PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. CT-01801

Department of the Treasury

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Gode (except black lung
benefit trust or private foundation)

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

Inten	al Revenu	ue Service	The organization m	ay have to us	e a co	py of this return	to satist	y state	reporting requ	irements	i.	Inspection
A	or the 2	.007 calendai	r year, or tax year beginning	JUL	1,	2007	and e	nding	JUN 3	0, 2	800	
В	Check if pplicable:	Please C	Name of organization							D Emp	oloyer iden	tification number
ε	pplicable:	use inst								1		
	_Address _change	s label or BI	REATHE CALIFORNI	A CEN	rra:	L COAST				9	4-116	0953
	Name _change	type.	Number and street (or P.O. box if n	nail is not del	ivered	to street addres	ss)		Room/suite	E Tele	phone nun	nber
]Initial Ireturn	Specific 5	<u>50 CAMINO EL EST</u>	ERO					100	8	31-37	3-7306
	Termin- ation	1 tions 1	City or town, state or country, and	ZIP + 4						F Acco	unting method:	Cash X Accrual
X	Amende		ONTEREY, CA 939								Other (specify)	
	Application pending	tion • Sect	tion 501(c)(3) organizations and 4	947(a)(1) no	nexem	pt charitable t	rusts	H and	d are not ap	plicable	to section	n 527 organizations.
	×	mus	t attach a completed Schedule A (Form 990 or	99U-E	2 }.		H(a)	Is this a group	return f	or affiliates'	? Yes X No
G 1	Vebsite:	►HTTP	://WWW.LUNGUSA.C	RG/CE	VTR.	ALCOASI	1	H(b)	If "Yes," enter	number (of affiliates)	► <u>N/A</u>
<u>J (</u>)rganiza	tion type (che	ck only one) 💌 🗶 501(c) (3) ។	(insert no.)		4947(a)(1) or	527	H(c)	Are all affiliate		d? N/	A Yes No
K	Check he	ere 🕨 🗔 i	f the organization is not a 509(a)(3)	supporting (organiz	zation and its gr	OSS	Hear	(If "No," attach Is this a separ	a IISL) ate returi	n filed by ar	n or
			not more than \$25,000. A return is a	not required,	but if t	the organization		(-/	ganization cov	ered by	a group ruli	ing? Yes X No
	hooses	to file a return	n, be sure to file a complete return.						Group Exemp	ion Num	ber ►	N/A
												is not required to attach
			ies 6b, 8b, 9b, and 10b to line 12 🕨			655,4			Sch. B (Form	990, 990	-EZ, or 990	-PF).
P	art I	Revenue	, Expenses, and Change	es in Net	Ass	ets or Fun	d Bala	nces	.			
	1		ns, gifts, grants, and similar amount				,	,				
	a	Contribution	ns to donor advised funds				1a					
	b	Direct public	c support (not included on line 1a)				1b	<u> </u>	390,	<u> 272.</u>	145	
	C	Indirect pub	lic support (not included on line 1a))			16	<u> </u>				
	d	Government	t contributions (grants) (not include	d on line 1a)	.,		1d	<u> </u>	197,	265.		
	е	Total (add lines 1a through 1d) (cash \$							1e	587,537.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)								2	53,288.	
	3	Membership dues and assessments								3		
	4	Interest on savings and temporary cash investments Dividends and interest from securities							4	11,102.		
	5								5			
	6 a	_	Gross rents 6a									
	b											
0	C								6c			
Revenue	7	Other invest	estment income (describe >)					7				
ě	8 a	Gross amou	int from sales of assets other		(A)	Securities		ļ	(B) Other			
ш		than invento	•				8a	Ļ	·			
			or other basis and sales expenses				8b	ļ				
	C	Gain or (loss	s) (attach schedule)				8c	L				
	ď	Net gain or ((loss). Combine line 8c, columns (A	ı) and (B)				<u></u>	<u></u>		8d	
	9		nts and activities (attach schedule).					1	_}		Frank (1) New Yearth	
	a		ot including \$									
	b		expenses other than fundraising ex									
	C		or (loss) from special events. Subtr								9c	
	10 a		of inventory, less returns and allow					 				
	b		of goods sold					<u> </u>			i.a	
	C		or (loss) from sales of inventory (a								10c	2 504
	11	Other reveni	ue (from Part VII, line 103)								11	3,524.
_	12		ue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8c								12	655,451.
ø	13	Program sei	rvices (from line 44, column (B))		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •			13	535,217.
nse	14	Management and general (from line 44, column (C))								14	77,713.	
cxpenses	15	Fundraising (from line 44, column (D)) Payments to affiliates (attach schedule)						15	33,234.			
ũ	16	Payments to) amiliates (attach schedule)	· · · · · · · · · · · · · · · · · · ·							16	CAC 1CA
-	17		ises. Add lines 16 and 44, column (17	646,164.
g.	18		teficit) for the year. Subtract line 17			(A\\		,			18	9,287.
Assets	19	Other chara	or fund balances at beginning of yea	i (HOH HIO II) ii ≃elevo doette	o, coll	лин (A))	CET	CITIZ	MC3845341m	1	19	<u>254,189.</u>
A	1 .	Not accete a	ges in net assets or fund balances (a	ndun expiani	นเบก) - +0 ~		ore.	9.1.A	TEWENT,	∔	20	112,101.
77	21	wei assets 0	or fund balances at end of year. Con	ionie imes 18	, 19, a	uiu ZU					21	375,577.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0					
(cash \$ U • noncash \$ U • fithis amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedul					
(cash \$0 • noncash \$0	1 1				
If this amount includes foreign grants, check here] 22b				
23 Specific assistance to individuals (attach	1				
schedule)	23			8-24285 20-4-136	
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key					
employees, etc. listed in Part V-A	25a	95,804.	71,853.	11,496.	12,455
b Compensation of former officers, directors, key					
employees, etc. listed in Part V-B	25b	0.	0.	0.	0
c Compensation and other distributions, not included	i l				
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c		•		!
26 Salaries and wages of employees not				,	
included on lines 25a, b, and c	26	172,286.	143,302.	16,636.	12,348
27 Pension plan contributions not included on					
lines 25a, b, and c	27	12,263.	9,933.	1,226.	1,104
28 Employee benefits not included on lines		10.00			
25a - 27		18,283.	12,990.	2,813.	2,480
29 Payroll taxes	29	24,133.	19,290.	2,574.	2,269
30 Professional fundraising fees	30	C 150		6.450	
31 Accounting fees	31	6,150.		6,150.	
32 Legal fees	32	F 920	2 (00	2 000	
33 Supplies		5,820. 11,785.	2,608.	2,922.	290
	34 35	959.	10,607. 739.	1,178.	220
35 Postage and shipping		52,857.	47,572.	5,285.	220
36 Occupancy	37	6,527.	5,875.		
38 Printing and publications		3,212.	3,212.	034.	
39 Travel	39	12,328.	10,375.	1,953.	
40 Conferences, conventions, and meetings	40	12,520.	10,3/3.	1,333.	
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	3,414.	3,414.		
43 Other expenses not covered above (itemize):		0,111	3,414.		
a	43a				
b	43b				
C	43c				
d	43d				
е	43e				
f	43f				
g SEE STATEMENT 2	43g	220,343.	193,447.	24,828.	2,068.
44 Total functional expenses. Add lines 22a through					, , , , , , , , , , , , , , , , , , , ,
43g. (Organizations completing columns (B)-(D),					
carry these totals to lines 13-15)	44	646,164.	535,217.	77,713.	33,234
Joint Costs. Check 🕨 🔲 if you are following					
Are any joint costs from a combined educational campa					Yes X No
f "Yes," enter (i) the aggregate amount of these joint co			the amount allocated to		N/A ;
(iii) the amount allocated to Management and general \$		N/A ; and (iv)	the amount allocated to	Fundraising \$	N/A

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

SEE STATEMENT 3

V h	at is the organization's primary exempt purpose? SEE STATEMENT 3	Program Service Expenses
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	TOBACCO CONTROL: PROVIDES PRESENTATIONS AND MATERIALS TO	
	INCREASE PUBLIC AWARENESS ON THE DANGERS OF TOBACCO USE. (Grants and allocations \$) If this amount includes foreign grants, check here	179,146.
b	ASTHMA: PROVIDES EDUCATION, REFERRAL AND RESOURCE ASSISTANCE	175,110
	TO ASTHMA SUFFERERS AND THEIR CAREGIVERS.	
	(Grants and allocations \$) If this amount includes foreign grants, check here	251,314.
С	OTHER PROGRAMS	
d	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	104,757.
	(Grants and allocations \$) If this amount includes foreign grants, check here	
е	Other program services (attach schedule) SEE STATEMENT 4	
f	(Grants and allocations \$) If this amount includes foreign grants, check here	FOF 04"
<u> </u>	Total of Program Service Expenses (should equal line 44, column (B), Program services)	535,217.

Form **990** (2007)

Form 990 (2007) BREATHE CALIFORNIA CENTRAL COAST 94-1160953 Part IV Balance Sheets (See the instructions.) Note: Where required, attached schedules and amounts within the description column (A) Beginning of year (B) End of year should be for end-of-year amounts only. 45 Cash - non-interest-bearing 45 199,379. 332,799. Savings and temporary cash investments 46 46 47 a Accounts receivable 47a Less: allowance for doubtful accounts 47b 5.722. 47c Pledges receivable 48 a 48a Less: allowance for doubtful accounts 48b 48c 42,136. 112,609. 49 Grants receivable 49 50 a Receivables from current and former officers, directors, trustees, and 50a key employees Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 50b 51 a Other notes and loans receivable 51a b Less: allowance for doubtful accounts 51b 51c Inventories for sale or use 52 52 Prepaid expenses and deferred charges 7.563. 9,408. 53 53 1,914. 54 a Investments - publicly-traded securities STMT 7 ▶ Cost X FMV 54a 0. Investments - other securities Cost SMV 54b 55 a Investments - land, buildings, and equipment: basis 55a Less: accumulated depreciation 55b 55c 56 Investments - other 56 Land, buildings, and equipment: basis 57a <u>116,115.</u> 57 a Less: accumulated depreciation STMT 5 100.127. 19,402. 15,988. 57b 57c b 58 Other assets, including program-related investments 2,876. 2,876. (describe ► LEASE DEPOSIT 58 349,465. 403,207. Total assets (must equal line 74). Add lines 45 through 58 59 59 Accounts payable and accrued expenses 17,008. 21,195. 60 60 61 Grants payable _____ 61 62 Deferred revenue 62 Loans from officers, directors, trustees, and key employees 63 63 64 a Tax-exempt bond liabilities 64a b Mortgages and other notes payable ______ 64b Other liabilities (describe SEE STATEMENT 6) 78,268. 6,435. 65 65 95,276 27,630. Total liabilities. Add lines 60 through 65 66 Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74. Vet Assets or Fund Balances 106,484. 67 111,793. Unrestricted 67 147,705.

> 403,207. Form 990 (2007)

375,577.

263,784.

68

69

70

71

72

73

74

254,189

349,465.

68

70

71

72

73

Temporarily restricted

Permanently restricted _____

Capital stock, trust principal, or current funds

Paid-in or capital surplus, or land, building, and equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)

Total liabilities and net assets/fund balances. Add lines 66 and 73

Organizations that do not follow SFAS 117, check here

and

complete lines 70 through 74.

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

	instructions.)		
a	Total revenue, gains, and other support per audited financial statements	a	771,530.
b	Amounts included on line a but not on Part I, line 12:	886	
1	Net unrealized gains on investments b1		
2	Donated services and use of facilities b2	1,244	
3	Recoveries of prior year grants b3		
4	Other (specify): SEE STATEMENT 8 b4 116,079).	
	Add lines b1 through b4	. b	116,079.
C	Subtract line b from line a	1 1	655,451.
ď	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b		
2	Other (specify):		
	Add lines d1 and d2	d	0.
е	Total revenue (Part I, line 12). Add lines c and d art IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per	► e	655,451 .
Pa	art IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Retu	m_
a	Total expenses and losses per audited financial statements	. а	650,142.
b	Amounts included on line a but not on Part I, line 17:	E. 7.55 0	
1	Donated services and use of facilities b1		
2	Prior year adjustments reported on Part I, line 20	1 - 17	
3	Losses reported on Part I, line 20 b3		
4	Other (specify): SEE STATEMENT 9 b4 3,978	3.	
	Add lines b1 through b4	. b	3,978.
C	Subtract line b from line a		646,164.
ď	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b		
2	Other (specify): d2		
	Add lines d1 and d2	. d	0.
е	Total expenses (Part I, line 17). Add lines c and d		646,164.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
DARLENE DOWNING	EXEC DIRECTOR	_		
550 CAMINO EL ESTERO, #100				
MONTEREY, CA 93940	40.00	95,804.	0.	0.
ROBERT CARR	PRESIDENT			
550 CAMINO EL ESTERO, #100				
MONTEREY, CA 93940	1.00	0.	0.	0.
IDA CORBY	SECRETARY/TRE	ASURER		
550 CAMINO EL ESTERO, #100				
MONTEREY, CA 93940	1.00	0.	0.	0.
SHIRLEY DICKINSON	PAST PRESIDEN	T		
550 CAMINO EL ESTERO, #100				
MONTEREY, CA 93940	1.00	0.	0.	0.
LINDA GALLEGOS	MEMBER			
550 CAMINO EL ESTERO, #100				
MONTEREY, CA 93940	1.00	0.	0.	0.
MIKE HUTCHINSON	MEMBER			
550 CAMINO EL ESTERO, #100				
MONTEREY, CA 93940	1.00	0.	0.	0.
DAVE MILLER	MEMBER			
550 CAMINO EL ESTERO, #100				
MONTEREY, CA 93940	1.00	0.	0.	0.
CLINT WEIRICK	MEMBER			
550 CAMINO EL ESTERO, #100				
MONTEREY, CA 93940	1.00	0.	0.	0.
·			-	'arm 000 (0007)

Form **990** (2007)

	1990 (2007) BREATHE CALIFORNIA CE			<u>94-1160</u>	<u>953</u>		age 6			
Pa	rt V-A Current Officers, Directors, Trustees, and Ke	ey Employees (continu	ıed)			Yes	No			
75 a	Enter the total number of officers, directors, and trustees permitted meetings	•	siness at board	7			1,000			
b	loyees hedule A, dentifies	75b		X						
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."										
d	If "Yes," attach a statement that includes the information described Does the organization have a written conflict of interest policy?	in the instructions.			75d		X			
	Former Officers, Directors, Trustees, and Ke Benefits (If any former officer, director, trustee, or key er the year, list that person below and enter the amount of co	nployee received compens	sation or other ben	efits (describe	or Ot	w) dur	ring			
	(A) Name and address NONE	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions employee benefit plans & deferred compensation plan	a	E) Exper ecount a	and			
			, , , , , , , , , , , , , , , , , , , ,	Compensation pia	IS OUR	, unow	417000			
Pai	t VI Other Information (See the instructions.)					Yes	No			
6	Did the organization make a change in its activities or methods of co statement of each change				76		X			
7	Were any changes made in the organizing or governing documents but "Yes," attach a conformed copy of the changes.	out not reported to the IRS	?		77		X			
'8 a b	Did the organization have unrelated business gross income of \$1,000	0 or more during the year o	_	um?	78a 78b		X			
9	Was there a liquidation, dissolution, termination, or substantial controls the organization related (other than by association with a statewid	action during the year? If "	Yes," attach a sta	tement	79		X			
	membership, governing bodies, trustees, officers, etc., to any other of if "Yes," enter the name of the organization \(\bar{N}/A \)				80a		<u> </u>			
		and check whether it is	exempt or	nonexempt		# 1 T				
	Enter direct and indirect political expenditures. (See line 81 instruction Did the organization file Form 1120-POL for this year?		81a	0.	81b		X			
	The state of the s					990 (

	0 (2007) BREATHE CALIFORNIA CENTRAL COAST		94-1160	<u> 1953</u>		age 7
Part V	1				Yes	No
82 a Dio	d the organization receive donated services or the use of materials, equipment, or facilities at	no ch	arge or at substantially			
	ss than fair rental value?		•••••	82a		X
b If "	'Yes," you may indicate the value of these items here. Do not include this				3.5	
	nount as revenue in Part I or as an expense in Part II.					
	ee instructions in Part III.)	82b	N/A			
	d the organization comply with the public inspection requirements for returns and exemption			83a	X	
	d the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contribut			83b	X	
	d the organization solicit any contributions or gifts that were not tax deductible?			84a		
b if "	Yes," did the organization include with every solicitation an express statement that such co	ntributi	ons or gifts were not			A Kale .
	k deductible?			84b		
	1(c)(4), (5), or (6). Were substantially all dues nondeductible by members?			85a		
	d the organization make only in-house lobbying expenditures of \$2,000 or less?			85b		
if "	'Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the	e orgar	ization received a		No.	
	siver for proxy tax owed for the prior year.					
	ies, assessments, and similar amounts from members	85c	N/A			
	ction 162(e) lobbying and political expenditures	85d	N/A			
e Ag	gregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A]		
f Ta	xable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	ļ		
g Do	bes the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A	85g		
h Ifs	section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount	on line	85f			
to	its reasonable estimate of dues allocable to nondeductible lobbying and political expenditure					
fol	lowing tax year?		N/A	85h		
86 50	1(c)(7) organizations. Enter: a Initiation fees and capital contributions included on					
	e 12	86a	N/A			
	oss receipts, included on line 12, for public use of club facilities	86b	N/A			
8 7 50	1(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A			i i sarii Lice
b Gr	oss income from other sources. (Do not net amounts due or paid to other sources					
ag	ainst amounts due or received from them.)	87b	N/A			
88 a A t	any time during the year, did the organization own a 50% or greater interest in a taxable corp	poratio	n or partnership,			
	an entity disregarded as separate from the organization under Regulations sections 301.770		301.7701-3?			1975
lf "	Yes," complete Part IX			88a		X
	any time during the year, did the organization, directly or indirectly, $$ own a controlled entity $$		•			
	ction 512(b)(13)? If "Yes," complete Part XI		>	88b		X
89 a 50	1(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year unde					
	ction 4911▶0 • ; section 4912 ▶0 • ; section 4955		0.			#***
ь 50	1(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess b	enefit				
	insaction during the year or did it become aware of an excess benefit transaction from a prio	•				
lf "	Yes," attach a statement explaining each transaction			89b		X
	ter: Amount of tax imposed on the organization managers or disqualified persons during the	-		Kiya a a		
	ctions 4912, 4955, and 4958					
	ter: Amount of tax on line 89c, above, reimbursed by the organization			A		
	organizations. At any time during the tax year, was the organization a party to a prohibited to			89e		X
	organizations. Did the organization acquire a direct or indirect interest in any applicable insurance			89f		X
g Fo	r supporting organizations and sponsoring organizations maintaining donor advised funds. Di	d the s	upporting organization,	201		
or	a fund maintained by a sponsoring organization, have excess business holdings at any time	during	the year?	89g		X
	t the states with which a copy of this return is filed ►CA					
∴ b Nu	ımber of employees employed in the pay period that includes March 12, 2007		90b			5
91 a The	e books are in care of THE ORGANIZATION	Tele _l	phone no. \triangleright 831–37	3-7	<u> 306</u>	
Loc	cated at ► 550 CAMINO EL ESTERO, MONTEREY, CA		ZIP + 4 ▶ <u>9</u>	394	0	
b At	any time during the calendar year, did the organization have an interest in or a signature or c	ther a	thority over		Yes	No
a fi	inancial account in a foreign country (such as a bank account, securities account, or other fi	nancial	account)?	91b		Х
lf "	Yes," enter the name of the foreign country ▶N/A					
Se	e the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Fo	oreign i	Bank			10.7
an	d Financial Accounts.			K K		
				Form	990	(2007)

art VI Other Information (continu						Yes N
At any time during the calendar year, die	-			of the Unite	ed States?	91c 2
If "Yes," enter the name of the foreign c		N,				
Section 4947(a)(1) nonexempt charitable						
and enter the amount of tax-exempt interest VII Analysis of Income-Proc	ducing Ac	tivities (Se	during the tax year	*************	92	N/A
te: Enter gross amounts unless otherwise	ducing Ac		business income		by section 512, 513, or 514	
ce; Enter gross amounts unless otherwise icated.		(A)	(B)	(C)	(D)	(E)
		Business	Amount	Exclu- sion	Amount	Related or exempt
Program service revenue:		code		code		function income
FEES FOR SERVICES						53,288
				-		
				-		
Medicare/Medicaid payments						
Fees and contracts from government age						
Membership dues and assessments						
Interest on savings and temporary cash invest				14	11 102	
Dividends and interest from securities				14	11,102.	
Net rental income or (loss) from real estat		Patrick (1900) Literatury Age (1900)				
debt-financed property			133 June 1			
not debt-financed property						
Net rental income or (loss) from personal						
Other investment income						
Gain or (loss) from sales of assets						
other than inventory						
Net income or (loss) from special events						
Gross profit or (loss) from sales of inventor				-		
Other revenue:	- ,					
MISCELLANEOUS	:					3,524
						3,52
	1					
						7.0-1
Subtotal (add columns (B), (D), and (E))			0		11,102.	56,812
Total (add line 104, columns (B), (D), and	(E))					67,914
Line 105 pius line 1e, Part I, snoula equa	aı tne amount	on line 12, F	art I.			
t VIII Relationship of Activitie	s to the A	ccomplish	nment of Exem	pt Purpo	ses (See the instruction	ns.)
No. Explain how each activity for which inc	ome is reporte	d in column (E) of Part VII contribut	ed important	ly to the accomplishment of	the organization's
exempt purposes (other than by provide	ding funds for s	such purposes).			
LINE 93 A FEES FO						
			<u>MATERIALS</u>		IE PUBLIC FOR	
EDUCATIONAL PURPOS	ES RELA	ATED TO	THE ORGA	NIZAT]	ONS PROGRAMS	
AIV Leternation Description						· · · · · · · · · · · · · · · · · · ·
rt IX Information Regarding T	(B)	bsidiaries		ded Entil		
me, address, and EIN of corporation, Per	centage of rship interest	N	(C) ature of activities		(D) Total income	(E) End-of-year assets
	%					===
N/A	%		-			
N/A	%					
N/A						
	%			1		
		Ssociated	d with Persona	al Benefit	Contracts (See the in	nstructions.)
	ransfers A					
t X Information Regarding T	ransfers A any funds, dire miums, directly	ctly or indirect or indirectly, o	ly, to pay premiums o	n a personal		

Form **990** (2007)

Phone no. \triangleright (831) 423-6500

Preparer's

Use Only

BERGER/LEWIS ACCOUNTANCY CORP.

740 FRONT STREET, SUITE 365

SANTA CRUZ, CA 95060-4550

signature

ZIP + 4

Firm's name (or

yours if self-employed), employed >

EIN >

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

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

2007

OMB No. 1545-0047

Name of the organization **Employer identification number** BREATHE CALIFORNIA CENTRAL COAST 94 1160953 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (b) Title and average hours per week devoted to position (d) Contributions to employee benefit plans & deferred compensation (e) Expense count and other (a) Name and address of each employee paid (c) Compensation more than \$50,000 allowances NONE Total number of other employees paid over \$50,000 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services 0 Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over \$50,000 for other services 0

723101/12-27-07

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

P	Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$	1	x	
2	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
ı	a Sale, exchange, or leasing of property? b Lending of money or other extension of credit? c Furnishing of goods, services, or facilities?	2a 2b 2c		X
(d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 10 e Transfer of any part of its income or assets?	2d 2e	X	X
ì	 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) b Did the organization have a section 403(b) annuity plan for its employees? 	3a 3b		X
	 c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? 	3c 3d		X
	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g b Did the organization make any taxable distributions under section 4966? N/A	4a 4b		X
(c Did the organization make a distribution to a donor, donor advisor, or related person? d Enter the total number of donor advised funds owned at the end of the tax year	40	N/	
f	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		N/	0. 0.

	. D.C.						
ar	t IV	Reason for Non-Private Foundation S	Status (See pages 4 1	through 8 of the instruction	ns.)		
ertify	that th	ne organization is not a private foundation because it is: (_				
		A church, convention of churches, or association of ch		1)(A)(i).			
	\mathbb{H}	A school. Section 170(b)(1)(A)(ii). (Also complete Par	•				
	\vdash	A hospital or a cooperative hospital service organization	, ,, ,, ,,	•			
		A federal, state, or local government or governmental		* * *			
	ш	A medical research organization operated in conjunction and state	on with a nospital. Sectio	II 170(D)(1)(A)(III). E nte r1	ine nospitai	s name, city,	
		An organization operated for the benefit of a college or	university owned or one	rated by a governmental	unit Continn	170/6\/1\/A\/is	Λ
		(Also complete the Support Schedule in Part IV-A.)	university owned or ope	dica by a governmental	unic Occion	יי אנאאניי אנאאניי	,)-
	X	An organization that normally receives a substantial pi	art of its support from a	novernmental unit or from	the general	public.	
		Section 170(b)(1)(A)(vi). (Also complete the Support		,		,	
		A community trust. Section 170(b)(1)(A)(vi). (Also con	•	dule in Part IV-A.)			
		An organization that normally receives: (1) more than					
		receipts from activities related to its charitable, etc., ful	nctions - subject to certa	in exceptions, and (2) no	more than 3	3 1/3% of	
		its support from gross investment income and unrelate by the organization after June 30, 1975. See section 5				sses acquired	
					ŕ		
		An organization that is not controlled by any disqualifie		undation managers) and	otherwise m	eets the require	ments of section
		509(a)(3). Check the box that describes the type of su	·· · · ——				
		Type I Type II	L Type III-Fu	nctionally Integrated		Type III-0	Jiner
		Provide the following information a	bout the supported orga	nizations. (See page 8 of	the instruction	ons.)	
		(a)	(b)	(c)	(d)	(e)
		Name(s) of supported organization(s)	Employer identification number (EIN)	Type of organization (described in lines 5 through 12 above or IRC section)	organizati the sup organi	upported on listed in oporting zation's documents?	Amount of support
					Yes	No	
					}		
-							
					·,	<u>' </u>	
_							
		An organization organized and operated to test for pub	lic safety. Section 509(a)	(4). (See page 8 of the in	structions.)		

Pa	Support Schedule (C Note: You may use the	omplete only if you che e worksheet in the insti	ecked a box on line 10, ructions for converting t	11, of 12.) Use cash from the accrual to the	method of acc cash method o	ountin of acco	g. unting.
	ndar year (or fiscal year ning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003		(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	685,102.	871,054.	853,897.	897,5	69.	3,307,622.
16	Membership fees received						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's	101 160	26 711	27 104	20.4	67	212 522
40	charitable, etc., purpose	101,160.	36,711.	37,194.	38,4	67.	213,532.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	9,999.	7,788.	1,638.	3	50.	19,775.
19	Net income from unrelated business	,					
	activities not included in line 18						
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		1,025.	EE STATEMEN 6,793.	NT 11 2,7	97.	10,615.
23	Total of lines 15 through 22	796,261.	916,578.	899,522.	939,1		3,551,544.
24	Line 23 minus line 17	695,101.	879,867.	862,328.	900,7		3,338,012.
25	Enter 1% of line 23	7,963.	9,166.	8,995.	9,3		
26	Organizations described on lines 10	0 or 11: a Enter 2% of	amount in column (e), line	24		26a	66,760.
b	Prepare a list for your records to sho	ow the name of and amou	nt contributed by each per	son (other than a govern	mental		
	unit or publicly supported organization		•	ed the amount shown in			
	Do not file this list with your return.				>	26b	1,955,391.
	Total support for section 509(a)(1) to				>	26c	3,338,012.
đ	Add: Amounts from column (e) for li	ines: 18	19,775. 19 _	1 055 201			1 005 701
_	Public support /line 26e minus line 5	22	10,615. 26b	1,955,391		26d	1,985,781.
f	Public support (line 26c minus line 2 Public support percentage (line 26c					26e	1,352,231. 40.5101%
27	Organizations described on line 12						
LI	records to show the name of, and to such amounts for each year: (2006)	tal amounts received in ea N/A (2005)	ach year from, each "disqua	alified person. " Do not fil o 04)	e this list with yo	ur retur	n. Enter the sum of
b	For any amount included in line 17 th						
	and amount received for each year, t						
	described in lines 5 through 11b, as	•	•			een the	amount received and
	the larger amount described in (1) of						
	(2006)	(2005)	(200)4)	(200	3)	
C	Add: Amounts from column (e) for it	nes: 15		16		I	37 / 3
	Add: Amounts from column (e) for li 17 Add: Line 27a total	20	d line 0.7h total	21	··· \	27c	N/A
d e	Public support (line 27c total minus	line 27d total)	u iine 270 totat	••••		27d 27e	N/A N/A
f	Total support for section 509(a)(2) to	est Enter amount on line	23 column (e)	► 27f T		1,141,141	N/A
g	Public support percentage (line 27	e (numerator) divided hv	line 27f (denominator))	_ = 1	▶	27g	N/A %
_	Investment income percentage (lin					27h	N/A %
28 L	Inusual Grants: For an organization do how, for each year, the name of the co	escribed in line 10, 11, or ontributor, the date and ar	12 that received any unus	ial grants during 2003 th	rough 2006, pret	nare a lis	st for your records to
	eturn. Do not include these grants in I 1 12-27-07	e 13. N	ONE			Schedul	e A (Form 990 or 990-EZ) 2007

Part V

Private School Questionnaire (See page 9 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			and the
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known		filia Segunda	
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	100 m 1		
		1.5	1983	
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c		
d		32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	grown .	135762 V-136	
33	Does the organization discriminate by race in any way with respect to:		1 G. 4	
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	1.344		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		1.15 1.15 2.15	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No." attach an explanation	35		

_	(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)			
	ring the year, did the organization attempt to influence national, state or local legislation, including any attempt to	Yes	No	Amount
influence public opinion on a legislative matter or referendum, through the use of:			140	Amount
а	Volunteers		X	
b	Paid staff or management (Include compensation in expenses reported on lines c through h.)	Х		
C	Media advertisements		X	
d	Mailings to members, legislators, or the public		X	
е	Publications, or published or broadcast statements		X	
f	Grants to other organizations for lobbying purposes		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body	Х		23,364.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
	Total lobbying expenditures (Add lines c through h.)			23,364.
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.		SEE	STATEMENT 12
723	3151	0.1		/F 000 000 FF1 000