

# Return of Organization Exempt From Income Tax

**2000**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2000 calendar year, or tax year period beginning **July 1, 2000**, and ending **June 30, 2001**

- B** Check if applicable:
- Change of address
  - Change of name
  - Initial return
  - Final return
  - Amended return

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization **AMERICAN RESPIRATORY ALLIANCE OF WESTERN PENNSYLVANIA**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**201 SMITH DRIVE SUITE E**

City or town, state or country, and ZIP code  
**CRANBERRY TOWNSHIP, PA 16066**

**D** Employer identification number  
**25: 0965587**

**E** Telephone number  
**(724) 772-1750**

**F** Check  if application pending

**G** Organization type (check only one)  501(c) ( 3 ) (insert no)  527 or  4947(a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

**J** Accounting method  Cash  Accrual  Other (specify)

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: H and I are not applicable to section 527 orgs.

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates

**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See inst.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Enter 4-digit group exemption no. (GEN)

**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)**

		1a		1b		1c		1d	
<b>1</b> Contributions, gifts, grants, and similar amounts received		322,661		5,654					
<b>a</b> Direct public support									
<b>b</b> Indirect public support									
<b>c</b> Government contributions (grants)									
<b>d</b> Total (add lines 1a through 1c) (cash \$ 328,315 noncash \$ 0 )								328,315	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)								15,353	
<b>3</b> Membership dues and assessments									
<b>4</b> Interest on savings and temporary cash investments									
<b>5</b> Dividends and interest from securities								618,652	
<b>6a</b> Gross rents		105,793		79,846					
<b>b</b> Less rental expenses									
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)								25,947	
<b>7</b> Other investment income (describe <input type="checkbox"/> )									
<b>8a</b> Gross amount from sales of assets other than inventory		(A) Securities		(B) Other					
<b>b</b> Less cost or other basis and sales expenses		15,959,120	8a	14,403	8b				
<b>c</b> Gain or (loss) (attach schedule)		14,628,303	8b	0	8c				
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))		1,330,817	8c	14,403	8c				
<b>9</b> Special events and activities (attach schedule)									
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)		9a		33,673					
<b>b</b> Less direct expenses other than fundraising expenses		9b		13,746					
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)								19,927	
<b>10a</b> Gross sales of inventory, less returns and allowances		10a							
<b>b</b> Less cost of goods sold		10b							
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)								0	
<b>11</b> Other revenue (from Part VII, line 103)								0	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)								2,353,414	
<b>13</b> Program services (from line 44, column (B))								1,580,142	
<b>14</b> Management and general (from line 44, column (C))								116,627	
<b>15</b> Fundraising (from line 44, column (D))								158,573	
<b>16</b> Payments to affiliates (attach schedule)									
<b>17</b> Total expenses (add lines 16 and 44, column (A))								1,855,342	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)								498,072	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))								25,200,675	
<b>20</b> Other changes in net assets or fund balances (attach explanation)								(3,635,961)	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)								22,062,786	

RECEIVED  
JAN 23 2002  
MGA  
IRSOCS  
OGDEN, UT

SCANNED FEB 04 '02

19

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 257,527 noncash \$ 0)	257,527	257,527		
23	Specific assistance to individuals (attach schedule)	5,218	5,218		
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	58,634	53,122	2,463	3,049
26	Other salaries and wages	471,977	432,278	20,179	19,520
27	Pension plan contributions	25,594	19,196	3,839	2,559
28	Other employee benefits	49,266	42,126	(978)	8,118
29	Payroll taxes	45,150	41,457	1,693	2,000
30	Professional fundraising fees	0	0	0	0
31	Accounting fees	15,960	0	15,960	0
32	Legal fees	49,591	0	49,591	0
33	Supplies	27,817	26,156	526	1,135
34	Telephone	31,854	26,132	1,261	4,461
35	Postage and shipping	186,989	120,465	7,094	59,430
36	Occupancy	37,444	31,948	329	5,167
37	Equipment rental and maintenance	35,107	29,623	2,285	3,199
38	Printing and publications	60,259	56,463	925	2,871
39	Travel	19,404	16,734	542	2,128
40	Conferences, conventions, and meetings	9,525	7,583	912	1,030
41	Interest	25,304	20,441	1,308	3,555
42	Depreciation, depletion, etc (attach schedule)	52,903	43,380	4,232	5,291
43	Other expenses (itemize) a INSURANCE	19,358	16,877	1,139	1,342
b	PROFESSIONAL FEES	274,404	244,430	0	29,974
c	SPECIAL PROGRAMS	22,868	22,868	0	0
d	MARKETING	70,175	65,482	1,052	3,641
e	OTHER	3,014	636	2,275	103
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	1,855,342	1,580,142	116,627	158,573

**Reporting of Joint Costs.** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23)**

What is the organization's primary exempt purpose? ▶ PROMOTE LUNG HEALTH	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others)
a INFECTIOUS LUNG DISEASE - INCLUDES PROGRAMS FOR MEDICAL PROFESSIONALS & THE GENERAL PUBLIC ON TUBERCULOSIS, INFLUENZA, PNEUMONIA & OTHER INFECTIOUS DISEASES (Grants and allocations \$ _____ )	182,892
b HEALTH & TOBACCO - EDUCATES CHILDREN & ADULTS ON THE HEALTH EFFECTS OF SMOKING AND SECOND HAND SMOKE AND OFFERS A WIDE VARIETY OF SMOKING CESSATION PROGRAMS (Grants and allocations \$ _____ )	329,091
c LUNG DISEASE ("LD") (CHILDREN & ADULTS) - EDS BOTH ADULTS & CHILDREN WHO SUFFER FROM LD INCLUDES CAMPS FOR CHILDREN W/ASTHMA AND A SUPPORT GROUP FOR ADULTS WITH LD AWARDS GRANTS TO PHYSICIANS & OTHER HEALTH PROFESSIONALS FOR RESEARCH & TRAINING IN LD (Grants and allocations \$ 257,527 )	1,006,070
d COMMUNITY AFFAIRS - CONDUCTS PROGRAMS FOR SCHOOLS, COMMUNITY GROUPS, ORGANIZATIONS, AND WORKPLACES ON LUNG HEALTH DEVELOPS INNOVATIVE PROGRAMS TO RESPOND TO LOCAL LUNG HEALTH NEEDS. (Grants and allocations \$ _____ )	62,089
e Other program services (attach schedule) (Grants and allocations \$ _____ )	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	1,580,142

**Part IV Balance Sheets** (See Specific Instructions on page 23)

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing		275	45	275
	46	Savings and temporary cash investments		12,635	46	51,870
	47a	Accounts receivable	47a			
	b	Less allowance for doubtful accounts	47b	0	47c	0
	48a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b	0	48c	0
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes and loans receivable (attach schedule)	51a			
	b	Less allowance for doubtful accounts	51b	0	51c	0
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		18,309	53	14,875
	54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		24,354,246	54	20,966,411
	55a	Investments—land, buildings, and equipment basis	55a			
	b	Less accumulated depreciation (attach schedule)	55b	0	55c	0
56	Investments—other (attach schedule)			56		
57a	Land, buildings, and equipment basis	57a	2,015,674			
b	Less accumulated depreciation (attach schedule)	57b	888,895	1,243,200	57c	1,126,779
58	Other assets (describe <input type="checkbox"/> <u>LOAN RECEIVABLE - AFFILIATE</u> )		85,000	58	85,000	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		25,713,665	59	22,245,210	
Liabilities	60	Accounts payable and accrued expenses		83,239	60	142,001
	61	Grants payable			61	
	62	Deferred revenue		6,760	62	22,107
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule)		422,991	64b	18,316
	65	Other liabilities (describe <input type="checkbox"/> )		0	65	
66	<b>Total liabilities</b> (add lines 60 through 65)		512,990	66	182,424	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		15,094,837	67	13,008,740
	68	Temporarily restricted		2,998,604	68	1,946,812
	69	Permanently restricted		7,107,234	69	7,107,234
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)		25,200,675	73	22,062,786
	74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		25,713,665	74	22,245,210

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See Specific Instructions, page 25 )

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total revenue, gains, and other support per audited financial statements ▶	<b>a</b>	(1,134,114)
<b>b</b>	Amounts included on line a but not on line 12, Form 990		
	(1) Net unrealized gains on investments \$ (3,635,961)		
	(2) Donated services and use of facilities \$ 148,433		
	(3) Recoveries of prior year grants \$		
	(4) Other (specify) \$		
	Add amounts on lines (1) through (4) ▶	<b>b</b>	(3,487,528)
<b>c</b>	Line a minus line b ▶	<b>c</b>	2,353,414
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:		
	(1) Investment expenses not included on line 6b, Form 990 \$		
	(2) Other (specify) \$		
	Add amounts on lines (1) and (2) ▶	<b>d</b>	0
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	2,353,414

<b>a</b>	Total expenses and losses per audited financial statements ▶	<b>a</b>	2,003,775
<b>b</b>	Amounts included on line a but not on line 17, Form 990		
	(1) Donated services and use of facilities \$ 148,433		
	(2) Prior year adjustments reported on line 20, Form 990 \$		
	(3) Losses reported on line 20, Form 990 \$		
	(4) Other (specify) \$		
	Add amounts on lines (1) through (4) ▶	<b>b</b>	148,433
<b>c</b>	Line a minus line b ▶	<b>c</b>	1,855,342
<b>d</b>	Amounts included on line 17, Form 990 but not on line a:		
	(1) Investment expenses not included on line 6b, Form 990 \$		
	(2) Other (specify) \$		
	Add amounts on lines (1) and (2) ▶	<b>d</b>	0
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	1,855,342

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see Specific Instructions on page 25 )

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
CHRISTINE WEAVER 295 HOODRIDGE DRIVE, PITTSBURGH, PA 15234	EXE DIRECTOR 40 HOURS/WEEK	58,634	13,740	2,486
SEE SCHFDULE 5 - FOR ALL DIRECTORS	VARIOUS 1-2 HOURS/WEEK	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule—see Specific Instructions on page 26

<b>Part VI Other Information</b> (See Specific Instructions on page 26)		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a		
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III)	82b		
			148,433	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		N/A
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
85	501(c)(4), (5), or (6) organizations	85a		N/A
a	Were substantially all dues nondeductible by members?			
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b		N/A
c	Dues, assessments, and similar amounts from members	85c		N/A
d	Section 162(e) lobbying and political expenditures	85d		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86	501(c)(7) orgs	86a		N/A
a	Initiation fees and capital contributions included on line 12			
b	Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87	501(c)(12) orgs	87a		N/A
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0, section 4912 <input type="checkbox"/> 0, section 4955 <input type="checkbox"/> 0			
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			0
90a	List the states with which a copy of this return is filed <input type="checkbox"/> PENNSYLVANIA			
b	Number of employees employed in the pay period that includes March 12, 2000 (See inst)	90b		13
91	The books are in care of <input type="checkbox"/> TAMI ROCK Telephone no <input type="checkbox"/> (724) 772-1750 Located at <input type="checkbox"/> 201 SMITH DR, SUITE E, CRANBERRY TWP, PA 16066 ZIP code <input type="checkbox"/> 16066			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92			

**Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30)**

	Unrelated business income		Excluded by section 512, 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a <b>SMOKING CESSATION PROGRAM FEES</b>					7,551
b <b>OTHER INCOME</b>					7,802
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	618,652	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	25,947	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	1,345,220	
101 Net income or (loss) from special events			01	19,927	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		2,009,746	15,353
105 Total (add line 104, columns (B), (D), and (E))					2,025,099

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31)**

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a-b	<b>PROMOTES LUNG HEALTH THROUGH SMOKING CESSATION PROGRAMS AND BY PROVIDING EDUCATIONAL INFORMATION TO THE GENERAL PUBLIC</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31)**

(A) Name, address, and EIN of corporation, partnership or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31)**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

including accompanying schedules and statements, and to the best of my knowledge and belief (other than officer) is based on all information of which preparer has any knowledge

1/14/02 **CHRISTINE WEAVER, EXEC. DIR.**

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2000**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization: **AMERICAN RESPIRATORY ALLIANCE OF WESTERN PENNSYLVANIA**  
Employer identification number: **25-0965587**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
REGINA SIMMS 246 FT PALMER EST RD , LIGONIER, PA 15658	DIR. - FIELD SVCS 40 HOURS/WEEK	47,099	6,315	0
Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
FORECAST DIRECT MARKETING GROUP 37 TERMINAL WAY, PITTSBURGH, PA 15219	MAILINGS	167,996
LEWIS, ECKERT, ROBB & CO. ONE PLYMOUTH MEETING, STE 425, PLYMOUTH MEETING, PA 19482	LOBBYING	90,000
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part III Statements About Activities**

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>90,000</u> Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	<b>1</b> X	
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary?		
<b>a</b> Sale, exchange, or leasing of property?	<b>2a</b>	X
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>	X
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	X
<b>e</b> Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	<b>2e</b>	X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.?	<b>3</b> X	
<b>4a</b> Do you have a section 403(b) annuity plan for your employees?	<b>4a</b>	X
<b>b</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

**Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)**

- The organization is not a private foundation because it is (Please check only **ONE** applicable box.)
- 5**  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
  - 6**  A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)
  - 7**  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
  - 8**  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
  - 9**  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶
  - 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
  - 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
  - 11b**  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
  - 12**  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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A)
  - 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	303,931	643,598	762,927	798,900	2,509,356
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	64,260	57,942	51,970	70,445	244,617
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	713,703	733,616	736,743	686,126	2,870,188
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	1,081,894	1,435,156	1,551,640	1,555,471	5,624,161
24 Line 23 minus line 17	1,017,634	1,377,214	1,499,670	1,485,026	5,379,544
25 Enter 1% of line 23	10,819	14,352	15,516	15,555	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 107,591
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					26b 37,540
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 5,379,544
d Add Amounts from column (e) for lines 18 2,870,188 19 0 22 0 26b 37,540					26d 2,907,728
e Public support (line 26c minus line 26d total)					26e 2,471,816
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 45.95%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year	(1999)	(1998)	(1997)	(1996)	
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(1999)	(1998)	(1997)	(1996)	
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c _____
d Add Line 27a total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____ %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)					

**Part V Private School Questionnaire** (See page 5 of the instructions )  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 7 of the instructions)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check here  a  if the organization belongs to an affiliated group  
 Check here  b  if you checked "a" above and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred )			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	90,000
38	Total lobbying expenditures (add lines 36 and 37)	38	90,000
39	Other exempt purpose expenditures	39	1,765,342
40	Total exempt purpose expenditures (add lines 38 and 39)	40	1,855,342
41	Lobbying nontaxable amount Enter the amount from the following table—		
	<b>If the amount on line 40 is—</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is—</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
41		41	0
42	Grassroots nontaxable amount (enter 25% of line 41)	42	60,692
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720

**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 instructions for lines 45 through 50 on page 9 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	242,767	256,775			499,542
46					749,313
47	90,000	60,000			150,000
48	60,692	64,194			124,886
49					187,329
50					0

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions )

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



**Schedule B**  
**(Form 990 or 990-EZ)**

**Schedule of Contributors**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

**2000**

Name of organization <b>AMERICAN RESPIRATORY ALLIANCE OF WESTERN PENNSYLVANIA</b>		Employer identification number <b>25-0965587</b>
Organization type (check one) — Section <input checked="" type="checkbox"/> 501(c)(3) ( ) ◀ (enter number) <input type="checkbox"/> 527 or <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust		

**A Section 501(c)(7), (8), or (10) organizations —**  
Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below)

Enter here the total gifts received during the year for a religious, charitable, etc., purpose ▶ \$

**Note:** *This form is generally not open to public inspection except for section 527 organizations*

**General Instructions**

**Purpose of Form**

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ)

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

**Who Must File Schedule B (Form 990 or 990-EZ)**

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

**Caution.** *Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).*

**Public Inspection**

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the

schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

**Contributors Required To Be Listed on Part I**

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

**General rule.** Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who, during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

**Section 501(c)(3) organizations.** For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A)) —

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

**Example.** A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

**Section 501(c)(7), (8), or (10) organizations.** For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)) —

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If a section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

## Specific Instructions

**Note:** You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

**Part I.** In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

**Part II.** In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

**Part III.** Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. *Complete this information only on the first Part III page.*

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization

AMERICAN RESPIRATORY ALLIANCE OF WESTERN PENNSYLVANIA

Employer identification number

25-0965587

**Part I** Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>26,615</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>2</u>		\$ <u>5,213</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>3</u>		\$ <u>22,066</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>4</u>		\$ <u>12,524</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>5</u>		\$ <u>97,550</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>6</u>		ND PC \$ <u>6,828</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

**Not Open For Public Inspection**

	Jun-00 1999	Jun-99 1998	Jun-98 1997	Jun-97 1996	Total	Line 26a	Excess
<b>Part IV, Line 26b</b>	\$ 71,718	\$ 30,822	\$ 22,534	\$ 20,057	\$ 145,131	\$ 107,591	\$ 37,540

American Respiratory Alliance of Western Pennsylvania  
EIN 25-0965587  
2000 Form 990

**Part I, Line 8 - Securities**

	<b><u>Proceeds</u></b>	<b><u>Cost</u></b>	<b><u>Gain/(Loss)</u></b>
Sale of Marketable Securities	<u>\$ 15,959,120</u>	<u>\$ 14,628,303</u>	<u>\$ 1,330,817</u>
Sale of equipment	<u>\$ 14,403</u>	<u>\$ -</u>	<u>\$ 14,403</u>

**Part I, Line 9 - Special Events & Activities (Net)**

	<b><u>Proceeds</u></b>	<b><u>Expenses</u></b>	<b><u>Net Revenue</u></b>
Golf Outing	\$ 21,236	\$ 8,639	\$ 12,597
Breathe EZ Walk	10,998	5,107	5,891
Other fundraising	1,439	-	1,439
	<u>\$ 33,673</u>	<u>\$ 13,746</u>	<u>\$ 19,927</u>

**Part I, Line 20 - Changes in Fund Balance**

Unrealized losses on investments	<u>\$ (3,635,961)</u>
----------------------------------	-----------------------

**Part II, Line 22 - Grants & Allocations**

Dr William J Calhoun University of Pittsburgh Division of Pulmonary, ACCM 440 Scaife Hall, 3550 Terrace St Pittsburgh, PA 15261	Research	\$	50,000
Dr Robert Hindman Pulmonary Division Allegheny General Hospital 320 E North Avenue Pittsburgh, PA 15212-4772	Fellowship		500
Dr Haitham Nsour Pulmonary Division Allegheny General Hospital 320 E North Avenue Pittsburgh, PA 15212-4772	Fellowship		500
Dr Samer Makhoul Pulmonary Division Allegheny General Hospital 320 E North Avenue Pittsburgh, PA 15212-4772	Fellowship		500
ARA of Erie 352 West Eighth Street Erie, PA 16502	Program		195,000
Asthma Scholarships	Scholarship		10,000
Miscellaneous			<u>1,027</u>
		\$	<u><u>257,527</u></u>

**Part II, Line 23 - Specific Assistance to Individuals**

Emergency funds were used to pay for prescriptions for lung disease patients. Funds were also used to provide transportation (via taxi or public transportation) for tuberculosis patients for medical treatment.

\$ 5,218

**Part IV, Line 54 - Investments**

US Gov't Securities	\$ 2,605,784
Mortgage Backed Securities	163,093
Corporate Bonds	3,006,058
Corporate Equity	14,075,530
Cash Equivalents	<u>1,115,946</u>
	<u>\$ 20,966,411</u>

**Part IV, Line 64(b) - Mortgages and Other Notes Payable**

Ford Credit	<u>\$ 18,316</u>
-------------	------------------

In May 2000, the Alliance obtained a \$23,766 note payable from Ford Credit. The term of the note is five years at 0.9% interest with principal payments ranging between \$4,600 and \$4,800.

**Part II, Line 42 - Depreciation**

**Part IV, Line 57 - Land, Buildings, Equipment**

	<u>Land</u>	<u>Building &amp; Improvements</u>	<u>Furniture &amp; Fixtures</u>	<u>Automobiles</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Balance at 6/30/0	\$ 30,000	\$ 1,677,793	\$ 229,195	\$ 93,089	\$ (786,877)	\$ 1,243,200
Net Additions						0
Net Disposals				(14,403)	14,403	0
Current Depreciation					(116,421)	(116,421)
Balance at 6/30/01	<u>\$ 30,000</u>	<u>\$ 1,677,793</u>	<u>\$ 229,195</u>	<u>\$ 78,686</u>	<u>\$ (888,895)</u>	<u>\$ 1,126,779</u>

Depreciation of \$63,518 was allocated to rental expense and included on line 6b Remaining depreciation expense is \$52,903

AMERICAN RESPIRATORY ALLIANCE OF WESTERN PENNSYLVANIA

BOARD OF DIRECTORS

<u>NAME/ADDRESS</u>	<u>PHONE NUMBER</u>	<u>COUNTY</u>
Mrs Vickee Altman, RN, MN 222 Derrick Avenue Uniontown, PA 15401	(H) 724-430-1496	Fayette
Mrs Henry H Armstrong, EMERITUS R R 1 P.O Box 259 Stahlstown, PA 15687	(H) 412-593-7544	Westmoreland
Jack Bauer 214 Cedar Drive Kittanning, PA 16201	(H) 724-548-1923	Armstrong
Victor D Bell 197 Christy Road Eighty Four, PA 15330	(O) 724-229-3311 (H) 412-228-7982	Washington
Office Address Nathan & Lewis Securities Station Capital, Inc 111 Washington Street Washington, PA 15301	Fax 724-229-5036	
Mark Bookman, Esq Reed Smith Shaw & McClay P O Box 2009 Pittsburgh, PA 15230	(O) 412-288-4120 Fax 412-288-3000	Allegheny
Georgene Brander, RN, MHR 5124 Polo Field Drive Gibsonia, PA 15044	(H) 724-443-5228 Fax 724-443-5228	Westmoreland
Donald G Brown Public Affairs Director Lamar Advertising 2610 Fifth Avenue Pittsburgh, PA 15213	(O) 412-681-8311 Fax 412-681-7758	Allegheny

AMERICAN RESPIRATORY ALLIANCE OF WESTERN PENNSYLVANIA

**BOARD OF DIRECTORS**

July 1, 2000 – June 30, 2001

Bruce A. Bush, MD, FACP Senior Vice President for Medical Affairs Indiana Hospital P O Box 788 Indiana, PA 15701-0788	(O) 724-357-7178 Fax 724-357-6959	
R. Kevin Carugati, MD 926 8 <sup>th</sup> Avenue Beaver Falls, PA 15010	(O) 724-843-1330 (H) 724-728-9421	Beaver
Mrs. Judith L. Charlton, RN 108 Cardiff Drive Aliquippa, PA 15001	(H) 724-375-6376	Beaver
J. Mabon Childs Parker/Hunter 3100 USX Tower Pittsburgh, PA 15219-2784	(O) 412-562-7979 Fax 412-562-7973	Allegheny
Warfield Garson, MD Bethel Park Residence Apartment 110 2960 Bethel Church Road Bethel Park, PA 15102-1678	(O) 724-632-6801 (H) 412-851-6657  Fax 724-632-2258	Allegheny
Dorothy F. Griffin, RN RD 1 – Box 112 Vanderbilt, PA 15486	(H) 724-677-4795	Fayette
Samuel I. Hammerman, MD Medical Arts Building 562 Shearer Greensburg, PA 15601	(O) 724-837-1894 Fax 724-837-0681	Westmoreland
Stephen C. Hansen President & Chief Executive Officer Dollar Bank, FSB Three Gateway Center - 9 West Pittsburgh, PA 15222	(O) 412-261-8191 Fax 412-261-8535	Allegheny

AMERICAN RESPIRATORY ALLIANCE OF WESTERN PENNSYLVANIA

BOARD OF DIRECTORS

July 1, 2000 – June 30, 2001

Thomas J Hilliard, Jr 402 Smithfield Building 610 Smithfield Street Pittsburgh, Pa 15222	(O) 412-391-4366 Fax 412-391-4366	Allegheny
Charles M Kolner, MD 403 Locust Avenue Washington, PA 15301	(O) 412-359-3038 (O) 724-222-2577 Fax 724-228-5849	Allegheny
Maxine C Kopiec, RN 27 Battista Drive McDonald, PA 15057	(O) 412-665-6719 (H) 724-746-2572 Fax 412-665-6799	Washington
Ronald A Landay, MD 180 Fort Couch Road Pittsburgh, PA 15241	(O) 412-833-8811	Washington & Greene
George B Miller 1171 Murray Hill Avenue Pittsburgh, PA 15217	(O) 412-762-8833 (H) 412-363-8413	Allegheny
Office Address. Trade Finance PNC Bank 620 Liberty Ave Pittsburgh, PA 15265	Fax 412-762-5022	
Harry D Milnes 3320 Fifth Avenue College Hill Beaver Falls, PA 15010	(H) 724-843-8248	Beaver
Kathryn L Nestor 220 Commerce Street Beaver, PA 15009	(H) 724-773-0112	Beaver
Donna J Pike, RRT Respiratory Therapy Dept Indiana Hospital, PO Box 788 Indiana, PA 15701	(O) 724-357-7045 Fax 724-357-7486	Indiana

AMERICAN RESPIRATORY ALLIANCE OF WESTERN PENNSYLVANIA

**BOARD OF DIRECTORS**

July 1, 2000 – June 30, 2001

Ernest O Punchard R D #1, Box 387 Rural Valley, Pa 16249	(H) 724-783-6951	Armstrong
F. Brooks Robinson, President Regional Industrial Development Corporation 425 Sixth Avenue/Suite 500 Pittsburgh, PA 15219	(O) 412-471-3939 Ext 24 Fax 412-471-1740	Allegheny
<b>Robert M. Rogers, MD</b> Fax 412-692-2113 University of Pittsburgh School of Medicine/440 Scafe Hall Pittsburgh, Pa 15261	(O) 412-692-2211	Allegheny
John P. Rupp Rupp & Fiore 200 Osborne Street Turtle Creek, PA 15145	(O) 412-823-8595 Fax 412-823-6941	Westmoreland
Joseph Van Buskirk, Esq EMERITUS P O Box 577 Ligonier, PA 15658	(H) 724-593-7779	Allegheny
Mrs Nora Waddell 555 Navigation Street Beaver, PA 15009	(H) 724-775-4139	Beaver
C Holmes Wolfe, Jr , Esq , EMERITUS 220 North Bellefield Avenue Apt 1002 Pittsburgh, PA 15213 And Shadyside Academy	(H) 412-688-9955 Fax 412-683-6619  (O) 412-968-3116 Fax 412-968-3178	Allegheny

**Part III - Statement About Activities**

- 1 - Lobbying expense was directed toward obtaining part of the tobacco settlement proceeds to fund the organization's tobacco awareness programs. No amounts were spent on behalf of a candidate for office.
  
- 2c - Legal services were provided during the year by Reed Smith Shaw & McClay LLP. Mark Bookman, Esq. who is a member of the Board of Directors is affiliated with this law firm. The legal services were provided at the law firm's standard rates for such services.
  
- 2d - Refer to Part V, Form 990.
  
- 3 - Scholarships are awarded to high school seniors with asthma based on scholastic achievement, community service, student activities and a written essay. The ARA of Western PA does not discriminate on the basis of race, sex, national origin, age or any other factor when granting scholarships.