

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2002

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

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

A For the 2002 calendar year, or tax year period beginning **JUL 1, 2002** and ending **JUN 30, 2003**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

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

D Employer identification number
25-0965587

E Telephone number
724 772 1750

F Accounting method: Cash Accrual
 Other (specify) _____

G Web site **WWW.HEALTHYLUNGS.ORG**

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

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.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **16,917,745.**

M Check if the organization is not required to attach Sch B (Form 990 990-EZ or 990-PF)

H and I are not applicable to section 527 organizations

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? **N/A** Yes No
 (If "No," attach a list)

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

I Enter 4-digit GEN _____

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **16,917,745.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	909,000.		
b	Indirect public support	1b	4,949.		
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ <u>913,949.</u> noncash \$ _____)	1d	913,949.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	18,920.		
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4			
5	Dividends and interest from securities	5	630,484.		
6 a	Gross rents SEE STATEMENT 1	6a	116,837.		
b	Less rental expenses SEE STATEMENT 2	6b	60,171.		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	56,666.		
7	Other investment income (describe _____)	7			
8 a	Gross amount from sale of assets other than inventory	(A) Securities	15,215,120.	8a	
b	Less cost or other basis and sales expenses	(B) Other	15,241,792.	8b	
c	Gain or (loss) (attach schedule)		<26,672.>	8c	
d	Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 3	8d	<26,672.>		
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ <u>0.</u> of contributions reported on line 1a)	9a	22,435.		
b	Less direct expenses other than fundraising expenses	9b	16,806.		
c	Net income or (loss) from special events (subtract line 9b from line 9a) SEE STATEMENT 4	9c	5,629.		
10 a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 10d)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,598,976.		
13	Program services (from line 44, column (B))	13	1,596,127.		
14	Management and general (from line 44, column (C))	14	52,769.		
15	Fundraising (from line 44, column (D))	15	147,410.		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	1,796,306.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<197,330.>		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	18,592,539.		
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5	20	643,338.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	19,038,547.		

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**AMERICAN RESPIRATORY ALLIANCE
OF WESTERN PENNSYLVANIA**

25-0965587

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 Page 2

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 \$ 173725 - noncash \$	173,725.	173,725.	STATEMENT 8	
23 Specific assistance to individuals (attach schedule)	11,643.	11,643.	STATEMENT 9	
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc	74,340.	68,116.	1,210.	5,014.
26 Other salaries and wages	497,545.	455,887.	8,101.	33,557.
27 Pension plan contributions	24,678.	20,316.	1,022.	3,340.
28 Other employee benefits	63,535.	52,306.	2,630.	8,599.
29 Payroll taxes	49,048.	44,108.	948.	3,992.
30 Professional fundraising fees				
31 Accounting fees	21,805.	17,970.	1,321.	2,514.
32 Legal fees	51,713.	42,619.	3,133.	5,961.
33 Supplies	34,929.	32,740.	691.	1,498.
34 Telephone	26,567.	21,901.	1,037.	3,629.
35 Postage and shipping	115,688.	75,282.	4,842.	35,564.
36 Occupancy	33,958.	28,709.	464.	4,785.
37 Equipment rental and maintenance	42,346.	35,929.	3,043.	3,374.
38 Printing and publications	24,801.	23,723.	345.	733.
39 Travel	18,838.	16,351.	1,341.	1,146.
40 Conferences, conventions and meetings	6,371.	5,249.	645.	477.
41 Interest	1,233.	212.	1,021.	
42 Depreciation, depletion etc (attach schedule)	51,524.	42,249.	4,122.	5,153.
43 Other expenses not covered above (itemize)				
a _____				
b _____				
c _____				
d _____				
e SEE STATEMENT 6	472,019.	427,092.	16,853.	28,074.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	1,796,306.	1,596,127.	52,769.	147,410.

Joint Costs Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 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

What is the organization's primary exempt purpose? <input type="checkbox"/>	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
PROMOTE LUNG HEALTH All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a INFECTIOUS LUNG DISEASE - INCLUDES PROGRAMS FOR MEDICAL PROFESSIONALS & THE GENERAL PUBLIC ON TUBERCULOSIS, INFLUENZA, PNEUMONIA & OTHER INFECTIOUS DISEASES. (Grants and allocations \$ 17,637.)	170,868.
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 \$ 13,890.)	232,633.
c SEE STATEMENT 7 (Grants and allocations \$ 136,568.)	978,663.
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 \$ 5,630.)	72,737.
e Other program services (attach schedule) STATEMENT 10 (Grants and allocations \$ _____)	141,226.
f Total of Program Service Expenses (should equal line 44, column (B) Program services)	1,596,127.

**AMERICAN RESPIRATORY ALLIANCE
OF WESTERN PENNSYLVANIA**

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Part IV Balance Sheets

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	110,850.	46	67,588.
	47 a Accounts receivable	160,240.		
	b Less allowance for doubtful accounts		47c	160,240.
	48 a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	18,933.	53	9,224.
	54 Investments - securities STMT 11 STMT 12 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	17,590,407.	54	18,007,093.
	55 a Investments - land, buildings, and equipment basis			
	b Less accumulated depreciation		55c	
56 Investments - other	0.	56	0.	
57 a Land, buildings, and equipment basis	2,068,203.			
b Less accumulated depreciation STMT 13	1,064,850.	57c	1,003,353.	
58 Other assets (describe <input type="checkbox"/>)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	18,777,331.	59	19,247,773.	
Liabilities	60 Accounts payable and accrued expenses	93,194.	60	159,962.
	61 Grants payable		61	
	62 Deferred revenue	78,000.	62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	13,598.	64b	49,264.
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities (add lines 60 through 65)	184,792.	66	209,226.	
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	10,874,265.	67	11,894,313.
	68 Temporarily restricted	611,040.	68	37,000.
	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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 column (B) must equal line 21)	18,592,539.	73	19,038,547.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	18,777,331.	74	19,247,773.

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.

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Part VI Other Information		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		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		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	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?		X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?		X
82 a	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?	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 in Part III) 82b 130,870.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations		
a	Were substantially all dues nondeductible by members? N/A		
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 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 on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations		
a	Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts included on line 12 for public use of club facilities 86b N/A		
87	501(c)(12) organizations		
a	Gross income from members or shareholders 87a N/A		
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		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0. , section 4912 0. , section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations 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		
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.		
90 a	List the states with which a copy of this return is filed ▶ PENNSYLVANIA		
b	Number of employees employed in the pay period that includes March 12, 2002 90b 13		
91	The books are in care of ▶ TAMI ROCK Telephone no ▶ 724-772-1750		
Located at ▶ 201 SMITH DR, SUITE E, CRANBERRY TWP, PA ZIP + 4 ▶ 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 92 N/A		

**AMERICAN RESPIRATORY ALLIANCE
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Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

Note	Enter gross amounts unless otherwise indicated	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	
93	Program service revenue					
a	SMOKING CESSATION					7,685.
b	FLU CAMPAIGN					<26,173.>
c	OTHER					26,262.
d	STOP SMOKING					11,146.
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	630,484.	
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	not debt-financed property			16	56,666.	
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory			01	<26,672.>	
101	Net income or (loss) from special events			18	5,629.	
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.		666,107.	18,920.
105	Total (add line 104, columns (B), (D), and (E))					685,027.

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 page 32 of the instructions)

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)
93	PROMOTES LUNG HEALTH THROUGH SMOKING CESSATION PROGRAMS AND BY PROVIDING EDUCATIONAL INFORMATION TO THE GENERAL PUBLIC.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

(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
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)

- (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 990 and Form 1790 (see instructions)

Accompanying schedules and statements, and to the best of my knowledge and belief, it is true, information of which preparer has any knowledge.

Date: 2-15-03
 Signature: EXECUTIVE DIRECTOR
 Type or print name and title

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2002

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **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	DIRECTOR OF FLD SVC. - 40	54,299.	6,315.	0.
CAROL ANN KUCZMA 1315 BROAD ST. PGH, PA 15203	40	44,669.	14,983.	0.
TAMI R. ROCK - 303 N. LIBERTY STREET PERRYOPOLIS, PA 15473	40	47,249.	7,918.	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 2 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
WPXI PO BOX 641032, PGH PA 15264-0132	MARKETING	110,000.
REED SMITH SHAW & MCCLAY PO BOX 360074M, PGH PA 15251-6074	LEGAL	51,713.
FORECAST DIRECT MARKETING 37 TERMINAL WAY, PGH PA 15219	DIRECT MAIL	99,379.
Total number of others receiving over \$50,000 for professional services ▶	0	

AMERICAN RESPIRATORY ALLIANCE

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 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>24,015</u> . (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) 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	X	
2 During the year, has the organization, either directly or indirectly engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions) SEE STATEMENT 14		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?	X	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)	X	
4 Do you have a section 403(b) annuity plan for your employees?		X
Note: 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 STATEMENT 15		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

5	<input type="checkbox"/>	A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
6	<input type="checkbox"/>	A school Section 170(b)(1)(A)(ii) (Also complete Part V)
7	<input type="checkbox"/>	A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8	<input type="checkbox"/>	A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
9	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input checked="" type="checkbox"/>	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	<input type="checkbox"/>	A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
12	<input type="checkbox"/>	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	<input type="checkbox"/>	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)

AMERICAN RESPIRATORY ALLIANCE

Schedule A (Form 990 or 990-EZ) 2002 OF WESTERN PENNSYLVANIA

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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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	450,859.	328,315.	303,931.	643,598.	1,726,703.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	146,211.	49,026.	64,260.	57,942.	317,439.
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	689,578.	724,445.	713,703.	733,616.	2,861,342.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	1,286,648.	1,101,786.	1,081,894.	1,435,156.	4,905,484.
24 Line 23 minus line 17	1,140,437.	1,052,760.	1,017,634.	1,377,214.	4,588,045.
25 Enter 1% of line 23	12,866.	11,018.	10,819.	14,352.	
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24					26a 91,761.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return Enter the sum of all these excess amounts					26b 211,260.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 4,588,045.
d Add Amounts from column (e) for lines 18 2,861,342. 19 22 211,260.					26d 3,072,602.
e Public support (line 26c minus line 26d total)					26e 1,515,443.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) SEE STMT 17					26f 33.0303%
27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year N/A	(2001)	(2000)	(1999)	(1998)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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) Do not file this list with your return 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 N/A	(2001)	(2000)	(1999)	(1998)	
c Add Amounts from column (e) for lines 15 16 17 20 21					27c N/A
d Add Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return Do not include these grants in line 15	NONE				

AMERICAN RESPIRATORY ALLIANCE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	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?		
30	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?		
31	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)		
<hr/>			
<hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	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)	32d	
<hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
<hr/>			
<hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	
35	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	35	

AMERICAN RESPIRATORY ALLIANCE

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	24,015.												
38	Total lobbying expenditures (add lines 36 and 37)	38	24,015.												
39	Other exempt purpose expenditures	39	1,772,291.												
40	Total exempt purpose expenditures (add lines 38 and 39)	40	1,796,306.												
41	Lobbying nontaxable amount Enter the amount from the following table -														
	<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	239,815.
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42	59,954.												
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44													

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 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45	239,815.	247,988.	242,767.	256,775.	987,345.
46					1,481,018.
47	24,015.	79,000.	90,000.	60,000.	253,015.
48	59,954.	61,997.	60,692.	64,194.	246,837.
49					370,256.
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 11 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)			0.

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

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME	
201 SMITH DRIVE, STE E, CRANBERRY PA 16066 - OFFICE BLDG.	1	116,837.	
TOTAL TO FORM 990, PART I, LINE 6A		116,837.	

FORM 990	RENTAL EXPENSES	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
VARIOUS DEPRECIATION		21,677.	
		38,494.	
- SUBTOTAL -	1		60,171.
TOTAL TO FORM 990, PART I, LINE 6B			60,171.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	3	
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF MARKETABLE SECURITIES	15,215,120.	15,241,792.	0.	<26,672.>
TO FORM 990, PART I, LINE 8	15,215,120.	15,241,792.	0.	<26,672.>

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	4		
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
VARIOUS SPECIAL EVENTS	22,435.		22,435.	16,806.	5,629.
TO FM 990, PART I, LINE 9	22,435.		22,435.	16,806.	5,629.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	643,338.
TOTAL TO FORM 990, PART I, LINE 20	643,338.

FORM 990	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	22,557.	19,775.	1,159.	1,623.
DUES AND SUBSCRIPTIONS	1,960.	1,302.	639.	19.
MISCELLANEOUS	1,596.	802.	699.	95.
BANK CHARGES	2,047.		2,047.	
MARKETING	110,300.	102,154.	1,845.	6,301.
SPECIAL PROGRAMS	50,616.	50,616.		
TELEVISION HEALTH TAPES	12,570.	12,330.	40.	200.
TEACHING MATERIALS	7,631.	7,631.		
ASTHMA INITIATIVE	2,250.	2,250.		
ENDOWMENT MANAGEMENT FEES	98,000.	80,766.	5,937.	11,297.
OTHER MANAGEMENT FEES	74,070.	61,044.	4,487.	8,539.
SUBCONTRACT SERVICE	66,407.	66,407.		
TOBACCO PROFESSIONAL FEES	22,015.	22,015.		
TOTAL TO FM 990, LN 43	472,019.	427,092.	16,853.	28,074.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE THREE

LUNG DISEASE("LD")(CHILDREN & ADULTS)-EDUCATES BOTH ADULTS & CHILDREN WHO SUFFER FROM LD. INCLUDES CAMPS FOR CHILDREN W/ASTHMA AND A SUPPORT GROUP FOR ADULTS WITH LD. AWARDS GRANTS TO HEALTH PROFESSIONALS FOR RESEARCH AND TRAINING IN LUNG DISEASE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C	136,568.	978,663.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 8

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
PROGRAM SERVICE	AMER. RESPIRATORY ALLIANCE OF NW PA	352 W. 8TH STREET, ERIE, PA 16052-1498	NONE	112,600.
PROGRAM SERVICE	UNIV. OF PGH, C/O W. CALHOUN, M.D.	3459 5TH AVENUE, PITTSBURGH, PA 15213	NONE	50,000.
PROGRAM SERVICE	ALLEGHENY GENERAL, C/O B. CARLIN, M.D.	490 N. AVE., STE 300, PGH, PA 15212	NONE	1,125.
SCHOLARSHIPS	ASTHMA SCHOLARSHIPS		NONE	10,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				173,725.

Part V - Officers, Directors, Trustees and Key Employees

(A)	(B)	(C)	(D)	(E)
Stephen C Hansen 3 Gateway Center - 9 West Pittsburgh, PA 15222	President 1 - 2 Hours/Week	None	None	None
F Brooks Robinson 425 Sixth Avenue - Ste 500 Pittsburgh, PA 15219	1st Vice President 1 - 2 Hours/Week	None	None	None
Judith L Charlton 108 Cardiff Drive Aliquippa, PA 15001	Vice President 1 - 2 Hours/Week	None	None	None
Warfield Garson, M.D. 2960 Bethel Church Road Bethel Park, PA 15102-1678	Vice President 1 - 2 Hours/Week	None	None	None
Donna J Pike R.R.T Indiana Hospital - P O Box 788 Indiana, PA 15701	Vice President 1 - 2 Hours/Week	None	None	None
Ernest O Punchard RD #1, Box 387 Rural Valley, PA 16249	Vice President 1 - 2 Hours/Week	None	None	None
John P Rupp 200 Osborne Street Turtle Creek, PA 15145	Vice President 1 - 2 Hours/Week	None	None	None
Mark Bookman, Esq P O Box 2009 Pittsburgh, PA 15230	Secretary 1 - 2 Hours/Week	None	None	None
George B Miller 1171 Murray Hill Avenue Pittsburgh, PA 15217	Treasurer 1 - 2 Hours/Week	None	None	None
Vickee Altman R.N 222 Dernck Avenue Uniontown, PA 15401	Director 1 - 2 Hours/Week	None	None	None
Victor D Bell 197 Chnsty Road Eighty Four, PA 15330	Director 1 - 2 Hours/Week	None	None	None
Georgene Brander R.N M H R. 5124 Polo Field Drive Gibsonia, PA 15044	Director 1 - 2 Hours/Week	None	None	None

Part V - Officers, Directors, Trustees and Key Employees

(A)	(B)	(C)	(D)	(E)
Donald G Brown 2610 Fifth Avenue Pittsburgh, PA 15213	Director 1 - 2 Hours/Week	None	None	None
Bruce A. Bush M D F.A.C.P Indiana Hospital - P O Box 788 Indiana, PA 15701	Director 1 - 2 Hours/Week	None	None	None
R Kevin Carugat M D 926 8th Avenue Beaver Falls, PA 15010	Director 1 - 2 Hours/Week	None	None	None
J Mabon Childs 3100 USX Tower Pittsburgh, PA 15219	Director 1 - 2 Hours/Week	None	None	None
Kenneth Empfield R.R.T 201 Smith Drive, Suite E Cranberry Twp, PA 15066	Director 1 - 2 Hours/Week	None	None	None
Dorothy F Griffin R N RD 1 - Box 112 Vanderbilt, PA 15486	Director 1 - 2 Hours/Week	None	None	None
Samuel I. Hammerman M D 562 Shearer Greensburg, PA 15601	Director 1 - 2 Hours/Week	None	None	None
Thomas J Hilliard Jr 402 610 Smithfield Street Pittsburgh, PA 15222	Director 1 - 2 Hours/Week	None	None	None
Charles M Koliner M D. 403 Locust Avenue Washington, PA 15301	Director 1 - 2 Hours/Week	None	None	None
Ronald A. Landay M D 180 Fort Couch Road Pittsburgh, PA 15241	Director 1 - 2 Hours/Week	None	None	None
Harry D Milnes 3320 Fifth Avenue - College Hill Beaver Falls, PA 15009	Director 1 - 2 Hours/Week	None	None	None
Kathryn L Nestor 220 Commerce Street Beaver, PA 15009	Director 1 - 2 Hours/Week	None	None	None

Part V - Officers, Directors, Trustees and Key Employees

(A)	(B)	(C)	(D)	(E)
Daniel O'Leary 201 Smith Drive, Suite E Cranberry Twp, PA 16066	Director 1 - 2 Hours/Week	None	None	None
Robert M Rogers M D 440 Scarfe Hall Pittsburgh, PA 15261	Director 1 - 2 Hours/Week	None	None	None
Mrs Henry H Armstrong RR 1 P O Box 259 Stahistown, PA 15687	Ementus 1 - 2 Hours/Week	None	None	None
Joseph Van Buskirk, Esq P O Box 577 Ligonier, PA 15658	Ementus 1 - 2 Hours/Week	None	None	None
C Holmes Wolfe Jr , Esq. 220 North Bellefield Avenue Pittsburgh, PA 15213	Ementus 1 - 2 Hours/Week	None	None	None

AMERICAN RESPIRATORY ALLIANCE
OF WESTERN PENNSYLVANIA
FORM 990
Tax Year Ended June 30, 2003

Schedule A – Part IV- A Support Schedule

American Respiratory Alliance of Western Pennsylvania ("ARA") is a publicly supported organization under the facts and circumstances test of Treasury Regulation 1.170A-9(e)(3)

(i) Ten percent of support limitation

ARA normally receives a substantial amount of governmental or public support. As indicated in Schedule A, Part IV–A, the public support percentage for the period 1998 through 2001 was 33.0303%.

(ii) Attraction of public support

ARA is organized and operated to attract new and additional public or governmental support on a continuous basis. ARA is dedicated to the prevention and control of lung disease through education, training, direct services, research funding and advocacy.

(iii) Percentage of public support

ARA received 33.0303% of its funding from public or governmental sources during the period 1998 through 2001. The organization generated \$630,484 of investment income during the year ended June 30, 2003.

(iv) Sources of support

ARA meets the ten percent-of-support limitation of Treasury Regulation 1.170A-9(e)(3)(i). ARA has been providing services to local communities for more than 90 years. It originated as a grass roots society to fight tuberculosis and has evolved to offer programs for adults with chronic lung disease, children with asthma and their parents, adults and adolescents who would like to quit smoking, health professionals who require the most current information on tuberculosis, influenza, and other lung diseases, as well as anyone wishing to learn more about their lungs and how to keep them healthy.

(v) Representative governing body

Section 2 of the by laws adopted October 27, 1999 provide that The Board of Directors shall consist of such number of persons as the Board shall determine from time to time. The members of the Board shall be representative, by residence, of the several Counties or larger geographical areas served by the Corporation, apportioned among them by relative population or otherwise as the Board shall determine from time to time, provided that so long as the total area in which the Corporation provides direct services is comprised of the 14 Counties served by the Corporation on July 1, 1987, the full Board shall consist of at least 30 persons and the Local Advisory Committee for Fayette, Greene, Washington and Westmoreland Counties shall be entitled, pursuant to Section 6 of the by laws, to nominate approximately 25% of the members of the full Board.

(vi) Availability of public facilities or services

ARA supports a wide range of programs and services including Breathing Partners, Smoking Cessation programs, tuberculosis treatment, testing, and control, and influenza immunization promotion. Most notable among the children's programs are Parents of Children with Asthma (POCWA), Camp Breathe E-Z and Camp Huff 'n Puff, STARS Asthma Award Program, and Smokeless Saturday.

In addition to these, the Alliance supports local, state and national level research with grants to fight lung disease and improve the lives of individuals who suffer chronic lung disease. The Respiratory Alliance helped establish the pulmonary division at the University of Pittsburgh Medical Center to pioneer treatments for lung disease. The Alliance also supports career investigator grants at the University of Pittsburgh Asthma Center and investigative grants at other research institutions seeking solutions for pulmonary disease problems.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization AMERICAN RESPIRATORY ALLIANCE OF WESTERN PENNSYLVANIA	Employer identification number 25-0965587
File by the due date for filing your return See instructions	Number, street, and room or suite no If a P O box, see instructions 201 SMITH DRIVE , NO. E	
	City, town or post office, state and ZIP code For a foreign address, see instructions CRANBERRY TOWNSHIP, PA 16066	

Check type of return to be filed (file a separate application for each return)

- | | | |
|----------------------------------------------|------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990 BL | <input type="checkbox"/> Form 990 T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990 PF | <input type="checkbox"/> Form 1041 A | <input type="checkbox"/> Form 8870 |

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

1 I request an automatic 3-month (6 month, for 990-T corporation) extension of time until FEBRUARY 17, 2004 to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ calendar year _____ or

▶ tax year beginning JUL 1, 2002 and ending JUN 30, 2003

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____

b If this application is for Form 990 PF or 990 T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ _____

c Balance Due Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true correct, and complete, and that I am authorized to prepare this form

Signature ▶ M. M. Constock Title ▶ CPA Date ▶ 11/10/03

LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)