

**Return of Organization Exempt From Income Tax**

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

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**

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

Please use IRS label or print or type See Specific Instructions

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

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

City or town, state or country, and ZIP + 4  
**CRANBERRY TOWNSHIP, PA 16066**

**D** Employer identification number  
**25-0965587**

**E** Telephone number  
**724 772 1750**

**F** Accounting method:  Cash  Accrual  
 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 **N/A**

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 Group Exemption Number **N/A**

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

**G** Website: **WWW.HEALTHYLUNGS.ORG**

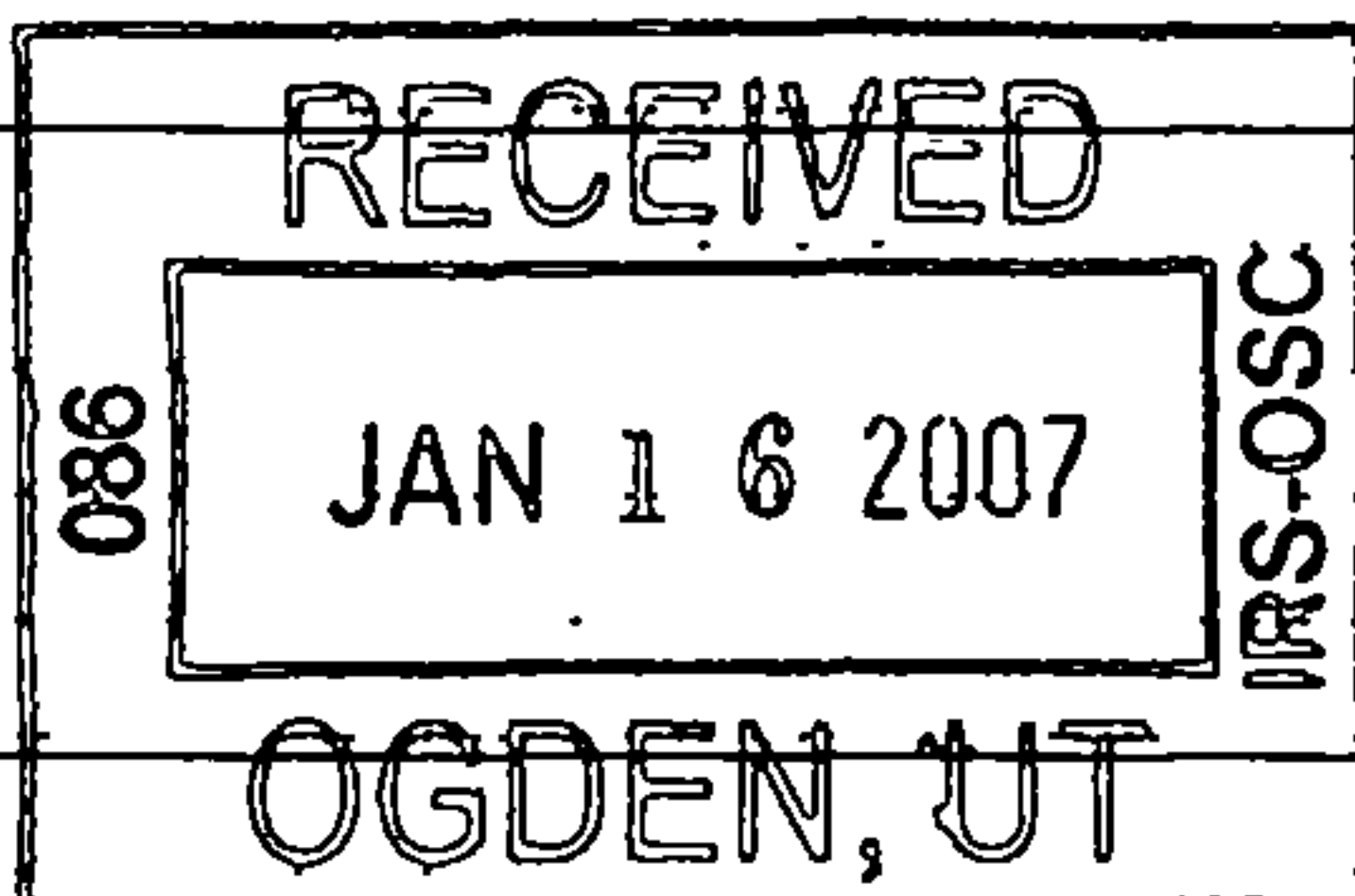
**J** Organization type (check only one)  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

**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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **25,254,166.**

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	<b>1,108,728.</b>		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>	<b>213,865.</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>1,322,593.</b> noncash \$ _____)	<b>1d</b>		<b>1,322,593.</b>	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		<b>65,178.</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			
	<b>5</b> Dividends and interest from securities	<b>5</b>		<b>675,052.</b>	
	<b>6 a</b> Gross rents <b>SEE STATEMENT 1</b>	<b>6a</b>	<b>75,096.</b>		
	<b>b</b> Less: rental expenses <b>SEE STATEMENT 2</b>	<b>6b</b>	<b>45,043.</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		<b>30,053.</b>	
<b>7</b> Other investment income (describe _____)	<b>7</b>				
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	<b>23,062,944.</b>	<b>8a</b>			
	<b>22,441,928.</b>	<b>8b</b>			
	<b>621,016.</b>	<b>8c</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B)) <b>STMT 3</b>	<b>8d</b>		<b>621,016.</b>		
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ <b>0.</b> of contributions reported on line 1a)	<b>9a</b>	<b>53,303.</b>		
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>31,348.</b>		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a) <b>SEE STATEMENT 4</b>	<b>9c</b>		<b>21,955.</b>	
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b> Less: cost of goods sold	<b>10b</b>				
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>				
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<b>2,735,847.</b>		
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	<b>1,200,229.</b>		
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	<b>83,625.</b>		
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	<b>196,940.</b>		
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses (add lines 13 and 14, column (A))	<b>17</b>	<b>1,480,794.</b>		
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>1,255,053.</b>		
<b>Net Assets</b>	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>20,719,830.</b>		
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 5</b>	<b>20</b>	<b>134,975.</b>		
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>22,109,858.</b>		



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**AMERICAN RESPIRATORY ALLIANCE  
OF WESTERN PENNSYLVANIA**

Form 990 (2005)

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**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

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 \$ <u>43,500.</u> noncash \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	22	43,500.	43,500.	STATEMENT 7	
23 Specific assistance to individuals (attach schedule)	23	2,327.	2,327.	STATEMENT 8	
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	77,270.	58,725.	5,409.	13,136.
26 Other salaries and wages	26	517,388.	400,582.	33,574.	83,232.
27 Pension plan contributions	27	23,730.	19,458.	996.	3,276.
28 Other employee benefits	28	74,848.	61,376.	3,141.	10,331.
29 Payroll taxes	29	54,252.	38,810.	8,706.	6,736.
30 Professional fundraising fees	30				
31 Accounting fees	31	12,775.	10,073.	790.	1,912.
32 Legal fees	32	11,634.	9,172.	720.	1,742.
33 Supplies	33	34,457.	32,371.	480.	1,606.
34 Telephone	34	21,237.	17,373.	1,113.	2,751.
35 Postage and shipping	35	58,849.	37,731.	2,456.	18,662.
36 Occupancy	36	26,658.	22,877.		3,781.
37 Equipment rental and maintenance	37	34,962.	29,702.	2,023.	3,237.
38 Printing and publications	38	35,280.	33,447.	400.	1,433.
39 Travel	39	28,597.	24,911.	1,818.	1,868.
40 Conferences, conventions, and meetings	40	7,715.	5,132.	793.	1,790.
41 Interest	41	8,123.	4,727.	2,589.	807.
42 Depreciation, depletion, etc. (attach schedule)	42	44,383.	36,849.	2,186.	5,348.
43 Other expenses not covered above (itemize):					
a _____	43a				
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
f _____	43f				
g SEE STATEMENT 6	43g	362,809.	311,086.	16,431.	35,292.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,480,794.	1,200,229.	83,625.	196,940.

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 \$ N/A, (ii) the amount allocated to Program services \$ N/A,  
 (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

**AMERICAN RESPIRATORY ALLIANCE  
OF WESTERN PENNSYLVANIA**

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**Part III Statement of Program Service Accomplishments** (See the instructions.)

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.

What is the organization's primary exempt purpose? <b>PROMOTE LUNG HEALTH</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others )
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.)	
<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 \$ <b>6,500.</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>119,781.</b>
<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 \$ <b>0.</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>194,400.</b>
<b>c LUNG DISEASE ("LD") (CHILDREN &amp; ADULTS) - EDUCATES BOTH ADULTS &amp; 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</b>	
(Grants and allocations \$ <b>37,000.</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>743,205.</b>
<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 \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>139,656.</b>
<b>e Other program services (attach schedule) SEE STATEMENT 9</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>3,187.</b>
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>1,200,229.</b>

Form **990** (2005)

**AMERICAN RESPIRATORY ALLIANCE  
OF WESTERN PENNSYLVANIA**

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**Part IV Balance Sheets** (See the instructions.)

**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
<b>Assets</b>	45 Cash - non-interest-bearing	277.	275.
	46 Savings and temporary cash investments	120,913.	209,442.
	47 a Accounts receivable	907,355.	
	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	13,095.	27,581.
	54 Investments - securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	19,930,753.	20,402,132.
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
56 Investments - other			
57 a Land, buildings, and equipment: basis	2,076,494.		
b Less: accumulated depreciation	1,276,539.	799,955.	
58 Other assets (describe )			
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58	<b>20,947,962.</b>	<b>22,346,740.</b>	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	103,773.	125,984.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable	42,359.	28,898.
	65 Other liabilities (describe <b>LINE OF CREDIT</b> )	82,000.	82,000.
<b>66 Total liabilities.</b> Add lines 60 through 65)	<b>228,132.</b>	<b>236,882.</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	13,542,106.	14,746,140.
	68 Temporarily restricted	70,490.	256,484.
	69 Permanently restricted	7,107,234.	7,107,234.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> 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		
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	<b>20,719,830.</b>	<b>22,109,858.</b>	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	<b>20,947,962.</b>	<b>22,346,740.</b>	

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**AMERICAN RESPIRATORY ALLIANCE  
OF WESTERN PENNSYLVANIA**

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**Part VI Other Information** (continued)

		Yes	No
<b>82 a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
<b>b</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		
	104,075.		
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
	N/A		
<b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members?	85a		
	N/A		
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	N/A		
<b>c</b> Dues, assessments, and similar amounts from members	85c		
	N/A		
<b>d</b> Section 162(e) lobbying and political expenditures	85d		
	N/A		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
	N/A		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
	N/A		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
	N/A		
<b>h</b> 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?	85h		
	N/A		
<b>86 501(c)(7) organizations. Enter: a</b> Initiation fees and capital contributions included on line 12	86a		
	N/A		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	86b		
	N/A		
<b>87 501(c)(12) organizations. Enter: a</b> Gross income from members or shareholders	87a		
	N/A		
<b>b</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		
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
<b>89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911</b> ▶ 0.; <b>section 4912</b> ▶ 0.; <b>section 4955</b> ▶ 0.			
<b>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?</b> If "Yes," attach a statement explaining each transaction	89b		X
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
<b>90 a</b> List the states with which a copy of this return is filed ▶ PA			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2005	90b		12
<b>91 a</b> 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			
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b		X
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c		X
<b>92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here</b> and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92		N/A

Form 990 (2005)

**AMERICAN RESPIRATORY ALLIANCE  
OF WESTERN PENNSYLVANIA**

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**Part VII Analysis of Income-Producing Activities** (See 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> SMOKING CESSATION					7,960.
<b>b</b> STOP SMOKING					6,051.
<b>c</b> OTHER					26,198.
<b>d</b> TB ARMS					24,969.
<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	675,052.	
<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	30,053.	
<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	621,016.	
<b>101</b> Net income or (loss) from special events			18	21,955.	
<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.		1,348,076.	65,178.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					1,413,254.

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 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 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 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 Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Christine Weaver Date: 01/09/07 Type or print name and title: CHRISTINE WEAVER EXECUTIVE DIRECTOR

Paid Preparer's Use Only: Preparer's signature: Maile M. Conestock CPA Date: 12/27/06 Check if self-employed:  Preparer's SSN or PTIN: 700474378

Firm's name (or yours if self-employed), address, and ZIP + 4: SISTERSON & CO. LLP  
2101 GRANT BUILDING  
PITTSBURGH, PA 15219 EIN: 25-1467156 Phone no: 412-281-2025

Form 990 (2005)

**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 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

**2005**

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
BARBARA KUBALA 1047 HAMLIN DRIVE, BETHEL PARK, PA 15	40.00	51,965.	3,074.	657.
CAROL ANN KUCZMA 1315 BROAD ST., PITTSBURGH, PA 15203	40.00	50,302.	14,248.	
MERRITT SPIER 2572 BARNWOOD DR, WEXFORD, PA 15090	40.00	62,605.	3,502.	
TAMI ROCK 527 LIBERTY STREET, PERRYOPOLIS, PA	40.00	52,495.	7,240.	
REGINA SIMMS 246 FT. PALMER EST. RD, LIGONIER, PA	DIRECTOR OF FLD SVC. 40.00	57,339.	5,597.	
Total number of other employees paid over \$50,000 ▶	1			

**Part II-A 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
PITTSBURGH STEELERS 100 ART ROONEY AVENUE, PITTSBURGH, PA 15212	SPONSORED MEDIA PACKAGE	68,200.
-----		
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-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
-----		
-----		
-----		
-----		
Total number of other contractors receiving over \$50,000 for other 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>22,000.</u> (Must equal amounts on line 38, Part VI-A, or line i 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 <u>VI-A, LINE 38B</u>	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?		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)?	X	
e Transfer of any part of its income or assets?		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)		X
b Do you have a section 403(b) annuity plan for your employees?		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		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?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ▶  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See page 6 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 6 of the instructions)

**AMERICAN RESPIRATORY ALLIANCE**

Schedule A (Form 990 or 990-EZ) 2005 **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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	426,280.	598,081.	762,989.	450,859.	2,238,209.
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	95,739.	66,684.	41,355.	146,211.	349,989.
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	716,447.	664,495.	747,321.	689,578.	2,817,841.
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	1,238,466.	1,329,260.	1,551,665.	1,286,648.	5,406,039.
24 Line 23 minus line 17	1,142,727.	1,262,576.	1,510,310.	1,140,437.	5,056,050.
25 Enter 1% of line 23	12,385.	13,293.	15,517.	12,866.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	101,121.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	584,016.
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	5,056,050.
d Add: Amounts from column (e) for lines: 18 <u>2,817,841.</u> 19 _____ 22 _____ 26b <u>584,016.</u>	26d	3,401,857.
e Public support (line 26c minus line 26d total)	26e	1,654,193.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) SEE STATEMENT 15	26f	32.7171%

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	(2004)	(2003)	(2002)	(2001)
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 11b, 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	(2004)	(2003)	(2002)	(2001)
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 2001 through 2004, 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/> <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/> <hr/> <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/> <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	22,000.
38	Total lobbying expenditures (add lines 36 and 37)	38	22,000.
39	Other exempt purpose expenditures	39	1,458,794.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	1,480,794.
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 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	223,079.
42	Grassroots nontaxable amount (enter 25% of line 41)	42	55,770.
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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	223,079.	225,328.	0.	239,815.	688,222.
46					1,032,333.
47	22,000.	12,000.	0.	24,015.	58,015.
48	55,770.	56,332.	0.	59,954.	172,056.
49					258,084.
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		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
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	75,096.
TOTAL TO FORM 990, PART I, LINE 6A		75,096.

FORM 990 RENTAL EXPENSES STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
VARIOUS DEPRECIATION		14,816.	
- SUBTOTAL -	1	30,227.	45,043.
TOTAL TO FORM 990, PART I, LINE 6B			45,043.

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	23,062,944.	22,441,928.	0.	621,016.
TO FORM 990, PART I, LINE 8	23,062,944.	22,441,928.	0.	621,016.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 4

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
84 LUMBER CLASSIC	30,550.		30,550.	19,201.	11,349.
KENNYWOOD TICKETS	2,510.		2,510.	0.	2,510.
ASTHMA WALK	3,593.		3,593.	0.	3,593.
DRIVE TO SURVIVE GOLF OUTING	713.		713.	0.	713.
BEAT THE PRO	5,000.		5,000.	2,250.	2,750.
FIRE QUAKER 500	5,992.		5,992.	5,052.	940.

AMERICAN RESPIRATORY ALLIANCE OF WESTERN

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BLACK & GOLD GALA	4,945.	4,945.	4,845.	100.
TO FM 990, PART I, LINE 9	53,303.	53,303.	31,348.	21,955.

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

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	134,975.
TOTAL TO FORM 990, PART I, LINE 20	134,975.

FORM 990 OTHER EXPENSES STATEMENT 6

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	32,165.	28,209.	1,608.	2,348.
DUES AND SUBSCRIPTIONS	1,137.	702.	335.	100.
MISCELLANEOUS	7,280.	6,213.	761.	306.
BANK CHARGES	1,109.	0.	1,109.	0.
MARKETING	47,502.	43,178.	904.	3,420.
SPECIAL PROGRAMS	16,826.	16,826.	0.	0.
TELEVISION HEALTH TAPES	2,115.	1,834.	47.	234.
TEACHING MATERIALS	13,222.	13,222.	0.	0.
SUBCONTRACT SERVICE	1,491.	1,491.	0.	0.
ENDOWMENT MANAGEMENT FEES	110,826.	87,381.	6,855.	16,590.
OTHER MANAGEMENT FEES	68,098.	53,692.	4,212.	10,194.
SPONSORS	31,038.	31,038.	0.	0.
PUBLIC EDUCATION	30,000.	27,300.	600.	2,100.
TOTAL TO FM 990, LN 43	362,809.	311,086.	16,431.	35,292.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 7

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
PROGRAM SERVICE	JOHNSTON ELEMENTARY SCHOOL	1256 FRANKLIN AVENUE, WILKINSBURG, PA	NONE	750.
PROGRAM SERVICE	KELLY ELEMENTARY SCHOOL	400 KELLY AVENUE, WILKINSBURG, PA 15221	NONE	750.
PROGRAM SERVICE	TURNER ELEMENTARY SCHOOL	1833 LAKETON ROAD, WILKINSBURG, PA 15221	NONE	750.
PROGRAM SERVICE	WILKINSBURG MIDDLE SCHOOL	747 WALLACE AVENUE, WILKINSBURG, PA	NONE	750.
PROGRAM SERVICE	ALLEGHENY GENERAL HOSPITAL - PULMONARY TEACHING	320 EAST NORTH AVENUE, PITTSBURGH, PA	NONE	500.
PROGRAM SERVICE	MEDRESPOND LLC	70 SOUTH 21ST STREET, PITTSBURGH, PA	NONE	40,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				<u>43,500.</u>

FORM 990 SPECIFIC ASSISTANCE TO INDIVIDUALS STATEMENT 8

DESCRIPTION	AMOUNT
EMERGENCY FUNDS WERE USED TO PAY FOR PRESCRIPTIONS FOR LUNG	2,327.
TOTAL TO FORM 990, PART II, LINE 23	<u>2,327.</u>

FORM 990 OTHER PROGRAM SERVICES STATEMENT 9

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
DESIGN AND IMPLEMENTATION OF COMMUNITY PROGRAMS PROMOTING TOBACCO-USE PREVENTION AND CESSATION ACTIVITIES.	0.	3,187.
TOTAL TO FORM 990, PART III, LINE E		3,187.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 10

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE OBLIGATIONS	FMV		4,485,744.		4,485,744.
MARKETABLE EQUITY SECURITIES	FMV	14317335.			14317335.
TO FORM 990, LINE 54, COL B		14317335.	4,485,744.		18803079.

FORM 990 GOVERNMENT SECURITIES STATEMENT 11

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
U.S. GOVERNMENT OBLIGATIONS	FMV	668,565.		668,565.
TOTAL TO FORM 990, LINE 54, COL B		668,565.		668,565.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 12

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	30,000.	0.	30,000.
BUILDING & IMPROVEMENTS	1,698,864.	974,049.	724,815.
FURNITURE & FIXTURES	255,727.	242,429.	13,298.
AUTOMOBILES	91,903.	60,061.	31,842.
TOTAL TO FORM 990, PART IV, LN 57	2,076,494.	1,276,539.	799,955.

FORM 990 OTHER SECURITIES STATEMENT 13

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
CASH EQUIVALENTS	FMV	930,488.
TO FORM 990, LINE 54, COL B		930,488.

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 Umontown, 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 - EMERITUS 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. Kolmer, 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 Paron 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, 2006

Schedule A – Part IV – A Support Schedule

American Respiratory Alliance of Western Pennsylvania (“ARA”) is 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 2001 through 2004 was 32.7171%.

(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 32.7171% of its funding from public or governmental sources during the period 2001 through 2004. The organization generated \$675,052 of investment income during the year ended June 30, 2006.

(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 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
  - 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).

Type or print	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, 2007** 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, 2005**, and ending **JUN 30, 2006**.

**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.