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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

**A** For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions

**C** Name of organization**SOCIETY OF TRAUMA NURSES**

Number and street (or P.O. box, if mail is not delivered to street address)

**1020 MONARCH ST.**

City or town, state or country, and ZIP + 4

**LEXINGTON, KY 40513****D** Employer identification number**52-1780525****E** Telephone number**859-977-7456****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.TRAUMANURSESOC.ORG****H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J** Organization type (check only one) ☒ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **463,254.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	9,100.
2	Program service revenue including government fees and contracts	2	336,002.
3	Membership dues and assessments	3	101,273.
4	Investment income	4	981.
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 (Subtract line 5b from line 5a) (attach schedule)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
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 ▶ <b>SEE STATEMENT 4</b> )	8	15,898.
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	463,254.
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	0.
13	Professional fees and other payments to independent contractors	13	116,806.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	52,238.
16	Other expenses (describe ▶ <b>SEE STATEMENT 1</b> )	16	264,327.
17	<b>Total expenses.</b> Add lines 10 through 16	17	433,371.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	29,883.
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	133,817.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	163,700.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 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	203,539.	205,401.
23 Land and buildings		
24 Other assets (describe ▶ <b>SEE STATEMENT 2</b> )	15,080.	26,579.
25 Total assets	218,619.	231,980.
26 Total liabilities (describe ▶ <b>SEE STATEMENT 3</b> )	84,802.	68,280.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	133,817.	163,700.

12



**Part V 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		X
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		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 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 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	Was there a liquidation, dissolution, termination, or substantial contraction 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. <span style="float: right;">▶ 37a 0.</span>		
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 unpaid at the start 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 <span style="float: right;">▶ 0.</span> ; section 4912 <span style="float: right;">▶ 0.</span> ; section 4955 <span style="float: right;">▶ 0.</span>		
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	X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;">▶ 0.</span>		
d	Enter amount of tax on line 40c reimbursed by the organization <span style="float: right;">▶ 0.</span>		
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. <span style="float: right;">▶ NONE</span>		
42a	The books are in care of <span style="float: right;">▶ SARAH CLEMENTS</span> Telephone no. <span style="float: right;">▶ 859-977-7456</span> Located at <span style="float: right;">▶ 1020 MONARCH STREET, SUITE 300B, LEXINGTON, KY</span> ZIP + 4 <span style="float: right;">▶ 40513</span>		
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: <span style="float: right;">▶</span>	42b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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: <span style="float: right;">▶</span>	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float: right;">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float: right;">▶ 43 N/A</span>		
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

Form 990-EZ (2008)

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

- 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the 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."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(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				
Total number of other employees paid over \$100,000				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
SYMBIOTIX MANAGEMENT STRATEGIES, LLC 1020 MONARCH ST., SUITE 300B, LEXINGTON, KY 40513	MANAGEMENT COMPANY	111,000.
Total number of other independent contractors each receiving over \$100,000		

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.

**Sign Here** Signature of officer: Judy Mikhail Date: 2-1-10

Type or print name and title: Judy Mikhail Treasurer Society of Trauma Nurses

**Paid Preparer's Use Only** Preparer's signature: Leonard Cherry Date: 1/20/10 Check if self-employed: ☐

Firm's name (or yours if self-employed), address, and ZIP + 4: MANN. WEITZ & ASSOCIATES L.L.C.  
111 DEER LAKE ROAD, SUITE 125  
DEERFIELD, IL 60015

EIN:  Phone no.: (847) 267-3400

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization

**SOCIETY OF TRAUMA NURSES**

Employer identification number

52-1780525

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part ) (see instructions)
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The organization is not a private foundation because it is (Please check only **one** organization )

- 1 ☐ A church, convention, 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).** (Attach Schedule H.)

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 the Part III)

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

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?

(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?

(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?

h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

**LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule A (Form 990 or 990-EZ) 2008

**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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 - 3						
<b>5</b> 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)						
<b>6 Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> 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 <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support test - 2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008

**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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		10,900.	9,250.	3,900.	8,750.	32,800.
<b>2</b> 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	271,805.	320,606.	459,115.	441,672.	437,625.	1930823.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5	271,805.	331,506.	468,365.	445,572.	446,375.	1963623.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	1,615.	4,440.	4,850.	5,905.	5,820.	22,630.
<b>b</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						
<b>c</b> Add lines 7a and 7b	1,615.	4,440.	4,850.	5,905.	5,820.	22,630.
<b>8 Public support</b> (Subtract line 7c from line 6)						1940993.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	271,805.	331,506.	468,365.	445,572.	446,375.	1963623.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	64.	133.	2,251.	4,127.	981.	7,556.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	64.	133.	2,251.	4,127.	981.	7,556.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	15,467.	14,945.	20,178.	18,780.	15,898.	85,268.
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						2056447.
<b>14 First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	94.39 %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	95.57 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	.37 %
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	.17 %

**19a 33 1/3% support tests - 2008.** 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 - 2007.** 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	
ANNUAL MEETING		152,182.	
SPEAKER HONORARIUM		5,000.	
EDITOR HONORARIUM		8,500.	
INSURANCE		1,652.	
JOURNAL EXPENSE		38,318.	
MISCELLANEOUS		7,009.	
SUPPLIES		9,770.	
TAXES AND FEES		6,139.	
TELEPHONE		2,899.	
TRAVEL		20,831.	
DUES AND SUBSCRIPTIONS		3,000.	
NURSING ALLIANCE SUMMIT		3,664.	
EAST CONF CO-SPONSORSHIP		5,363.	
TOTAL TO FORM 990-EZ, LINE 16		264,327.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS RECEIVABLE	6,900.	25,922.	
PREPAID EXPENSES	680.	657.	
SECURITY DEPOSIT	7,500.	0.	
TOTAL TO FORM 990-EZ, LINE 24	15,080.	26,579.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	19,280.	12,649.	
DEFERRED REVENUE	65,522.	55,631.	
TOTAL TO FORM 990-EZ, LINE 26	84,802.	68,280.	

FORM 990-EZ

OTHER REVENUE

STATEMENT 4

## DESCRIPTION

## AMOUNT

ELECTRONIC LIBRARY  
MISCELLANEOUS

3,200.  
12,698.

TOTAL TO FORM 990-EZ, LINE 8

15,898.

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

990-EZ PG 2

STATEMENT 6

## ANNUAL CONFERENCE

THE STN ANNUAL CONFERENCE IS DESIGNED FOR ALL TRAUMA PROFESSIONALS DEDICATED TO THE PROVISION OF OPTIMUM TRAUMA CARE. THE FORMAT IS DIDACTIC WITH FEATURED SPEAKERS, PANEL PRESENTATIONS AND BREAKOUT SESSIONS FOCUSING ON AREAS OF SPECIAL CONCERN AND INTEREST TO ALL WHO PRACTICE IN THE CONTINUUM OF TRAUMA CARE. THE ANNUAL CONFERENCE HAD 323 ATTENDEES.

## EDUCATIONAL EVENTS

ATCN - ADVANCED TRAUMA CARE FOR NURSES (ATCN) IS AN ADVANCED COURSE DESIGNED FOR THE REGISTERED NURSE INTERESTED IN INCREASING HIS/HER KNOWLEDGE IN MANAGEMENT OF THE MULTIPLE TRAUMA PATIENT. THE ATCN PROGRAM HAS BEEN OPERATIONAL FOR OVER 15 YEARS AND HAS AN EXCELLENT RECORD OF OFFERING A SUPERB TRAUMA EDUCATIONAL PROGRAM. THE ATCN PROGRAM IS CURRENTLY BEING OFFERED IN NUMEROUS STATES AS WELL AS INTERNATIONALLY. THE ATCN COMMITTEE IS CONTINUALLY RESPONDING TO REQUESTS FROM OTHER REGIONS, STATES, AND COUNTRIES TO START THIS PROGRAM IN THEIR AREAS.

TOPIC - TRAUMA OUTCOMES & PERFORMANCE IMPROVEMENT COURSE IS TAUGHT IN A ONE-DAY INTERACTIVE MODULAR FORMAT, CUSTOMIZED TO BEST MEET THE NEEDS OF THE INDIVIDUAL TRAUMA CARE PROVIDER PARTICIPANTS WHO HAVE VARYING LEVELS OF EXPERIENCE WITH TRAUMA PERFORMANCE IMPROVEMENT. THE COURSE OFFERS PRACTICAL APPLICATION FOR ALL LEVELS OF TRAUMA CENTERS. A LIST OF COURSES CURRENTLY SCHEDULED AND ON-LINE REGISTRATION FOR STN-SPONSORED COURSES ARE AVAILABLE.

OPTIMAL COURSE - THIS COURSE IS THE RESULT OF A COLLABORATION BETWEEN THE AMERICAN COLLEGE OF SURGEONS COMMITTEE ON TRAUMA (ACSCOT) AND THE SOCIETY OF TRAUMA NURSES (STN). THE COURSE IS TAUGHT BY PHYSICIANS AND NURSES WITH THE GOAL OF ENHANCING A TRAUMA CENTER SYSTEM OF CARE AND IMPROVING PATIENT CARE THROUGH IMPLEMENTATION OF THE ACSCOT TRAUMA CENTER STANDARDS. WHETHER A VERIFIED MATURE TRAUMA CENTER OR A HOSPITAL PREPARING FOR DESIGNATION, THIS COURSE IS DESIGNED TO ASSIST PARTICIPANTS TO CREATE STRATEGIES, PROCESSES, AND OPERATIONS TO SUPPORT TRAUMA CENTER SYSTEMS BASED UPON THEIR OWN ENVIRONMENTS. THE COURSE IS HIGHLY RECOMMENDED FOR TRAUMA MEDICAL DIRECTORS, TRAUMA PROGRAM MANAGERS / COORDINATORS, AND ADMINISTRATORS.

THE STN HELD OVER 230 COURSES WITH NEARLY 4000 TOTAL PARTICIPANTS.

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STATEMENT 8

## JOURNAL OF TRAUMA NURSING (JTN)

JTN IS THE OFFICIAL JOURNAL OF THE SOCIETY OF TRAUMA NURSES. JTN'S MISSION IS TO PROVIDE ORIGINAL ARTICLES AND INFORMATION THAT REFLECT THE PRACTICE OF TRAUMA NURSING IN THE AREAS OF CLINICAL PRACTICE, EDUCATION, HEALTH POLICY AND ADMINISTRATION AND RESEARCH. MEMBERS RECEIVE A QUARTERLY SUBSCRIPTION TO THE JOURNAL AS WELL AS ONLINE ACCESS TO THE ENTIRE JOURNAL CONTENT, THE ABILITY TO PRINT ARTICLES AND SEARCH ARCHIVES. THE JOURNAL HAS APPROXIMATELY 1300 SUBSCRIBERS.

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STATEMENT 9

TO PROMOTE AND SUPPORT PROFESSIONAL DEVELOPMENT IN TRAUMA NURSING.

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

- 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the 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."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(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				
Total number of other employees paid over \$100,000				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
SYMBIOTIX MANAGEMENT STRATEGIES, LLC 1020 MONARCH ST., SUITE 300B, LEXINGTON, KY 40513	MANAGEMENT COMPANY	111,000.
Total number of other independent contractors each receiving over \$100,000		

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.

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed ☐

Firm's name (or yours if self-employed), address, and ZIP + 4 **MANN. WEITZ & ASSOCIATES L.L.C.  
111 DEER LAKE ROAD, SUITE 125  
DEERFIELD, IL 60015**

EIN \_\_\_\_\_ Phone no. **(847) 267-3400**

Preparer's Identifying Number (See instr.) \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Form 990-EZ (2008)





**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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 - 3						
<b>5</b> 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)						
<b>6 Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test - 2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008

Society of Trauma Nurses  
 FEIN # 52-1780525  
 Attachment to 2008 Form 990 EZ

NAME	BOARD POSITION	ADDRESS	CITY, STATE, ZIP	HOURS/WEEK
1 Deborah Harkins, RN, BSN, MBA, CCRN	President	936 North Main St	Ann Arbor, MI 48109	3
2 Susan Cox, RN MSN CEN	President Elect	3020 Children's Way	San Diego, CA 92123-4282	3
3 Patricia Manion, RN, MS, CCRN, CEN	Secretary and Annual Conference Chair	1010 South East St.	Fenton, MI 48430	3
4 Judy Mikhail, RN, MSN, MBA	Treasurer	One Hurley Plaza	Flint, MI 48503	3
5 Amy Koestner, RN, MSN	Immediate Past President	7285 Prestwick Lane	Portage, MI 49024	3
6 Karen Doyle, RN, MS, MBA, CNAAB-BC	Business Development	University of Maryland Medical Center	Catonsville, MD 21228	3
7 Beth Broering, RN, MSN	Outreach	P.O. Box 120249	Nashville, TN 37212	3
8 Janet Geiger, MSN	Education	50 North Medical Drive #1722	Salt Lake City, UT 84132	3
9 Juliet Geiger, MSN	Legislative/Public Policy	5070 Ritter Road, Suite 100	Mechanicsburg, PA 17055-4879	3
10 Jacqueline McQuay, RN, BSN, MS	Leadership Development	Trauma Office CB 136	Hartford, CT 06102	3
11 John Recicar MBA, MHA, RN	International Representative	HMC - UPMC Partnership	Doha, Qatar	3
12 Melissa A. Twomey, RN, MS	Special Interest		Bedford, NH 03110	3
13 Melinda Case, RN	Membership Chair	168 Ultra Drive	Henderson, NV 89074	3
14 Connie Mattice, RN, MSN, CCRN, ANP	TOPIC Chair	221 Michigan Ave.	Grand Rapids, MI 49503	3
15 Kathryn Schroeter, Ph.D, RN, CNOR	Journal of Trauma Nursing Chair	P.O. Box 334	Random Lake, WI 53075	3
16 Elizabeth Seislove, RN, MSN, CCRN	ATCN Chair	1240 S. Cedar Crest Blvd.	Allentown, PA 18105	3
17 Madonna Walters, RN, MS	2010 Annual Conference Chair	1546 Marlborough Drive	Ann Arbor, MI 48104	3
18 Sarah Clements	Executive Director	1020 Monarch St	Lexington, KY 40513	3

(From Pg 1 of 2)

Society of Trauma Nurses

FEIN # 52-1780525

Attachement to Form 990, Schedule A

TERM = 7.1.08-12.31.08

		Dues	Registration
Amy Koestner	President	100	0
Deborah Harkins	President - Elect	100	0
Mike Glenn	Secretary	0	0
Susan Cox	Treasurer	100	0
Marla Vanore	Immediate Past President	100	0
Betsy Seislove	ATCN Chair	100	0
Connie Mattice	TOPIC Chair	100	0
Pat Manion	Annual Conference Chair	100	0
Janice Delgiorno	Membership Committee Chair	0	0
Dorothy Kelley	Director-at-Large	0	0
Melissa Twomey	Director-at-Large	0	0
Andrea Delprado	Director-at-Large	0	0
Karen Doyle	Director-at-Large	0	0
Jacqueline McQuay	Director-at-Large	100	0
Beth Broering	Director-at-Large	100	0
Janet Cortez	Director-at-Large	100	0

TERM = 1.1.09-6.30.09

Deborah Harkins	President	0	0 Speaker Comp
Susan Cox	President - Elect	0	395
Pat Manion	Secretary	0	545
Judy Mikhail	Treasurer	0	0 Speaker Comp
Amy Koestner	Immediate Past President	0	0 Speaker Comp
Elizabeth Seislove	ATCN Chair	0	0 Speaker Comp
Connie Mattice	TOPIC Chair	0	0 Speaker Comp
Madonna Walters	Annual Conference Chair	0	0 Speaker Comp
Melinda Hursh	Membership Committee Chair	0	830
Juliet Geiger	Director-at-Large	0	480
Melissa Twomey	Director-at-Large	100	395
John Recicar	Director-at-Large	0	395
Karen Doyle	Director-at-Large	100	395
Jacqueline McQuay	Director-at-Large	0	395
Beth Broering	Director-at-Large	0	395
Janet Cortez	Director-at-Large	0	395

1200 4620

Total = 5820