

**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 2007 calendar year, or tax year beginning JUL 1, 2007 and ending JUN 30, 2008

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

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

**H and I are not applicable to section 527 organizations.**

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

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

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 25,732,787.

**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>	Contributions to donor advised funds	<b>1a</b>			
<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>	<u>152,336.</u>		
<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>			
<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>	<u>250,000.</u>		
<b>e</b>	Total (add lines 1a through 1d) (cash \$ <u>402,336.</u> noncash \$ _____)	<b>1e</b>		<u>402,336.</u>	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		<u>56,545.</u>	
<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>		<u>922,560.</u>	
<b>6 a</b>	Gross rents <u>SEE STATEMENT 1</u>	<b>6a</b>	<u>73,311.</u>		
<b>b</b>	Less rental expenses <u>SEE STATEMENT 2</u>	<b>6b</b>	<u>40,465.</u>		
<b>c</b>	Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>		<u>32,846.</u>	
<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 <u>24,164,831.</u> <b>8a</b>		(B) Other	
<b>b</b>	Less cost or other basis and sales expenses	<u>23,576,628.</u> <b>8b</b>			
<b>c</b>	Gain or (loss) (attach schedule)	<u>588,203.</u> <b>8c</b>			
<b>d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B) <u>STMT 3</u>	<b>8d</b>		<u>588,203.</u>	
<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 \$ <u>0.</u> of contributions reported on line 1b)	<b>9a</b>	<u>113,204.</u>		
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>	<u>116,026.</u>		
<b>c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a <u>SEE STATEMENT 4</u>	<b>9c</b>		<u>&lt;2,822.&gt;</u>	
<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 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>		<u>1,999,668.</u>	
<b>Expenses</b>					
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		<u>1,389,191.</u>	
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		<u>83,171.</u>	
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		<u>138,901.</u>	
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b>	Total expenses. Add lines 16 and 44, column (A)	<b>17</b>		<u>1,611,263.</u>	
<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>		<u>388,405.</u>	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<u>24,338,313.</u>	
<b>20</b>	Other changes in net assets or fund balances (attach explanation) <u>SEE STATEMENT 5</u>	<b>20</b>		<u>&lt;2,749,976.&gt;</u>	
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>		<u>21,976,742.</u>	

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**AMERICAN RESPIRATORY ALLIANCE  
OF WESTERN PENNSYLVANIA**

Form 990 (2007)

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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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> • If this amount includes foreign grants, check here <input type="checkbox"/> 22a				
22b Other grants and allocations (attach schedule) (cash \$ <u>3,000</u> • noncash \$ <u>0</u> • If this amount includes foreign grants, check here <input type="checkbox"/> 22b	3,000.	3,000.	STATEMENT 7	
23 Specific assistance to individuals (attach schedule) STATEMENT 8	955.	955.		
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	114,307.	101,533.	5,600.	7,174.
b Compensation of former officers, directors, key employees, etc listed in Part V-B	0.	0.	0.	0.
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)				
26 Salaries and wages of employees not included on lines 25a, b, and c	575,411.	512,024.	28,302.	35,085.
27 Pension plan contributions not included on lines 25a, b, and c	23,573.	20,002.	1,038.	2,533.
28 Employee benefits not included on lines 25a - 27	122,806.	104,204.	5,406.	13,196.
29 Payroll taxes	60,505.	49,401.	5,819.	5,285.
30 Professional fundraising fees				
31 Accounting fees	13,050.	11,007.	784.	1,259.
32 Legal fees	5,289.	4,461.	318.	510.
33 Supplies	44,601.	41,984.	1,786.	831.
34 Telephone	19,524.	17,075.	748.	1,701.
35 Postage and shipping	56,831.	43,984.	2,411.	10,436.
36 Occupancy	25,367.	22,393.	338.	2,636.
37 Equipment rental and maintenance	29,638.	27,036.	1,145.	1,457.
38 Printing and publications	22,344.	14,745.	444.	7,155.
39 Travel	28,934.	25,343.	1,065.	2,526.
40 Conferences, conventions, and meetings	10,630.	9,057.	637.	936.
41 Interest	2,032.	719.	1,313.	
42 Depreciation, depletion, etc. (attach schedule)	44,934.	38,194.	2,247.	4,493.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 6	407,532.	342,074.	23,770.	41,688.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,611,263.	1,389,191.	83,171.	138,901.

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

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Form 990 (2007)

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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? <input type="checkbox"/>	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
<b>PROMOTE LUNG HEALTH</b>  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 \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	122,636.
<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 \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	205,439.
<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 \$ 3,000. ) If this amount includes foreign grants, check here <input type="checkbox"/>	896,100.
<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"/>	165,016.
<b>e Other program services (attach schedule)</b>	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	<b>1,389,191.</b>

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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	275.	275.
	46 Savings and temporary cash investments	490,670.	460,241.
	47 a Accounts receivable	3,938.	
	b Less: allowance for doubtful accounts		
		3,995.	3,938.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	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	17,365.	9,455.
	54 a Investments - publicly-traded securities STMT 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	22,527,984.	19,477,461.
b Investments - other securities STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	663,599.	1,445,545.	
55 a Investments - land, buildings, and equipment: basis			
b Less: accumulated depreciation			
56 Investments - other			
57 a Land, buildings, and equipment: basis	2,085,646.		
b Less: accumulated depreciation STMT 9	1,377,165.		
	751,800.	708,481.	
58 Other assets, including program-related investments (describe _____)			
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	24,455,688.	22,105,396.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	93,059.	100,688.
	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	24,316.	23,892.
	65 Other liabilities (describe <b>DEFERRED REVENUE</b> )	0.	4,074.
66 <b>Total liabilities.</b> Add lines 60 through 65	117,375.	128,654.	
<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	16,977,284.	14,559,085.
	68 Temporarily restricted	253,795.	310,422.
	69 Permanently restricted	7,107,234.	7,107,235.
	<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		
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	24,338,313.	21,976,742.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	24,455,688.	22,105,396.

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**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	<589,322.>
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	<2749976.>	
2	Donated services and use of facilities	b2	160,986.	
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	<2588990.>
c	Subtract line b from line a		c	1,999,668.
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	0.
e	Total revenue (Part I, line 12). Add lines c and d		e	1,999,668.

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

a	Total expenses and losses per audited financial statements		a	1,772,249.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1	160,986.	
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	160,986.
c	Subtract line b from line a		c	1,611,263.
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	0.
e	Total expenses (Part I, line 17). Add lines c and d		e	1,611,263.

**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 STATEMENT 12		106,379.	4,396.	3,532.

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<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>	Yes	No
<b>75 a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float: right;">▶ <u>29</u></span>		
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
<b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	X
<b>d</b> Does the organization have a written conflict of interest policy?	75d	X

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				
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<b>Part VI Other Information</b> <i>(See the instructions)</i>	Yes	No
<b>76</b> Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
<b>78 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float: right;">N/A</span>	78b	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
<b>80 a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
<b>b</b> If "Yes," enter the name of the organization ▶ <u>N/A</u>		
and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81 a</b> Enter direct and indirect political expenditures. (See line 81 instructions.)	81a	0.
<b>b</b> Did the organization file Form 1120-POL for this year?	81b	X

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<b>Part VI Other Information</b> (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 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	160,986.	
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
	b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
	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 a</b>	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/A
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	c Dues, assessments, and similar amounts from members	85c	N/A
	d Section 162(e) lobbying and political expenditures	85d	N/A
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
<b>86</b>	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
<b>87</b>	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
<b>88 a</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	88a	X
	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	X
<b>89 a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
	b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
	f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
	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	X
<b>90 a</b>	List the states with which a copy of this return is filed ▶ PA		
	b Number of employees employed in the pay period that includes March 12, 2007	90b	15
<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 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	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Form 990 (2007)

**AMERICAN RESPIRATORY ALLIANCE  
OF WESTERN PENNSYLVANIA**

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**Part VI Other Information** (continued) Yes No

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 ▶ N/A

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 N/A

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

**Note:** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a STOP SMOKING PROGRAMS					3,991.
b SMOKELESS SATURDAY					
c SCHOOL					12,130.
d TB ARMS					21,277.
e OTHER					19,147.
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	922,560.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	32,846.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			01	588,203.	
101 Net income or (loss) from special events			18	<2,822.>	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		1,540,787.	56,545.
105 Total (add line 104, columns (B), (D), and (E))					1,597,332.

**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.)

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).

AMERICAN RESPIRATORY ALLIANCE  
OF WESTERN PENNSYLVANIA

Form 990 (2007)

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**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). N/A

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, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

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, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

	Yes	No

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.

Please Sign Here

Signature of officer: Christine Weaver Date: 2/12/09

CHRISTINE WEAVER, EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Mill M. Cantelmo, CPA Date: 02/10/09 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: SISTERSON & CO. LLP  
2101 GRANT BUILDING  
PITTSBURGH, PA 15219

Preparer's SSN or PTIN (See Gen. Inst. X): 700474378

EIN: 25-1467156

Phone no.: 412-281-2025

Form 990 (2007)

**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

**2007**

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 DR, BETHEL PARK, PA 15102	DIRECTOR-COM. EVENTS 40.00	58,025.	2,321.	521.
CAROL ANN KUCZMA 1315 BROAD ST, PITTSBURGH, PA 15203	DIRECTOR OF PROGRAMS 40.00	68,814.	2,753.	
MERRITT SPIER 2572 BARNWOOD DR, WEXFORD, PA 15090	DIRECTOR-DEVELOPMENT 40.00	67,874.	2,715.	
TAMI ROCK 303 N LIBERTY, PERRYOPOLIS, PA 15473	CONTROLLER/MANAGER 40.00	63,640.	2,546.	
REGINA SIMMS 246 FT PALMER EST, LIGONIER, PA 15658	DIRECTOR-FIELD PROG. 40.00	60,981.	2,439.	
Total number of other employees paid over \$50,000 ▶	0			

**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 ▶	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
PITTSBURGH STEELERS SPORTS, INC 100 ART ROONEY AVENUE, PITTSBURGH, PA 15212	SERVICES FOR DINNER WITH THE S	136,500.
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>24,000.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B ) VI-A, LINE 38B	X	
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			
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)? SEE STATEMENT 13	X	
e	Transfer of any part of its income or assets?		X
3 a	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 )		X
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966? N/A		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶		N/A
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		N/A
f	Enter the total number of separate funds or accounts owned at the end of the 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 ▶		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶		0.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 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 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(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	
<b>Total</b>					

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions)

**AMERICAN RESPIRATORY ALLIANCE**

Schedule A (Form 990 or 990-EZ) 2007 **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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,297,245.	434,678.	426,280.	598,081.	2,756,284.
<b>16</b> Membership fees received					
<b>17</b> 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	159,247.	118,481.	92,676.	66,684.	437,088.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	827,776.	750,148.	716,447.	664,495.	2,958,866.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	2,284,268.	1,303,307.	1,235,403.	1,329,260.	6,152,238.
<b>24</b> Line 23 minus line 17	2,125,021.	1,184,826.	1,142,727.	1,262,576.	5,715,150.
<b>25</b> Enter 1% of line 23	22,843.	13,033.	12,354.	13,293.	
<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					114,303.
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					932,470.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					5,715,150.
d Add: Amounts from column (e) for lines 18 2,958,866. 19 _____ 22 _____ 26b 932,470.					3,891,336.
e Public support (line 26c minus line 26d total)					1,823,814.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) SEE STATEMENT 14					31.9119%
<b>27</b> Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year	N/A				
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (include in the list organizations described in lines 5 through 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				
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					N/A
d Add: Line 27a total _____ and line 27b total _____					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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 9 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 )		
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	
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	
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

Schedule A (Form 990 or 990-EZ) 2007 OF WESTERN PENNSYLVANIA

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**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 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	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	1,587,264.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	1,611,264.
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	230,563.
42	Grassroots nontaxable amount (enter 25% of line 41)	42	57,641.
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)	Lobbying Expenditures During 4-Year Averaging Period					
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total	
45	Lobbying nontaxable amount	230,563.	229,252.	223,079.	225,328.	908,222.
46	Lobbying ceiling amount (150% of line 45(e))					1,362,333.
47	Total lobbying expenditures	24,000.	24,000.	22,000.	12,000.	82,000.
48	Grassroots nontaxable amount	57,641.	57,313.	55,770.	56,332.	227,056.
49	Grassroots ceiling amount (150% of line 48(e))					340,584.
50	Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			0.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. All 'No' boxes are checked (X).

N/A

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. The table is currently empty.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (X) No

b If "Yes," complete the following schedule:

N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. The table is currently empty.

2007 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus. % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
11	PROPERTY AND EQUIPMENT	VARIES	200DB	5.00	17	2,052,728.			2,052,728.	1,330,246.		35,310.
12	PROPERTY AND EQUIPMENT	VARIES	200DB	5.00	17	25,330.			25,330.	1,985.		8,106.
13	PROPERTY AND EQUIPMENT	000000	200DB	5.00	19B	7,588.			7,588.			1,518.
	* TOTAL 990 PAGE 2					2,085,646.		0.	2,085,646.	1,332,231.	0.	44,934.
	DEPR											

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	73,311.
TOTAL TO FORM 990, PART I, LINE 6A			73,311.

FORM 990	RENTAL EXPENSES	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
REPAIRS/MAINT.		3,170.	
PROPERTY TAXES		9,809.	
PROFESSIONAL FEES		1,494.	
DEPRECIATION		25,992.	
- SUBTOTAL -	1		40,465.
TOTAL TO FORM 990, PART I, LINE 6B			40,465.

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)
	24,164,831.	23,576,628.	0.	588,203.
TO FORM 990, PART I, LINE 8	24,164,831.	23,576,628.	0.	588,203.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	4		
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
KENNYWOOD TICKETS	136.		136.		136.
ASTHMA WALK (HIGHMARK)	4,739.		4,739.		4,739.
ASTHMA FAIR	1,700.		1,700.		1,700.
DINE WITH THE STEELERS	106,629.		106,629.	116026.	<9,397.>
TO FM 990, PART I, LINE 9	113,204.		113,204.	116026.	<2,822.>

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

DESCRIPTION	AMOUNT
UNREALIZED GAIN(LOSS) ON INVESTMENTS	<2,749,976.>
TOTAL TO FORM 990, PART I, LINE 20	<2,749,976.>

FORM 990 OTHER EXPENSES STATEMENT 6

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	26,591.	20,676.	3,704.	2,211.
DUES AND SUBSCRIPTIONS	1,162.	550.	577.	35.
MISCELLANEOUS	6,675.	5,153.	1,432.	90.
BANK CHARGES	1,935.	0.	1,935.	0.
MARKETING	24,936.	16,746.	184.	8,006.
SPECIAL PROGRAMS	12,247.	11,983.	0.	264.
TELEVISION HEALTH TAPES	1,277.	1,066.	60.	151.
TEACHING MATERIALS	19,122.	19,119.	1.	2.
ENDOWMENT MANAGEMENT FEES	114,928.	96,934.	6,909.	11,085.
OTHER MANAGEMENT FEES	76,818.	64,791.	4,618.	7,409.
SPONSORS	25,096.	20,371.	1,000.	3,725.
PUBLIC EDUCATION	96,745.	84,685.	3,350.	8,710.
TOTAL TO FM 990, LN 43	407,532.	342,074.	23,770.	41,688.

FORM 990 CASH GRANTS AND ALLOCATIONS TO OTHERS STATEMENT 7

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
PROGRAM SERVICE MEDRESPOND, LLC 70 SOUTH 21ST STREET PITTSBURGH, PA 15203	3,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	3,000.

FORM 990 SPECIFIC ASSISTANCE TO INDIVIDUALS STATEMENT 8

DESCRIPTION	AMOUNT
EMERGENCY FUNDS WERE USED TO PAY FOR PRESCRIPTIONS FOR LUNG	955.
TOTAL TO FORM 990, PART II, LINE 23	955.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
PROPERTY AND EQUIPMENT	2,052,728.	1,365,556.	687,172.
PROPERTY AND EQUIPMENT	25,330.	10,091.	15,239.
PROPERTY AND EQUIPMENT	7,588.	1,518.	6,070.
TOTAL TO FORM 990, PART IV, LN 57	2,085,646.	1,377,165.	708,481.

FORM 990 OTHER SECURITIES STATEMENT 10

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
CASH EQUIVALENTS	FMV	1,445,545.
TO FORM 990, LINE 54B, COL B		1,445,545.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 11

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MARKETABLE EQUITY SECURITIES	FMV	19477461.			19477461.
TO FORM 990, LINE 54A, COL B		19477461.			19477461.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN CONTRIBUTION	PLAN EXPENSE ACCOUNT
J. HOWISON SCHROEDER 4926 WALLINGFORD STREET PITTSBURGH, PA 15213	DIRECTOR 1.50		0.	0. 0.
BELYNDA D. SLAUGENHAUPT, CFP 274 CAMP RUN ROAD HARMONY, PA 16037	DIRECTOR 0.25		0.	0. 0.
CHRISTINE WEAVER 295 HOODRIDGE DRIVE PITTSBURGH, PA 15234	EXECUTIVE DIRECTOR 40.00	106,379.	4,396.	3,532.
VICKEE ALTMAN, RN, MN, MED 222 DERRICK AVENUE UNIONTOWN, PA 15401	DIRECTOR 1.50		0.	0. 0.
NANCY ARMSTRONG 461 STONEYLONESOME RD STAHLSTOWN, PA 15687	DIRECTOR EMERITUS 0.00		0.	0. 0.
VICTOR D. BELL 197 CHRISTY ROAD EIGHTY FOUR, PA 15330	TREASURER 2.00		0.	0. 0.
MARK BOOKMAN, ESQ. FIFTH AVENUE PLACE, STE. 2900, 120 FIFTH AVENUE PITTSBURGH, PA 15222	SECRETARY 1.50		0.	0. 0.

GEORGENE BRANDER, RN,BS,MHR 5124 POLO FIELDS DRIVE GIBSONIA, PA 15044	DIRECTOR EMERITUS 0.00	0.	0.	0.
DONALD G. BROWN 1014 WINTERTON STREET PITTSBURGH, PA 15206	DIRECTOR 1.50	0.	0.	0.
BRUCE A. BUSH, MD, FACP 38 OVERLOOK DRIVE INDIANA, PA 15701	DIRECTOR 0.25	0.	0.	0.
R. KEVIN CARUGATI, MD 926 8TH AVENUE BEAVER FALLS, PA 15010	DIRECTOR 0.25	0.	0.	0.
JUDITH L. CHARLTON, RN 108 CARDIFF DRIVE ALIQUIPPA, PA 15001	VICE PRESIDENT 0.25	0.	0.	0.
DANIEL ALAN CHURCH, MD CENTRAL GREENE PEDIATRICS, 236 ELM DRIVE, SUITE 101 WAYNESBURG, PA 15370	DIRECTOR 1.00	0.	0.	0.
JAMES F. HILLIARD 104 MAYFLOWER DRIVE PITTSBURGH, PA 15238	DIRECTOR 0.25	0.	0.	0.
THOMAS J. HILLIARD, JR. PARK BUILDING, SUITE 1420, 355 FIFTH AVENUE PITTSBURGH, PA 15222	DIRECTOR 1.00	0.	0.	0.
FRANK X. HERRIGAN 305 ARDEN ROAD PITTSBURGH, PA 15216	DIRECTOR 2.00	0.	0.	0.
CHARLES M. KOLINER, MD,SOUTHWEST PA PULMONARY & SLEEP MEDICINE LTD., 400 LOCUST AVENUE WASHINGTON, PA 15301	DIRECTOR 1.50	0.	0.	0.
MAXINE C. KOPIEC, RN, BS 27 BATTISTA DRIVE MCDONALD, PA 15057	DIRECTOR 0.25	0.	0.	0.
RICHARD S. KUSHNER 333 CLOVERDALE DRIVE WEXFORD, PA 15090	DIRECTOR 0.25	0.	0.	0.

AMERICAN RESPIRATORY ALLIANCE OF WESTERN

25-0965587

RONALD A. LANDAY, MD 1053 LINDENDAL DRIVE PITTSBURGH, PA 15243	DIRECTOR 1.00	0.	0.	0.
MARGUERITE JARRETT MARKS 700 SAINT JAMES STREET PITTSBURGH, PA 15217	DIRECTOR 0.25	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 EMERITUS 0.00	0.	0.	0.
AMY L. AMOND, PHARM D 104 MAGNOLIA DRIVE GREENSBURG, PA 15601	DIRECTOR 0.25	0.	0.	0.
DONNA J. PIKE, RRT, RESPIRATORY CARE INDIANA REGIONAL MEDICAL CENTER, 835 HOSPITAL ROAD P.O. BOX 788 INDIANA, PA 15701	VICE PRESIDENT 0.25	0.	0.	0.
ERNEST O. PUNCHARD 401 W. 1ST STREET RURAL VALLEY, PA 16249	DIRECTOR EMERITUS 0.00	0.	0.	0.
F. BROOKS ROBINSON, PRESIDENT 5315 NORTHUMBERLAND STREET PITTSBURGH, PA 15217	DIRECTOR 2.00	0.	0.	0.
JOHN P. RUPP RUPP & FIORE INSURANCE MANAGEMENT, 544 ROUTE 130 TRAFFORD, PA 15085	1ST VICE PRESIDENT 2.00	0.	0.	0.
STEPHEN BERNARD THOMAS, PH.D. UNIVERSITY OF PITTSBURGH, 127A PARAN HALL, 130 DESOTO STREET PITTSBURGH, PA 15261	DIRECTOR 0.25	0.	0.	0.
DALE WEST CORPORATE SHARED SERVICES, PHILIPS RESPIRONICS, 801 PRESQUE ISLE DRIVE PITTSBURGH, PA 15239	DIRECTOR 0.25	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

106,379.	4,396.	3,532.
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SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2D

STATEMENT 13

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SEE 990 PART V-A AND STATEMENT 12.

4562-FY

Form Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property) 990

OMB No 1545-0172

2007

Attachment Sequence No 67

See separate instructions. Attach to your tax return.

Name(s) shown on return

AMERICAN RESPIRATORY ALLIANCE OF WESTERN PENNSYLVANIA

Business or activity to which this form relates

FORM 990 PAGE 2

Identifying number

25-0965587

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 columns: Line number, Description, Amount, and sub-headers (a) Description of property, (b) Cost, (c) Elected cost. Includes lines 1-13.

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)

Table with 3 columns: Line number, Description, Amount. Includes lines 14-16.

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

Section A

Table with 3 columns: Line number, Description, Amount. Includes lines 17-18.

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes lines 19a-i.

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

Table with 6 columns: Line number, Class life, Description, Recovery period, Convention, Method. Includes lines 20a-c.

Part IV Summary (see instructions)

Table with 3 columns: Line number, Description, Amount. Includes lines 21-23.

**AMERICAN RESPIRATORY ALLIANCE  
OF WESTERN PENNSYLVANIA**

Form 4562-FY (2007)

25-0965587 Page 2

**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

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

**26** Property used more than 50% in a qualified business use:

		%						
		%						
		%						

**27** Property used 50% or less in a qualified business use:

		%			S/L -			
		%			S/L -			
		%			S/L -			

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

**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.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**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.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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**42** Amortization of costs that begins during your 2007 tax year:


**43** Amortization of costs that began before your 2007 tax year 43

**44** Total. Add amounts in column (f). See the instructions for where to report 44

AMERICAN RESPIRATORY ALLIANCE  
OF WESTERN PENNSYLVANIA  
FORM 990  
Tax Year Ended June 30, 2008

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 2003 through 2006 was 31.91%.

(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 31.91% of its funding from public or governmental sources during the period 2003 through 2006. The organization generated \$2,958,866 of investment income during the year ended June 30, 2008.

(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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and 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) and click on *e-file for Charities & Nonprofits*.

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

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

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

- The books are in the care of ▶ **TAMI ROCK**  
Telephone No. ▶ **724-772-1750** FAX No. ▶ **724-772-1180**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2009**, 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, 2007**, and ending **JUN 30, 2008**.

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

<b>3a</b> 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>3a</b>	\$	
<b>b</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.	<b>3b</b>	\$	
<b>c Balance Due.</b> 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.	<b>3c</b>	\$	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.