

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.

A For the 2011 calendar year, or tax year beginning 10/01/11, and ending 09/30/12

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">BURN PREVENTION FOUNDATION</p> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p align="center">236 N 17TH STREET, FLOOR 2</p> City or town, state or country, and ZIP + 4 <p align="center">ALLENTOWN PA 18104</p>	D Employer identification number E Telephone number <p align="center">610-969-3930</p>
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 1,828,076
J Website: ▶ WWW.BURNPREVENTION.ORG		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: M State of legal domicile:

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: EDUCATION OF PUBLIC ON BURN SAFETY INCLUDING TREATMENT OPTIONS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	0
	7a 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	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,603,267	Current Year 1,564,602
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,482	43
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	72,438	94,631
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,674,223	1,659,276
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	625,757	623,576
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 46,553		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	994,399	1,051,734
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,620,156	1,675,310	
19 Revenue less expenses. Subtract line 18 from line 12	54,067	-16,034	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 536,176	End of Year 517,687
	21 Total liabilities (Part X, line 26)	360,598	358,143
	22 Net assets or fund balances. Subtract line 21 from line 20	175,578	159,544

Part II Signature Block

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

Sign Here	Signature of officer <p align="center">B. DANIEL DILLARD</p> Type or print name and title	Date <p align="center">EXECUTIVE DIRECTOR</p>
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Paid Preparer Use Only	Print/Type preparer's name ROBERT L. BUCK	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01068409
	Firm's name ▶ BUCKNO LISICKY & COMPANY, P.C.			Firm's EIN ▶ 23-2426656	
	Firm's address ▶ 1524 W LINDEN ST ALLENTOWN, PA 18102-4251			Phone no. 610-821-8580	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No