

Form **990**
 Department of the Treasury
 Internal Revenue Service

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

OMB No 1545-0047
2006
Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 07-01-2006 and ending 06-30-2007

- 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 No 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).

G Web site: www.healthylung.org

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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? Yes No (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number _____
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: 13,806,079

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	143,885	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d	250,000	
	e	Total (add lines 1a through 1d) (cash \$ 393,885 noncash \$ _____)	1e		393,885
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		53,629
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5		761,337
	6a	Gross rents	6a	66,439	
	b	Less rental expenses	6b	40,502	
c	Net rental income or (loss) subtract line 6b from line 6a	6c		25,937	
7	Other investment income (describe _____)	7			
REVENUE	8a	Gross amount from sales of assets other than inventory	(A) Securities	12,425,171	8a
			(B) Other		
	b	Less cost or other basis and sales expenses	8b	11,827,549	
	c	Gain or (loss) (attach schedule)	8c	597,622	
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8d		597,622	
REVENUE	9a	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	Gross revenue (not including \$ _____ of contributions reported on line 1b)	105,618	9a
			Less direct expenses other than fundraising expenses	88,882	9b
	c	Net income or (loss) from special events Subtract line 9b from line 9a	9c		16,736
	10a	Gross sales of inventory, less returns and allowances	10a		
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		1,849,146	
EXPENSES	13	Program services (from line 44, column (B))	13		1,277,974
	14	Management and general (from line 44, column (C))	14		91,040
	15	Fundraising (from line 44, column (D))	15		216,022
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses Add lines 16 and 44, column (A)	17		1,585,036
NET ASSETS	18	Excess or (deficit) for the year Subtract line 17 from line 12	18		264,110
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		22,109,858
	20	Other changes in net assets or fund balances (attach explanation)	20		1,964,345
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21		24,338,313

Part III Statement of Functional Expenses

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

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
22a Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ 45,000 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	45,000	45,000	
23 Specific assistance to individuals (attach schedule)	23	576	576	
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	111,844	86,598	7,326
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b and c	26	565,143	436,452	37,629
27 Pension plan contributions not included on lines 25a, b and c	27	22,300	18,377	858
28 Employee benefits not included on lines 25a - 27	28	87,678	72,255	3,373
29 Payroll taxes	29	60,920	44,637	9,293
30 Professional fundraising fees	30			
31 Accounting fees	31	14,845	12,045	1,066
32 Legal fees	32	14,914	12,101	1,071
33 Supplies	33	61,553	58,072	1,571
34 Telephone	34	19,833	16,818	607
35 Postage and shipping	35	49,566	32,732	2,150
36 Occupancy	36	29,318	24,912	235
37 Equipment rental and maintenance	37	30,017	25,628	1,594
38 Printing and publications	38	29,006	24,784	241
39 Travel	39	32,593	30,309	974
40 Conferences, conventions, and meetings	40	5,206	4,070	402
41 Interest	41	2,059	444	1,551
42 Depreciation, depletion, etc (attach schedule)	42	45,548	37,765	2,277
43 Other expenses not covered above (itemize)	43g			
a See Additional Data Table	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,585,036	1,277,974	91,040

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 (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.

<p>What is the organization's primary exempt purpose? ► <u>PROMOTE LUNG HEALTH</u></p> <p>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.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>a See Additional Data Table</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>b</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>c</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>d</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</p>	<p>1,277,974</p>

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)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		275	45	275	
	46 Savings and temporary cash investments		209,442	46	490,670	
	47a Accounts receivable	47a	3,995			
	b Less allowance for doubtful accounts	47b		907,355	47c	3,995
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b			48c	
	49 Grants receivable				49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)				50b	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges		27,581	53	17,365	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		19,471,644	54a	22,527,984	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		930,488	54b	663,599	
	55a Investments—land, buildings, and equipment basis	55a				
	b Less accumulated depreciation (attach schedule)	55b			55c	
	56 Investments—other (attach schedule)				56	
	57a Land, buildings, and equipment basis	57a	2,078,058			
	b Less accumulated depreciation (attach schedule)	57b	1,326,258	799,955	57c	751,800
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)				58		
59 Total assets (must equal line 74) Add lines 45 through 58		22,346,740	59	24,455,688		
Liabilities	60 Accounts payable and accrued expenses		125,984	60	93,059	
	61 Grants payable			61		
	62 Deferred revenue			62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a Tax-exempt bond liabilities (attach schedule)			64a		
	b Mortgages and other notes payable (attach schedule)		28,898	64b	24,316	
	65 Other liabilities (describe <input type="checkbox"/> _____)		82,000	65		
66 Total liabilities Add lines 60 through 65		236,882	66	117,375		
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		14,746,140	67	16,977,284	
	68 Temporarily restricted		256,484	68	253,795	
	69 Permanently restricted		7,107,234	69	7,107,234	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds			70		
	71 Paid-in or capital surplus, or land, building, and equipment fund			71		
	72 Retained earnings, endowment, accumulated income, or other funds			72		
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		22,109,858	73	24,338,313	
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		22,346,740	74	24,455,688	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	3,909,202
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	1,964,345
2	Donated services and use of facilities	b2	95,711
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	2,060,056
c	Subtract line b from line a	c	1,849,146
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	2,060,056
e	Total revenue (Part I, line 12) Add lines c and d	e	1,849,146

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

a	Total expenses and losses per audited financial statements	a	1,680,747
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	95,711
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	95,711
c	Subtract line b from line a	c	1,585,036
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d	e	1,585,036

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part VI Other Information (continued)

		Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	Yes	
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 95,711		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
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 the prior year.			
c Dues assessments, and similar amounts from members	85c		
d Section 162(e) lobbying and political expenditures	85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
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?	85h		
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a		
b Gross receipts, included on line 12, for public use of club facilities	86b		
87 501(c)(12) orgs. Enter a Gross income from members or shareholders	87a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
88a 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	88a		No
b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b		No
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____ 0, section 4912 <input type="checkbox"/> _____ 0, section 4955 <input type="checkbox"/> _____ 0			
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		No
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____ 0			
d Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> _____			
e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		No
f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		No
90a List the states with which a copy of this return is filed <input type="checkbox"/> PA			
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90b		13
91a The books are in care of <input type="checkbox"/> TAMI ROCK Telephone no <input type="checkbox"/> (724) 772-1750 201 SMITH DR SUITE E Located at <input type="checkbox"/> CRANBERRY TWP, PA ZIP + 4 <input type="checkbox"/> 16066			
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)?	91b	Yes	No
If "Yes," enter the name of the foreign country <input type="checkbox"/> _____			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92

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

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue (STOP SMOKING Programs, Smokeless Saturday School, TB ARMS, Other), Membership dues, Interest on savings, Dividends, Net rental income, Gain or loss from sales, and Subtotal.

Note: Line 105 plus line 1e, 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.)

Table with 2 columns: 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.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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).

Part XI Information Regarding Transfers To and From Controlled Entities *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No

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.

*****	2007-11-15
Signature of officer	Date
Christine Weaver Executive Director	
Type or print name and title	

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
	Sisterson & Co LLP 2101 Grant Building Pittsburgh, PA 15219			Phone no (412) 281-2025

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

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.)

OMB No 1545-0047

2006

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

Department of the
Treasury
Internal Revenue
Service

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 2 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 dr bethel park, PA 15102	Director-Com Events 40 00	55,291	2,244	821
CAROL ANN KUCZMA 1315 BROAD ST Pittsburgh, PA 15203	DIRECTOR OF PROGRAMS 40 00	66,486	2,659	0
merritt spier 2572 barnwood dr wexford, PA 15090	Director-Development 40 00	66,512	2,660	0
tami rock 303 N LIBERTY perryopolis, PA 15473	ControllerManager 40 00	61,488	2,459	0
regina simms 246 FT PALMER EST ligonier, PA 15658	DIRECTOR-Field Prog 40 00	59,059	2,362	0
Total number of other employees paid over \$50,000	2			

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
None		
Total number of others receiving over \$50,000 for professional services		

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 for 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		

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

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>24,000</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>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</p>	1	Yes	
<p>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.) </p> <p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c		No
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	Yes	
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a		No
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b		No
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		No
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u></p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u></p>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

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

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

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	434,678	426,280	598,081	762,989	2,222,028
16 Membership fees received					0
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	118,481	92,676	66,684	41,355	319,196
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	750,148	716,447	664,495	747,321	2,878,411
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	1,303,307	1,235,403	1,329,260	1,551,665	5,419,635
24 Line 23 minus line 17	1,184,826	1,142,727	1,262,576	1,510,310	5,100,439
25 Enter 1% of line 23	13,033	12,354	13,293	15,517	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 102,009
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 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 463,464
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 5,100,439
d Add Amounts from column (e) for lines	18 2,878,411	19 0			
	22	26 b 463,464			26d 3,341,875
e Public support (line 26c minus line 26d total)					26e 1,758,564
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 34.47 87 %
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 (2005) _____ (2004) _____ (2003) _____ (2002) _____					
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 (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add Amounts from column (e) for lines	15 _____	16 _____			
	17 _____	20 _____	21 _____		
d Add Line 27a total _____ and line 27b total _____					27c _____
e Public support (line 27c total minus line 27d total)					27d _____
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27e _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g _____
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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					27h _____

Part V Private School Questionnaire (See page 7 of the instructions.)
(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)		
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 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)		
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)		
34a	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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 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		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	24,000
38	Total lobbying expenditures (add lines 36 and 37)	38	24,000
39	Other exempt purpose expenditures	39	1,561,036
40	Total exempt purpose expenditures (add lines 38 and 39)	40	1,585,036
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	229,252
42	Grassroots nontaxable amount (enter 25% of line 41)	42	57,313
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 13 of the instructions)

Calendar year (or fiscal year beginning in) a	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount	229,252	223,079	225,328	0	677,659
46 Lobbying ceiling amount (150% of line 45(e))					1,016,489
47 Total lobbying expenditures	24,000	22,000	12,000	0	58,000
48 Grassroots nontaxable amount	57,313	55,770	56,332	0	169,415
49 Grassroots ceiling amount (150% of line 48(e))					254,123
50 Grassroots lobbying expenditures	0	0	0	0	0

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

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

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

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2006

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Part I calculations: 1 Maximum amount, 2 Total cost, 3 Threshold cost, 4 Reduction in limitation, 5 Dollar limitation.

Table with 13 rows for Part II calculations: (a) Description of property, (b) Cost, (c) Elected cost, 7 Listed property, 8 Total elected cost, 9 Tentative deduction, 10 Carryover, 11 Business income limitation, 12 Section 179 expense deduction, 13 Carryover.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

Table with 4 rows for Part II calculations: 14 Special allowance, 15 Property subject to section 168(f)(1) election, 16 Other depreciation.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for Section A: 17 MACRS deductions, 18 Grouping assets.

Table with 7 columns: (a) Classification, (b) Month and year, (c) Basis, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows 19a-f and h-i.

Section C—Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

Table with 5 rows for Section C: 20a Class life, b 12-year, c 40-year.

Part IV Summary (see instructions)

Table with 3 rows for Part IV: 21 Listed property, 22 Total, 23 Portion of the basis.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for special allowances and business use percentages.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for Vehicle 1 through 6. Rows 30-36 cover total miles driven (business, commuting, other) and personal use availability.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table for Section C with columns Yes/No. Rows 37-41 cover policy statements and requirements for vehicle use by employees.

Part VI Amortization

Table for Section C with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44 for amortization calculations.

TY 2006 Cash Grants Paid Schedule

Name: AMERICAN RESPIRATORY ALLIANCE
OF WESTERN PENNSYLVANIA

EIN: 25-0965587

Class of Activity	Recipient's name	Address	Amount	Relationship
pPROGRAM SERVICE	National Speaking of Women's Health Foundation	625 Eden Park Drive Suite 200 Cincinnati, OH 45202	5,000	
pPROGRAM SERVICE	medrespond llc	70 south 21st street pittsburgh, PA 15203	40,000	

TY 2006 Gain/Loss from Sale of Public Securities Schedule

Name: AMERICAN RESPIRATORY ALLIANCE
OF WESTERN PENNSYLVANIA

EIN: 25-0965587

Gross Sales Price: 12,425,171

Basis: 11,827,549

Sales Expenses: 0

Total (net): 597,622

TY 2006 Individual Assistance Schedule

Name: AMERICAN RESPIRATORY ALLIANCE
OF WESTERN PENNSYLVANIA

EIN: 25-0965587

Class of Activity	Amount
EMERGENCY FUNDS WERE USED TO PAY FOR PRESCRIPTIONS FOR LUNG	576

TY 2006 Investments - Securities Schedule

Name: AMERICAN RESPIRATORY ALLIANCE
OF WESTERN PENNSYLVANIA

EIN: 25-0965587

Description	Book Value	Cost/FMV
Corporate obligations	4,555,660	F
US GOVERNMENT OBLIGATIONS	1,002,895	F
MARKETABLE EQUITY SECURITIES	16,969,429	F
CASH EQUIVALENTS	663,599	F

TY 2006 Land etc. Schedule

Name: AMERICAN RESPIRATORY ALLIANCE
OF WESTERN PENNSYLVANIA

EIN: 25-0965587

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Property and Equipment	2,052,728	1,324,273	728,455
property and Equipment	25,330	1,985	23,345

TY 2006 Officer Compensation Schedule

Name: AMERICAN RESPIRATORY ALLIANCE
OF WESTERN PENNSYLVANIA

EIN: 25-0965587

CHRISTINE WEAVER

	Compensation	EE Benefit Plans	Expense Acct
Program Services	78,996	3,544	4,058
Mgmt & General	6,810	166	350
Fundraising	16,482	591	847

TY 2006 Other Changes in Net Assets Schedule

Name: AMERICAN RESPIRATORY ALLIANCE
OF WESTERN PENNSYLVANIA

EIN: 25-0965587

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	1,964,345

TY 2006 Special Events Schedule

Name: AMERICAN RESPIRATORY ALLIANCE
OF WESTERN PENNSYLVANIA

EIN: 25-0965587

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
84 LUMBER CLASSIC	13,601	0	13,601	9,539	4,062
KENNYWOOD TICKETS	8,173	0	8,173	0	8,173
ASTHMA WALK (Highmark)	4,500	0	4,500	0	4,500
Symphony Comm Partners Concert	2,104	0	2,104	0	2,104
black & gold gala	77,240	0	77,240	79,343	-2,103

TY 2006 Self Dealing Statement

Name: AMERICAN RESPIRATORY ALLIANCE
OF WESTERN PENNSYLVANIA

EIN: 25-0965587

Line Number	Explanation
2d	See 990 Part V-A and Statement 15.

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Stephen Bernard Thomas PhD University of Pittsburgh 127A Parson Hall 130 DeSoto Street Pittsburgh, PA 15261	Director 2 00	0	0	0
Farley Toothman Esq 183 South Morris Street Waynesburg, PA 15370	Director 2 00	0	0	0
Dale West Vice President Corporate Shared Services Respon s 1010 Murry Ridge Lane Murrysville, PA 15668	director 2 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Ronald A Landay MD Allergy Clinical Immunology Associates 180 Fort Couch Road Pittsburgh, PA 15241	Director 2 00	0	0	0
Marguerite Jarrett Marks 700 Saint James Street Pittsburgh, PA 15232	Director 2 00	0	0	0
Johnson Martin PhD 5832 Morrowfield Avenue Pittsburgh, PA 15217	Director 2 00	0	0	0
George B Miller 111 Rector Road Rector, PA 15677	President 2 00	0	0	0
Harry D Milnes 3320 Fifth Avenue Beaver Falls, PA 15010	Director 2 00	0	0	0
Kathryn L Nestor RN 220 Commerce Street Beaver, PA 15009	Director 2 00	0	0	0
DONNA J PIKE RRT Respiratory Care Indiana Regional Medical Center 835 Hospital Road PO Box 788 Indiana, PA 15701	Vice President 2 00	0	0	0
Ernest O Punchard RD 1 Box 387 Rural Valley, PA 16249	Director emeritus 2 00	0	0	0
F Brooks Robinson President Regional Industrial Development Corporation 425 Sixth Avenue Suite Pittsburgh, PA 15219	1st Vice President 2 00	0	0	0
John P Rupp Rupp Fiore Insurance Management 544 Route 130 Trafford, PA 15085	Vice President 2 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Daniel Alan Church MD Central Greene Pediatrics 270 Elm Drive Waynesburg, PA 15370	Director 2 00	0	0	0
Norman W Ebeck 2425 Huntington Drive Pittsburgh, PA 15241	Director 2 00	0	0	0
Warfield Garson MD Sunrise of Cranberry 10 Adams Ridge Boulevard Mars, PA 16046	Vice President 2 00	0	0	0
Stephen C Hansen President and CEO Dollar Bank 3 Gateway Center 9 West Pittsburgh, PA 15222	Director 2 00	0	0	0
James F Hilliard 104 Mayflower Drive Pittsburgh, PA 15238	Director 2 00	0	0	0
Thomas J Hilliard Jr Park Building Suite 1420 355 Fifth Avenue Pittsburgh, PA 15222	Treasurer 2 00	0	0	0
Frank X Horrigan 305 Arden Road Pittsburgh, PA 15216	Director 2 00	0	0	0
Charles M Koliner MDSouthwest PA Pulmonary Sleep Medicine Ltd 400 Locust Avenue Washington, PA 15301	Director 2 00	0	0	0
Maxine C Kopiec RN BS 27 Battista Drive McDonald, PA 15057	Director 2 00	0	0	0
Richard S Kushner 333 Cloverdale Drive Wexford, PA 15090	Director 2 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
CHRISTINE WEAVER 295 HOODRIDGE DRIVE PITTSBURGH, PA 15234	EXEC DIRECTOR 40 00	102,288	4,301	5,255
VICKEE ALTMAN RN MN MED 222 Derrick Avenue Uniontown, PA 15401	Director 2 00	0	0	0
Henry H Armstrong 461 Stonelyonesome Rd Stahlstown, PA 15687	Director Emeritus 2 00	0	0	0
Victor D Bell 197 Christy Road Eighty Four, PA 15330	Director 2 00	0	0	0
Mark Bookman Esq Fifth Avenue Place Ste 2900 120 Fifth Avenue Pittsburgh, PA 15222	Secretary 2 00	0	0	0
Georgene Brander RNBSMHR 5124 Polo Fields Drive Gibsonia, PA 15044	Director emeritus 2 00	0	0	0
Donald G Brown 1014 Winterton Street Pittsburgh, PA 15206	Director 2 00	0	0	0
Bruce A Bush MD FACP 38 Overlook Drive Indiana, PA 15701	Director 2 00	0	0	0
R Kevin Carugati MD 926 8th Avenue Beaver Falls, PA 15010	Director 2 00	0	0	0
Judith L Charlton RN 108 Cardiff Drive Aliquippa, PA 15001	Vice President 2 00	0	0	0

Form 990, Part III - Program Service Accomplishments:

<p>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.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p>a INFECTIOUS LUNG DISEASE - INCLUDES PROGRAMS FOR MEDICAL PROFESSIONALS & THE GENERAL PUBLIC ON TUBERCULOSIS, INFLUENZA, PNEUMONIA & OTHER INFECTIOUS DISEASES</p> <p>(Grants and allocations \$ 6,000) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">115,935</p>
<p>b HEALTH & TOBACCO - EDUCATES CHILDREN & ADULTS ON THE HEALTH EFFECTS OF SMOKING AND SECOND HAND SMOKE AND OFFERS A WIDE VARIETY OF SMOKING CESSATION PROGRAMS</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">187,034</p>
<p>c 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</p> <p>(Grants and allocations \$ 39,000) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">799,494</p>
<p>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</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">175,236</p>
<p>e DESIGN AND IMPLEMENTATION OF COMMUNITY PROGRAMS PROMOTING TOBACCO-USE PREVENTION AND CESSATION ACTIVITIES</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">275</p>

Additional Data

Software ID:

Software Version:

EIN: 25-0965587

Name: AMERICAN RESPIRATORY ALLIANCE
OF WESTERN PENNSYLVANIA

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a INSURANCE	43a	22,409	19,103	1,139	2,167
b DUES AND SUBSCRIPTIONS	43b	680	348	330	2
c MISCELLANEOUS	43c	2,496	1,509	980	7
d BANK CHARGES	43d	1,943	76	1,867	
e marketing	43e	46,192	37,803	1,669	6,720
f SPECIAL PROGRAMS	43f	8,340	8,340		
g TELEVISION HEALTH TAPES	43g	1,200	930	45	225
h TEACHING MATERIALS	43h	14,565	14,565		
i ENDOWMENT MANAGEMENT FEES	43i	105,025	85,218	7,539	12,268
j OTHER MANAGEMENT FEES	43j	52,283	42,423	3,753	6,107
k sponsors	43k	54,484	41,984		12,500
l public education	43l	47,500	42,100	1,500	3,900