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Department of the Treasury Internal Revenue Service

### SAME AS ABOVE

### **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 Open to Public Inspection

A F	or the	e 2010 calendar year, or tax year beginning and	ending	_ <del></del>	
B	Check if upplicable	C Name of organization		D Employer identifi	cation number
Г	Addre				
	Name chang	5 . 5		23-2	916337
	Initial return		Room/suite		
	Termir		#7	· •	<u>)</u> 282-5844
X	Ameno			G Gross receipts \$	403,325.
	Applic tion	LATBORO, PA 19040		H(a) Is this a group re	
	pendir	F Name and address of principal officer: PATRICIA WEST		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	cluded? Yes No
		empt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1) c	or 52	7 If "No," attach a	list (see instructions)
		e: ► BREATHINGROOMFOUNDATION.ORG		H(c) Group exemption	n number 🕨
		organization: X Corporation	L Year	r of formation: 1997 N	A State of legal domicile: PA
Pá	art I	Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE S	SCHEDI	ULE O	
ř	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of mor	re than 25% of its net as	ssets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	6
8	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	6
es	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0
Ĭ	6	Total number of volunteers (estimate if necessary)		6	194
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	<u>0.</u>
				Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)	0.	315,795.	
Revenue		Program service revenue (Part VIII, line 2g)	0.	0.	
Æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	0.	217.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	⊢	0.	4,522.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	320,534.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	0.	199,251.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	19,500.
ĕ		Professional fundraising fees (Part IX, column (A), line 11e)	., ⊢	0.	0.
Ä	1	Total fundraising expenses (Part IX, column (D), line 25) 5,41	14.		00 400
		Other expenses (Part IX, column (A), lines 11a-11d, 11f 24f) RECEIVED		0.	29,498.
	Į.	Poverno less superses Culturet les 10 franction 10	~~ു∪⊬	0.	248,249.
es	19	Revenue less expenses Subtract line 18 from line 12 FEB 1 1 2013	) O D		72,285.
ets (	20	Total assets (Part X, line 16)	RS.	eginning of Current Year 68,045.	End of Year 140,330.
Ass	21			08,043.	
Net Assets or Fund Balances	22	Total liabilities (Part X, line 26)  Net assets or fund balances Subtract line 21 from line 20 OGDEN, UT		68,045.	140,330.
Pa	rt II	Signature Block	***********	00,043.	140,330.
		Ities of peruny declare that I have examined this return, including accompanying schedules	s and staten	nents, and to the hest of m	v knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			y Kilomoogo aha bolloi, it is
		Valricia Mist	р. ора. о	2/1/13	
Sigr	n	Signature of officer		Date /	
Her		PATRICIA WEST, TREASURER			
<u></u>		Type or print name and title			
,		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		VERONICA M. PLOUSIS, CPAVERONICA M. PLOU	USIS (	01/23/13 self-employe	ed
Prep	arer	Firm's name ELKO & ASSOCIATES LTD		Firm's EIN	
Úse	Only	Firm's address 2 WEST BALTIMORE AVE. SUITE 210	- <del></del>		
<u> </u>		MEDIA, PA 19063		Phone no. 6	10-565-3930
<u></u>	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No
0320	01 02-2	2-11 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form <b>990</b> (2010)

	990 (2010) rt III   State	THE BREATHING	ROOM FOUNDATION INC.	23-2916337 Page <b>2</b>
		if Schedule O contains a response to a	•	
_			ny question in this Part III	
1		be the organization's mission.		011DD0DE E0 TIDTUTELL
				SUPPORT TO INDIVIDUALS
	AND FAI	MILIES SUFFERING FRO	M THE CONSEQUENCES OF	LIVING WITH CANCER.
2	Did the organ	nization undertake any significant progr	am services during the year which were not	listed on
	the prior Form	n 990 or 990-EZ?		Yes X No
	If "Yes," desc	cribe these new services on Schedule (		
3	Did the organ	nization cease conducting, or make sign	nificant changes in how it conducts, any pro	ogram services? Yes X No
		cribe these changes on Schedule O.	<b>3</b>	
4		-	h of the organization's three largest progran	n sanusas by avaneas
•			ction 4947(a)(1) trusts are required to repor	
			ie, if any, for each program service reported	
4a	(Code:		, 790. including grants of \$ 199	
			H FINANCIAL RELIEF FRO	OM FUNDS RAISED VIA
	SEVERAL	L FUNDRAISING ACTIVI	TIES	
	•			
				· · · · · · · · · · · · · · · · · · ·
	- <u>-</u>	-, -		
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$)
			<del></del>	
	*	*		
				-
			<u> </u>	
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$
				· · · · · ·
			<del></del>	· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·		
			· ·	
4d	Other program	m services (Describe in Schedule O )	<del>-</del>	
	(Expenses \$	including grant	s of \$) (Revenue \$	\

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		٠,,
	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.		v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		
_	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	5	<u> </u>	
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		Λ
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>'</b>		
Ŭ	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	<u> </u>		
	If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		Х
124	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		-22
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	İ		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
^	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
D	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note</b> . Some Form 990 filers that	- AVE		
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	000 (	

Page 3

Form 990 (2010) THE BREATHING ROOM FOUNDATION INC.

Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, contrum (A), line 17 If "Yes," complete Schedule I, Parts and II I I I I I I I I I I I I I I I I I				Yes	No
22 Dd the organization report more than \$5.000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Part I and III 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule Is schedule I, Part II and other assistance of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was sessed affer December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Is If "Yes," on the 25 bill the organization have a tax-exempt bond seemed to be determined to the organization and the season as an "on behalf of" issuer for bonds outstanding at any time during the year? dead of the organization are stated as an "on behalf of" issuer for bonds outstanding at any time during the year?  25e Section 501(c)(3) and 501(c)(4) organizations. Did the organization expose on an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule Is Part I is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule Is Part II is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule Is Part II is Was it has not or by a current or former officer, director, instee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule Is Part IV is stated by the part IV organization organization committee member, or to a person related to such an individual? If "Yes," complete Schedule Is Part IV is a full the organization provide a grant or other assistance to an officer, director, instee, key employee? If "Yes," complete Schedule Is Part IV is a full the organi	21		1		
column (A), line 2" if "Yes," complete Schedule I, Parts I and III  2 Ibd the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, fusites, key employees, and highest componisated employees? If "Yes," complete Schedule I and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, "No", go to time 25  b Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization naves than an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24d			21		X
23 Dd the organization answer "Yes" to Part VII, Section A, Inis 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule U and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25  Did the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds beyond a temporary period exception?  did the organization and 501(cXI) organizations. Did the organization engage in an excess benefit transaction with a disqualified person admit the transaction may be the organization engage in an excess benefit transaction with a disqualified person aware that it engaged in an excess benefit transaction with a dequalified person in a prior year, and that the transaction has not or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  25b Was a lost not or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV  Did the organization provide a grant or other assistance to an officer, director, trustee, very employee? If "Yes," complete Schedule L, Part IV  A mentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A mentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A mentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	22	· · · · · · · · · · · · · · · · · · ·			
and former officers, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23  X 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax exempt bonds beyond a temporary penod exception? Did the organization mental an an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  4 Did the organization exert as an "on behalf of" issuer for bonds outstanding at any time during the year of defease any tax-exempt bonds?  4 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year of defease any tax-exempt bonds?  5 Section 501(k)3 and 501(k)4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I I is the organization has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV anstructions for applicable filing thresholds, conditions, and exceptions;  a Acurrent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and the organization reserve more than \$250,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV Did the organization reserve more than \$250,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV Did the organization sections of the organization section of the prior or engage in any transaction with a controlled entity within the meaning o	~~		22_	X	
Schedule J  24 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25  Did the organization mantain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  Did the organization mantain an escrow account other than a refunding escrow at any time during the year of defease any tax exempt bonds?  Did the organization mantain an escrow account other than a refunding escrow at any time during the year of the secretary tax exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25d  Did the organization act as an "on behalf of" issuer for bonds outstanding as in an excess benefit transaction with a disqualified person unit a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part II as the organization provide a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person on a part year and that the transaction provide a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person on a part year.  Did the organization provide a grant or other assistance to an officer, director, trustee, bey employee, highly compensated employee, or disqualified contribution or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV  Did the organization receive of inferior, furcitor, fursities, or key employee? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contrib	23				
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If year of the organizations are tax and invested the part of the organizations are tax and invested the part of the organizations are tax and invested the part of the organizations are tax and invested the part of the organizations are the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's pror Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II and the organization are any or of the organization's tax year? If "Yes," complete Schedule L, Part II and the organization are any or of the organization or the organization are any or of the organization are any or of the organization are any or of the organization and secondary. If "Yes," complete Schedule L, Part IV and the organization organization former officer, director, trustee, or key employee (if yes, "complete Schedule L, Part IV and the organization organization organization are more than \$250,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV and the organization receive contributions of art, historical treasures, or other similar asset					77
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25  b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization proved a grant or other sessitions. Complete Schedule L, Part IV  and the act of the organization and to the year perfect of the schedule L, Part IV  d National to organization provide a grant or other assistance to an orficer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  d National provides and the provides of the following parties (see Schedule L, Part IV  d He organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV  d Did the organ	04-		23_		A
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b Dd the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d		·			v
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "It "yes," complete Schedule L, Part I 1  15 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person or a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EF2? If "Yes," complete Schedule L, Part II 25b X2 and alon to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 25b X2 and the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV 25c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 25c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 25c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 25c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 25c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 25c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 25c An entity of which a current or former officer, director, trustee,	h	·	1		
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Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity?  If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  Section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  The section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  The did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O		director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701·2 and 301 7701·3? If "Yes," complete Schedule R, Part I  33 X  34 Was the organization related to any tax-exempt or taxable entity?  If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  34 A X  35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?  a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 501(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 A X  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
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Note. All Form 990 filers are required to complete Schedule O	20		37	<b></b> -∤	_X_
	30			. l	
					2010

Form	990 (2010) THE BREATHING ROOM FOUNDATION INC.	<u>23-291</u>	6337	P	age \$
Par					
	Check if Schedule O contains a response to any question in this Part V			,	
		1 1	. ———	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1		
-	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		}
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportable gamıng			
	(gambling) winnings to prize winners?	1 1	1c	ļ. —	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b		-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)			۱
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				l
	financial account in a foreign country (such as a bank account, securities account, or other financial	l account)?	4a	<b></b>	X
b	If "Yes," enter the name of the foreign country		-		ļ
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	ļ	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?	5b	<del> </del> -	X
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	No	5c		<del> </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ine organization solicit			v
	any contributions that were not tax deductible?  If "Yes," did the organization include with every solicitation an express statement that such contribu	itiono or aifto	6a		X
b	were not tax deductible?	mons or gins	6		
7	Organizations that may receive deductible contributions under section 170(c).		6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices provided to the pavo	r2 70	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	ervices provided to the payo		X	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	uae roguirod	7b	<u> </u>	
С	to file Form 8282?	vas requireu	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10		1
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	<del></del>	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		X
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization				X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. [		1.7.1		
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a		В		
9	Sponsoring organizations maintaining donor advised funds.	, , , , , , , , , , , , , , , , , , , ,			
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			İ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			1
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				ļ
	amounts due or received from them)	11b	_		1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O				
	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1			1
b				l	1
b	organization is licensed to issue qualified health plans	13b	_	1	ì
	Enter the amount of reserves on hand	13b			
c 14a		13c	14a		X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u> </u>	Check if Schedule O contains a response to any question in this Part VI tion A. Governing Body and Management			X
360	tion A. Governing body and Management			T
4			Yes	No
_	Enter the number of voting members of the governing body at the end of the tax year  [a 6]	-		
Þ	Enter the number of voting members included in line 1a, above, who are independent  1b 6	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	_3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
/a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	_		
	governing body?	7a		X
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			
a		_8a	X	
	Each committee with authority to act on behalf of the governing body?	_8b_	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
200	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<del>)    </del>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
40-	Done the arganization have local chapters branches or efflicted.	r	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
44-	and branches to ensure their operations are consistent with those of the organization?	10b	37	
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			77
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
_		12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done			
13	Does the organization have a written whistleblower policy?	12c		v
14	Does the organization have a written document retention and destruction policy?	13		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		Λ_
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
2	The organization's CEO, Executive Director, or top management official	45-		х
	Other officers or key employees of the organization	15a		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	15b	-	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
_	taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	10a	-	<u> </u>
_	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		_
17	List the states with which a copy of this Form 990 is required to be filed ▶PA			-
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, as	nd fina	ncial	
	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion 🕨		
	THE ORGANIZATION - (267) 282-5844			
	120 S YORK ROAD, NO. #7, HATBORO, PA 19040			

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### THE BREATHING ROOM FOUNDATION INC.

23-2916337

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees, and former such persons

hours for related organizations in Schedule O)  SAMUEL MAUGANS PRESIDENT  10.00 X  MARY PAUL BOARD MEMBER  10.00 X  PATRICIA WEST TREASURER  10.00 X  TREASURER  10.00 X  TREASURER  10.00 X  TREASURER  10.00 X  TREASURER  10.00 X  TREASURER  10.00 X  TREASURER  10.00 X  TREASURER  10.00 X  TREASURER  10.00 X  TREASURER  10.00 X  TREASURER  10.00 X  TREASURER  10.00 X  TREASURER  10.00 X  TREASURER  10.00 X  TREASURER  10.00 X  TREASURER	Name and Title	hours per week (describe hours for							Doportoblo	Donortobio	Estimated
week (describe hours for related organizations in Schedule O)  SAMUEL MAUGANS  PRESIDENT  10.00 X  X  X  0.0.0.0.0  PATRICIA WEST  TREASURER  10.00 X  X  X  0.0.0.0.0  0.00  PATRICIA WEST  TREASURER  10.00 X  X  X  0.0.0.0.0  0.00  0.		week (describe hours for		Teck	an	mai		L A	1	-	
Organizations   No.   Schedule   No.   N			stee or d	ustee					from the organization	from related organizations	other compensation from the
PRESIDENT   10.00 X		organizations in Schedule	Individual trus	Institutional tr	Officer	Key employee	Highest comp employee	Former	(W 22 1033 MIGG)		and related
MARY PAUL  BOARD MEMBER  10.00 X  PATRICIA WEST  TREASURER  10.00 X  X  0. 0. 0. 0  PATRICK EHERT  BOARD MEMBER  10.00 X  0. 0. 0  USEFF PAUL  BOARD MEMBER  10.00 X  0. 0. 0  MARY ELLEN FITZGERALD	SAMUEL MAUGANS										
### BOARD MEMBER	PRESIDENT	10.00	X		X		<u> </u>		0.	0.	0.
PATRICIA WEST  TREASURER  10.00 X X 0. 0. 0  PATRICK EHERT  BOARD MEMBER  10.00 X 0. 0. 0  JEFF PAUL  BOARD MEMBER  10.00 X 0. 0. 0  BARBARA SHAW  SECRETARY  10.00 X X 0. 0. 0  MARY ELLEN FITZGERALD	MARY PAUL								_		
TREASURER 10.00 X X 0. 0. 0  PATRICK EHERT  BOARD MEMBER 10.00 X 0. 0. 0  JEFF PAUL  BOARD MEMBER 10.00 X 0. 0. 0  BARBARA SHAW  SECRETARY 10.00 X X 0. 0. 0  MARY ELLEN FITZGERALD	BOARD MEMBER	10.00	X						0.	0.	0.
PATRICK EHERT  BOARD MEMBER  10.00 X  0. 0. 0  JEFF PAUL  BOARD MEMBER  10.00 X  0. 0. 0  BARBARA SHAW  SECRETARY  10.00 X  X  0. 0. 0	PATRICIA WEST										
BOARD MEMBER         10.00 X         0.00         0.00           JEFF PAUL         0.00 X         0.00         0.00           BOARD MEMBER         10.00 X         0.00         0.00           BARBARA SHAW         0.00 X         0.00         0.00           MARY ELLEN FITZGERALD         0.00 X         0.00         0.00	TREASURER	10.00	X		X				0.	0.	0.
JEFF PAUL BOARD MEMBER 10.00 X 0. 0. 0 BARBARA SHAW SECRETARY 10.00 X X 0. 0. 0	PATRICK EHERT				•				_	_	
BOARD MEMBER         10.00 X         0.00         0         0         0           BARBARA SHAW         10.00 X         X         0.0         0         0         0         0           MARY ELLEN FITZGERALD         0.00 X         0.00 X         0         <	BOARD MEMBER	10.00	X		<u> </u>	ļ			0.	0.	0.
BARBARA SHAW SECRETARY  10.00 X X  0. 0. 0	JEFF PAUL	10.00								_	_
SECRETARY 10.00 X X 0. 0. 0	***************************************	10.00	X						0.	0.	0.
MARY ELLEN FITZGERALD		10.00									_
		10.00	X	ļ	X		<u> </u>		0.	0.	0.
EXECUTIVE DIRECTOR 30.00 X 19,500. 0. 0		20.00							10 500		_
	EXECUTIVE DIRECTOR	30.00			^				19,500.	O.	
											<u> </u>
										<u> </u>	
										-	· · · · · · · · · · · · · · · · · · ·
											·,.
	<del> </del>										
											<u></u>

(A) Name and title	(B) Average hours per	(C) Position (check all that apply)					ly)	(D) Reportable compensation	(E) Reportable compensation	ortable Es			
	week (describe hours for related organizations in Schedule O)	stee or director	Institutional trustee			Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS		o comp fro orga and	ount of ther ensation the nization related ization	on n
								-					
									_				
										-			
1b Sub-total c Total from continuation sheets to Part VI	I, Section A					<b>&gt;</b>		19,500. 0.		0.			0.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but n compensation from the organization</li> </ul>	ot limited to th	ose	liste	d ab	ove	e) wh	no re	19,500.		0.		-	0 • 0
<ul> <li>Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s</li> <li>For any individual listed on line 1a, is the su</li> </ul>	uch individual										3		No X_
and related organizations greater than \$150.  5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	0,000? <i>If "Yes,</i> accrue comper	" co	mple ion f	ete S	che any	dule unr	J f	or such individual	· ·	_	5		<u>x</u> x
Section B. Independent Contractors  1 Complete this table for your five highest co							rs ti	hat received more than	\$100,000 of comp	ensat			
the organization NONE  (A)  Name and business	address							( <b>B</b> ) Description of s	ervices	Со	(C)	ation	
							1						
													_
2 Total number of independent contractors (i \$100,000 in compensation from the organization from the organizat	_	ot lir	nıte	d to	thos	_	sted	above) who received m	ore than			<del></del>	

					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ts ts	1 a	Federated campaigns	1a	14,400.		<u>.</u>		T
Contributions, gifts, grants and other similar amounts	ь		1b					
g,E	c		1c	51,350.				
it a	c		1d	<u> </u>				
S,E	е							
Öİ	f							
돌림	•	similar amounts not included abo		250,045.				
들		Noncash contributions included in lines	ـــــــ	221,326.	!			
용	_	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·	<u> </u>	315,795.			
	<u> </u>			Business Code	<u> </u>			
ارو	2 a	ı						
ξ	b				*****			
Sel	C						<del> </del>	
e a a	d						<u></u> -	
Program Service Revenue	e						<u> </u>	
Pre	f		enue					
		Total. Add lines 2a-2f		<b>•</b>	-			
	3	Investment income (including	dividends, inter	est, and				
	_	other similar amounts)		<b>•</b>	217.			217.
	4	Income from investment of ta	x-exempt bond i	proceeds			· -	227.
	5	Royalties	,	•	- <del>-</del>		<del></del> -	
1	_	,	(ı) Real	(ii) Personal	• • • • • • • • • • • • • • • • • • • •			
	6 a	Gross Rents	<b>V</b>	1				
	b	Less rental expenses						
	c							
į		Net rental income or (loss)		<b>•</b>				
		Gross amount from sales of	(i) Securities	(II) Other				
	•	assets other than inventory	() 5555	[7,5				
	b							
		and sales expenses						
	c	Gain or (loss)						
	d			<b>•</b>				
힐	8 a	Gross income from fundraisin	g events (not					
ğ			350 of					
Other Revenu		contributions reported on line						
<u>بر</u> ۳		Part IV, line 18	a	87,163.				
풀	b	Less direct expenses	b	~~~~				
0	С	Net income or (loss) from fund	draising events	<b>•</b>	4,496.			4,496.
	9 a	Gross income from gaming ac	ctivities See					
		Part IV, line 19	а					
ł	b	Less direct expenses	b					
l	С	: Net income or (loss) from garr	ning activities	<b></b>				
i	10 a	Gross sales of inventory, less	returns				-	
ĺ		and allowances	а	150.				
- 1	b	Less. cost of goods sold	b	124.				
Į	с	Net income or (loss) from sale	s of inventory	<b></b>	26.			26.
Į.		Miscellaneous Revenu	ie	Business Code				
ſ	11 a	<u> </u>	· · · <del></del>					
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		<b>&gt;</b>				
	12	Total revenue. See instructions.		<b>&gt;</b>	320,534.	0.	0.	4,739.
03200 12-21	9 - 10				- <del>-</del>		-	Form <b>990</b> (2010)

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) Total expenses (B) (C) ŒΪ Do not include amounts reported on lines 6b, Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. **expenses** general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 199,251 199,251. the U.S See Part IV, line 22 Grants and other assistance to governments, 3 organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, 19,500. 13,650. 2,925. trustees, and key employees 2,925. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees). 11 Management b Legal 3,500. 3,500 Accounting C d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other g Advertising and promotion 300. 300. 12 9,726. 3,256. 5,201 13 Office expenses 1,269. 14 Information technology 15 Royalties 9,176. 6,423. 1,835. Occupancy 918. 16 404 210. Travel 194 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 128. 128 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 1,029. 1,029 23 Insurance Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) **EDUCATION** 4,368. 4,368. MEMBERSHIP DUES 370. 370. 347. c MISCELLANEOUS 347. d LICENSES AND TAXES 150. 150 е All other expenses f 248,249. 222,790. 20,047. Total functional expenses. Add lines 1 through 24f 5,412. 25 If following SOP Joint costs. Check here 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

THE BREATHING ROOM FOUNDATION INC. Part X Balance Sheet (A) Beginning of year (B) End of year 68,045. 129,865. Cash - non-interest-bearing 1 1 10,465. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other 2,158 basis. Complete Part VI of Schedule D 10a 2,158 0. b Less. accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 68,045. 140,330. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 26 0. 26 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 68,045. 27 Unrestricted net assets 140,330. 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31

> 140,330. Form **990** (2010)

140,330.

32

33

34

68,045

68,045.

32

33

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	990 (2010)	THE	BREATHING	ROOM	FOUNDATION	INC.	<u>23</u>	<u>-2916337</u>	Pa	ge 12
Pai	rt XI Reconc	iliation of Ne	t Assets							
	Check if S	chedule O contai	ns a response to an	y question	in this Part XI	<u> </u>				$\Box$
1	Total revenue (m	iust equal Part VI	II, column (A), line 1:	2)	•		1			34.
2	Total expenses (	must equal Part I	IX, column (A), line 2	25)			2			<u>49.</u>
3	Revenue less ex	penses. Subtract	line 2 from line 1				3	7:	<u>2,2</u>	<u>85.</u>
4	Net assets or fur	nd balances at be	eginning of year (mu	st equal Pa	art X, line 33, column (	(A))	4	68	3,0	<u>45.</u>
5	Other changes in	n net assets or fu	nd balances (explaii	n in Sched	ule O)		5			<u>0.</u>
6					and 5 (must equal Pa	rt X, line 33, column (B))	6	140	<u>),3</u>	30.
Pa	rt XII Financia	al Statements	s and Reporting	9						
	Check if S	chedule O contai	ns a response to an	y question	in this Part XII					$oxedsymbol{ox{oxedsymbol{oxedsymbol{oxedsymbol{oxedsymbol{oxedsymbol{ox{oxedsymbol{oxedsymbol{ox{oxed}}}}}}$
									Yes	No
1	Accounting meth	nod used to prepa	are the Form 990	X Cash	Accrual	Other	<del></del>			
	If the organization	on changed its me	ethod of accounting	from a price	or year or checked "O	ther," explain in Schedule	0			ļ
2a	Were the organiz	zation's financial :	statements compile	d or review	ed by an independen	t accountant?		2a	Х	
b	Were the organiz	zation's financial s	statements audited	by an inde	pendent accountant?	•		2b		X
С	If "Yes" to line 2a	a or 2b, does the	organization have a	committee	e that assumes respo	nsibility for oversight of th	ne audıt	:,		
	review, or compi	lation of its finance	cial statements and	selection o	of an independent acc	countant?		2c		X
	If the organization	on changed either	rits oversight proces	ss or selec	tion process during th	ne tax year, explain in Sch	edule (	o		
d	If "Yes" to line 2a	a or 2b, check a b	oox below to indicat	e whether	the financial statemer	nts for the year were issue	ed on a			
	separate basis, o	consolidated basi	s, or both.							
	X Separate b	oasis 🔲 Cor	nsolidated basis	Both	consolidated and sep	parate basis				
За	As a result of a fe	ederal award, wa	s the organization re	equired to	undergo an audit or a	udits as set forth in the Si	ngle Au	ıdıt		
	Act and OMB Cit	rcular A-133?						3a		X
b	If "Yes," did the	organization unde	ergo the required au	idit or audi	ts? If the organization	did not undergo the requ	iired au	dit		
	or audits, explain	n why in Schedule	e O and describe an	y steps tal	ken to undergo such a	audits		3b		

Form **990** (2010)

### **SCHEDULE A**

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

Internal Revenue Service Name of the organization 4947(a)(1) nonexempt charitable trust.

23-2916337 THE BREATHING ROOM FOUNDATION INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 exempt 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). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I \_\_\_\_ Type II c \_\_\_ Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization organization in col n col. (i) listed in your organization in col. organization (i) organized in the U.S.? support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) No Yes No Yes

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 THE BREATHING ROOM FOUNDATION INC. 23-2916337 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

1 Girts, grants, contributions, and membership fees received (Do not include any 'unusual grants') 2 Tax revenues levied for the organization's benefit and ether paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization's brown or line 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization') included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subreat line 5 from line 4 8 Gross income from minerest, dividends, payments received on securities loans, rents, royathes and income from smillar sources 9 Not income from minerest, dividends, payments received on securities loans, rents, royathes and income from minerates activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 Crist for the sale of capital assets (Explain in Part IV.) 12 Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or lifth tax year as a section 501(c)(3) organization, check this box and 50 Never 10 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f) 16 20 31/3% support percentage for 2010 (line 6, column (f) divided by line 11, column (f) 15 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f) 15 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f) 15 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f) 15 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f) for the form 2009 Schedule A, Part III, line 14 16 33 1/3% support test-2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	Section A. Public Support			•			
1 Girts, grants, contributions, and membership fees received (to not include any "unusual grants") 2 Tax revenues leved for the organization is benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support, Subrigat line 2 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from smilar sources on securities loans, rents, royalties and income from interest dividends, payments received on securities loans, rents, royalties and income from smilar sources sactivities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 1 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 12 Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or lifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization by 33 1/3% support test- 2006. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, 17a 10% -facts-and-circumstance sets - 2006. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, 17a 10% -facts-and-circumstances test - 2006. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, 17a 10% -facts-and-circumstances test - 2006. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
include any 'unusual grants ")  2 Tax reverues leved for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Secressing seeing in gin)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and increase in the sale of capital assets (Explain m Part IV.)  9 Net income from unrelated business activities, whether or not the business is regularly carmed on 10 Other income Do not include gain or loss from the sale of capital assets (Explain m Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  15 Public support percentage from 2009 Schedule A, Part II, line 14  16 33 1/3% support test - 2009. If the organization did not check a box on line 13, file, or 16b, and line 14 is 5% or more, the ck this box and stop here. The organization qualifies as a publicly supported organization of the ck abox on line 13, file, or 16b, and line 14 is 10% or more, the ck this box and stop here. The organization qualifies as a publicly supported organization.	1 Gifts, grants, contributions, and						
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10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2009 Schedule A, Part II, line 14  16 a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	activities, whether or not the						
or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2009 Schedule A, Part II, line 14  16 a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	business is regularly carried on						
assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2009 Schedule A, Part II, line 14  16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	10 Other income Do not include gain						
11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2009 Schedule A, Part II, line 14  16 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	or loss from the sale of capital						
12 352,2  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2009 Schedule A, Part II, line 14  16 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 3 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	assets (Explain in Part IV.)						
12 352,2  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2009 Schedule A, Part II, line 14  16 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 3 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	11 Total support. Add lines 7 through 10		_				937,017.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2009 Schedule A, Part II, line 14  16 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 3 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	12 Gross receipts from related activities,	etc (see instruction	ons)		_	12	352,299.
Section C. Computation of Public Support Percentage  14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2009 Schedule A, Part II, line 14  16 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 3 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	13 First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))  Public support percentage from 2009 Schedule A, Part II, line 14  15  99.87  16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							<b></b>
15 Public support percentage from 2009 Schedule A, Part II, line 14  16 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  5 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	Section C. Computation of Publ	ic Support Per	rcentage				
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	14 Public support percentage for 2010 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	99.87 %
stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,		•	-				
<ul> <li>b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,</li> </ul>	16a 33 1/3% support test - 2010. If the o	rganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	•		_				$\triangleright x$
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	<b>b 33 1/3% support test - 2009.</b> If the o	rganızatıon dıd not	check a box on lir	ne 13 or 16a, and I	ine 15 is 33 1/3%	or more, check the	s box
	, ,	•	•				
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Evolution Dart IV how the organization							
						t IV how the organ	ization
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization					-		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the							
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.					_		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18 Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>

## Schedule A (Form 990 or 990-EZ) 2010 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

qualify under the tests listed be	low, please com	plete Part II)	·			<del></del>
Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨 📙	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that				ļ		
are not an unrelated trade or bus-						
iness under section 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						_
7a Amounts included on lines 1, 2, and						_
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b				<u> </u>		
8 Public support (Subtract line 7c from line 6) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6			X=7.	\	152.=	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		-				
13 Total support (Add lines 9, 10c, 11, and 12)		<u> </u>				
14 First five years. If the Form 990 is for	the organization	s first, second, thir	d, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here						
Section C. Computation of Public	Support Pe	ercentage				
15 Public support percentage for 2010 (lir	ne 8, column (f) c	divided by line 13, o	column (f))		15	%
16 Public support percentage from 2009			.,,		16	<u> </u>
Section D. Computation of Inves						
17 Investment income percentage for 201			ne 13. column (fi)		17	%
18 Investment income percentage for 20			10, 55(4)(1)(1))		18	<u>%</u>
19a 33 1/3% support tests - 2010. If the c			on line 14 and line	a 15 is more than		
••	•					. IS HUL
more than 33 1/3%, check this box an b 33 1/3% support tests - 2009. If the c	organization did	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	k this box and s	stop here. The orga	anization qualifies	as a publicly sup	oorted organization	▶Щ
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

Employer identification number

	THE BREATHING ROOM		23-2916337
Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised ful	nds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	rring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part IV	, line 7
1	Purpose(s) of conservation easements held by the organization	on (check ail that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an historica	lly important land area
	Protection of natural habitat	Preservation of a certified h	istoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a c	onservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	nization during the tax
	year >		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per	- · · · · · · · · · · · · · · · · · · ·	
_	violations, and enforcement of the conservation easements in		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	-	
8	Does each conservation easement reported on line 2(d) above and postion 170/b)(4)/R)(u)2	re satisfy the requirements of section 170(n)(4)(i	Yes No
9	and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation.		
9	include, if applicable, the text of the footnote to the organization		
	conservation easements.	tion o interior statements that describes the or	gainzation 3 accounting for
Pai	t III Organizations Maintaining Collections or	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form	-	
1a	If the organization elected, as permitted under SFAS 116 (AS	<del></del>	and balance sheet works of art.
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri		, , , , , ,
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and t	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:	·	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		▶ \$ ▶ \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gain,	
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
b	Assets included in Form 990, Part X		► \$ ► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)    Jung the organization's accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)			ATHING ROO							1633	
check all that apply    a	Par	t III   Organizations Maintaining C	collections of A	rt, His	torical Tr	<u>easures, c</u>	or Other	r Simila	r Asse	ts (conti	nued)
a Public exhibition d	3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	ıt are a sıg	jnificant ι	use of its	collection	ı ıtems
b Scholarly research e Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV Drung the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be sold to raise funds rather than to be maintaned as pair of the organization solicitor?  No Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990. Part X line 21  Is it the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X   line 21  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X   line 21  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X   line 21  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X   line 21  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on the pair X   line 21  Is the organization and agent   line   lin		(check all that apply).									
C Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization should be received donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV   Excrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X   line 21  1b If "Yes," explain the arrangement in Part XIV and complete the following table  C Beginning balance  1	а	Public exhibition	c	. <u> </u>	Loan or exc	hange progra	ams				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets 10 be 30 to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research	e	, 🗀	Other						
be During the year, did the organization solicit or receive donations of art, historical treasures, or other similar asserts to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X ine 21   Is the organization an agent, fursitee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Ves	C	Preservation for future generations									
to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explai	n how tl	ney further tl	he organizati	on's exem	npt purpo	se in Par	t XIV	
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21?    1a   Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    1a   Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    1a   Is the organization and part XIV and complete the following table	5	During the year, did the organization solicit of	r receive donations	of art, h	storical trea	sures, or oth	er sımılar i	assets			
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21   1a is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Comparison   Part X   Par		to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection?				Yes	☐ No
reported an amount on Form 990, Part X, line 21  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table  c Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  b If "Yes," explain the arrangement in Part XIV.  Part V Endowment Funds. Complete if the organization answered "Yes," to Form 990, Part IV, line 10  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e) F	Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered	"Yes" to F	orm 990	Part IV,	line 9, or	
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table  c Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2 Distributions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21?  Yes No  If "Yes," explain the arrangement in Part XIV.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  Grants or scholarships d Grants or scholarships d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment					J						
on Form 990, Part X?    Yes		is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not II	ncluded			
b   f "Yes," explain the arrangement in Part XIV and complete the following table    Amount   Le   Le   Le   Le   Le   Le   Le   L				•						Yes	☐ No
Amount   Companies   Compan	b	·	and complete the fo	ollowina	table						
C   Beginning balance   10   11d	-							T		Amount	,
d Additions during the year    Distributions during the year   1	c	Reginning balance						10		7 4110 2111	
e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 10  1a Beginning of year balance b Contributions C Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment	٨							P			
1		_									
2a Did the organization include an amount on Form 990, Part X, line 21?    Yes   No   No   No   Wars   No   No   No   No   No   No   No   N	•										
Buildings   Frame   Part XI   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10	22	_	orm 990 Part X line	212				<u> </u>		Vec	No
Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10   Contributions		•								_ 1es	140
(a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back				swered	"Yes" to For	rm 990. Part	IV. line 10	)		··· <u></u>	
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶		<u> </u>							ears hack	(e) Four	vears hack
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment	10	Reginning of year halance	(a) Current year	(2).	noi year	(C) 1 No year	13 DUCK (	uj mice y	cais back	(e) rour	years back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Term endowment ▶ %  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations bi If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of investment (a) Cost or other (b) Cost or other depreciation b Buildings c Leasehold improvements d Equipment 4 Equipment 5 C Leasehold improvements d Equipment 6 Cother  0 Cother	_									-	
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment  % b Permanent endowment  % c Term endowment   % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of investment (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment 2,158. 2,158. 0.			-	_			-				
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment	٥							<del></del>			
and programs  f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶	<u> </u>	·						<del></del>			<del></del>
g End of year balance  2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶	е	·									
g End of year balance  Provide the estimated percentage of the year end balance held as  Board designated or quasi-endowment		· -									<del></del>
Provide the estimated percentage of the year end balance held as  Board designated or quasi-endowment ▶	Ţ	· ·	<u> </u>							<del>                                     </del>	
a Board designated or quasi-endowment ▶						L					
b Permanent endowment			r end palance neid a								
c Term endowment ▶	_	,		%							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of investment  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  c Qi Accumulated depreciation  4 Describe in Part XIV the intended uses of the organization's endowment funds.  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (e) Leasehold improvements (f) Cost or other basis (other) (g) Accumulated depreciation  (g) Accumulated depreciation  (g) Accumulated depreciation  (g) Accumulated depreciation  (g) Accumulated depreciation  (g) Book value  (g) Book value  (g) Book value  (g) Accumulated depreciation  (g) Book value  (g) Book value  (g) Book value  (g) Book value		· · · · · · · · · · · · · · · · · · ·	<del></del> -								
Yes   No		· · · · · · · · · · · · · · · · · · ·									
(ii) unrelated organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of investment  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  e Other  Other	За		ssion of the organiz	ation tha	at are held a	nd administe	red for the	e organız	ation	Г	
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of investment  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  basis (other)  basis (other)  c Leasehold improvements d Equipment e Other		•									Yes No
b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other		••									
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of investment  (a) Cost or other basis (investment)  Buildings  Land  Buildings  Leasehold improvements  Equipment  Other  Other											<del></del>
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other	b	<i></i>	•							3b	
Description of investment  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (e) Book value  (f) Book value  (f) Book value  (g) Accumulated depreciation  (h) Cost or other basis (other)  (h) Cost or other basis (other)  (n) Accumulated depreciation  (n) Book value  (n) Book value  (n) Book value  (n) Book value  (n) Book value  (n) Book value  (n) Book value  (n) Book value  (n) Book value  (n) Book value  (n) Book value											
basis (investment) basis (other) depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other	rar					<del></del>			. 1		<del></del>
ta Land b Buildings c Leasehold improvements d Equipment e Other		Description of investment					• • •		d	(d) Book	( value
b Buildings c Leasehold improvements d Equipment e Other		<del>_</del>	Dasis (investi	nent)	Dasis	(otner)	aepr	eciation		<del></del> -	
c Leasehold improvements d Equipment 2,158. 2,158. 0. e Other	1a										
d Equipment 2,158. 2,158. 0. e Other	b	-									
e Other	С	•	<u> </u>			0 150		0 1:	+		
	d				· · · · · ·	2,158.		2,1	98.		
Tetal, Add lines 1a through 1a. (Column (d) must equal Form 990, Part V. column (P), line 10(a).)	<u>e</u>										

Schedule D (Form 990) 2010

THE BREATHING ROOM FOUNDATION INC.

Schedule D (Form 990) 2010

<u>23-2916337</u> Page 3

	dule D (Form 990) 2010 THE BREATHING ROOM FOUNDAT				916337	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fina	ncial State	<u>ements</u>	<u> </u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net) Add lines 4 through 8		9			
10_	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10			
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents With Reve	enue per F	Return		
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1				
а	Net unrealized gains on investments	2a		1		
b	Donated services and use of facilities	2b	- en	4		
C	Recoveries of prior year grants	2c		-		
d	Other (Describe in Part XIV.)	2d		4		
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 1		1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4		
þ	Other (Describe in Part XIV.)	4b		-		
C	Add lines 4a and 4b			4c		
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	- WEN F		5		
Pai	t XIII Reconciliation of Expenses per Audited Financial Statem	ents with Exp	enses per	Retur	<u>n</u>	
1	Total expenses and losses per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1				
а	Donated services and use of facilities	2a		-		
þ	Prior year adjustments	2b		4		
C	Other losses	2c		- 1		
đ	Other (Describe in Part XIV)	2d		┥╻ ┃		
e	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.4.1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-		
D	Other (Describe in Part XIV.)	4b		ا ۵ ا		
c	Add lines 4a and 4b  Tatal suppress Add lines 2 and 4a / This must equal Form 990. Part I line 19 b			4c		
Dai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  † XIV Supplemental Information			5		
_		11 lines 1s and 4. [	lost IV Impo 1		Dod V Inc	4 David
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II					4, Paπ
Α, ΙΙΙΙ	e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp	piete triis part to pr	Ovide any ad	iditional ii	normation.	
					<del></del>	
		<del></del>				
	<del></del>					
			<del> </del>		<del></del>	
					<del></del>	

### SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2010

Name of the organization						Employer ide	ntification number
THE BRE	ATHING ROOM FOUNDA	TIO	N I	NC.		23-2916	337
Part I Fundraising Activities required to complete this part	Complete if the organization answit.	ered "\	es" to	o Form 990, Part IV, I	ine 1	7 Form 990-EZ	filers are not
Indicate whether the organization raise     A Mail solicitations     Did the organization have a written of key employees listed in Form 990, Fig. 18 or 18 organization by the compensated at least \$5,000 by the	e Solicitation Solicitation Solicitation Special Speci	tion of tion of fundra (includerofess	non-g gover alsing ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
					_		
							1
						_	
Total .			•				
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	l ıt ıs	exempt from re	egistration
		_					
	<del>-</del>						<del></del>
	·					<del></del>	<del></del>
						· _	<del>.</del>

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

			o organization anomoro			more than \$15,000
		of fundraising event contributions and gr			events with gross receip	ts greater than \$5,000
1			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
- 1				CELEBRATION		(add col. (a) through
			GOLF OUTING	OF LIFE	3	col (c))
e l			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	62,642.	43,370.	28,501.	134,513.
;	2	Less: Charitable contributions	12,200.	28,700.	7,900.	48,800.
	3	Gross income (line 1 minus line 2)	50,442.	14,670.	20,601.	85,713.
	4	Cash prizes		,		
ses	5	Noncash prizes		10,500.	2,000.	12,500.
Orrect Expenses	6	Rent/facility costs	31,780.	18,687.	11,230.	61,697.
Direct	7	Food and beverages .			2,000.	2,000.
١,	8	Entertainment		1,200.		1,200.
	9	Other direct expenses		2,000.		2,000.
	10	Direct expense summary Add lines 4 through	n 9 in column (d)	2,0001		79,397
1	11	Net income summary Combine line 3, columi	• •			6,316.
Par	t I	II Gaming. Complete if the organization a	answered "Yes" to Form	990, Part IV, line 19, or re	eported more than	
		\$15,000 on Form 990-EZ, line 6a	· · · · · · · · · · · · · · · · · · ·			
e l			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
je			(-, )	bingo/progressive bingo	(5, 1 m s g m s g	col. (a) through col. (c))
Revenue		_				
-+	1_	Gross revenue				<del></del>
ses	2	Cash prizes				
Exper	3	Noncash prizes				
E E		Noncash prizes Rent/facility costs				
	4	Rent/facility costs				
		,	Yes %	Yes %	Yes %	
	4	Rent/facility costs	☐ Yes % ☐ No	☐ Yes% ☐ No	Yes %	
	4 5	Rent/facility costs  Other direct expenses	□ No			
	4 <u>5</u> 6	Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	No 5 in column (d)			( )
	4 <u>5</u> 6	Rent/facility costs  Other direct expenses  Volunteer labor	No 5 in column (d)			(
9 E a l:	4 5 6 7 8 Ent	Companied to operate gaming activities of the organization licensed to operate gaming activities.	No  5 in column (d)  , column d, and line 7  tes gaming activities tivities in each of these	No No		()
9 E a l:	4 5 6 7 8 Ent	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Combine line 1  ter the state(s) in which the organization operation.	No  5 in column (d)  , column d, and line 7  tes gaming activities tivities in each of these	No No		Yes No
9 E a l:	4 5 6 7 8 Ent s ti f "I	Companied to operate gaming activities of the organization licensed to operate gaming activities.	No  n 5 in column (d)  n column d, and line 7  tes gaming activities:  tivities in each of these servoked, suspended or te	states?	No ►	Yes No

<u>Sche</u>	edule G (Form 990 or 990-EZ) 2010 THE BREATHING ROOM FOUNDATION INC. 23-	<u>-2916337</u>	Page 3
	Does the organization operate gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity operated in:		
	The organization's facility	13a	
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party		
	Name		
	Address		
16	Gaming manager information		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Description of services provided -	-	_
	Director/officer Employee Independent contractor		
17	Mandatory distributions.		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pai	organization's own exempt activities during the tax year   \$\bigsec{\text{t IV}}  \text{Supplemental Information.}  Complete this part to provide the explanations required by Part I, line 2b, columns (	w) and (v), and	Part III
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional informati		
			<u>,</u>
			<del> </del>
			·
	<del></del>		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-004/	2010
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Open to Public Inspection

å Employer identification number 23-2916337 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed and address of organization (b) EIN (c) IRC section or government (d) Amount of rash grant assistance (e) Amount of rash grant assistance other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. THE BREATHING ROOM FOUNDATION INC. Enter total number of section 501(c)(3) and government organizations General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization Name of the organization Part I Part

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of other organizations

Schedule I (Form 990) (2010)

23-2916337

Page 2

assistance

THE BREATHING ROOM FOUNDATION INC.

Schedule | (Form 990) (2010)

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(b) Number of (c) Amount of (d) Amount of non-recipients (ash grant cash assistance (book, FMV, appraisal, other)	(f) Description of non-cash assistanc
					THANKSGIVING AND EASTER
					ASSISTANCE, MEAL DONATIONS,
				IN KIND VALUE OF GOODS	IN KIND VALUE OF GOODS GIFT DONATIONS, BACKPACKS FOR
DUCATIONAL, HARDSHIP, ILLNESS	622	29,275,	,	169,976,PROVIDED	CHILDREN BEDROOM FURNITURE

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Part IV

# (F) DESCRIPTION OF NON-CASH ASSISTANCE: THANKSGIVING AND EASTER

GIFT DONATIONS, BACKPACKS FOR CHILDREN, ASSISTANCE, MEAL DONATIONS,

BEDROOM FURNITURE, COMPUTERS, VARIOUS CHARITABLE DISTRIBUTIONS AND OTHER

ASSISTANCE PROVIDED TO INDIVIDUALS

Schedule I (Form 990) (2010)

### **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

### **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

THE BREATHING ROOM FOUNDATION INC.

Employer identification number <u>23-2916337</u>

Schedule M (Form 990) (2010)

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributior amounts reported on Form 990, Part VIII, line	noncash co	(d) d of determ entribution		nts
1	Art - Works of art				-			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods			, -				
6	Cars and other vehicles							
7	Boats and planes			, -				
8	Intellectual property						_	
9	Securities - Publicly traded							
10	Securities - Closely held stock			-				
11	Securities - Partnership, LLC, or					-		
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other						-	
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles				_			
19	Food inventory				-			
20	Drugs and medical supplies							
21	Taxidermy		<del></del>					
22	Historical artifacts							
23	Scientific specimens		-,					
24	Archeological artifacts		_					
25	Other (DONATED GOODS)	Х	540	169,976	IN KIND	77 T.TTE	ΛF	COO
26	Other (DONATED GOODS)	X	522	51,350				G00
27	Other ( <u>50111125 G035</u> )				IN KIND	AVTOR	OF	<u> </u>
28	Other ( )							
29	Number of Forms 8283 received by the organic	zation during	the tax year for c	ontributions				
_	for which the organization completed Form 82	-	•	t I				
	To man the organization completed from 62	00,1 4,11,1		25			Yes	No
30a	During the year, did the organization receive b	v contributio	n any property rer	onted in Part Lines 1.28	that it must hold fo	, _	165	140
	at least three years from the date of the initial					'		
	the entire holding period?	John Danon,	and which is not	equired to be used for e.	rempt purposes for	200		v
h	If "Yes," describe the arrangement in Part II.				-	30a	┼	<u>  X</u>
31	Does the organization have a gift acceptance i	nolicy that re	ourse the review	of any non-standard con-	ributions?	24		
	Does the organization hire or use third parties					31	1	<u>  X</u>
JEG	contributions?	or related Of	garnzanons to som	on, process, or sen nonce	1311	_ ا		v
h	If "Yes," describe in Part II		-			32a	1	X
33	If the organization did not report an amount in	column (c) f	or a type of propo-	ty for which column (a) is	checked			
~		COMMITTED TO	or a type or proper	ty for writeri columni (a) is	CHECKEU,		ŀ	
	describe in Part II.							

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** THE BREATHING ROOM FOUNDATION INC. 23-2916337 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE FOUNDATION IS ORGANIZED TO PROVIDE AID AND SUPPORT TO INDIVIDUALS AND FAMILIES SUFFERING WITH THE DEVASTATING CONSEQUENCES OF CANCER. FORM 990, PART VI, SECTION A, LINE 2: PATRICIA WEST, TREASURER, BARBARA SHAW, BOARD MEMBER, AND MARY ELLEN FITZGERALD, EXECUTIVE DIRECTOR, ARE ALL RELATED. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE AND A COPY OF THE FORM 990 IS MADE AVAILABLE TO THE BOARD FOR REVIEW PRIOR TO FILING. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. FORM 990, AMENDED RETURN EXPLANATION: FORM 990 WAS AMENDED TO PROPERLY REFLECT THE FACT THAT SEVERAL BOARD MEMBERS HAD A FAMILY RELATIONSIP DURING 2010. THIS WAS CORRECTED ON FORM 990, PART IV, SECTION A, LINE 2. ALSO, A LISTING OF THE RELATED BOARD MEMBERS HAS BEEN PROVIDED IN SCHEDULE O AS REQUIRED.

Form 8868 (Rev. 1-2011)					Page 2
● If you are filing for an Additional (Not Automatic) 3-Month	Extension,	complete only Part II and check this b	ох		ightharpoons
Note. Only complete Part II if you have already been granted a	ın automatıc	3-month extension on a previously filed	l Form	8868.	
<ul> <li>If you are filing for an Automatic 3-Month Extension, comp</li> </ul>					
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the original (no o	opies i	needed).	
Name of exempt organization			Emp	loyer identific	ation number
rint THE BREATHING ROOM FOUNDAT	ION IN	C.	1 2	3-29163	37
Number, street, and room or suite no If a P.O box			<u> </u>	<u> </u>	
due date for 120 S YORK ROAD, NO. #7	.,				
return See City, town or post office, state, and ZIP code. For a	a foreign add	tress, see instructions		_	
HATBORO, PA 19040	g acc	and a second second			
F====0.000   100 =					
Enter the Return code for the return that this application is for	ífile a senara	ite application for each return)			0 1
Enter the Netam code for the retain that this application is for	(iiic a sepaia	tte application for each return)			011
Application	Return	Application	_	<u> </u>	Return
ls For	Code	Is For			
Form 990	01	13 1 01			Code
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	01	Form 4720		<del></del>	
Form 990-PF	04	Form 5227		<del></del>	09_
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			10
Form 990-T (trust other than above)	06	Form 8870			11 10
		<del></del>	.1 61		12
STOP! Do not complete Part II if you were not already grant THE ORGANIZAT		nauc 3-month extension on a previou	ISIY TIIE	<u>a Form 8868.</u>	
• The books are in the care of • 120 S YORK RO.		#7 UAMBODO DA 1	004	0	
Telephone No $\triangleright$ (267) 282-5844	AD, NO		.904	0	
	41 11-	FAX No		<del></del>	<b>.</b> —
If the organization does not have an office or place of busing					
If this is for a Group Return, enter the organization's four dig					
box If it is for part of the group, check this box			memb	ers the extens	ion is for
4 I request an additional 3-month extension of time until	NOVEM.	BER 15, 2011			
5 For calendar year 2010, or other tax year beginning	<u>-</u>	, and ending			
6 If the tax year entered in line 5 is for less than 12 months	, check reas	on	Final r	eturn	
Change in accounting period					
7 State in detail why you need the extension					
ADDITIONAL TIME IS NEEDED TO	GATHE.	R INFORMATION IN ORI	ER	TO FILE	_A
COMPLETE AND ACCURATE RETURN					
<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720	0, or 6069, e	nter the tentative tax, less any			
nonrefundable credits See instructions.			8a	_\$	
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 606	9, enter any	refundable credits and estimated			
tax payments made. Include any prior year overpayment	allowed as a	a credit and any amount paid			
previously with Form 8868			8b	\$	<u> </u>
c Balance due. Subtract line 8b from line 8a. Include your		th this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System) See ins			8c	\$	0.
•		d Verification			
Under penalties of perjury, I declare that I have examined this form, incl	uding accomp	panying schedules and statements, and to the	e best o	f my knowledge	and belief,
t is true, correct, and complete, and that I am authorized to prepare this					
Signature ▶ Title ▶	DIREC'	TOR	Date	<u> </u>	

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