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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)

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 \$1,000,000 and total assets less than \$2,500,000 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

2008

Open to Public Inspection , 20

A F	A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20								
В	Check If ap				D Emplo	yer identification number			
=		use IRS lebel or Western Trauma Foundation for Education and Research 30			30				
=	Name cha	change print or Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Teleph					one nu	mber	
=	initial retu Tambaria	il return type. c/o Barrot Soria MID 900 Park Ave)	882-2306	
=		mination Specific City or town state or country and ZIP + 4						tion	
_		n pending	instruc- tions.	New York, NY 10075	1	•	ber >		
=				ations and 4947(a)(1) nonexempt charitable trusts must attach	Accou	ntina met	hod:	Cash	
	- 00017	011 30 1 (0)(0)	а соп	ppleted Schedule A (Form 990 or 990-EZ).		(specify)			
_					H Check	▶ 🔽	if the or	ganization is not	
1	Websit	te: >						dule B (Form 990,	
J (Organiz	zation type (d	check o	nly one) — 🗹 501(c) (3) ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527	990-E2	Z, or 990-	PF).		
				on is not a section 509(a)(3) supporting organization and its gross receipts	are norm	nally not r	nore the	n \$25,000. A return Is	
	not requ	uired, but if th	e organ	zation chooses to file a return, be sure to file a complete return.		,			
				ne 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead	of Form	990-EZ	▶ \$		
	art I			nses, and Changes in Net Assets or Fund Balances (Se			ons fo	r Part I.)	
	1			g, grants, and similar amounts received			1	\$11,247	
				revenue including government fees and contracts		• • •	2		
	2	-		and assessments		• • •	3		
	3 4	Investment	•			• • • •	4	3,248	
	_			1 = 1		`	″≤,,.t		
	5a			in sale of assets office than involvery			.,		
	b			3, 940,0 41,4 041,60 07,P01,600 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	oob oobo	dula	5c		
ē				sale of assets other than inventory (Subtract line 5b from line 5a) (atta			6,	· · · · · · · · · · · · · · · · · · ·	
Ē	6			vities (complete applicable parts of Schedule G). If any amount is from gaming, check	K Hele	ᅠᅵ			
Revenue	a			ot including \$ of contributions			` ;;		
Œ	Ι.	reported o		// · · · · · · · · · · · · · · · · · ·					
	b Loss, direct expenses other than initializing expenses						6c		
	_ C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) Gross sales of inventory less returns and allowances 7a							
	7a	Citos sales of inventory, loss retains and anomalises					- `		
	b	Loss, cost of goods sold					7c		
	<u>_</u> c	Gross profit or-(less)-from-seles-of-inventory-(Subtract line 7b from line 7a)					8		
	8	Other reve	onue (di	dd-lines-1-2-3-4-50-60,7/c, and 8		—,' ∤	9	\$14,495	
_				1701			10	-\$13,850	
	10	Grants and	d simile	ır ampunts paid (attach senedule)			11	-010,000	
•	11	Benefits p	aid lo	or for members			12		
Expenses		12 Salaries, other compensation, and employee benefits							
Ē	Į.	13 Professional fees and other payments to independent contractors							
×	L '	14 Occupancy, tent, utilities, and maintenance							
ш	15								
	16							-\$13,850	
_	17				• • •		17 18	\$645	
Net Assets	18) for the year (Subtract line 17 from line 9)			10		
SS	19	Net assets	s or fu	nd balances at beginning of year (from line 27, column (A)) (mu	ust agre	e with	19	\$215,220	
¥				e reported on prior year's return)			20	-0-	
Ž	20			net assets or fund balances (attach explanation) d balances at end of year. Combine lines 18 through 20			21	\$215,865	
D	21			s. If Total assets on line 25, column (B) are \$2,500,000 or more,					
	art II	Dalatice		See the instructions for Part II.)		inning of y		(B) End of year	
	_		•	· .		215,208.		\$215,854.20	
22		Cash, savings, and investments				,	23	72.10,007.20	
23							24		
24		•)	\$	215,208.		\$215,854.20	
25	D TOTAL ASSETS					-0-	26	-0-	
26 27) Tota	ai liabilities Lassets or 1	(aescri	be ►	\$:	215,208.			
_				rk Reduction Act Notice, see the Instruction for Form 990.	Cat. No.		- 1	Form 990-EZ (2008)	

	1 880-62 (2000)					raye 2
Pε	rt III Statement of Program Service Accon	plishments (See the inst	ructions for Part	III.)		Expenses
W/h	at is the organization's primary exempt purpose?	Support education and res	earch for trauma	injury	(Rec	uired for 501(c)(3)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner,						(4) organizations 4947(a)(1) trusts;
des	cribe the services provided, the number of persons be	rogram title.	opti	onal for others.)		
	Grants were made to support medical research			-3-		
28	factor VII (rFVIIa) in treating actively bleeding pa					
		terns surrering from coag	uiapaulic			
	diseases,					*4*
	(Grants \$ \$13,850) If this amount Inc	udes foreign grants, check	here	<u>, ▶ ∪</u>	28a	\$13,850
29						
					1	
	(Grants \$) If this amount inc	udes foreign grants, check	here	▶ 🗇	29a	
30						
					1	
	(Grants \$) If this amount inc				30a	
31	Other program services (attach schedule)					1
		udes foreign grants, check			31a	
32	Total program service expenses (add lines 28a t	rough 31a)		>	32	\$13,850
	TELV List of Officers, Directors, Trustees, and Key				structio	ons for Part IV.)
		(b) Title and average	(c) Compensation	(d) Contributio	ns to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper		account and other allowances
<u></u>	rry Esrig, 900 Park Ave, Sulte 3E	-0-	01101 -0-1	GOIOTICA BOTTIPO	1300011	Other dilowalices
		-0-	1		_	
_	w York, NY 10075	ļ	-0-		-0-	-0-
	ven Schackford, 301 Fletcher House	-0-	_			
	Colchester Ave, Burlingont, Vt, 05401		-0-		-0-	- 0-
	Christie Wray, 1467 Harpern Street	-0-		İ		
Au	gusta, GA 30912-4080]	-0-	ļ	-0-	-0-
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Par	Other Information (Note the statement requirements in the instructions for Part VI.)			
			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	. ,	V
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	34		V
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 your reason for not reporting the income on Form 990-T.	2 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	, ,,,,	
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		v
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		├—
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		v
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a -0-	1	(15	100
b	Did the organization file Form 1120-POL for this year?	37b		1
	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?	38a	্ৰ- য	.d €
b	If "Yes," complete Schedule L, Part il and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:	1	1,2	, , , , , ,
	Initiation fees and capital contributions included on line 9	4,3	. 5	1 1
b	Gloss receipts, included on line 5, for public use of clab facilities	$\{\cdot,\cdot,\cdot\}$	1 3	
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶		, 1,21	
b	Section 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," complete Schedule L. Part I	40b		,
	Enter amount of tax imposed on organization managers or disqualified persons during	,,,,	,	- ; ·
	the year under sections 4912, 4955, and 4958	150 m	1, 10,	
	Enter amount of tax on line 40c reimbursed by the organization	45	1700	1
	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		V
41	List the states with which a copy of this return is filed. None Tolumber 10 / 719	1 2	86-30	<u></u>
	The books are in care of ► H. William Mahaffey Located at ► 90 S. Cascade, Suite 1100, Colorado Springs, CO ZIP + 4 ►	809		
b	At any time during the calendar year, dld the organization have an interest in or a signature or other authority		Voc	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	163	10
	account)?			17.00
	If "Yes," enter the name of the foreign country: ►		1.5	
	and Financial Accounts.		10.00	
_	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		V
C	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		_	▶ □
70	and enter the amount of tax-exempt interest received or accrued during the tax year			
	and onto the amount of tax exempt mesons recovered at account at any joint 1 1 1 1 1 1 1			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	7	132	2 2
	Form 990-EZ	44	<u> </u>	V
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	, र्-	7,7% 1
		orm 99	0-EZ	(2008)
	·			, ,

Form 9	990-EZ (2008)					Page 4
_	Section 501(c)(3) organizations only and complete the tables for lines 50 a		c)(3) organiza	ations mus	st answer quest	
b	Did the organization engage in direct or indirect pandidates for public office? If "Yes," complete Still the organization engage in lobbying activities is the organization operating a school as described the organization make any transfers to an exist "Yes," was the related organization(s) a section Complete this table for the five highest compensate each received more than \$100,000 of compensate	schedule C, Part I . If "Yes," complete ed in section 170(b) empt non-charitable 527 organization? ated employees (oth	Schedule C, 1)(A)(ii)? If "Ye related organ 	Part II s," completization? s, directors	ete Schedule E .	Yes No 46
	(a) Name and address of each employee pald more than \$100,000	(b) Title and avera hours per week devoted to position	· / ·	mpensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Non	e					
	I number of other employees paid over \$100,000					
51	Complete this table for the five highest compensation from the organization. If there is no		entractors who	each rece	lived more than \$	100,000 of
	(a) Name and address of each independent contractor	pald more than \$100,000		(b) Typ	pe of service	(c) Compensation
Non	10					
				 		
Total	Il number of other independent contractors each re	analying over \$100 (000			
Tota	Under penalties of perjury, I declare that I have exam	ined this return, including	accompanying s	chedules and	statements, and to the	best of my knowledge
Sigr Here	Signature of officer	non or preparer (other tha	In Officer) is base		ation of which prepare	er nas any knowledge.
	Barry Esrig, M.D, President Type or print name and title.	······································	···			
Paid	Preparer's signature	<u> </u>	Date プ フ オ フ ス ヽ ヽ ヽ ヽ ヽ ヽ ヽ ヽ ヽ ヽ ヽ ヽ ヽ ヽ ヽ ヽ ヽ ヽ	Check if self- employed		Number (See Instructions) -0865

Preparer's

Use Only

Firm's name (or yours if self-employed), address, and ZiP + 4

H. William Wanattoy

Use Only If self-employed), address, and ZIP + 4 90 S. Cascade, Suite 1100, Colorado Springs, CO May the IRS discuss this return with the preparer shown above? See Instructions .

0423812

386-3005

▶ 84

Phone no. ► (719)

EIN

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No. 1545-0047
2008
Open to Public

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Internal Revenue Service Employer identification number Name of the organization Western Trauma Foundation for Education and Research 0136891 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 ☐ An organization that normally receives: (1) more than 331/3 % 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 33/4 % 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.) 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 e Dy 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). 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 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) 11g(ii) (ii) A family member of a person described in (i) above? . . . (iii) A 35% controlled entity of a person described in (i) or (ii) above? . |11g(iii) Provide the following information about the organizations the organization supports. h (iii) Type of organization (iv) is the organization (i) Name of supported 60 EIN (v) Did you notify (vi) is the (vii) Amount of (described on lines 1-9 in col. (i) listed in your the organization in organization in col. organization support col. (i) of your governing document? (i) organized in the (see instructions)) **U.S.?** Yes Ferrence of Print

Sched	tule A (Form 990 or 990-EZ) 2008						Page 2
Par	Support Schedule for Org (Complete only if you ched					and 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	\$10,700	\$23,550	\$42,211	\$20,950	\$11,247	\$108,658
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 1-3	* N. 2. C. 3. (17.5 17.5. 5	TENTIALIA SE INSULA	(Captile 18 1 4 4 4	Signature Service Programme	TO USE TOTAL TELETIST	
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.		各份等等等	The transfer of the	1865年以降		
Sec	tion B. Total Support			·			
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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			\$3,697.44	\$3,211	\$3,248	\$10,156
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	经报户的证据 参	學是很多,可是	的に見るくかか	清整時時代主義。	等。 等。 第二個 第二個 第二個 第二個 第二個 第二個 第二個 第二個	\$118,814
12	Gross receipts from related activities, etc	c. (see instructio	ons)			12	-0-
13	First five years. If the Form 990 is for organization, check this box and stop he	ere	<u> </u>	nd, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3)
<u>Sec</u>	tion C. Computation of Public Su						
14	Public support percentage for 2008 (line	6, column (f) di	vided by line 1	1, column (f))		14	91.45 %
15	Public support percentage from 2007 Sc	hedule A, Part	IV-A, line 26f			15	94 %
16a	33% % support test—2008. If the organ and stop here. The organization qualifie	ization did not o s as a publicly :	check the box of supported orga	on line 13, and nization	line 14 is 331/39	% or more, ched	ck this box
þ	33% % support test – 2007. If the organ box and stop here. The organization qua	ization did not o	check a box on	line 13 or 16a,	and line 15 is	331/3 % or more,	check this
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "organization meets the "facts-and-circum	facts-and-circur	nstances" test,	check this box	and stop here.	Explain in Part	IV how the
	10%-facts-and-circumstances test—200 more, and if the organization meets the "organization meets the "facts-and-circumst	facts-and-circum ances" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here. cly supported or	Explain in Part ganization	IV how the
18	Private foundation. If the organization did	и пот спеск а вс	IX ON IINO 13, 16	a, 100, 1/8, 07	I / D, CHECK TAIS I	oux and see insi	iructions 🟲 🗀

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.)

Sec	tion A. Public Support	<u> </u>					
_	llendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include					(0, 2000	(7)
2	any "unusual grants.") Gross recelpts 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 1-5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts Included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	工品种語語文	MARKENSO:	446 CCF	######################################	高级气性/ 多氮	
	tion B. Total Support					·	
Ca	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С 11	Add lines 10a and 10b						
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.)			19-71 , 149 C 14-75 - 18-8 C 18 - 17-75			
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>	nd, third, fourti	_		on 501(c)(3)
Sec	tion C. Computation of Public Su	pport Perce	ntage				
15	Public support percentage for 2008 (lin				(f))	15	%
16_	Public support percentage from 2007 S			7g	<u> </u>	16	%
Sec	tion D. Computation of Investmen	nt Income Po	ercentage				
17	Investment income percentage for 200	B (line 10c, co	lumn (f) divide	d by line 13, c	olumn (f)) .	17	%
18	Investment income percentage from 20						<u></u> %
19a	33% % support tests—2008. If the organism not more than 33% %, check this b						
þ	331/3 % support tests—2007. If the organ line 18 is not more than 331/3 %, check this	ization did not	check a box or	line 14 or line	19a, and line 1	6 is more than	33/3 %, and
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	, check this b	ox and see inst	ructions 🕨 🔲

Schedule A (Fo	om 990 or 990-EZ) 2008	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see	y Part II, line 10; e instructions)
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