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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)

OMB No 1545-1150

2008

Open to Public
Inspection► 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.

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 pendingC Name of organization
Please use IRS label or print or type
See Specific Instructions

D Employer identification number

SOCIETY OF TRAUMA NURSES

52-1780525

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 40513Room/suite 300B
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 notJ Organization type (check only one) 501(c)(3) (insert no.) 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PP)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)		
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6c	
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)		
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)		
8 Other revenue (describe ► 27 FEB 09 2010 IRS SOC)	7c	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	8	15,898.
	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 ► SEE STATEMENT 1)	16	264,327.
17 Total expenses. 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	203,539.22	205,401.
23 Land and buildings	23	
24 Other assets (describe ► SEE STATEMENT 2)	15,080.24	26,579.
25 Total assets	218,619.25	231,980.
26 Total liabilities (describe ► SEE STATEMENT 3)	84,802.26	68,280.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	133,817.27	163,700.

832171
12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-EZ (2008)

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

What is the organization's primary exempt purpose? **SEE STATEMENT 9**

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.

28 SEE STATEMENT 6

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

(Grants \$) If this amount includes foreign grants, check here ► 28a 174,043.

29 SEE STATEMENT 7

(Grants \$) If this amount includes foreign grants, check here **29a** **100,812.**

30 SEE STATEMENT 8

(Grants \$) If this amount includes foreign grants, check here 30a 47,654.

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)

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

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
SEE ATTACHED LISTING FOR BOARD	0.00	0.	0.	0.
SYMBIOTIX MANAGEMENT STRATEGIES,	MANAGEMENT COMPANY			
LLC, 1020 MONARCH ST., SUITE 300B,	32.00	111,000.	0.	0.

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

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, 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.

	Yes	No
33		X
34		X

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
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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," complete applicable parts of Sch. N
 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.

35b	N/A
-----	-----

36	X
----	---

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?

37b	X
-----	---

b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b	N/A
-----	-----

39 Section 501(c) organizations. Enter:

39a	N/A
-----	-----

a Initiation fees and capital contributions included on line 9

39b	N/A
-----	-----

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

39c	
-----	--

section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.

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

► 0.

d 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. ► **NONE**

42a The books are in care of ► **SARAH CLEMENTS** Telephone no. ► **859-977-7456**
 Located at ► **1020 MONARCH STREET, SUITE 300B, LEXINGTON, KY** ZIP + 4 ► **40513**

	Yes	No
42b		X

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)?

42c	X
-----	---

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.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

42d	
-----	--

If "Yes," enter the name of the foreign country: ►

42e	
-----	--

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		X

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

45	X
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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

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.

		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 operating 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(s) a section 527 organization?	49b	
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."		

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	MANAGEMENT	
1020 MONARCH ST., SUITE 300B, LEXINGTON, KY 40513	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

Judy Mikhai | 2-1-10
Signature of officer Date
► Judy Mikhai Treasurer Society of Trauma Nurses
Type or print name and title

Paid Preparer's Use Only	Preparer's signature 	Date <input type="text" value="11/20/09"/>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr.)
	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 <input type="text"/>

May the IRS discuss this return with the preparer shown above? See instructions

▶ Yes No

Form 990-EZ (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008
**Open to Public
Inspection**

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.

Name of the organization

Employer identification number

SOCIETY OF TRAUMA NURSES

52-1780525

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 (Please check only one organization)

1	<input type="checkbox"/> A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .
2	<input type="checkbox"/> A school described in section 170(b)(1)(A)(ii) . (Attach Schedule E)
3	<input type="checkbox"/> A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) . (Attach Schedule H.)
4	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) .
7	<input type="checkbox"/> 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	<input type="checkbox"/> A community trust described in section 170(b)(1)(A)(vi) . (Complete Part II.)
9	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> An organization organized and operated exclusively to test for public safety. See section 509(a)(4) . (see instructions)
11	<input type="checkbox"/> 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 <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Other
e	<input type="checkbox"/> 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 <input type="checkbox"/>
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)		

148

EPA FOIA 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
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 - 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) 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						
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						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. 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	► <input type="checkbox"/>	
b 33 1/3% support test - 2007. 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	► <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. 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	► <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2007. 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	► <input type="checkbox"/>	
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	► <input type="checkbox"/>	

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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		10,900.	9,250.	3,900.	8,750.	32,800.
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	271,805.	320,606.	459,115.	441,672.	437,625.	1930823.
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	271,805.	331,506.	468,365.	445,572.	446,375.	1963623.
7a 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 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	1,615.	4,440.	4,850.	5,905.	5,820.	22,630.
8 Public support (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
9 Amounts from line 6	271,805.	331,506.	468,365.	445,572.	446,375.	1963623.
10a 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 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	64.	133.	2,251.	4,127.	981.	7,556.
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)	15,467.	14,945.	20,178.	18,780.	15,898.	85,268.
13 Total support (Add lines 9, 10c, 11, and 12)						2056447.

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** ►

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	.37	%
18 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			► <input checked="" type="checkbox"/>
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			► <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions			► <input type="checkbox"/>

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

3,200.

MISCELLANEOUS

12,698.

TOTAL TO FORM 990-EZ, LINE 8

15,898.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

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.

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.

990-EZ PG 2

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 Yes No
46 X

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 X

48 Is the organization operating 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(s) a section 527 organization? 49b

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."

(a) Name and address of each employee paid more than \$100,000 NONE	(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
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 SYMBIOTIX MANAGEMENT STRATEGIES, LLC 1020 MONARCH ST., SUITE 300B, LEXINGTON, KY 40513	(b) Type of service MANAGEMENT COMPANY	(c) Compensation 111,000.
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	Preparer's Identifying Number (See instr.)
	► Type or print name and title		
Paid Preparer's Use Only	Preparer's signature ►	Date	Check if self-employed ► <input type="checkbox"/>
	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 ►	Preparer's Identifying Number (See instr.)
	Phone ►	no. (847) 267-3400	

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

Form 990-EZ (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008
**Open to Public
Inspection**

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.

Name of the organization

Employer identification number

SOCIETY OF TRAUMA NURSES

52-1780525

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 (Please check only one organization)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .				
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii) . (Attach Schedule E.)				
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) . (Attach Schedule H.)				
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) .				
7	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) . (Complete Part II.)				
9	<input checked="" type="checkbox"/>	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	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety. See section 509(a)(4) . (see instructions)				
11	<input type="checkbox"/>	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 <input type="checkbox"/>	Type I	b <input type="checkbox"/>	Type II		
	c <input type="checkbox"/>	Type III - Functionally integrated		d <input type="checkbox"/>	Type III - Other	
e	<input type="checkbox"/>	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					<input type="checkbox"/>
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)				

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

Total

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
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 - 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) 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						
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 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. 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	► <input type="checkbox"/>	
b 33 1/3% support test - 2007. 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	► <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. 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	► <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2007. 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	► <input type="checkbox"/>	
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	► <input type="checkbox"/>	

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

NAME	BOARD POSITION	ADDRESS 1	CITY/STATE/ZIP	TOURS/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 Marion, RN, MS, CCRN, CEN	Secretary and Annual Conference Chair	1010 South East St.	Fenton, MI 48430	3
4 Judy Mikail, 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, CNAA-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 Cortez, RN 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 Recar, MBA, MHIA, 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	TOPC 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 <i>Myself</i> e.v.)		

Society of Trauma Nurses
 FEIN # 52-1780525
 Attachment 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
		<hr/>	<hr/>
		1200	4620

Total = 5820