See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Short Form Return of Organization Exempt From Income Tax

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **and ending**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
GROSSMAN BURN FOUNDATION

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
23679 CALABASAS ROAD 270

City or town, state or country, and ZIP + 4
CALABASAS, CA 91302

D Employer identification number
20-5984978

E Telephone number
818-597-5050

F Group Exemption Number ▶

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

G Accounting method: ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ WWW.GROSSMANBURNFOUNDATION.ORG

J Tax-exempt status (check only one) — ☒ 501(c)(3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 433,468.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received			407,026.
	2	Program service revenue including government fees and contracts			
	3	Membership dues and assessments			
	4	Investment income			
	5a	Gross amount from sale of assets other than inventory STMT 3	5a 26,442.		
	b	Less: cost or other basis and sales expenses	5b 19,350.		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	7,092.
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less: direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶ _____)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	414,118.
Expenses	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	98,151.
	13	Professional fees and other payments to independent contractors		13	21,008.
	14	Occupancy, rent, utilities, and maintenance		14	360.
	15	Printing, publications, postage, and shipping		15	11,357.
	16	Other expenses (describe ▶ SEE STATEMENT 1)		16	54,802.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	185,678.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	228,440.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	190,719.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4		20	<25,700.>
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	393,459.

RECEIVED
OCT 26 2010
OGDEN, UT
IRS-OSC
416

SCANNED NOV 15 2010

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	36,117.	22	104,426.
23	Land and buildings		23	
24	Other assets (describe ▶ INVESTMENTS)	188,602.	24	289,100.
25	**Total assets**	224,719.	25	393,526.
26	**Total liabilities** (describe ▶ SEE STATEMENT 2)	34,000.	26	67.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	190,719.	27	393,459.

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

What is the organization's primary exempt purpose? SEE ATTACHMENT B

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 SEE ATTACHMENT A

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 88,852.

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 88,852.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
PETER H. GROSSMAN, 23679 CALABASAS RD #270, CALABASAS, CA 91302	SECRETARY 15.00	0.	0.	0.
REBECCA GRAY GROSSMAN, 23679 CALABASAS RD #270, CALABASAS, CA	PRESIDENT 40.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed. ▶ CA

42a The organization's books are in care of ▶ THE FOUNDATION Telephone no. ▶ 818-597-5050

Located at ▶ 23679 CALABASAS ROAD, CALABASAS, CA ZIP + 4 ▶ 91302

			Yes	No
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: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

NONE

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

Sign Here

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

▶ Signature of officer — Date: 10-28-10

▶ Type or print name and title: Rebecca T. Grossman

Paid Preparer's Use Only

Preparer's signature ▶	Date 10-18-10	Check if self-employed ▶ ☐	Preparer's identifying number (See instr.) 071-38-7920
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MICHAEL RUSSO AND COMPANY LLP, 4717 VAN NUYS BOULEVARD, SECOND FLOOR, SHERMAN OAKS, CA 91403			EIN ▶ 68-0575269
			Phone no. ▶

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes [ ] No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
GROSSMAN BURN FOUNDATION	20-5984978

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state. _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")			74,160.	706,412.	407,026.	1187598.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5			74,160.	706,412.	407,026.	1187598.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 **Public support** (Subtract line 7c from line 6)						1187598.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6			74,160.	706,412.	407,026.	1187598.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11, and 12)			74,160.	706,412.	407,026.	1187598.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ [X]

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ [ ]

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ [ ]

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ [ ]

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
ADVERTISING	1,030.
BANK FEES	381.
INSURANCE	2,617.
INTEREST	1,120.
TAX AND LICENSE	120.
SUPPLIES	5,034.
TELEPHONE	2,097.
OFFICE EXPENSE	1,011.
INFORMATION TECHNOLOGY EXPENSE	5,425.
TRAVEL	3,145.
PATIENT CARE	21,962.
MEALS	1,763.
PARKING & MILEAGE	2,011.
EDUCATION & TRAINING	269.
DUES & SUBSCRIPTIONS	470.
WEB SITE	930.
MISCELLANEOUS	3,550.
DONATIONS	1,867.
TOTAL TO FORM 990-EZ, LINE 16	54,802.

FORM 990-EZ OTHER LIABILITIES STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
LOAN PAYABLE	34,000.	0.
CREDIT CARD PAYABLE	0.	67.
TOTAL TO FORM 990-EZ, LINE 26	34,000.	67.

FORM 990-EZ GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 3

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
TIX CORPORATION	26,442.	19,350.	0.	7,092.
TO FORM 990-EZ, LINE 5	26,442.	19,350.	0.	7,092.

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	<25,700.>
TOTAL TO FORM 990-EZ, LINE 20	<25,700.>

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 5

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

Form **8868** (Rev. April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print File by the due date for filing your return See instructions.	Name of Exempt Organization	**Employer identification number**
	GROSSMAN BURN FOUNDATION	20-5984978
	Number, street, and room or suite no. If a P.O box, see instructions. 23679 CALABASAS ROAD, NO. 270	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CALABASAS, CA 91302	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ THE FOUNDATION 23679 CALABASAS ROAD, NO. 270 - CALABASAS, CA 91302
  Telephone No. ▶ 818-597-5050 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2009 or
▶ [ ] tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453 EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return See instructions	GROSSMAN BURN FOUNDATION		20-5984978
	Number, street, and room or suite no If a P O box, see instructions 23679 CALABASAS ROAD, NO. 270		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions CALABASAS, CA 91302		

Check type of return to be filed (File a separate application for each return)

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ THE FOUNDATION
  23679 CALABASAS ROAD, NO. 270 - CALABASAS, CA 91302
  Telephone No. ▶ 818-597-5050 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.

5 For calendar year 2009, or other tax year beginning _____, and ending _____

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension _____

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$	
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	$	N/A

Signature and Verification

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [signature] Title ▶ CPA Date ▶ 7-16-10

Form **8868** (Rev. 4-2009)

923832
05-26-09

GROSSMAN BURN FOUNDATION
20-5984978
ATTACHMENT A

Program Description	Program Service Expenses
International Burn Center: The Grossman Burn Foundation helped launch the first highly specialized nonprofit Reconstructive Surgery and Burn Center in Kabul, Afghanistan, which opened in December, 2008. It is the intention of the Foundation that the center will be a beacon of hope to those who suffer from debilitating injuries, burns and congenital deformities that have left them physically handicapped including cleft cases and women in need of obstetric fistula reconstruction. While it is possible to fly patients from impoverished countries and treat them in the U.S., the cost of doing that is exceptionally high. It makes far more economic sense to treat them in their own country. More importantly, consistent with their mission, the foundation supports sustainable development in these impoverished countries. Opening up a Reconstructive Surgery and Burn Center in Kabul, Afghanistan, contributes to the development of a critical hospital infrastructure for the betterment of Afghans' lives. Furthermore, this highly-specialized center makes available emergency medical treatment for our military.	$24,669
Humanitarian Assistance Manual: The GBF completed a Humanitarian Assistance Manual which will be published and made available worldwide to over 200,000 humanitarian organizations via electronic download and hard-copy. The manual is a step-by-step guide to obtaining humanitarian assistance and access to various organizations that can help an individual in need of serious medical treatment. This guide will provide an appendix of hundreds of organizations worldwide, as well as information on how to obtain a visa, travel arrangements, escorts and funding for the patient. In addition to the United States, we will be resourcing organizations in other areas of the world including Europe, Israel, Australia and the UAE (to name just a few) to help aid and expedite the process for anyone in any kind of a critical situation, no matter where they may be in the world.	$21,815
Project Faith: AIDS Orphanage in Kenya, Africa: Last year the GBF started raising funds for *"Project Faith."* Faith Wanjugo was a volunteer cook at an AIDS orphanage in Kenya, Africa. While performing her duties, a stove blew up, leaving her face significantly disfigured. Faith arrived in Los Angeles, California on Christmas Eve 2008 and the surgeons at The Grossman Burn Center, Sherman Oaks Hospital, and others provided their surgical services to Faith at no charge. To date she has had eight surgeries.	$24,816

More information about Project Faith is available at our web site: www.grossmanburnfoundation.org by clicking on "Youth Committee."

Current year costs of donated medical service for *"Project Faith."* are $239,307.

Stop Violence Against Women Globally: $8,293
The GBF recently started a vocal petition/documentary campaign which will serve as a tool to help educate communities on how acts of love and respect will always prevail over violent and abusive behavior. These materials will be translated and distributed worldwide through clinics and hospitals, including those involved in Triage Training Program. The goal is to reduce domestic violence globally by raising awareness and providing educational support.

Triage Training Program: $9,259
The GBF developed support training for physicians in developing countries. The three areas will include 1) transporting physicians in developing countries to the Grossman Burn Center in California for several weeks of extensive burn treatment training, 2) implementation of telemedicine equipment (and training on solar powered telemedicine backpacks) in clinics globally and 3) distribution of high-quality high-definition burn training videos and computer software programs.

GROSSMAN BURN FOUNDATION
20-5984978
ATTACHMENT B

The Grossman Burn Foundation (GBF) is renowned for assisting needy families around the world in the areas of health care, safety and education.

The GBF mission is to expand medical opportunities in developing countries by facilitating world-class medical care to those who suffer from debilitating injuries, burn and congenital deformities that have left them physically impaired.

The GBF is equally committed to addressing critical situations in the United States and various countries around the world such as Afghanistan and Indonesia where the health status of local villagers—particularly Afghan women—ranks among the worst in the world. Dr. Peter Grossman and Rebecca Grossman sit on a special Afghan Woman's Health Committee in Washington D.C. which was formed by the Undersecretary of the United States, Paula Dobriansky. According to the World Health Organization, many of these underdeveloped areas have a mortality rate from burn injuries that exceeds tuberculosis, malaria and HIV/AIDS altogether.

In addition to supporting severe burn victims, the foundation currently is engaged in a number of high-profile projects throughout the world:

- ***International Burn Center:*** The GBF helped to launch the first highly specialized nonprofit Reconstructive Surgery and Burn Center in Kabul, Afghanistan, which opened in December, 2008. It is our intention that this Center will be a beacon of hope to those who suffer from debilitating injuries, burns and congenital deformities that have left them physically handicapped including cleft cases and women in need of obstetric fistula reconstruction.

  While it is possible to fly patients from impoverished countries and treat them in the U.S., the cost of doing that is exceptionally high. It makes far more economic sense to treat them in their own country. More importantly, consistent with their mission, the foundation supports sustainable development in these impoverished countries. Opening up a Reconstructive Surgery and Burn Center in Kabul, Afghanistan, contributes to the development of a critical hospital infrastructure for the betterment of Afghans' lives. Furthermore, this highly-specialized center makes available emergency medical treatment for our military.

- ***State of the Art Diagnostic Technology:*** GBF's Dr. Peter Grossman was instrumental in developing a real-time satellite technology software program for a company called Global Relief Technologies. It allows burn

surgeons to assist emergency first responders in remote parts of the world or in a crises situation using high-tech telemedicine equipment. The software program was developed to provide real-time aid to military physicians and burn surgeons treating burn victims. Through handheld satellite communication devices, it also can be used for humanitarian organizations and military personnel in remote areas of the world.

- ***Project Faith: AIDS Orphanage in Kenya, Africa:*** Last year the GBF started raising funds for *"Project Faith."* Faith Wanjugo was a volunteer cook at an AIDS orphanage in Kenya, Africa. While performing her duties, a stove blew up, leaving her face significantly disfigured. Faith arrived in Los Angeles, California on Christmas Eve 2008 and the surgeons at The Grossman Burn Center provided their surgical services to Faith at no charge. To date she has had eight surgeries. More information about Project Faith is available at our web site: www.grossmanburnfoundation.org by clicking on "Youth Committee."

- ***Humanitarian Assistance Manual:*** The GBF completed a Humanitarian Assistance Manual which will be published and made available worldwide to over 200,000 humanitarian organizations via electronic download and hard-copy. The manual is a step-by-step guide to obtaining humanitarian assistance and access to various organizations that can help an individual in need of serious medical treatment. This guide will provide an appendix of hundreds of organizations worldwide, as well as information on how to obtain a visa, travel arrangements, escorts and funding for the patient. In addition to the United States, we will be resourcing organizations in other areas of the world including Europe, Israel, Australia and the UAE (to name just a few) to help aid and expedite the process for anyone in any kind of a critical situation, no matter where they may be in the world.

- ***Triage Training Program:*** The GBF developed support training for physicians in developing countries. The three areas will include 1) transporting physicians in developing countries to the Grossman Burn Center in California for several weeks of extensive burn treatment training, 2) implementation of telemedicine equipment (and training on solar powered telemedicine backpacks) in clinics globally and 3) distribution of high-quality high-definition burn training videos and computer software programs.

- ***Local Community Service:*** The GBF is active in local-area fire service days, emergency preparedness fairs and numerous health and safety fairs, offering citizen's burn prevention tactics, first aid tips and lessons in emergency burn management. These courses are designed to educate area hospitals, clinics and medical personnel on preliminary assessment, treatment, emergency care and preparation of patients for treatment.

- ***Stop Violence Against Women Globally:*** The GBF recently started a vocal petition/documentary campaign which will serve as a tool to help educate communities on how acts of love and respect will always prevail over violent and abusive behavior. These materials will be translated and distributed worldwide through clinics and hospitals, including those involved in Triage Training Program. The goal is to reduce domestic violence globally by raising awareness and providing educational support.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print. File by the extended due date for filing the return. See instructions	Name of Exempt Organization		Employer identification number
	GROSSMAN BURN FOUNDATION		20-5984978
	Number, street, and room or suite no. If a P O box, see instructions 23679 CALABASAS ROAD, NO. 270		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CALABASAS, CA 91302		

Check type of return to be filed (File a separate application for each return):

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE FOUNDATION

- The books are in the care of ▶ 23679 CALABASAS ROAD, NO. 270 - CALABASAS, CA 91302
  Telephone No. ▶ 818-597-5050 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.

5 For calendar year 2009, or other tax year beginning _____, and ending _____.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
TAXPAYER HAS NOT RECEIVED ALL INFORMATION FROM THIRD PARTIES REQUIRED TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ _____ Title ▶ CPA Date ▶ 9-15-10