BY THE NATIONAL OFFICE TO

THOSE CHARTERED ASSOCIATIONS THAT DO NOT MEET REQUIREMENTS AND/OR

STANDARDS.

NATIONAL OFFICE STAFF PROVIDE SPECIAL EVENTS SUPPORT TO THE LUNG

ASSOCIATION CHARTERED ASSOCIATIONS. THIS SUPPORT ASSISTS IN THE

DEVELOPMENT, MARKETING AND IMPLEMENTATION OF EVENTS AND PROMOTIONS

STRATEGIES. ASSISTANCE PROVIDED INCLUDES: PLANNING (GOAL SETTING,

STRATEGIC REVIEW, DEVELOPMENT OF TEMPLATE MATERIAL, FEASIBILITY

STUDIES); TRAINING (MONTHLY CONFERENCE CALLS, BEST PRACTICE STAFF

TRAINING, LISTSERV-BASED MATERIALS, STAFF TRAINING WEBINARS, ETC.);

IMPLEMENTATION (SPONSORSHIP CALLS, RECRUITMENT, EVENT

ATTENDANCE/PARTICIPATION); COACHING (STAFF, LEADERSHIP, VOLUNTEERS);

COORDINATION OF BRANDED MARKETING COLLATERAL; SOLICITATION OF NATIONAL

SPONSORS/TEAMS; BUILDING, FACILITATING AND INTEGRATING E-COMMERCE

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PLATFORMS; AND EVALUATION OF NEW EVENTS. THE PRIMARY FOCUS IS TO FULLY
INTEGRATE BEST PRACTICES INTO THE OVERALL WORK PLAN AND INCREASE THE
CHARTERED ASSOCIATIONS' NET REVENUE.
THE DIRECT RESPONSE TEAM AT THE NATIONAL OFFICE DEVELOPS AND IMPLEMENTS
CAMPAIGN PLANS FOR ALL DIRECT MAIL APPEALS, TELEMARKETING CAMPAIGNS AND
THE RESIDENTIAL PROGRAM IN CONJUNCTION WITH OUR DIRECT RESPONSE
CONSULTING AGENCY. ALL FUNDS GENERATED ARE DEPOSITED DIRECTLY INTO
CHARTERED ASSOCIATION ACCOUNTS ON A REGULAR BASIS WITH DETAILED REPORTS
BY CAMPAIGN FOR THE CURRENT PERIOD AND YEAR-TO-DATE. LOCAL ASSOCIATIONS
ARE BILLED MONTHLY FOR DIRECT RESPONSE EXPENSES AND QUARTERLY FOR A 30
PERCENT SHARE OF THE NET INCOME GENERATED BY THE PROGRAMS. ASSOCIATIONS
ARE PROVIDED WITH A BUDGET FOR EACH PROGRAM ALONG WITH CASH FLOW AND
BILLING SCHEDULES, AS WELL AS QUARTERLY UPDATES ON ACTUAL PERFORMANCE.
BILLED EXPENSES ARE RECONCILED TO ACTUAL COSTS AT THE END OF THE FISCAL
YEAR. IMAGES OF ALL ROLLOUT MAILING PACKAGES ARE AVAILABLE FOR
REFERENCE BY CHARTERED ASSOCIATIONS. CHARTERED ASSOCIATION CEOS ARE
INVITED TO PARTICIPATE IN DIRECT RESPONSE CALLS AND MEETINGS FOR
UPDATES ON THE PROGRAM AND ANY ISSUES OR QUESTIONS THAT ARISE.
THE LUNG ASSOCIATION CONDUCTS A NATIONWIDE VOLUNTEER AND STAFF
RECOGNITION PROGRAM. VOLUNTEERS AND STAFF FROM ACROSS THE COUNTRY ARE
RECOGNIZED ON AN ONGOING BASIS FOR OUTSTANDING PERFORMANCE. AN ANNUAL
RECOGNITION CEREMONY IS HELD AT A MEETING OF THE LUNG ASSOCIATION BOARD
OF DIRECTORS WHERE AWARDS FOR OUTSTANDING ACHIEVEMENT ARE GIVEN IN
SPECIFIC CATEGORIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
ADVOCACY AND ENVIRONMENTAL:

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IN FY 2017 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. MAJOR EFFORTS INCLUDED A DECLARATION ON CLIMATE

CHANGE AND HEALTH, CREATED WITH HEALTH PARTNERS AND HAND-DELIVERED BY

THEIR LEADERS TO THE EPA ADMINISTRATOR. IT HIGHLIGHTED HEALTH IMPACTS

OF CLIMATE CHANGE AND CALLS ON LEADERS TO DEFEND THE CLEAN AIR ACT AND

SUPPORTING ACTION ON CLIMATE CHANGE.

IN AUGUST 2016, THE FOOD AND DRUG ADMINISTRATION'S DEEMING RULE TOOK

EFFECT, WHICH GAVE THE AGENCY OVERSIGHT AUTHORITY OVER ALL TOBACCO

PRODUCTS, INCLUDING E-CIGARETTES, CIGARS AND OTHER TOBACCO PRODUCTS.

THIS PAST YEAR, WE HELPED PROTECT THE FOOD AND DRUG ADMINISTRATION'S

AUTHORITY, WHICH WAS DELAYED AND THREATENED BY THE NEW ADMINISTRATION.

WE ALSO HELPED CALIFORNIA PASS A MUCH-NEEDED \$2 PER PACK CIGARETTE TAX

INCREASE WHICH WILL HELP KEEP KIDS FROM SMOKING.

IN THE PAST YEAR, WE ALSO FOUGHT TO PROTECT QUALITY AND AFFORDABLE

HEALTHCARE FOR OVER 32 MILLION AMERICANS WITH LUNG DISEASE, WHICH WAS

IN JEOPARDY FROM EFFORTS TO REPEAL OR REPLACE THE AFFORDABLE CARE ACT.

IN A MASSIVE ADVOCACY EFFORT, WE SENT 150 OF OUR LUNG FORCE HEROES (ONE

FROM EACH STATE), STAFF AND VOLUNTEERS TO VISIT 205 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.

THIS PAST YEAR, WE ADVOCATED FOR AND HELPED SECURE A \$362M INVESTMENT

IN NATIONAL INSTITUTES OF HEALTH LUNG CANCER RESEARCH FUNDING IN 2016.

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OUR 15TH ANNUAL "STATE OF TOBACCO CONTROL" REPORT RELEASED IN JANUARY 2017, ADDED A NEW GRADE FOR STATES THAT LOOKS AT WHETHER THEY'VE PASSED LAWS RAISING THE LEGAL AGES TO PURCHASE ALL TOBACCO PRODUCTS TO 21AN IMPORTANT TACTIC IN DECREASING YOUTH TOBACCO USE. OUR 18TH ANNUAL "STATE OF THE AIR" REPORT SHOWED THAT PROGRESS TOWARDS HEALTHIER AIR CONTINUES, BUT MORE THAN 4 IN 10 AMERICANS - 125 MILLION PEOPLE LIVE WHERE THE AIR REMAINS UNHEALTHY TO BREATHE.

EXPENSES \$ 2,804,292. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,377,847.

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 SUBSTANTAILLY ALL OF THE PROPERTY AND ASSETS OF THE ASSOCIATION, AUTHORIZE THE VOLUNTARY DISSOLUTION OF THE ASSOCIATION OR REVOCATION OF SUCH

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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, 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

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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.

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.

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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

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 VIII, LINE 2

REIMBURSEMENT FROM CHARTER ASSOCIATION:

AT JUNE 30, 2017, THERE WERE EIGHT CHARTERED ORGANIZATIONS THAT HAVE

JURISDICTION OVER SPECIFIC GEOGRAPHICAL AREAS. EACH CHARTERED

ASSOCIATION IS REQUIRED TO REMIT A MONTHLY BUNDLED BILLING AMOUNT,

WHICH INCLUDES A FEE FOR SOME SERVICES OR CONTRACTS HELD BY NATIONAL

OFFICE. PART OF THESE FEES PERTAIN TO NATIONAL OFFICE DIRECT MARKETING

AND THE ROI DATA PROGRAM WHICH PROVIDES INFORMATION ON DONORS AND

FUNDRAISING EVENTS CONDUCTED BY AND FOR THE BENEFIT OF CHARTERED

ASSOCIATIONS. DONATIONS RESULTING FROM THE DIRECT MAIL CAMPAIGN AND

REVENUE RAISED BY THE DIRECT MARKETING PROGRAM ARE REMITTED TO THE

CHARTERED ASSOCIATIONS BASED ON THE ZIP CODE OF THE DONOR. THE

CHARTERED ASSOCIATIONS REIMBURSE NATIONAL OFFICE FOR COSTS REQUIRED TO

OPERATE THIS PROGRAM. THESE REIMBURSEMENTS ARE SHOWN AS PROGRAM

REIMBURSEMENT REVENUE FROM CHARTERED ASSOCIATIONS ON THE ACCOMPANYING

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STATEMENTS OF ACTIVITIES. THIS REVENUE IS RECOGNIZED AS EXPENSES ARE

INCURRED. FOR THE YEAR ENDING JUNE 30, 2017, PROGRAM REIMBURSEMENTS

APPROXIMATED \$19,515,000.

EACH CHARTERED ASSOCIATION IS ALSO REQUIRED TO REMIT A MONTHLY

ASSESSMENT, WHICH NATIONAL OFFICE USES IN A VARIETY OF WAYS INCLUDING,

BUT NOT LIMITED TO, PROVIDING NATIONAL LEADERSHIP, ASSISTANCE AND

GUIDANCE IN THE AREAS OF FIELD PROGRAM DEVELOPMENT, FIELD FUNDRAISING

AND FIELD MANAGEMENT ADVISORY AND OTHER ACTIVITIES. THIS REVENUE IS

RECOGNIZED OVER THE ASSESSMENT PERIOD. FOR THE YEAR ENDED JUNE 30,

2017, CHARTERED ASSOCIATIONS' ASSESSMENTS REVENUE APPROXIMATED

\$5,720,000.

ADDITIONALLY, PER NATIONAL OFFICE'S AGREEMENT WITH EACH CHARTERED

ASSOCIATION, NATIONAL OFFICE RECEIVES 30% OF DIRECT RESPONSE REVENUES,

LESS DIRECT RESPONSE EXPENSES AND 13% OF ALL UNRESTRICTED BEQUESTS IN

THOSE INSTANCES WHEN THE DONOR DIED PRIOR TO JULY 1, 2009. THIS REVENUE

IS RECOGNIZED IN THE PERIOD WHEN CONTRIBUTIONS ARE COLLECTED. FOR THE

YEAR ENDED JUNE 30, 2017, THE ALLOCABLE SHARE OF DIRECT RESPONSE

ACTIVITIES AND BEQUEST SHARE REVENUE FROM CHARTERED ASSOCIATIONS

APPROXIMATED \$2,071,000.

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

OTHER:

PROGRAM SERVICE EXPENSES 261,209.

MANAGEMENT AND GENERAL EXPENSES 66,393.

FUNDRAISING EXPENSES 30,483.

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TOTAL EXPENSES 358,085.

PROGRAM CONSULTING:

PROGRAM SERVICE EXPENSES 4,904,817.

MANAGEMENT AND GENERAL EXPENSES 92,561.

FUNDRAISING EXPENSES 22,487.

TOTAL EXPENSES 5,019,865.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 5,377,950.

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

CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUSTS 267,166.

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 17,488.

BENEFIT RELATED CHANGES -348,459.

TOTAL TO FORM 990, PART XI, LINE 9 -63,805.

FORM 990 PART XII LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR

Form **8868**
(Rev. January 2017)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number	
	Name of exempt organization or other filer, see instructions. AMERICAN LUNG ASSOCIATION	Employer identification number (EIN) or 13-1632524
Number, street, and room or suite no. If a P.O. box, see instructions. 55 W. WACKER DRIVE	Social security number (SSN)	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60601		

Enter the Return Code for the return that this application is for (file a separate application for each return)

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LAURA SCOTT, CFO

• The books are in the care of ► **3000 KELLY LANE - SPRINGFIELD, IL 62711**
Telephone No. ► **217-787-5864** Fax No. ► _____

• If the organization does not have an office or place of business in the United States, check this box
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year _____ or
► tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2017)