

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

## 2004

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)

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

**A** For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>AMERICAN RESPIRATORY ALLIANCE OF WESTERN PENNSYLVANIA</b>		<b>D</b> Employer identification number <b>25-0965587</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>201 SMITH DRIVE E</b>		<b>E</b> Telephone number <b>724 772 1750</b>
		City or town, state or country, and ZIP + 4 <b>CRANBERRY TOWNSHIP, PA 16066</b>		<b>F</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

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

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

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

**I** Group Exemption Number

**G** Website: **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.

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

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **26,803,866.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	344,691.		
	b	Indirect public support	1b	2,277.		
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ <b>346,968.</b> noncash \$ )	1d		346,968.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		65,313.	
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5		637,749.	
	6a	Gross rents <b>SEE STATEMENT 1</b>	6a	78,698.		
	b	Less: rental expenses <b>SEE STATEMENT 2</b>	6b	49,719.		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		28,979.	
7	Other investment income (describe )	7				
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
			25,647,775.	8a		
	b	Less: cost or other basis and sales expenses	25,025,444.	8b		
	c	Gain or (loss) (attach schedule)	622,331.	8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B)) <b>STMT 3</b>	8d		622,331.		
Revenue	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ <b>3,063.</b> of contributions reported on line 1a)	9a	27,363.		
	b	Less: direct expenses other than fundraising expenses	9b	10,152.		
	c	Net income or (loss) from special events (subtract line 9b from line 9a) <b>SEE STATEMENT 4</b>	9c		17,211.	
Revenue	10a	Gross sales (including 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 III, line 10)	11				
12	Total Revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,718,551.		
Expenses	13	Program services (from line 44, column (B))	13	1,249,433.		
	14	Management and general (from line 44, column (C))	14	79,151.		
	15	Fundraising (from line 44, column (D))	15	177,982.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	1,506,566.		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	211,985.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	20,368,083.		
	20	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 5</b>	20	139,762.		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	20,719,830.		

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423001 01-13-05 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

**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 \$ <b>58,110.</b> noncash \$	22 58,110.	58,110.		
23 Specific assistance to individuals (attach schedule)	23 3,675.	3,675.		
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 78,366.	63,792.	3,838.	10,736.
26 Other salaries and wages	26 511,502.	416,379.	25,048.	70,075.
27 Pension plan contributions	27 18,165.	14,897.	725.	2,543.
28 Other employee benefits	28 89,079.	73,056.	3,554.	12,469.
29 Payroll taxes	29 51,688.	35,510.	9,022.	7,156.
30 Professional fundraising fees	30			
31 Accounting fees	31 10,490.	8,519.	663.	1,308.
32 Legal fees	32 12,600.	10,233.	796.	1,571.
33 Supplies	33 43,585.	41,322.	1,082.	1,181.
34 Telephone	34 22,108.	18,012.	1,034.	3,062.
35 Postage and shipping	35 52,475.	34,686.	2,110.	15,679.
36 Occupancy	36 30,434.	24,841.	1,467.	4,126.
37 Equipment rental and maintenance	37 36,648.	32,897.	1,540.	2,211.
38 Printing and publications	38 45,193.	39,257.	1,025.	4,911.
39 Travel	39 15,163.	12,358.	1,018.	1,787.
40 Conferences, conventions, and meetings	40 16,456.	14,075.	999.	1,382.
41 Interest	41 4,011.	965.	2,902.	144.
42 Depreciation, depletion, etc. (attach schedule)	42 47,655.	39,077.	3,812.	4,766.
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e <b>SEE STATEMENT 6</b>	43e 359,163.	307,772.	18,516.	32,875.
44 <b>Total functional expenses</b> (Add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 1,506,566.	1,249,433.	79,151.	177,982.

**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?  \_\_\_\_\_

**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.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others)	
<b>a INFECTIOUS LUNG DISEASE - INCLUDES PROGRAMS FOR MEDICAL PROFESSIONALS &amp; THE GENERAL PUBLIC ON TUBERCULOSIS, INFLUENZA, PNEUMONIA &amp; OTHER INFECTIOUS DISEASES.</b> (Grants and allocations \$ 8,250.)	149,468.
<b>b HEALTH &amp; TOBACCO - EDUCATES CHILDREN &amp; ADULTS ON THE HEALTH EFFECTS OF SMOKING AND SECOND HAND SMOKE AND OFFERS A WIDE VARIETY OF SMOKING CESSATION PROGRAMS.</b> (Grants and allocations \$ 0.)	164,602.
<b>c SEE STATEMENT 7</b> (Grants and allocations \$ 46,860.)	779,246.
<b>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.</b> (Grants and allocations \$ 0.)	123,213.
<b>e Other program services (attach schedule) STATEMENT 10</b> (Grants and allocations \$ 3,000.)	32,904.
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	1,249,433.

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Form 990 (2004)

**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.	277.
	46 Savings and temporary cash investments	178,646.	120,913.
	47 a Accounts receivable	19,893.	
	b Less: allowance for doubtful accounts		19,893.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	20,039.	13,095.
	54 Investments - securities STMT 11 STMT 12 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	19,357,303.	19,930,753.
	55 a Investments - land, buildings, and equipment: basis STMT 14		
	b Less: accumulated depreciation		
56 Investments - other			
57 a Land, buildings, and equipment: basis	2,064,958.		
b Less: accumulated depreciation STMT 13	1,201,927.	863,031.	
58 Other assets (describe )			
59 Total assets (add lines 45 through 58) (must equal line 74)	20,572,654.	20,947,962.	
Liabilities	60 Accounts payable and accrued expenses	165,884.	103,773.
	61 Grants payable		
	62 Deferred revenue	2,140.	0.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable	36,547.	42,359.
	65 Other liabilities (describe ) LINE OF CREDIT		82,000.
66 Total liabilities (add lines 60 through 65)	204,571.	228,132.	
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	13,190,849.	13,542,106.
	68 Temporarily restricted	70,000.	70,490.
	69 Permanently restricted	7,107,234.	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
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)	20,368,083.	20,719,830.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	20,572,654.	20,947,962.	

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.



**AMERICAN RESPIRATORY ALLIANCE  
OF WESTERN PENNSYLVANIA**

Form 990 (2004)

25-0965587

Page 5

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? <span style="float:right">N/A</span>		
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 <span style="float:right">and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.</span>		
81 a	Enter direct or indirect political expenditures. See line 81 instructions <span style="float:right">81a</span> <span style="float:right">0.</span>		
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.) <span style="float:right">82b</span> <span style="float:right">105,070.</span>		
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? <span style="float:right">N/A</span>		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? <span style="float:right">N/A</span>		
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. <span style="float:right">N/A</span>		
c	Dues, assessments, and similar amounts from members <span style="float:right">85c</span> <span style="float:right">N/A</span>		
d	Section 162(e) lobbying and political expenditures <span style="float:right">85d</span> <span style="float:right">N/A</span>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float:right">85e</span> <span style="float:right">N/A</span>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float:right">85f</span> <span style="float:right">N/A</span>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float:right">N/A</span>		
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? <span style="float:right">N/A</span>		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 <span style="float:right">86a</span> <span style="float:right">N/A</span>		
b	Gross receipts, included on line 12, for public use of club facilities <span style="float:right">86b</span> <span style="float:right">N/A</span>		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders <span style="float:right">87a</span> <span style="float:right">N/A</span>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">87b</span> <span style="float:right">N/A</span>		
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 <span style="float:right">0.</span> ; section 4912 <span style="float:right">0.</span> ; section 4955 <span style="float:right">0.</span>		
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		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">0.</span>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float:right">0.</span>		
90 a	List the states with which a copy of this return is filed <span style="float:right">PENNSYLVANIA</span>		
b	Number of employees employed in the pay period that includes March 12, 2004 <span style="float:right">90b</span> <span style="float:right">12</span>		
91	The books are in care of <span style="float:right">TAMI ROCK</span> Telephone no. <span style="float:right">724-772-1750</span>		
Located at <span style="float:right">201 SMITH DR, SUITE E, CRANBERRY TWP, PA</span> ZIP + 4 <span style="float:right">16066</span>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <span style="float:right">and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">92</span> <span style="float:right">N/A</span></span>		

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Form 990 (2004)

**AMERICAN RESPIRATORY ALLIANCE  
OF WESTERN PENNSYLVANIA**

Form 990 (2004)

25-0965587

Page 6

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> <b>SMOKING CESSATION</b>					10,316.
<b>b</b> <b>STOP SMOKING</b>					9,339.
<b>c</b> <b>OTHER</b>					45,658.
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities			14	637,749.	
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property			16	28,979.	
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory			01	622,331.	
<b>101</b> Net income or (loss) from special events			18	17,211.	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue:					
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0.		1,306,270.	65,313.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					1,371,583.

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 34 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 34 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 34 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 8870 and Form 4720 (see instructions).

Please Sign: Christine Weaver Date: 12/22/05 Type or print name and title: CHRISTINE WEAVER EXECUTIVE DIRECTOR

Preparer's SSN or PTIN: 200474378 Date: 12/14/05 Check if self-employed:  EIN: 25-1467156

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

Department of the Treasury  
Internal Revenue Service

**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

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2004**

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

**Part III 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
<u>REGINA SIMMS</u> 246 FT. PALMER EST. RD, LIGONIER, PA 15658	DIRECTOR OF FLD SVC. - 40	55,938.	5,278.	
<u>CAROL ANN KUCZMA</u> 1315 BROAD ST., PITTSBURGH, PA 15203	40	48,790.	13,880.	
<u>TAMI R. ROCK</u> 303 N. LIBERTY STREET, PERRYOPOLIS, PA 15473	40	51,059.	6,899.	
<u>BARBARA KUBALA</u> 1047 HAMLIN DRIVE, BETHEL PARK, PA 15102	40	48,611.	2,752.	381.
<u>MERRITT SPIER</u> 2572 BARNWOOD DRIVE, WEXFORD, PA 15090	40	61,285.	3,133.	
Total number of other employees paid over \$50,000 ▶	1			

**Part III 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
<u>WPXI</u> P.O. BOX 640132, PITTSBURGH, PA 15264	SPONSORED MEDIA	78,185.
<u>PITTSBURGH STEELERS</u> 100 ART ROONEY AVENUE, PITTSBURGH, PA 15212	SPONSORED MEDIA PACKAGE	57,700.
Total number of others receiving over \$50,000 for professional services ▶	0	

**AMERICAN RESPIRATORY ALLIANCE**

<b>Part III</b> 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>12,000</u> . (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) <b>VI-A, LINE 38B</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.	1	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.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 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.)
  - 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.)

**AMERICAN RESPIRATORY ALLIANCE**

Schedule A (Form 990 or 990-EZ) 2004 **OF WESTERN PENNSYLVANIA**

25-0965587 Page 3

**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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	598,081.	762,989.	450,859.	328,315.	2,140,244.
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	66,684.	41,355.	146,211.	49,026.	303,276.
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	664,495.	747,321.	689,578.	724,445.	2,825,839.
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	1,329,260.	1,551,665.	1,286,648.	1,101,786.	5,269,359.
24 Line 23 minus line 17	1,262,576.	1,510,310.	1,140,437.	1,052,760.	4,966,083.
25 Enter 1% of line 23	13,293.	15,517.	12,866.	11,018.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					99,322.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					507,364.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					4,966,083.
d Add: Amounts from column (e) for lines: 18 2,825,839. 19 507,364.					3,333,203.
e Public support (line 26c minus line 26d total)					1,632,880.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) SEE STATEMENT 16					32.8806%
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					
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					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					N/A
d Add: Line 27a total and line 27b total					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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 IV 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/>			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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.)		
<hr/>			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
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.		
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		

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	12,000.
38	Total lobbying expenditures (add lines 36 and 37) .....	38	12,000.
39	Other exempt purpose expenditures .....	39	1,494,566.
40	Total exempt purpose expenditures (add lines 38 and 39) .....	40	1,506,566.
41	Lobbying nontaxable amount. Enter the amount from the following 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 .....	41	225,328.
	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	56,332.
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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total	
45	Lobbying nontaxable amount .....	225,328.	0.	239,815.	247,988.	713,131.
46	Lobbying ceiling amount (150% of line 45(e)) .....					1,069,697.
47	Total lobbying expenditures .....	12,000.	0.	24,015.	79,000.	115,015.
48	Grassroots nontaxable amount .....	56,332.	0.	59,954.	61,997.	178,283.
49	Grassroots ceiling amount (150% of line 48(e)) .....					267,425.
50	Grassroots lobbying expenditures .....					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.) N/A

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.



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	78,698.
TOTAL TO FORM 990, PART I, LINE 6A		78,698.

FORM 990 RENTAL EXPENSES STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
VARIOUS DEPRECIATION		14,103.	
- SUBTOTAL -	1	35,616.	49,719.
TOTAL TO FORM 990, PART I, LINE 6B			49,719.

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	25,647,775.	25,025,444.	0.	622,331.
TO FORM 990, PART I, LINE 8	25,647,775.	25,025,444.	0.	622,331.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 4

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
84 LUMBER CLASSIC	8,046.	3,063.	4,983.	2,976.	2,007.
KENNYWOOD TICKETS	1,628.		1,628.	0.	1,628.
SYMPHONY COMMUNITY PARTNERS CONCERT	5,608.		5,608.	345.	5,263.
DRIVE TO SURVIVE GOLF OUTING	12,221.		12,221.	6,491.	5,730.
GOLF CARD	30.		30.	0.	30.

ASTHMA WALK	2,893.		2,893.	340.	2,553.
TO FM 990, PART I, LINE 9	30,426.	3,063.	27,363.	10,152.	17,211.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 5

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	139,762.
TOTAL TO FORM 990, PART I, LINE 20	139,762.

FORM 990 OTHER EXPENSES STATEMENT 6

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE DUES AND SUBSCRIPTIONS	21,122.	18,609.	1,047.	1,466.
MISCELLANEOUS	1,456.	1,151.	285.	20.
BANK CHARGES	4,263.	2,943.	1,309.	11.
MARKETING	1,089.	16.	1,073.	0.
SPECIAL PROGRAMS	52,816.	48,226.	1,020.	3,570.
TELEVISION HEALTH TAPES	14,639.	14,639.	0.	0.
TEACHING MATERIALS	2,010.	1,224.	64.	722.
SUBCONTRACT SERVICE	22,236.	22,236.	0.	0.
ENDOWMENT MANAGEMENT FEES	19,484.	19,484.	0.	0.
OTHER MANAGEMENT FEES	112,070.	91,013.	7,079.	13,978.
SPONSORS	105,096.	85,349.	6,639.	13,108.
	2,882.	2,882.	0.	0.
TOTAL TO FM 990, LN 43	359,163.	307,772.	18,516.	32,875.

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

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C	46,860.	779,246.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 8

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
PROGRAM SERVICE	MEDRESPOND	70 SOUTH 21ST STREET, PITTSBURGH, PA	NONE	55,000.
PROGRAM SERVICE	SAINT MICHAEL SCHOOL	18766 RT 208, P.O. BOX 129, FRYBURG, PA 16326	NONE	500.
PROGRAM SERVICE	SAINT JOSEPH SCHOOL	72 RECTORY LANE, PO BOX 9, LUCINDA, PA 16233	NONE	500.
PROGRAM SERVICE	NORTH CLARION COUNTY SCHOOLS	10439 ROUTE 36, TIONESTA, PA 16353	NONE	500.
PROGRAM SERVICE	KEYSTONE JR/SR HIGH SCHOOL	700 BEATTY AVENUE, KNOX PA 16232	NONE	500.
PROGRAM SERVICE	CLARION COUNTY CAREER CENTER	447 CAREER ROAD, SHIPENVILLE PA 16254	NONE	500.
PROGRAM SERVICE	IMMACULATE CONCEPTION CATHOLIC	729 EAST MAIN STREET, CLARION PA 16214	NONE	500.
PROGRAM SERVICE	MISCELLANEOUS CONTRIBUTOR		NONE	110.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				58,110.

FORM 990 SPECIFIC ASSISTANCE TO INDIVIDUALS STATEMENT 9

DESCRIPTION	AMOUNT
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.	3,675.
TOTAL TO FORM 990, PART II, LINE 23	3,675.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 10

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
DESIGN AND IMPLEMENTATION OF COMMUNITY PROGRAMS PROMOTING TOBACCO-USE PREVENTION AND CESSATION ACTIVITIES.	3,000.	32,904.
TOTAL TO FORM 990, PART III, LINE E	3,000.	32,904.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 11

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE OBLIGATIONS	FMV		4,018,941.		4,018,941.
MARKETABLE EQUITY SECURITIES	FMV	13477271.			13477271.
TO FORM 990, LINE 54, COL B		13477271.	4,018,941.		17496212.

FORM 990 GOVERNMENT SECURITIES STATEMENT 12

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
U.S. GOVERNMENT OBLIGATIONS	FMV	1,803,954.		1,803,954.
TOTAL TO FORM 990, LINE 54, COL B		1,803,954.		1,803,954.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 13

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	30,000.	0.	30,000.
BUILDING & IMPROVEMENTS	1,696,224.	916,523.	779,701.
FURNITURE & FIXTURES	246,831.	238,470.	8,361.
AUTOMOBILES	91,903.	46,934.	44,969.
TOTAL TO FORM 990, PART IV, LN 57	2,064,958.	1,201,927.	863,031.

FORM 990 OTHER SECURITIES STATEMENT 14

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
CASH EQUIVALENTS	FMV	630,587.
TO FORM 990, LINE 54, COL B		630,587.

AMERICAN RESPIRATORY ALLIANCE OF WESTERN PENNSYLVANIA  
 EIN: 25-0965587

Part V – Officers, Directors, Trustees and Key Employees

(A)	(B)	(C)	(D)	(E)
Mrs. Vickee Altman, RN, MN 222 Derrick Avenue Uniontown, PA 15401	Director 1-2 Hours/Week	None	None	None
Mrs. Henry H. Armstrong, EMERITUS R.R. 1 P.O. Box 259 Stahlstown, PA 15687	Director 1-2 Hours/Week	None	None	None
Victor D. Bell 197 Christy Road Eighty Four, PA 15330	Director 1-2 Hours/Week	None	None	None
Mark Bookman, Esq. Lovett, Bookman, Harmon & Marks, LLP Fifth Avenue Place – Ste. 2900 120 Fifth Avenue Pittsburgh, PA 15222	Secretary 1-2 Hours/Week	None	None	None
Georgene Brander, RN, MHR 5124 Polo Field Drive Gibsonia, PA 15044	Director 1-2 Hours/Week	None	None	None
Donald G. Brown 1014 Winterton Street Pittsburgh, PA 15206	Director 1-2 Hours/Week	None	None	None
Bruce A. Bush, MD, FACP 38 Overlook Drive Indiana, PA 15701	Director 1-2 Hours/Week	None	None	None
R. Kevin Carugati, MD 926 8 <sup>th</sup> Avenue Beaver Falls, PA 15010	Director 1-2 Hours/Week	None	None	None
Mrs. Judith L. Charlton, RN 108 Cardiff Drive Aliquippa, PA 15001	Vice President 1-2 Hours/Week	None	None	None
Daniel Alan Church, MD, FAAP 270 Elm Drive Waynesburg, PA 15370	Director 1-2 Hours/Week	None	None	None
Norman W. Ebeck 2425 Huntington Drive Pittsburgh, PA 15241	Director 1-2 Hours/Week	None	None	None
Kenneth Empfield, RRT 418 E. Meyer Avenue New Castle, PA 16105	Director 1-2 Hours/Week	None	None	None
Michael Forbes, MD Allegheny General Hospital Department of Pediatrics Division of Pediatric Critical Care	Director 1-2 Hours/Week	None	None	None

320 E. North Avenue Pittsburgh, PA 15212-4772				
Warfield Garson, MD Sunrise of Cranberry 10 Adams Ridge Boulevard Mars, PA 16046	Vice President 1-2 Hours/Week	None	None	None
Stephen C. Hansen President & Chief Executive Officer Dollar Bank, FSB Three Gateway Center - 9 West Pittsburgh, PA 15222	Director 1-2 Hours/Week	None	None	None
James F. Hilliard 104 Mayflower Drive Pittsburgh, PA 15238	Director 1-2 Hours/Week	None	None	None
Thomas J. Hilliard, Jr. Park Building – Suite 1420 355 Fifth Avenue Pittsburgh, Pa 15222	Treasurer 1-2 Hours/Week	None	None	None
Frank X. Horrigan 305 Arden Road Pittsburgh, PA 15216	Director 1-2 Hours/Week	None	None	None
Charles M. Koliner, MD Southwestern PA Pulmonary & Sleep Medicine, Ltd. 400 Locust Avenue Washington, PA 15301	Director 1-2 Hours/Week	None	None	None
Richard S. Kushner 333 Cloverdale Drive Wexford, PA 15090	Director 1-2 Hours/Week	None	None	None
Ronald A. Landay, MD 180 Fort Couch Road Pittsburgh, PA 15241	Director 1-2 Hours/Week	None	None	None
Marguerite Jarrett Marks 1140 South Negley Avenue Pittsburgh, PA 15217	Director 1-2 Hours/Week	None	None	None
Johnson Martin, Ph.D. 5832 Morrowfield Avenue Pittsburgh, PA 15217	Director 1-2 Hours/Week	None	None	None
George B. Miller 520 Osborne Lane Sewickley, PA 15143	President 1-2 Hours/Week	None	None	None
Harry D. Milnes 3320 Fifth Avenue College Hill Beaver Falls, PA 15010	Director 1-2 Hours/Week	None	None	None
Katheryn L. Nestor, RN 220 Commerce Street Beaver, PA 15009	Director 1-2 Hours/Week	None	None	None
Ernest O. Punchard, EMERITUS R.D. #1, Box 387	Director 1-2 Hours/Week	None	None	None

Rural Valley, Pa 16249				
F. Brooks Robinson, President Regional Industrial Development Corporation 425 Sixth Avenue/Suite 500 Pittsburgh, PA 15219	1 <sup>st</sup> Vice President 1-2 Hours/Week	None	None	None
John P. Rupp Insurance Rupp & Fiore Insurance Management 544 Route 130 Trafford, PA 15085	Vice President 1-2 Hours/Week	None	None	None
Stephen Bernard Thomas, Ph.D. University of Pittsburgh 125 Paran Hall 130 DeSoto Street Pittsburgh, PA 15261	Director 1-2 Hours/Week	None	None	None
Farley Toothman 28 Church Street Waynesburg, PA 15370	Director 1-2 Hours/Week	None	None	None
Donna J. Pike, RRT Respiratory Therapy Dept. Indiana Hospital PO Box 788 Indiana, PA 15701	Vice President 1-2 Hours/Week	Non	None	None

AMERICAN RESPIRATORY ALLIANCE  
OF WESTERN PENNSYLVANIA  
FORM 990  
Tax Year Ended June 30, 2005

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 2000 through 2003 was 32.8806%.

(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 32.8806% of its funding from public or governmental sources during the period 2000 through 2003. The organization generated \$637,749 of investment income during the year ended June 30, 2005.

(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; 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  **X**
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- 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)

**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.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>	Name of Exempt Organization <b>AMERICAN RESPIRATORY ALLIANCE OF WESTERN PENNSYLVANIA</b>	Employer identification number <b>25-0965587</b>
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. <b>201 SMITH DRIVE, NO. E</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CRANBERRY TOWNSHIP, PA 16066</b>	

**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 |

- The books are in the care of ▶ **TAMI ROCK**  
Telephone No. ▶ **724-772-1750** FAX No. ▶ **724-772-1180**
- 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-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2006** 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, 2004**, and ending **JUN 30, 2005**.

**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**

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.