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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

► For organizations with gross receipts less than $100,000 and total assets less than $250,000 at the end of the year.

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

OMB No. 1545-1150

2004

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning , 2004, and ending , 20

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Western Trauma Foundation for Education and Research

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
c/o Barry Esrig, MD, 900 Park Ave **3E**

City or town, state or country, and ZIP + 4
New York, NY 10075

D Employer identification number
30 : 0136891

E Telephone number
(570) 882-2306

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: ►

J Organization type (check only one)— ☐ 501(c) ( ) ◄(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's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $100,000 or more, file Form 990 instead of Form 990-EZ . ► $

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 37 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	$10,700.00
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory (5a)		
	b	Less: cost or other basis and sales expenses (5b)		
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6	Special events and activities (attach schedule). 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 (line 6a less line 6b)	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 (line 7a less line 7b)	7c	
	8	Other revenue (describe ►)	8	$10,700.00
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►	9	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	$500.00
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	$5,623.12
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ►)	16	
	17	**Total expenses** (add lines 10 through 16) ►	17	$6,123.12
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18	$4,576.88
	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	$43,634.92
	20	Other changes in net assets or fund balances (attach explanation)	20	0
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ►	21	$48,211.80

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

(See page 40 of the instructions.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	$43,694.32	22	$48,211.80
23	Land and buildings		23	
24	Other assets (describe ►)		24	
25	**Total assets**	$43,694.32	25	$48,211.80
26	**Total liabilities** (describe ►)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)		27	

Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)

What is the organization's primary exempt purpose? To support education and research for Trauma Injury

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, or other relevant information for each program title.

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

28 **Recognition Grant**

(Grants $ 500.00) 28a $500.00

29 **Fundraising Expenses**

(Grants $) 29a $5.623.12

30 (Grants $) 30a

31 Other program services (attach schedule) (Grants $) 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Barry Esrig, 900 Park Ave, Suite 3E New York, NY 10075	President - 2 Hours	-0-	-0-	-0-
Steven Schackford, 301 Fletcher House, 111 Colchester Ave, Burlingont, Vt, 05401	Vice President - 2 Hours	-0-	-0-	-0-
R. Chrisite Wray, 1467 Harper Street Augusta, GA 30912-4080	Secretary/Treasurer	-0-	-0-	-0-

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)

		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		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		✓
35	*If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.*		
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?		✓
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		✓
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?		✓
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 unpaid at the start of the period covered by this return?		✓
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b		
39	*501(c)(7) organizations.* Enter: a Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ -0- ; section 4912 ▶ -0- ; section 4955 ▶ -0-		
b	*501(c)(3) and (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 an explanation.		✓
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ -0-		
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶		
41	List the states with which a copy of this return is filed. ▶ None		
42	The books are in care of ▶ H. William Mahaffey, Esq. Telephone no. ▶ (719) 386-3005		
	Located at ▶ 90 S. Cascade, Suite 1100, Colorado Springs, CO ZIP + 4 ▶ 80903		
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		

Please 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 Barry Esrig Date 2/24/11

Type or print name and title. President

Paid Preparer's Use Only

Preparer's signature [signature] Date 2/28/2011 Check if self-employed ▶ ☐ Preparer's SSN or PTIN (See Gen Inst. W)

Firm's name (or yours if self-employed), address, and ZIP + 4: Rothgerber Johnson & Lyons LLP, 90 S. Cascade, Suite 1100, Colorado Springs, CO 80903

EIN ▶ 84-0423812

Phone no. ▶ (719) 386-3005