	000
Form	330

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form as it may be made public.

20**16** Open to Public Inspection

OMB No. 1545-0047

Inter	nai Rever	nue Service	Information about Form 990 and its instructions is at www.irs.	gov/form990	-	Inspection
A	For the	e 2016 cale	ndar year, or tax year beginning 01/01 , 2016, and endin	<u>g 12</u> /	/31	, 20 16
В	Check if	if applicable:	C Name of organization A Breath of Hope Lung Foundation		D Employ	er identification number
	Address	s change	Doing business as			30-0475578
	Name c	change	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	te	E Telephoi	ne number
	Initial re	eturn	PO Box 387			952-456-2463
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amende	ed return	Wayzata, MN, 55391		G Gross re	
	Applicat	tion pending				subordinates? Ves Vo
			PO Box 387, Wayzata, MN 55391			s included? Yes No
<u> </u>		empt status:	✓ 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			ee instructions)
J	Website		w.abreathofhope.org	H(c) Group		
-		-	Corporation ☐ Trust	ion: 2008	M State	of legal domicile: MN
P	art	Summ	-			
	1		escribe the organization's mission or most significant activities: To fight		r by fund	ling cutting edge
Activities & Governance		research	raising awareness and supporting lung cancer patients and their families.)		
ma						
ove	2		is box \blacktriangleright if the organization discontinued its operations or disposed of		1 1	
ğ	3		of voting members of the governing body (Part VI, line 1a)		3	15
s S	4		of independent voting members of the governing body (Part VI, line 1b)		4	15
/itie	5		nber of individuals employed in calendar year 2016 (Part V, line 2a) .		5	9
cti	6		nber of volunteers (estimate if necessary)		6	300
٩	7a b		elated business revenue from Part VIII, column (C), line 12		7a 7b	0
	d d	ivet unrei	ated business taxable income from Form 990-T, line 34	Prior Ye	7b ar	0 Current Year
	8	Contribut	tions and grants (Part VIII, line 1h)		412,374	623,792
Revenue	9		service revenue (Part VIII, line 2g)		412,374	023,792
vel	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		0	75
Å	11		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		412,374	623,867
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)		150,000	112,500
	14		paid to or for members (Part IX, column (A), line 4)		0	0
s	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)		146,262	202,541
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)		0	0
bei	b		draising expenses (Part IX, column (D), line 25) F 19,042			
ũ	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		144,274	276,539
	18		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		440,536	591,580
	19		less expenses. Subtract line 18 from line 12		-28,162	32,287
r š				Beginning of Cur		End of Year
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)		213,566	245,588
t As: nd Ba	21	Total liab	ilities (Part X, line 26)		757	492
a P	22	Net asset	ts or fund balances. Subtract line 21 from line 20		212,809	245,096
D	ort II	Gianat				

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		
	Type or print name and title						
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date			Check if if self-employed	PTIN
Use Only	Firm's name	Firm's EIN ►					
	Firm's address ►	Phone no.					
May the IRS	discuss this return with the pre	parer shown above? (see instruction	ıs)				🗌 Yes 🗌 No
For Paperwo	rk Reduction Act Notice, see the	separate instructions.	Ca	at. No. 11282Y			Form 990 (2016)

Form 99	0 (2016) Page 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To fight lung cancer by funding innovative research and raising awareness through education and patient support
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
2	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 150,487 including grants of \$ 112,500) (Revenue \$ 0)
	Research Program: Per cancer death and its burden on society, lung cancer research is drastically underfunded. ABOHLF receives most of its support from families who are coping with lung cancer or have experienced the loss of a loved one to lung
	cancer. A large percentage of these donations go directly to ABOH Research Fellows whose projects, being conducted in U.S.
	research institutions, represent some of the most important research for improving treatments to prolong life and reaching for a cure.
4b	(Code:) (Expenses \$ 267,714 including grants of \$) (Revenue \$)
	Awareness Program: Between 30 and 40,000 Americans who never smoked get lung cancer each year and another 40-60,000 quit smoking before their diagnosis. Despite these statistics, the public believes the only cause of lung cancer is smoking which can
	lead to missed symptoms and later diagnoses. ABOHLF uses trained speakers, awareness campaigns, events and other means to
	bring the facts about lung cancer to the public, including available screening and the causes/symptoms of lung cancer.
4c	(Code:) (Expenses \$96,430 including grants of \$0) (Revenue \$0)
	Patient and Family Support Program: The smoking stigma and societal blame add stress and sorrow for those who are diagnosed with lung cancer, whether they smoked or not. ABOH supports patients, survivors, caregivers and grieving family members
	through support groups, transportation to medical appointments and loving, nonjudgmental companionship.
4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Total program service expenses > 514.631
	Total program service expenses F 514,631

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 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>	2	~	~
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>	4		~
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> .	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
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>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
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> .	9		~
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
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>	11b		~
с	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>	11c		~
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>	11d		~
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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> .	11e 11f		~ ~
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	112a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	120		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
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>	14b		~
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>	15		~
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>	16		~
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> (see instructions)	17		~
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> .			~
		18		

Form 99	0 (2016)		I	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
_	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		~
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . 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>	20b		
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? If "Yes," complete Schedule I, Parts I and III	21	~	~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		-
20	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		~
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		~
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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>	24d 25a		~
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>	25b		~
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>	26		r
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>	27		r
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 b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		~ ~
с	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>	28b 28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
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>	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
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>	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		· ·
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
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,</i>			
38	Part VI . Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		~
	19? Note. All Form 990 filers are required to complete Schedule O.	38	√ ⊪990) (2016)

Statements Regarding Other IRS Filings and Tax Compliance Check If Schedule O contains a response or note to any line in this Part V Image: Check If Schedule O contains a response or note to any line in this Part V Image: Check If Schedule O contains a response or note to any line in this Part V Image: Check If Schedule O contains a response or note to any line in this Part V Image: Check If Schedule O contains a response or note to any line in this Part V Image: Check If Schedule O contains a response or note to any line in this Part V Image: Check If Schedule O contains a response or note to any line in this Part V Image: Check If Schedule O contains a response or note to any line of this Part If Check If Check I and Check If Check I and	Form 99	0 (2016)		I	Page 5
1a Enter the number reported in Box 3 of Form 1086. Enter -0- if not applicable 1a 4 b Enter the number of Forms W-26 included in line 1a. Enter -0- if not applicable 1b 0 0 Did the organization comply with backing withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c v 2a Enter the number of engoyees reported to organization field in line 1a. Enter -0- if not applicable 1c v 3a Enter the number of one line 2A, did the organization line larguider dideral employment tax returns? 2a v 3b Did the organization race unelated bualress growing as income of \$1,000 er nore during the year? 3b 3c 3c 4a v 3b Did the organization in a foreign country. Is as a bank account, securities account, or other financial account in a foreign country. Is as a bank account, securities account, or other financial account (FBAR). 3c v 3c Did any taxoble party notify the organization that twas or is a party to a prohibited tax sheller transaction? 5c 5c v 3c If "%s' id the organization include with every solicitation and party for goods and services provided for which it was receive deductible or the submet of the foreign country. If "Ms' to line same or that deductible? 5a v 7a v <t< th=""><th>Part</th><th>V Statements Regarding Other IRS Filings and Tax Compliance</th><th></th><th></th><th></th></t<>	Part	V Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number of Forms V2:36 included in line 1a. Enter -0- if not applicable 1a 1a 1b 1c v 2b Enter the number of Forms V2:36 included in line 1a. Enter -0- if not applicable 1c v 1c v 2b Enter the number of entry loyees reported on Form V3-3, Transmittal of Vage and Tax. 2a v 1c v 2b Enter the number of entry loyees reported on Form V3-3, Transmittal of Vage and Tax. 2a v v 3b If at least one is reported on line 2a, did the organization have and entres in the returns 7. 3a v 3b 3a v 3b If at least one is reported on line 2a, did the organization have and interes in a signature on the organization have an unterest in a signature or other authority over, a financial account in a foreign country (such as a bark account, socurities account in or other financial account (rEAR). 3a v 5c Was the organization have and the foreign country (such as heater transaction and the and Financial Accounts (rEAR). 5a v bit "Yes," and tillid a Form 30.5 (FICEN Form 114, Report of Foreign Bark and Financial Accounts (rEAR). 5a v bit we organization have annual gross receipts that are normable dust shelter transaction? 6a v bit "Yes," did the organization financial Accounts (rEAR). bit we countization incl		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-26 included in line 1a. Enter -0-If not applicable. Ib io c Did the organization comply with backing withhold rights for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? io io 2a Enter the number of enphyses reported on Form W-3, Transmittal of Wage and Tax. 2a io io b If at least one is reported on line 2.4, did the organization file all required federal employment tax returns? Note. If the sum of lines tand 2.a is grater than 2.50, youd and the velocities account? ia iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Image: Complexies reported on line 24, did the organization file all required feed amployments tax returns? 2a Exter the number of employees reported on line 24, did the organization file all required feed amployment tax returns? Image: Complexies reported on line 24, did the organization file all required feed amployment tax returns? bit the sum of lines 1a and 2a is greater than 250, you may be required to a-file (see instructions) Image: Complexies required to a-file (see instructions) bit "Yes," has it filed a Form 990-T for this year? Image: Complexies required to a -file (see instructions) Image: Complexies requirements for Fince Complexies requirements complexies requirements for second to a signature or other authority over, a financial account in a foreign country. Image: Complexies requirements for Fince Fi	1a				
reportable gaming (gambling) winnings to pize winners? 1c 1c 2a Enter the number of employees reported on Form W-3, Transmital of Wage and Tax 1c 1c 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 2b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 2b 4a At any time during the calendar year, did the organization have an interest in, or a signature 0 or ther financial account? 3a 2b 4a At any time during the calendar year, did the organization have an interest in, or a signature 0 or ther financial account? 3a 2b 5a Did the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 2c 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a 2c 5a Dota or transaction aparty to a prohibited tax shelter transaction at any time during the tax year? 5a 2c 5a Dota organization nearge size of the form 8886-17 5a 2c 3a 2c 5b Did the organization nearge size of the tax shelter transaction and sholt was a contributions? 6a 2c 3a	b				
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this returns? 2a c bit at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a v Bott the equinization have unrelated business gross income during the year?	С				
Statements, filed for the calendar year ending with or within the year covered by this returm. Leg all g b fail least one is reported on line 2a, did the organization file all required for derail employment tax returns? 2b v 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a v 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a v 3b Ti "Yes," has it filed 3 Form 90-T for this year? Note. If the sum of the foreign country were the start are normally control, pr other financial account, or other financial account, if anneal at account if a foreign country. 4a v b If "Yes," enter the name of the foreign country. 5a v 5a v 5a w as the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a v 5b v 5b v 5b v 5b v 5a w as the organization have annual gross receipts that are normally orgater than \$100,000, and tilt the organization netwers on tax deductibles at other start bale contributions? 5a v 7b Was the organization netwers on tax deductibles at other start bale contributions? 5a v 5a v <td>-</td> <td></td> <td>1c</td> <td>~</td> <td></td>	-		1c	~	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b v 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a v 3b If "Yes," has it filed a Form 990-T for this year? If "No" to <i>line 3b, provide an explanation</i> in Sohadule 0. 3a v 3b If "Yes," thas it filed a Form 990-T for this year? If "No" to <i>line 3b, provide an explanation</i> in 2 or differ authority over, a financial account in a foreign country (such as a bark account, securities account, pr other financial account?? 3a v b If "Yes," enter the name of the foreign country: Image: the second of the authority over, a financial account is the organization that we an interest in, or a signature or other authority account?? 5a v b Did any taxable party notify the organization that we are normally greater than \$100,000, and did the organization nature were solicitation an excluse statement that such contributions of the organization nature were solicitation an excluse statement that such contributions of the very solicitation an excluse statement that such contributions of the very solicitation an excluse statement that such contributions of the very solicitation an excluse statement that such contributions of the very solicitation an excluse statement that such contributions of the very solicitation and excluse statement that such contributions of the very solicitation excluse statement that such control the organization the very solicitation an excluse statement that such control the very solicitatin the very solicitation t	2a				
Note, If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions). 3a Did the organization have wurestade business gross income of \$1.000 runce during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No" to <i>line 3b, provide an explanation in Schedule O</i> . 3a 4A at any time during the calendar year, did the organization have an interest in, or a signature or other financial accounts in a foreign country: Image and the securities account, or other financial accounts (Financial Accounts) accounts of the sa is bank account, securities account, or other financial Accounts (Financial Accounts) are a prohibited tax shelter transaction? 5a Was the organization a party to a prohibited tax shelter transaction? any time during the tax year? 5a 5b Vest to line 5a or 5b, did the organization file Form 8886-T? 5a 6b Obes the organization have annual gross receipts that are normally greater than \$100,000,					
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a ✓ b ff "Yes," has it field a Form 990-T for this year? if "No" to line 3b, provide an explanation in Schedule O. 3b 3b A At any time during the calendar year, id the organization have an interest in, or a signature on other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account) or other financial accounts (FEAR). 5a Was the organization a party to a prohibited tax sheler transaction at any time during the tax year? 5a 5a Was the organization indue with every solicitation an express statement than \$100,000, and id the organization include with every solicitan on activitito and party to a prohibited tax sheler transaction? 5a 6 ✓ 1f "Yes," id did corganization intel were not tax deductible as charitable contributions or diffs were not tax deductible? 5a ✓ 7 Organization shet may receive deductible contributions and partly as a contribution and partly for goods and services provided to the payor? 7a ✓ 7 Organization metelwe any funds, directly or indirectly, to ap premiums on a personal benefit contract? 7a ✓ 7 Organization metelwe any funds, directly or indirectly, to ap premiums on a personal benefit contract? 7a ✓	b		2b	~	
b If "Yes," has it filed a Form 990-T for this year," if "No" to line 3b, provide an explanation in Schedulg 0. 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account) or other financial accounts (FeAR). 3a 5a If "Yes," enter the name of the foreign country: [such as a bank account, securities account, or other financial accounts (FEAR). 5a ✓ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a ✓ 5b If "Yes," other to rob, oid the organization file form 8080-17 5c 5a ✓ 6b Does the organization have annual gross receipts that are normally greater than \$100.000, and did the organization solict any contributions that were not tax deductible a charitable contributions? 6b 6b 7 Organization statin may receive deductible contributions under section 170(c). a) Did the organization norbit, the donor of the yable of the goods or services provided 7 7b ✓ 7 Organization shat may receive any during, directly or indirectly, to apy premiums on a personal benefit contract? 7b ✓ 7 Organization receive a payment in excess of \$75 mide party as a contribution and party for goods and services provided 1 the organization neceive any tonds, dincedly or indirect	20		0-		
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Form 99	00 (2016)			F	-age 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	s in Schedule O. S	ee ins	tructi	ions.
	Check if Schedule O contains a response or note to any line in this Part VI				~
Secti	on A. Governing Body and Management			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 15		Tes	No
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business r any other officer, director, trustee, or key employee?	1b15elationship with	2		~
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or othe		3		~
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 99 Did the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders?	on's assets? .	4 5 6 7a		ン ン ン ン
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?		7b		~
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	dertaken during			
a b 9	The governing body?	t be reached at	8a 8b 9	<u>י</u>	~
Secti	on B. Policies (This Section B requests information about policies not required by the		-	ode.)	
				Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?		10a 10b		~
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befor	e filing the form?	11a	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-			
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12a 12b	۲ ۲	
С	Did the organization regularly and consistently monitor and enforce compliance with the p describe in Schedule O how this was done		12c	~	
13 14 15	Did the organization have a written whistleblower policy?	nd approval by	13 14	2	
a b	The organization's CEO, Executive Director, or top management official		15a 15b	۲ ۲	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or simil with a taxable entity during the year?	lar arrangement	16a		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps t organization's exempt status with respect to such arrangements?	n to evaluate its o safeguard the	16b		
Secti	on C. Disclosure				
17 18	List the states with which a copy of this Form 990 is required to be filed ► MN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply. ✓ Own website	nedule O)	·	,,,,	
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.				, and
20	State the name, address, and telephone number of the person who possesses the organizatic Nancy Torrison, (952)456-2463	on's dooks and red	cords		

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

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.

č					C)		C	N		<u> </u>
(A)	(B)	(do p	ot ob	Pos		e than o		(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per	office				or/trust	ee)	compensation from	compensation from	amount of
	week (list any hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Curt Anderson	2.5									
Board Chair		V		~				0	0	0
Julie Opheim	1									
Vice Chair	0	~		~				0	0	0
Peter Bucka	1									
Treasurer	0	~		~				0	0	0
Janet Huss	1									
Secretary	0	~		~				0	0	0
Mark Bacigalupo	0									
Board Memeber	0	~						0	0	0
Justin Ballsrud	0									
Board Member	0	~						0	0	0
Gary Brausen	0									
Board Member	0	~						0	0	0
Arkadiusz Dudek MD PhD	0									
Board Memeber	0	~						0	0	0
Jody Eifert	0									
Board Member	0	~						0	0	0
Jeffrey Kendall	0									
Board Member	0	~						0	0	0
Mark Solfelt MD	0									
Board Member	0	~						0	0	0
Paul Thurmes MD	0									
Board Member	0	~						0	0	0
Mary Zimmer	0									
Board Member	0	~						0	0	0
Dan LeFevre	0									
Board Member	0	~						0	0	0
	•				-	·!				Form 990 (2016)

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees	s, ar	nd H	lighes	st C	ompensated E	mployees (c	continu	ied)		
					•	C)								
	(A) Name and title	(B) Average hours per	box,	unles	neck is pe	rson	e than c is both or/trust	n an	(D) Reportable compensation	(E) Reportabl compensation		Est	(F) imated ount of	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-M		comp fro orga and	other ensatic m the nizatior related nization	1
Lori R	yan MD	0												
Board	Member	0	~						0		0			0
Nancy	r Torrison	40												
Execu	tive Director	0			~				82,000		0			0
									S					
								C						
									2					
				7										
		Q												
1b	Sub-total			L		L		►	82,000		0			0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A						82,000		0			0
2	Total number of individuals (including but	t not limiter	to th	1096	A lict	 ed	ahove	-) w		ore than \$10	-) of		0
_	reportable compensation from the organi		1 10 11	1000	, 1131	cu	above	.) 🗤	0		,000	0		
3	Did the organization list any former of	ificer direc	tor c	or tr	ueta	20	kov c	mr	lovee or high	est comper	neator	4	Yes	No
Ŭ	employee on line 1a? If "Yes," complete a											3		V
4	For any individual listed on line 1a, is the organization and related organizations											•		
	individual	-										4		~
5	Did any person listed on line 1a receive of for services rendered to the organization?											5		~
Sectio	on B. Independent Contractors	, -	- 1-						1					•
1	Complete this table for your five highest compensation from the organization. Rep year.													ax
	(A) Name and business add	lress							(B) Description of s	ervices		(C) Compens	sation	
None														

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 ▶ 0

	990 (201					Page 9
Par	t VIII	Statement of Revenue				_
		Check if Schedule O contains a response or note to	o any line in this (A) Total revenue	Bart VIII (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
fts, Grants r Amounts	1a b c	Federated campaigns1a7,459Membership dues11b0Fundraising events10				
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Related organizations1d0Government grants (contributions)1e0All other contributions, gifts, grants, and similar amounts not included above1f616,333				
Contri and O	g h	Noncash contributions included in lines 1a-1f: \$0 Total. Add lines 1a-1f	623,792			
		Business Code	023,172			
Program Service Revenue	2a b			0,		
m Servic	c d e			8		
Progra	f g	All other program service revenue . Total. Add lines 2a–2f	0	0	0	0
	3	Investment income (including dividends, interest, and other similar amounts)	75	0	0	75
	4	Income from investment of tax-exempt bond proceeds	0	0	0	0
	5	Royalties .	0	0	0	0
	6a	Gross rents				
	b c	Less: rental expenses Rental income or (loss)				
	d 7a	Net rental income or (loss)				
	b	Less: cost or other basis and sales expenses				
	c d	Gain or (loss) . 0 0 0 Net gain or (loss) 				
Other Revenue	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c).				
her R		See Part IV, line 18 a0				
ð	b	Less: direct expenses b 0				
	с 9а	Net income or (loss) from fundraising events ► Gross income from gaming activities. See Part IV, line 19 a	0		0	0
	b c	Less: direct expenses b Net income or (loss) from gaming activities ►				
	10a	Gross sales of inventory, less returns and allowances a				
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory ► Miscellaneous Revenue Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	е	Total. Add lines 11a-11d ►	0			
	12	Total revenue. See instructions.	623,867	0	0	75

Form 990 (2016) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (C) **(D)** Fundraising Management and general expenses 8b, 9b, and 10b of Part VIII. expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21 . . 112,500 112,500 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 82,000 72,160 8,200 1,640 Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 77,338 7 105,629 23,381 4,910 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 0 10 Payroll taxes 14,912 11,881 2,510 521 11 Fees for services (non-employees): Management 0 0 а C Legal b . . С Accounting 1,386 1,386 d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) . . 17,928 11,700 1,578 4,650 12 Advertising and promotion 20.174 20,174 13 Office expenses 23,839 17,677 5,972 190 . . Information technology 14 49,851 38,346 5,174 6,331 15 Royalties 16 Occupancy . . . 60,439 55,841 4,504 94

- Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings .
- 20 Interest **V**. . . . 21 Payments to affiliates . Depreciation, depletion, and amortization . 22 23 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.)
- Telephone & Internet а Dues and Subscriptions b Filing Fees С Program Supplies d All other expenses е Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and

fundraising solicitation. Check here 🕨 🔲 if

following ŠOP 98-2 (ASC 958-720)

5,438 4,855 300 0 25 0 75,006 75.006 0 591,580 514,631

15,804

3,638

2,711

15,375

1,518

260

286

539

2,451

444

300

25

0

57,907

143

1,581

139

0

0

0

19,042

	990 (20 art X	Balance Sheet			Page 11
		Check if Schedule O contains a response or note to any line in this Pa	t X		. 🗆
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	207,491	1	233,372
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	5,275	4	12,216
	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	
s	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	$\mathbf{\wedge}$	8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments-publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	800	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) . 🚬	213,566	16	245,588
	17	Accounts payable and accrued expenses	757	17	492
	18	Grants payable		18	
	19	Grants payable		19	
	20			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
iab	~~	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		25	
	26	Total liabilities. Add lines 17 through 25	757	26	492
-	20	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and	751	20	472
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	212,809	27	245,062
3al	28	Temporarily restricted net assets	0		34
p	29	Permanently restricted net assets	0	29	0
Ъ.		Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and			
or Fund Balances		complete lines 30 through 34.			
ŝts	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Re	33	Total net assets or fund balances	212,809	33	245,096
	34	Total liabilities and net assets/fund balances	213,566	34	245,588

Form 99	90 (2016)			Pa	ige 12			
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		623,867				
2	Total expenses (must equal Part IX, column (A), line 25)	2		59	1,580			
3	3 Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		21	2,809			
5								
6								
7	Investment expenses	7			0			
8	Prior period adjustments	8			0			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	10		24	5,096			
Part	XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII .							
				Yes	No			
1	Accounting method used to prepare the Form 990: 🗌 Cash 🕑 Accrual 🛛 🗌 Other							
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in						
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		~			
	If "Yes," check a box below to indicate whether the financial statements for the year were comp							
	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?		2b		~			
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	/ersight						
	of the audit, review, or compilation of its financial statements and selection of an independent accou		2c					
	If the organization changed either its oversight process or selection process during the tax year, ex							
	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?		3a		~			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao the	- Cu					
-	required audit or audits, explain why in Schedule O and describe any stops taken to underge such a		3b					
			Forr	n 990	(2016)			
			1011		(2010)			
	required addit of addits, explain why in Schedule O and describe any steps taken to dridergo such a							

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

Name of the organization

Employer identification number

Dout	Descention Dublic Charity Status (All exercised are much complete this n	
A Breath o	f Hope Lung Foundation	30-0475578

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 33¹/₃% 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 33¹/₃% 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?		listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No				
(A)								
(B)								
(C)								
(D)								
(E)								
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

Calen	dar 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.")	228,057	280,468	290,932	412,374	623,792	1,835,623	
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				,0			
	organization without charge							
4	Total. Add lines 1 through 3	228,057	280,468	290,932	412,374	623,792	1,835,623	
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)						0	
<u>6</u>	Public support. Subtract line 5 from line 4						1,835,623	
-	on B. Total Support dar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
Calen	Amounts from line 4	228,057	280,468	290,932	412,374	623,792	1,835,623	
8	Gross income from interest, dividends,	220,037	200,400	270,732	412,374	023,172	1,033,023	
Ū	payments received on securities loans,							
	rents, royalties and income from similar		0.*					
	sources					75	75	
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.)	4						
11	Total support. Add lines 7 through 10						1,835,698	
12	Gross receipts from related activities, etc					12		
13	First five years. If the Form 990 is for the	-			-			
	organization, check this box and stop he						🕨 🗌	
	on C. Computation of Public Suppor	•		1		44		
14 15	Public support percentage for 2016 (line 6 Public support percentage from 2015 Sch		-			14 15	<u> 100 %</u> 97.2 %	
16a	33 ¹ / ₃ % support test-2016. If the organi							
	box and stop here. The organization qua							
b	33 ¹ / ₃ % support test – 2015. If the organi this box and stop here. The organization	zation did not	check a box o	n line 13 or 16	a, and line 15	is 33 ¹ /3% or mo	ore, check	
17a								
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	ition meets the	e "facts-and-c	vircumstances' stances" test.	' test, check t The organizati	this box and s on qualifies as	top here. a publicly	
18	Private foundation. If the organization di							
	instructions							
						edule A (Form 990		

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.)

Sant:	If the organization fails to qualify	under the te	sts listed bei	ow, please co	Simplete Part	11.)	
	on A. Public Support	(a) 0010	(b) 0010		(4) 0015		(6) Tatal
	dar 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						
2	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar 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						
с	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	ne organizatio	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a sectio	on 501(c)(3)
	organization, check this box and stop he	re					· · · 🕨 🗌
Secti	on C. Computation of Public Suppor	rt Percentag	e				
15	Public support percentage for 2016 (line	8, column (f) d	ivided by line 1	3, column (f)		15	%
16	Public support percentage from 2015 Scl	hedule A, Part	III, line 15 .	<u></u>	<u></u>	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2016 (-	y line 13, colu	mn (f))	17	%
18							
19a							
	17 is not more than $33^{1/3}$ %, check this box and stop here. The organization qualifies as a publicly supported organization .						
b	331/3% support tests-2015. If the organiz	-	-	-		-	
~	line 18 is not more than $33^{1/3}$ %, check this						
20	Private foundation. If the organization di		-	-			
			20/ 01 110 14	, 100, 01 100, 0			0 or 990-EZ) 2016
					301	ICUUIC A (FUIIII 99	UUI UUU-EL ZUID

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? If "Yes," provide detail in **Part VI**.
- 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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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))? If "Yes," provide detail in **Part VI**.
- **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? *If "Yes," provide detail in Part VI.*
- **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? *If "Yes," provide detail in Part VI.*
- **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)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

	le A (Form 990 or 990-EZ) 2016		F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on 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? 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.	1		
2	Did the evention events for the boundit of any evented evention other than the evented			
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? 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.	2		
Secti	on 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)? 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).	1		
ecti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.

supported organizations played in this regard.

- 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? 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.
- 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? 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.
- 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? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

3

2a

2b

3a

Yes No

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

Page	6
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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.

instructions. All other Type III non-functionally integrated supporting organ Section A - Adjusted Net Income	11200	(A) Prior Year	(B) Current Year
		, y	(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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

	V Turne III New Turnetienelly Interneted 500(e)/2			Page
Part		b) Supporting Organ	zations (continued)	Current Veer
	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	orted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	Inizations	
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 whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	ection 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.		9	
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	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			
	Carryover from 2011 not applied (see instructions)			
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributions of phot years			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
5	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:			
а				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			



SCHEDU (Form 99		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.							OMB No. 1545-0047
Department of Internal Rever	f the Treasury nue Service	► Info	ormation about Sche		o Form 990. nd its instructions i	is at www.irs.gov/fo	rm990.		Inspection
Name of the						.		Employer ide	entification number
A Breath o	of Hope Lung Foundatio	n						:	30-0475578
Part I	General Informat	ion on Grants and	d Assistance					P.	
the	es the organization ma selection criteria used scribe in Part IV the org	to award the grants	s or assistance?					ssistance, an	d I Yes ☐ No
Part II	Grants and Other 990, Part IV, line 2	Assistance to D	omestic Organiz	ations and Don	nestic Governn	nents. Complete			d "Yes" on Form
1 (a) Nam	ne and address of organizatio or government	n (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 noncash assista		(h) Purpose of grant or assistance
(1) Sch I,	Stmt 1					3			
(2)									
(3)									
(4)				ci (6				
(5)				0					
(6)									
(7)			XV	1					
(8)									
(9)									
(10)									
(11)									
(12)									
	ter total number of sec								0
3 Ent	ter total number of othe	er organizations liste	ed in the line 1 table	e				🕨	0

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

Schedule I (Form 990) (2016)

Part III									
	Part III can be duplicated if additiona	space is neede	d.	1					
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
1									
2					A				
3					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
4					-0.				
5				0	97				
6									
7									
Part IV	Supplemental Information. Provide	the information	required in Part I, lir	e 2; Part III, columi	h (b); and any other addit	ional information.			
Schedule I	, Part I, Line 2 - Fellowship recipients report to	the A Breath of Ho	ope research committe	e each quarter with do	nor reports				
				•					
	`								

		Recipient EIN	Amt. of cash grant	Amt. of non cash asst
Name and address	University of Minnesota	41-6007513	37,500	
	PO Box 1450			
	Minneapolis, MN 55485			
RC code section				
Method of valuation				
Desc. of Non-Cash Asst.	0			
Purpose of grant	Lung cancer research			
Name and address	University of IL Chicago	37-6000511	37,500	
	PO Box 20787			
	Springfield, IL 62708			
RC code section				
Method of valuation				
Desc. of Non-Cash Asst.	0			
Purpose of grant	Lung cancer research			
Name and address	NYU School of Medicine	13-3971298	37,500	
	PO Box 415026		- ,	
	Boston, MA 02241			
RC code section				
Method of valuation				
Desc. of Non-Cash Asst.	0			
Purpose of grant	Lung cancer research			
	SP-P			

A Breath of Hope Lung Foundation

EIN: 30-0475578

Schedule I, Part IV, Statement 1

Form: Schedule I (2016)

SCHEDULE O	Supplemental Information to Form 990 or 990-	EZ	OMB No. 1545-0047
(Form 990 or 990-EZ)	is on	2016	
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	. "	Open to Public
Internal Revenue Service	► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www	-	Inspection
Name of the organization	a Foundation	Employer identifica	
A Breath of Hope Lung	tion B, Line 11b - The Executive Committee and the full board review and appro-		0475578
10111 770, Part VI, Sec	tion b, the ris - the txecutive committee and the full board review and appro-		ining.
Form 990, Part VI, Sec	tion B, Line 12c - Each board member reviews and signs the conflict of interest	policy annually. E	ach board member
is required to disclose	any conflict of interest at each board meeting and for every motion.		
Form 000 Dart VI Sec	tion B, Line 15 - The board of directors determines the Executive Director's sala	ry based on perfo	rmance and by
	council of Nonprofit's comprehensive salary survey as a guide. Each board mem		
	ell as all salaries as part of payroll in the annual budget.		
	tion C, Line 19 - All governing documents, conflict of interest policy and financi.	al statements are	available to the
public upon request.	190 S and annual reports are available on our website.		
	·····		