

Return of Organization Exempt From Income Tax

2006

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 2006 calendar year, or tax year beginning, 2006, and ending

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

C Foundation for Burns and Trauma, 111 W Monroe St #1512, Phoenix, AZ 85003

D Employer Identification Number 86-0207519, E Telephone number 602-230-2041, F Accounting method: [] Cash, [X] Accrual

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

- H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? [] Yes, [X] No. H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? [] Yes, [] No. H (d) Is this a separate return filed by an organization covered by a group ruling? [] Yes, [X] No.

G Web site: www.azburn.org

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

K Check here [] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number

M Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 1,151,557.

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

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues; 4 Interest on savings; 5 Dividends; 6a-6c Rents; 7 Other investment income; 8a-8d Sales of assets; 9 Special events; 10a-10c Inventory; 11 Other revenue; 12 Total revenue; 13-17 Expenses; 18-21 Net assets.

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____ If this amount includes foreign grants, check here... <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) See Stmt 3 (cash \$ <u>47,572.</u>) non-cash \$ _____ If this amount includes foreign grants, check here... <input type="checkbox"/>	22b	47,572.	47,572.		
23 Specific assistance to individuals (attach schedule)..... St. 4	23	148,154.	148,154.		
24 Benefits paid to or for members (attach schedule).....	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch).....	25a	86,151.	64,389.	14,461.	7,301.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch).....	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule).....	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c.....	26	192,540.	143,622.	32,600.	16,318.
27 Pension plan contributions not included on lines 25a, b, and c.....	27	3,789.	2,875.	594.	320.
28 Employee benefits not included on lines 25a - 27.....	28	18,678.	14,170.	2,929.	1,579.
29 Payroll taxes.....	29	21,964.	16,663.	3,446.	1,855.
30 Professional fundraising fees.....	30				
31 Accounting fees.....	31	8,147.	6,640.	936.	571.
32 Legal fees.....	32				
33 Supplies.....	33	13,844.	13,220.	387.	237.
34 Telephone.....	34				
35 Postage and shipping.....	35	2,953.	2,437.	321.	195.
36 Occupancy.....	36	22,939.	18,696.	2,637.	1,606.
37 Equipment rental and maintenance.....	37	3,339.	3,338.		1.
38 Printing and publications.....	38	48,485.	45,825.	1,077.	1,583.
39 Travel.....	39				
40 Conferences, conventions, and meetings.....	40	1,448.	1,448.		
41 Interest.....	41				
42 Depreciation, depletion, etc (attach schedule).....	42	23,663.	19,588.	2,533.	1,542.
43 Other expenses not covered above (itemize):					
a See Statement 5.....	43a	311,008.	303,806.	4,005.	3,197.
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).....	44	954,674.	852,443.	65,926.	36,305.

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 \$ _____.

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 6</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 7</u> ----- ----- ----- ----- ----- (Grants and allocations \$ <u>47,572.</u>) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	852,443.
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) ▶	852,443.

BAA

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	515,897.	45	236,676.
	46 Savings and temporary cash investments	1,210.	46	413,870.
	47a Accounts receivable	47 a		
	b Less: allowance for doubtful accounts	47 b		47 c
	48a Pledges receivable	48 a	107,867.	
	b Less: allowance for doubtful accounts	48 b		
	49 Grants receivable			49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50 a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50 b
	51a Other notes and loans receivable (attach schedule)	51 a		
	b Less: allowance for doubtful accounts	51 b		51 c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		4,891.	53
	54a investments – publicly-traded securities Stmt. 8		266,760.	54 a
	b investments – other securities (attach sch)			54 b
	55a investments – land, buildings, & equipment: basis	55 a		
	b Less: accumulated depreciation (attach schedule)	55 b		55 c
	56 Investments – other (attach schedule)			56
	57a Land, buildings, and equipment: basis	57 a	637,873.	
	b Less: accumulated depreciation (attach schedule) Statement 9	57 b	81,710.	
58 Other assets, including program-related investments (describe ▶ See Statement 10)		2,489.	58	
59 Total assets (must equal line 74). Add lines 45 through 58.		1,407,830.	59	
60 Accounts payable and accrued expenses		31,755.	60	
61 Grants payable			61	
62 Deferred revenue			62	
63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
64a Tax-exempt bond liabilities (attach schedule)			64 a	
b Mortgages and other notes payable (attach schedule)			64 b	
65 Other liabilities (describe ▶ See Statement 11)		7,770.	65	
66 Total liabilities. Add lines 60 through 65.		39,525.	66	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		1,036,392.	67
	68 Temporarily restricted		331,913.	68
	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 and column (B) must equal line 21).		1,368,305.	73	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.		1,407,830.	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	1,198,630.
b	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	b1	34,172.	
	2 Donated services and use of facilities	b2	12,901.	
	3 Recoveries of prior year grants	b3		
	4 Other (specify):	b4		
	Add lines b1 through b4		b	47,073.
c	Subtract line b from line a		c	1,151,557.
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	-75,287.	
	See Stmt 12			
	Add lines d1 and d2		d	-75,287.
e	Total revenue (Part I, line 12). Add lines c and d		e	1,076,270.

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

a	Total expenses and losses per audited financial statements		a	1,042,862.
b	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	b1	12,901.	
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify):	b4	75,287.	
	See Stmt 13			
	Add lines b1 through b4		b	88,188.
c	Subtract line b from line a		c	954,674.
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	954,674.

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 14		76,163.	9,988.	0.

Part V A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Rows include 75a (Total number of officers... 20), 75b (Are any officers... related to each other...), 75c (Do any officers... receive compensation...), and 75d (Does the organization have a written conflict of interest policy?).

Part V B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans and deferred compensation plans, (E) Expense account and other allowances. Row 1 contains 'None'.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows include 76 (Did the organization make a change...), 77 (Were any changes made...), 78a (Did the organization have unrelated business gross income...), 78b (If 'Yes,' has it filed a tax return...), 79 (Was there a liquidation...), 80a (Is the organization related...), 80b (If 'Yes,' enter the name of the organization...), and 81a (Enter direct and indirect political expenditures...).

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Form 990 (2006)

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	12,901.		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
85b	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.		
85c	Dues, assessments, and similar amounts from members	N/A	
85d	Section 162(e) lobbying and political expenditures	N/A	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	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?	N/A	
86a	86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	N/A	
86b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87a	87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	N/A	
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88a	88a 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		X
88b	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
89a	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.		
89b	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		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.		
89e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90a	90a List the states with which a copy of this return is filed ▶ <u>AZ</u>		
90b	b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)		7
91a	91a The books are in care of ▶ <u>The Foundation</u> Telephone number ▶ _____ Located at ▶ <u>same as page one,</u> ZIP + 4 ▶ _____		
91b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ _____		X

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91 c Yes No

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

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	21,508.	
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					
101 Net income or (loss) from special events			1	117,945.	
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))				139,453.	
105 Total (add line 104, columns (B), (D), and (E))					139,453.

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

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

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

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

	Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity		X

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

	Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity		X

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

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		X

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: <u>Robert J. Bushong</u> Type or print name and title: <u>ROBERT J. BUSHONG VICE PRESIDENT</u>	Date: <u>8-14-07</u>
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Paid Preparer's Use Only	Preparer's signature: <u>Marianne DeVries</u> Firm's name (or yours if self-employed), address, and ZIP + 4: <u>DeVries CPAs of Arizona, P.C. 4349 East Fifth Street Tucson, AZ 85711-2025</u>	Date: <u>8/10/07</u>	Check if self-employed: <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction W): <u>N/A</u> EIN: <u>N/A</u> Phone no.: <u>(520) 298-6200</u>
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SCHEDULE A
(Form 990 or 990-EZ)

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

2006

Department of the Treasury
Internal Revenue Service

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
See Statement 15		45,135.	6,382.	0.
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 III Statements About Activities (See instructions.)

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u> N/A </u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>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.</p>	1		X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)</p> <p style="text-align: center;">See Statement 16</p>			
<p>a Sale, exchange, or leasing of property?</p>	2a		X
<p>b Lending of money or other extension of credit?</p>	2b		X
<p>c Furnishing of goods, services, or facilities?</p>	2c	X	
<p style="text-align: center;">See Form 990, Part V</p>			
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	X	
<p>e Transfer of any part of its income or assets?</p>	2e		X
<p>3a 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.) Stmt. 17</p>	3a	X	
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b		X
<p>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</p>	3c		X
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		X
<p>4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g</p>	4a		X
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b	N/A	
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c	N/A	
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶</p>			N/A
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶</p>			N/A
<p>f Enter the total number of separate funds or accounts owned at the end of the tax 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 ▶</p>			0
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . ▶</p>			0.

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0.

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

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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	826,171.	652,109.	623,859.	584,272.	2,686,411.
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	104,158.	178,367.	148,940.	55,477.	486,942.
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	7,540.	5,945.	3,004.	4,904.	21,393.
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	937,869.	836,421.	775,803.	644,653.	3,194,746.
24 Line 23 minus line 17	833,711.	658,054.	626,863.	589,176.	2,707,804.
25 Enter 1% of line 23	9,379.	8,364.	7,758.	6,447.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	54,156.
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	45,844.
c Total support for section 509(a)(1) test: Enter line 24, column (e)		26c	2,707,804.
d Add: Amounts from column (e) for lines:	18 21,393. 19 _____	26d	67,237.
	22 _____ 26b 45,844.	26e	2,640,567.
e Public support (line 26c minus line 26d total)		26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	97.52 %

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:	(2005) _____	(2004) _____	(2003) _____
	(2002) _____		
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:	(2005) _____	(2004) _____	(2003) _____
	(2002) _____		
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 2002 through 2005, 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) 2006	(b) 2005	(c) 2004	(d) 2003	(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

2006

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 of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) 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) (2006)

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	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Combined Federal Campaign 1515 East Osborn Road Phoenix, AZ 85014	\$ 30,425.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Kinetics 2825 W. Thomas Rd. Phoenix, AZ 85017	\$ 24,116.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Phoenix Camelback Rotary 10645 N. Tatum Blvd #200 Phoenix, AZ 85028	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	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.)
6	American Student Loan Services 10850 N 24th Ave, Ste 202 Phoenix, AZ 85029	\$ 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

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
7	Valley Auto Dealers Associatn 8585 E Frank Lloyd Wright Blvd Scottsdale, AZ 85260	\$ 26,241.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	Lennar Homes of Arizona, Inc 1150 W Grove Pkwy # 105 Tempe, AZ 85283	\$ 175,800.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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

Employer identification number

Foundation for Burns and Trauma

86-0207519

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	2006 Chevrolet Express Van	\$ 26,241.	4/05/06
8	Remodeling Improvements on Forever Courage House family home building, 2625 N. 7th St., Phoenix AZ	\$ 175,800.	Various
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

Foundation for Burns and Trauma

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

Foundation for Burns and Trauma

86-0207519

Statement 1
Form 990, Part I, Line 9
Net Income (Loss) from Special Events

Special Events	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Christmas Tree Festival	285,783.	122,975.	162,808.	75,287.	87,521.
AZ Cardinals	26,024.	0.	26,024.	0.	26,024.
Other Special Events	4,400.	0.	4,400.	0.	4,400.
Total	\$ 316,207.	\$ 122,975.	\$ 193,232.	\$ 75,287.	\$ 117,945.

Statement 2
Form 990, Part I, Line 20
Other Changes in Net Assets or Fund Balances

Unrealized gain on investments	\$ 34,172.
Total	\$ 34,172.

Statement 3
Form 990, Part II, Line 22b
Other Grants and Allocations

Cash Grants and Allocations

Class of Activity:	Scholarships	
Donee's Name:	David Roberts	
Donee's Address:	16885 W Fillmore St Goodyear, AZ 85338	
Relationship of Donee:	None	
Amount Given:		\$ 1,200.
Class of Activity:	Scholarships	
Donee's Name:	Tahaya Steen	
Donee's Address:	15410 W 61st Ave Glendale, AZ 85306	
Relationship of Donee:	None	
Amount Given:		2,075.
Class of Activity:	Scholarships	
Donee's Name:	Chase Alter	
Donee's Address:	4911 W Sweetwater Glendale, AZ 85304	
Relationship of Donee:	None	
Amount Given:		713.
Class of Activity:	Scholarships	
Donee's Name:	Gabriel Hernandez	
Donee's Address:	8719 E Coronado Scottsdale, AZ 85257	
Relationship of Donee:	None	
Amount Given:		808.
Class of Activity:	Scholarships	
Donee's Name:	Mery Hembree	

Foundation for Burns and Trauma

86-0207519

Statement 3 (continued)
Form 990, Part II, Line 22b
Other Grants and Allocations

Cash Grants and Allocations

Donee's Address:	2333 E Glenn #202 Tucson, AZ 85719	
Relationship of Donee:	None	
Amount Given:		\$ 620.
Class of Activity:	Equipment & Facilities	
Donee's Name:	AZ Burn Ctr @ Maricopa Med Ctr	
Donee's Address:	2601 E Roosevelt St Phoenix, AZ 85008	
Relationship of Donee:	None	
Amount Given:		42,156.
Total Grants and Allocations		\$ <u>47,572.</u>

Statement 4
Form 990, Part II, Line 23
Specific Assistance to Individuals

Direct Benefits to Burn Survivors.....	\$	95,993.
Smoke Alarms to Low Income Homes.....		5,421.
Youth Burn Survivor Services.....		46,740.
Total	\$	<u>148,154.</u>

Statement 5
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Board Expenses	1,616.	1,315.	188.	113.
Burn Professional Education	71,077.	70,777.	186.	114.
Community Education	12,367.	11,569.	496.	302.
Contract labor	29,728.	28,619.	689.	420.
Equipment and Facilities	2,809.	2,667.	88.	54.
Furnishings	6,598.	6,565.	21.	12.
Insurance	9,609.	8,498.	691.	420.
Mileage, Gas and Parking	6,054.	5,611.	275.	168.
Operations	77,916.	77,916.		
Other Expenses	27,656.	26,705.	120.	831.
Research	33,296.	33,296.		
Staff/Volunteer Appreciation	13,178.	13,019.	99.	60.
Subscriptions and Memberships	1,090.	923.	104.	63.
Telephone & Utilities	18,014.	16,326.	1,048.	640.
Total	\$ <u>311,008.</u>	\$ <u>303,806.</u>	\$ <u>4,005.</u>	\$ <u>3,197.</u>

**Statement 6
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 7
Form 990, Part III, Line a
Statement of Program Service Accomplishments**

Description	Grants and Allocations	Program Service Expenses
<p>Youth Burn Survivor Services: 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 engage in activities designed to build self esteem through accomplishment such as rappelling and rock climbing, and others simply intended to be fun such as canoeing, horseback riding, archery and arts & crafts. This camp is a tremendous opportunity for emotional healing and personal growth for approximately 100 kids each year.</p> <p>Children's Holiday Party - Due to the low socio-economic status of most of our client families, we provide a holiday party not only for the child burn survivors but for their families as well. We provide a turkey dinner, presents for everyone, arts and crafts activities, and of course a visit from Santa Claus. A door prize raffle is held so that families go home with a gift box of household items in addition to the toys. Each year we host between 300 and 350 people.</p> <p>School Re-entry Program - This service 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>Forever Courage House (FCH): The Arizona Burn Center (ABC) ranks as the second busiest burn care facility 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. The following services are provided:</p>		

Foundation for Burns and Trauma

86-0207519

Statement 7 (continued)
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
<p>FCH Family Home - The FCH facility is a nine-family home where families can stay for as short as one night to as long as needed for free. Our longest stay exceeded ten months. We give them a place to sleep, shower and most importantly, seek the emotional support from other families enduring the same tragic circumstances of a family member suffering from painful and often life-threatening injuries.</p> <p>FCH: Family Support Services - The financial hardship that a prolonged hospital stay places on a family can be devastating. FCH provides financial support to needy families in the form of transportation, assistance with utility, rent and mortgage bills, pharmaceutical prescriptions and medical equipment and supplies. In addition, we provide transportation to and from ABC and meal vouchers for the hospital cafeteria. Recipients of these benefits need not be guests at the FCH Family Home.</p> <p>Burn Survivor Scholarships - As child burn survivors enter into adulthood, the Foundation is there to provide funding for higher education. Scholarships of up to \$1,200 per semester are available to burn survivors who qualify and wish to pursue an education which may otherwise be out of reach.</p> <p>Burn Center Support: The Foundation contributes funding to the ABC to purchase supplemental equipment, enhance facilities, support research, educate hospital staff, and provide treatment to over 4,000 patients each year.</p> <p>Burn Prevention Education Health and Safety Fairs - The Foundation participates in approximately 25 community health and safety fairs each year. The booth and display are staffed by volunteers who distribute prevention literature about burn and scald prevention.</p> <p>Smoke Alarm Outreach - The Smoke Alarm Outreach program provides needy families in older neighborhoods with free smoke alarms. Working in conjunction with local civic organizations and fire departments, volunteers walk door-to-door and install the alarms at no charge. In 2006 we initiated the program by installing 187 alarms in October and with a goal of four outreach walk events scheduled for 2007.</p>	47,572.	852,443.
Includes Foreign Grants: No		
	<u>\$ 47,572.</u>	<u>\$ 852,443.</u>

Foundation for Burns and Trauma

86-0207519

Statement 8
Form 990, Part IV, Line 54a
Investments - Publicly Traded Securities

Corporate Stocks	Valuation Method	Amount
Equity securities	Market Value	\$ 310,780.
	Total	\$ 310,780.
Publicly Traded Securities		\$ 310,780.

Statement 9
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Furniture and Fixtures	\$ 69,453.	\$ 17,152.	\$ 52,301.
Buildings	457,926.	64,558.	393,368.
Land	110,494.		110,494.
Total	\$ 637,873.	\$ 81,710.	\$ 556,163.

Statement 10
Form 990, Part IV, Line 58
Other Assets

Deposits.....	\$ 7,348.
Total	\$ 7,348.

Statement 11
Form 990, Part IV, Line 65
Other Liabilities

Funds Held for Others.....	\$ 14,970.
Total	\$ 14,970.

Statement 12
Form 990, Part IV-A, Line d(2)
Other Amounts

Direct Costs of Special Events.....	\$ -75,287.
Total	\$ -75,287.

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Statement 13
Form 990, Part IV-B, Line b(4)
Other Amounts

Direct Costs of Special Events \$ 75,287.
Total \$ 75,287.

Statement 14
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 111 W Monroe St #1512 Phoenix, AZ 85003	Chairman 2	\$ 0.	\$ 0.	\$ 0.
Joe Bushong 111 W Monroe St #1512 Phoenix, AZ 85003	Vice President 1	0.	0.	0.
Sharon Sikora 111 W Monroe St #1512 Phoenix, AZ 85003	Vice President 1	0.	0.	0.
Dan Postal 111 W Monroe St #1512 Phoenix, AZ 85003	Treasurer 2	0.	0.	0.
Stan Marks 111 W Monroe St #1512 Phoenix, AZ 85003	Secretary 1	0.	0.	0.
Kevin Foster, MD 111 W Monroe St #1512 Phoenix, AZ 85003	Member at Large 1	0.	0.	0.
MacDonald Wood, MD 111 W Monroe St #1512 Phoenix, AZ 85003	Ex-Officio Mbr 0	0.	0.	0.
G F Randolph, Esq. 111 W Monroe St #1512 Phoenix, AZ 85003	Director 1	0.	0.	0.
Eileen Holloway 111 W Monroe St #1512 Phoenix, AZ 85003	Director 1	0.	0.	0.
David Gackenbach 111 W Monroe St #1512 Phoenix, AZ 85003	Director 1	0.	0.	0.

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Statement 14 (continued)
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
Navaz Ghaswala 111 W Monroe St #1512 Phoenix, AZ 85003	Director 1	\$ 0.	\$ 0.	\$ 0.
Gregory Grant, MD 111 W Monroe St #1512 Phoenix, AZ 85003	VP-Membership 1	0.	0.	0.
Sarah Harper 111 W Monroe St #1512 Phoenix, AZ 85003	Director 1	0.	0.	0.
James Pina 111 W Monroe St #1512 Phoenix, AZ 85003	Director 1	0.	0.	0.
Marc Matthews, MD 111 W Monroe St #1512 Phoenix, AZ 85003	Director 1	0.	0.	0.
Bob Khan 111 W Monroe St #1512 Phoenix, AZ 85003	Director 1	0.	0.	0.
Michael A Merucci 111 W Monroe St #1512 Phoenix, AZ 85003	Executive Direc 44	76,163.	9,988.	0.
Jacque Gregory 111 W Monroe St #1512 Phoenix, AZ 85003	Director 2	0.	0.	0.
Steven Sheldon 111 W Monroe St #1512 Phoenix, AZ 85003	Director 1	0.	0.	0.
Total		\$ 76,163.	\$ 9,988.	\$ 0.

Statement 15
Schedule A, Part I
Compensation of Five Highest Paid Employees

Name and Address	Title & Average Hours Worked	Compen-sation	Contribut. EBP & DC	Expense Account
Nan Edens 111 W Monroe St #1512 Phoenix, AZ 85003	Programs Mgr 40	45,135.	6,382.	0.
Total		\$ 45,135.	\$ 6,382.	\$ 0.

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

2c) The Foundation purchased public relations services from Sharper Communications, a company owned Sarah Harper who is a board member. The total payment for services for 2006 was \$17,887.

Statement 17
Schedule A, Part III, Line 3a
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.