

2005 TAX RETURN

Client Copy

Client: 3266

Prepared for: Foundation for Burns and Trauma
333 East Virginia Ave #218
Phoenix, AZ 85004
602-230-2041

Prepared by: Marianne DeVries
DeVries CPAs of Arizona, P.C.
4349 East Fifth Street
Tucson, AZ 85711-2025
(520) 298-6200

Date: November 2, 2006

Comments:

Route to: _____

2005 Exempt Org. Return
prepared for:

Foundation for Burns and Trauma
333 East Virginia Ave #218
Phoenix, AZ 85004

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FEDERAL FORMS

Form 990
Schedule A
Schedule B

2005 Return of Organization Exempt from Income Tax
Organization Exempt Under Section 501(c)(3)
Schedule of Contributors
Depreciation Schedules

FEE SUMMARY

Preparation Fee	\$	600.00
Amount Due	\$	600.00

Foundation for Burns and Trauma

86-0207519

	2005	2004	Diff
REVENUE			
Contributions, gifts, and grants	974,062	654,228	319,834
Program service revenue	0	1,095	-1,095
Dividends & interest from securities	7,540	5,945	1,595
Net gain (loss) - noninv. assets/disp.	-2,551	-37	-2,514
Net income (loss) - special events	46,164	113,754	-67,590
Total revenue	1,025,215	774,985	250,230
EXPENSES			
Program services	711,187	523,932	187,255
Management and general	63,192	62,330	862
Fundraising	31,214	36,754	-5,540
Total expenses	805,593	623,016	182,577
NET ASSETS OR FUND BALANCES			
Excess or (deficit) for the year	219,622	151,969	67,653
Net assets/fund bal. at beg. of year	1,140,379	956,799	183,580
Other changes in net assets/fund bal.	8,304	31,611	-23,307
Net assets/fund bal. at end of year	1,368,305	1,140,379	227,926

Forms needed for this return

Federal: 990, Sch A, Sch B

Carryovers to 2006

None

Excess Contributors
Schedule A, Part IV-A, Line 26b

<u>Contributor</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>	<u>2001</u>	<u>Total</u>
Rebecca Clark	\$ 0.	\$ 100,000.	\$ 0.	\$ 0.	\$ 100,000.
				Total	\$ 100,000.
				Line 26a x 1 (# of contributors)	<u>-50,325.</u>
				Excess Contributions	<u>\$ 49,675.</u>

Foundation for Burns and Trauma

86-0207519

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
<u>Buildings</u>																
3	Bldgs - admin	9/21/98		103,168							103,168	21,495	S/L	30		3,439
4	Bldgs - Courage House	9/06/00		153,600							153,600	22,188	S/L	30		5,120
24	Patio cover	12/11/03		1,579							1,579	316	S/L	5		316
25	Central air unit	10/19/04		2,699							2,699	90	S/L	5		540
	Total Buildings			261,046		0	0	0	0	0	261,046	44,089				9,415
<u>Furniture and Fixtures</u>																
5	Equip - fully depreciated	Various	1/01/05	13,092							13,092	13,092	S/L	5		0
6	ACER computer	10/24/96	1/01/05	1,888							1,888	1,888	S/L	5		0
7	TV/VCR	9/23/99	1/01/05	806							806	806	S/L	5		0
8	Display boards	10/22/99	1/01/05	1,000							1,000	1,000	S/L	5		0
9	Office equipment	11/02/00	1/01/05	2,206							2,206	1,838	S/L	5		0
10	Office equipment	9/05/02	1/01/05	3,617							3,617	1,687	S/L	5		0
11	Maple book case	8/05/03	1/01/05	500							500	142	S/L	5		0
12	Phone system	3/29/05		3,885							3,885		S/L	5		583
13	Love seat and 2 chairs	4/04/05		4,375							4,375		S/L	5		656
14	Copier	4/19/05		4,456							4,456		S/L	5		631
15	Server and software	4/28/05		1,763							1,763		S/L	3		392
16	4 Dell computers	5/04/05		2,238							2,238		S/L	3		497
17	Dell Computer 800 MHz	5/04/05		609							609		S/L	3		135
18	Software - Tech Soup	5/04/05		536							536		S/L	3		119
19	CR chairs, table, cabinet	5/05/05		2,107							2,107		S/L	5		281
20	ED office furniture	5/05/05		4,496							4,496		S/L	5		599

Foundation for Burns and Trauma

86-0207519

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
21	4 cherry file/hutch combo	5/05/05		1,894							1,894		S/L	5		253
22	2 Dell Celeron D computer	5/17/05		1,588							1,588		S/L	3		331
23	Data backup unit	11/17/05		1,617							1,617		S/L	3		67
Total Furniture and Fixtures				52,673		0	0	0	0	0	52,673	20,453				4,544
Land																
1	Land - admin	9/21/98		72,094							72,094					0
2	Land - Courage House	9/06/00		38,400							38,400					0
Total Land				110,494		0	0	0	0	0	110,494	0				0
Total Depreciation				<u>424,213</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>424,213</u>	<u>64,542</u>				<u>13,959</u>
Grand Total Depreciation				<u>424,213</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>424,213</u>	<u>64,542</u>				<u>13,959</u>
Depreciation Assets Sold				23,109		0	0	0	0	0	23,109	20,453				0
Depr Remaining Assets				<u>401,104</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>401,104</u>	<u>44,089</u>				<u>13,959</u>

Return of Organization Exempt From Income Tax

2005

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning, 2005, and ending

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See specific instructions. Foundation for Burns and Trauma 333 East Virginia Ave #218 Phoenix, AZ 85004

D Employer Identification Number 86-0207519 E Telephone number 602-230-2041 F Accounting method: Cash, Accrual, Other (specify)

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

- H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number M Check if the organization is not required to attach Schedule B

G Web site: www.azburn.org

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

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 1,085,760.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) See Stm 4 (cash \$ 9,351. non-cash \$)				
	If this amount includes foreign grants, check here... <input type="checkbox"/>	22 9,351.	9,351.		
23	Specific assistance to individuals (att sch) St. 5	23 56,558.	56,558.		
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc.	25 71,000.	50,410.	14,200.	6,390.
26	Other salaries and wages	26 148,605.	103,627.	29,533.	15,445.
27	Pension plan contributions	27 11,664.	8,048.	2,566.	1,050.
28	Other employee benefits	28 6,802.	4,693.	1,496.	613.
29	Payroll taxes	29 19,879.	13,602.	4,302.	1,975.
30	Professional fundraising fees	30			
31	Accounting fees	31 8,117.	6,704.	958.	455.
32	Legal fees	32			
33	Supplies	33 4,544.	4,147.	269.	128.
34	Telephone	34			
35	Postage and shipping	35 2,661.	2,242.	284.	135.
36	Occupancy	36 19,127.	14,881.	2,716.	1,530.
37	Equipment rental and maintenance	37 6,237.	6,220.	11.	6.
38	Printing and publications	38 25,893.	24,232.	1,126.	535.
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42 13,959.	13,168.	536.	255.
43	Other expenses not covered above (itemize):				
a	See Statement 6	43a 401,196.	393,304.	5,195.	2,697.
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 805,593.	711,187.	63,192.	31,214.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

BAA

Part III Statement of Program Service Accomplishments

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? ▶ <u>See Statement 7</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>See Statement 8</u> ----- ----- ----- ----- ----- (Grants and allocations \$ 9,351.) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	711,187.
b ----- ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c ----- ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d ----- ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	711,187.

Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
A S S E T S	45 Cash – non-interest-bearing	439,381.	45	515,897.
	46 Savings and temporary cash investments	26,289.	46	1,210.
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts			
	48 a Pledges receivable	273,526.		
	b Less: allowance for doubtful accounts			
	49 Grants receivable			
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			
	51 a Other notes & loans receivable (attach sch.)			
	b Less: allowance for doubtful accounts			
	52 Inventories for sale or use			
	53 Prepaid expenses and deferred charges			4,891.
	54 Investments – securities (attach schedule) .. See St. 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	251,534.	54	266,760.
	55 a Investments – land, buildings, & equipment: basis			
	b Less: accumulated depreciation (attach schedule)			
56 Investments – other (attach schedule)				
57 a Land, buildings, and equipment: basis	401,104.			
b Less: accumulated depreciation (attach schedule) .. See Statement 10.	58,047.			
58 Other assets (describe <input type="checkbox"/> See Statement 11 ..)	748.	58	2,489.	
59 Total assets (must equal line 74). Add lines 45 through 58	1,173,590.	59	1,407,830.	
L I A B I L I T I E S	60 Accounts payable and accrued expenses	29,557.	60	31,755.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe <input type="checkbox"/> See Statement 12 ..)	3,654.	65	7,770.
66 Total liabilities. Add lines 60 through 65	33,211.	66	39,525.	
N E T A S S E T S O R F U N D B A L A N C E S	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	943,570.	67	1,036,392.
	68 Temporarily restricted	196,809.	68	331,913.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	1,140,379.	73	1,368,305.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,173,590.	74	1,407,830.	

BAA

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

a	Total revenue, gains, and other support per audited financial statements	a	1,114,464.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	8,304.
	2 Donated services and use of facilities	b2	20,400.
	3 Recoveries of prior year grants	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	28,704.
c	Subtract line b from line a	c	1,085,760.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	-60,545.
	See Stmt 13		
	Add lines d1 and d2	d	-60,545.
e	Total revenue (Part I, line 12). Add lines c and d	e	1,025,215.

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

a	Total expenses and losses per audited financial statements	a	886,538.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	20,400.
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	2,551.
	4 Other (specify): _____	b4	57,994.
	See Stmt 14		
	Add lines b1 through b4	b	80,945.
c	Subtract line b from line a	c	805,593.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	805,593.

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 and deferred compensation plans	(E) Expense account and other allowances
See Statement 15		71,000.	2,840.	4,042.

Part VI Other Information (continued)	Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	20,400.
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members.	85c	N/A
d Section 162(e) lobbying and political expenditures.	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e).	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.	88	X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶		0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90a List the states with which a copy of this return is filed ▶ <u>AZ</u>		
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	5
91a The books are in care of ▶ <u>The Foundation</u> Telephone number ▶		
Located at ▶ <u>same as page one,</u> ZIP + 4 ▶		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	X
If 'Yes,' enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	X
If 'Yes,' enter the name of the foreign country ▶		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. N/A ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 92		N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies . . .					
94 Membership dues and assessments . . .					
95 Interest on savings & temporary cash invmnts . .					
96 Dividends & interest from securities . . .			14	7,540.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop . . .					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-2,551.	
101 Net income or (loss) from special events			1	46,164.	
102 Gross profit or (loss) from sales of inventory . . .					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				51,153.	
105 Total (add line 104, columns (B), (D), and (E))					51,153.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

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

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

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

Please Sign Here

Signature of officer _____ Date _____

Type or print name and title. _____

Paid Preparer's Use Only

Preparer's signature: **Marianne DeVries** Date: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: **DeVries CPAs of Arizona, P.C.**
4349 East Fifth Street
Tucson, AZ 85711-2025

Check if self-employed: Preparer's SSN or PTIN (See General Instruction W): **N/A**

EIN: **N/A** Phone no.: **(520) 298-6200**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

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

Supplementary Information — (See separate instructions.)

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

OMB No. 1545-0047

2005

Name of the organization

Foundation for Burns and Trauma

Employer identification number

86-0207519

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over \$50,000..... ▶ 0				

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See 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 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		

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	652,109.	623,859.	584,272.	633,018.	2,493,258.
16 Membership fees received					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	178,367.	148,940.	55,477.	85,398.	468,182.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	5,945.	3,004.	4,904.	9,137.	22,990.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0.
23 Total of lines 15 through 22	836,421.	775,803.	644,653.	727,553.	2,984,430.
24 Line 23 minus line 17	658,054.	626,863.	589,176.	642,155.	2,516,248.
25 Enter 1% of line 23	8,364.	7,758.	6,447.	7,276.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 50,325.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b 49,675.
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 2,516,248.
d Add: Amounts from column (e) for lines: 18 <u>22,990.</u> 19 <u> </u> 22 <u> </u> 26b <u>49,675.</u> ▶					26d 72,665.
e Public support (line 26c minus line 26d total) ▶					26e 2,443,583.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 97.11 %
27 Organizations described on line 12: N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c _____
d Add: Line 27a total and line 27b total ▶					27d _____
e Public support (line 27c total minus line 27d total) ▶					27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . ▶					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h _____ %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table —		
	If the amount on line 40 is —		
	The lobbying nontaxable amount is —		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4 -Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

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

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2005

Name of organization

Foundation for Burns and Trauma

Employer identification number

86-0207519

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule – see instructions.)

General Rule –

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization

Employer identification number

Foundation for Burns and Trauma

86-0207519

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Forever Living Products 7501 E. McCormick Parkway Scottsdale, AZ 85258,	\$ 106,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	James and Judith Cunningham 330 N. 2nd Ave Phoenix, AZ 85003	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Conva Tec 100 Headquarters Park Dr. Skillman, NJ 8558	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	American Media Operations 190 Congress Drive #200 Delray Beach, FL 33445	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	The Lennar Foundation 700 NW 107th Ave Miami, FL 33172	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Phoenix Camelback Rotary 10645 N. Tatum Blvd #200 Phoenix, AZ 85028	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Foundation for Burns and Trauma	Employer identification number 86-0207519
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Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	United Yavapai Fire Fighters ----- 1700 Iron Springs Rd. ----- Prescott, AZ 86305 -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Foundation for Burns and Trauma	Employer identification number 86-0207519
--	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ▶ \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A	-----	-----	-----
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

Statement 1
Form 990, Part I, Line 8
Net Gain (Loss) from Noninventory Sales

Other Assets

Description:	Furniture and equipment		
Date Acquired:	Various		
How Acquired:	Purchase		
Date Sold:	1/01/2005		
To Whom Sold:	N/A		
Gross Sales Price:	0.		
Cost or Other Basis:	2,551.	Gain (Loss)	-2,551.
Total Gain (Loss) Other Assets			\$ <u>-2,551.</u>
Total Net Gain (Loss) From Noninventory Sales			\$ <u>-2,551.</u>

Statement 2
Form 990, Part I, Line 9
Net Income (Loss) from Special Events

<u>Special Events</u>	<u>Gross Receipts</u>	<u>Less Contri- butions</u>	<u>Gross Revenue</u>	<u>Less Direct Expenses</u>	<u>Net Income (Loss)</u>
Christmas Tree Festival	231,687.	136,450.	95,237.	57,994.	37,243.
AZ Cardinals	8,921.	0.	8,921.	0.	8,921.
Total	<u>\$ 240,608.</u>	<u>\$ 136,450.</u>	<u>\$ 104,158.</u>	<u>\$ 57,994.</u>	<u>\$ 46,164.</u>

Statement 3
Form 990, Part I, Line 20
Other Changes in Net Assets or Fund Balances

Unrealized gain on investments.....	\$ 8,304.
Total	<u>\$ 8,304.</u>

Statement 4
Form 990, Part II, Line 22
Grants and Allocations

Cash Grants and Allocations

Donee's Name:	10 Scholarships were awarded	
Amount Given:		\$ 9,351.
Total Grants and Allocations		<u>\$ 9,351.</u>

Foundation for Burns and Trauma

86-0207519

Statement 5
Form 990, Part II, Line 23
Specific Assistance to Individuals

Direct Benefits to Burn Survivors..... \$ 56,558.
 Total \$ 56,558.

Statement 6
Form 990, Part II, Line 43
Other Expenses

	(A)	(B)	(C)	(D)
	Total	Program Services	Management & General	Fundraising
Board Expenses	2,282.	1,885.	269.	128.
Burn Professional Education	82,889.	82,584.	207.	98.
Community Education	16,253.	15,420.	565.	268.
Contract labor	78,425.	77,725.	475.	225.
Equipment and Facilities	72,756.	71,186.	1,004.	566.
Furnishings	2,059.	1,908.	97.	54.
Insurance	6,087.	5,089.	677.	321.
Mileage, Gas and Parking	4,610.	4,257.	239.	114.
Operations	38,989.	38,989.		
Other Expenses	29,787.	29,583.	138.	66.
Research	30,414.	30,414.		
Staff/Volunteer Appreciation	17,662.	17,535.	86.	41.
Subscriptions and Memberships	1,175.	1,118.	33.	24.
Telephone & Utilities	17,808.	15,611.	1,405.	792.
Total	\$ <u>401,196.</u>	\$ <u>393,304.</u>	\$ <u>5,195.</u>	\$ <u>2,697.</u>

Statement 7
Form 990, Part III
Organization's Primary Exempt Purpose

Foundation for Burns and Trauma, Inc. (Foundation) is a nonprofit organization with a two-fold mission: to assist in the development of a community based burn center and to respond to the community's desire for an organization that can receive and earmark public donations for burn patient treatment, rehabilitation, and public education. The Foundation is dedicated to assisting burn victims and their families in becoming burn survivors through rehabilitation, treatment and research; the reduction of death and injury from burns and fire through prevention education, and serving as an advocacy partner for the prevention of trauma associated with other injuries.

Statement 8
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
<p>Arizona Children's Burn Camp (Camp Courage) - Camp Courage is a summer camp specifically for child burn survivors ages 6 to 15. Camp Courage offers child burn survivors the chance to escape the stares and teasing that tend to be an everyday part of life, and be like any other kid. At camp they get to hike, climb ropes, ride horses, participate in arts and crafts, swim and most importantly, play like any other child. This camp is a tremendous opportunity for emotional healing and personal growth for over 100 kids each year.</p>		
<p>Forever Courage House - The Arizona Burn Center ranks as one of the top five burn care facilities in the United States. Therefore, many of the patients treated there are from out of town and their families endure significant financial hardship being away from home and work for often weeks at a time. Forever Courage House is a four-family home adjacent to our offices where families can stay for only \$5 per night. We give them a place to sleep, shower and most importantly, seek the emotional support of other families enduring the same tragic circumstances of a family member suffering from painful and often life-threatening injuries.</p>		
<p>Burn Center Support - The Foundation contributes funding to the Arizona Burn Center, one of the five busiest burn centers in the United States, to purchase supplemental equipment, enhance facilities, support research, educate hospital staff, and provide treatment to over 2,500 burn patients each year.</p>		
<p>Emergency Family Support - The financial hardship that a prolonged hospital stay places on a family can be devastating. The Foundation for Burns and Trauma provides financial support to needy families in the form of lodging, transportation, assistance with utility, rent and mortgage bills, pharmaceutical prescriptions, and medical supplies.</p>		
<p>Ashes to Life Adult Support Group - This peer support group meets every two weeks and provides a forum where adult burn survivors can discuss the unique challenges that most burn survivors encounter every day. It is a process of healing and a place where friendships grow.</p>		
<p>School Re-entry Program - This program is designed to help facilitate a child's return to school and mainstream life as quickly and easily as possible. Firefighters, adult burn survivors and social workers meet with the student body and faculty at a burn survivor's school and dispel the myths and fears surrounding a serious burn injury.</p>		
<p>Burn Survivor Scholarships - As child burn survivors enter into adulthood, the Foundation for Burns and Trauma is there to provide funding for higher education. Scholarships of up to \$1,200 per semester are available to burn survivors who</p>		

Statement 8 (continued)
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
qualify and wish to pursue and education which may otherwise be out of reach.	9,351.	711,187.
Includes Foreign Grants: No		
	<u>\$ 9,351.</u>	<u>\$ 711,187.</u>

Statement 9
Form 990, Part IV, Line 54
Investments - Securities

Corporate Stocks	Valuation Method	Amount
Equity securities	Market Value	\$ 266,760.
	Total	\$ 266,760.
Total Investments - Securities		<u>\$ 266,760.</u>

Statement 10
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Furniture and Fixtures	\$ 29,564.	\$ 4,543.	\$ 25,021.
Buildings	261,046.	53,504.	207,542.
Land	110,494.		110,494.
Total	<u>\$ 401,104.</u>	<u>\$ 58,047.</u>	<u>\$ 343,057.</u>

Statement 11
Form 990, Part IV, Line 58
Other Assets

Deposits	\$ 2,489.
Total	<u>\$ 2,489.</u>

Foundation for Burns and Trauma

86-0207519

Statement 12
Form 990, Part IV, Line 65
Other Liabilities

Funds Held for Others..... \$ 7,770.
 Total \$ 7,770.

Statement 13
Form 990, Part IV-A, Line d(2)
Other Amounts

Direct Costs of Special Events..... \$ -57,994.
 Loss on disposal..... -2,551.
 Total \$ -60,545.

Statement 14
Form 990, Part IV-B, Line b(4)
Other Amounts

Direct Costs of Special Events..... \$ 57,994.
 Total \$ 57,994.

Statement 15
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Daniel Caruso, MD 333 East Virginia Ave #218 Phoenix, AZ 85004	Chairman 8	\$ 0.	\$ 0.	0.
Joe Bushong 333 East Virginia Ave #218 Phoenix, AZ 85004	Vice President 4	0.	0.	0.
Sharon Sikora 333 East Virginia Ave #218 Phoenix, AZ 85004	Vice President 3	0.	0.	0.
Kathleen Bobbe 333 East Virginia Ave #218 Phoenix, AZ 85004	Treasurer 2	0.	0.	0.
Stan Marks 333 East Virginia Ave #218 Phoenix, AZ 85004	Secretary 1	0.	0.	0.

Statement 15 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Kevin Foster, MD 333 East Virginia Ave #218 Phoenix, AZ 85004	Member at Large 3	\$ 0.	\$ 0.	\$ 0.
MacDonald Wood, MD 333 East Virginia Ave #218 Phoenix, AZ 85004	Ex-Officio Mbr 0	0.	0.	0.
G F Randolph, Esq. 333 East Virginia Ave #218 Phoenix, AZ 85004	Ex-Officio 1	0.	0.	0.
David Bridger 333 East Virginia Ave #218 Phoenix, AZ 85004	Director 1	0.	0.	0.
Michele LaBlonde 333 East Virginia Avenue #218 Phoenix, AZ 85004	Director 1	0.	0.	0.
David Gackenbach 333 East Virginia Ave #218 Phoenix, AZ 85004	Director 1	0.	0.	0.
Navaz Ghaswala 333 East Virginia Ave #218 Phoenix, AZ 85004	Director 1	0.	0.	0.
Gregory Grant, MD 333 East Virginia Ave #218 Phoenix, AZ 85004	Director 1	0.	0.	0.
Sarah Harper 333 East Virginia Ave #218 Phoenix, AZ 85004	Director 3	0.	0.	0.
Jimmy Lawson 333 East Virginia Ave #218 Phoenix, AZ 85004	Director 1	0.	0.	0.
James Pina 333 East Virginia Ave #218 Phoenix, AZ 85004	Director 1	0.	0.	0.
Marc Matthews, MD 333 East Virginia Avenue #218 Phoenix, AZ 85004	Director 1	0.	0.	0.

Statement 15 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Mike Merucci 333 East Virginia Ave #218 Phoenix, AZ 85004	Executive Direc 40	\$ 71,000.	\$ 2,840.	\$ 4,042.
David Vera 333 East Virginia Avenue #218 Phoenix, AZ 85004	Director 1	0.	0.	0.
Jacque Gregory 333 E Virginia Ave #218 Phoenix, AZ 85004	Director 0	0.	0.	0.
Steven Sheldon 333 E Virginia Ave #218 Phoenix, AZ 85004	Director 1	0.	0.	0.
Randy Zell 333 E Virginia Ave #218 Phoenix, AZ 85004	Director 1	0.	0.	0.
	Total	<u>\$ 71,000.</u>	<u>\$ 2,840.</u>	<u>\$ 4,042.</u>

Statement 16
Schedule A, Part III, Line 2
Transactions with Trustees, Directors, Etc.

Sarah Harper, a board member, has a contract with the Foundation for PR work through her company Sharper Communications. The amount to be paid for her services, per contract, is \$2500/month. The total amount paid for the year was \$32,400.

Statement 17
Schedule A, Part III, Line 3
Qualifications of Recipients Receiving Grants or Loans

MACDONALD WOOD BURN SURVIVOR COLLEGE/VOCATIONAL SCHOOL SCHOLARSHIP PROGRAM: Open to Arizona residents who have survived a serious burn injury that required hospitalization. The program provides tuition assistance for students enrolled in accredited trade and technical schools or colleges and universities. Applications are reviewed prior to each semester and are based upon need and personal achievement.