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Form 990.

Department of the Treasury
Internal Revenue Service

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 1545-0047

2009

Open to Public
Inspection

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

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable	C Name of organization SOCIETY OF TRAUMA NURSES		D Employer identification number 52-1780525
<input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type Doing Business As Number and street (or P.O. box if mail is not delivered to street address) 3493 LANSDOWNE DR. Room/suite City or town, state or country, and ZIP + 4 LEXINGTON, KY 40517		E Telephone number 859-977-7456
See Specific Instructions	F Name and address of principal officer: SARAH CLEMENTS SAME AS C ABOVE		G Gross receipts \$ 548,805.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website: ► WWW.TRAUMANURSESOC.ORG		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		H(c) Group exemption number ►	

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROMOTE AND SUPPORT PROFESSIONAL DEVELOPMENT IN TRAUMA NURSING.		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	19
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	
9 Program service revenue (Part VIII, line 2g)	Current Year		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,100.	9,650.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	437,275.	518,015.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	981.	1,153.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,898.	19,987.	
14 Benefits paid to or for members (Part IX, column (A), line 4)	463,254.	548,805.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25)	433,371.	464,890.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	433,371.	464,890.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	29,883.	83,915.	
19 Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year	
20 Total assets (Part X, line 16)	231,980.	345,961.	
21 Total liabilities (Part X, line 26)	68,280.	98,346.	
22 Net assets or fund balances. Subtract line 21 from line 20	163,700.	247,615.	

SCANNED MAY 24 2011

Net Assets or Fund Balances

Part II Signature Block

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		
	Karen Doyle Treasurer Signature of officer	5/1/2011	Date
	KAREN DOYLE, PRESIDENT Treasurer Type or print name and title		

Paid Preparer's Use Only	Preparer's signature ► <i>Leonard Weitz</i>	Date <i>4/20/11</i>	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
	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

Part III Statement of Program Service Accomplishments

1	<p>Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION</p> <p>THE SOCIETY OF TRAUMA NURSES IS A PROFESSIONAL NONPROFIT ORGANIZATION WHOSE MISSION IS TO ENSURE OPTIMAL TRAUMA CARE TO ALL PEOPLE LOCALLY, REGIONALLY, NATIONALLY AND GLOBALLY THROUGH INITIATIVES FOCUSED ON TRAUMA NURSES RELATED TO PREVENTION, EDUCATION AND COLLABORATION WITH</p>	
2	<p>Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?</p> <p>If "Yes," describe these new services on Schedule O.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	<p>Did the organization cease conducting, or make significant changes in how it conducts, any program services?</p> <p>If "Yes," describe these changes on Schedule O.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	<p>Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.</p>	

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 177,021. including grants of \$) (Revenue \$ 187,891.)
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 CONINUUM OF TRAUMA
CARE. THE ANNUAL CONFERENCE HAD 324 ATTENDEES.

4b (Code:) (Expenses \$ 129,307. including grants of \$) (Revenue \$ 202,411.)
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

4c (Code:) (Expenses \$ 45,519. including grants of \$) (Revenue \$ 18,044.)
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 1500 READERS.

4d Other program services. (Describe in Schedule O)
(Expenses \$ **351,847.** including grants of \$) (Revenue \$)

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

3 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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

5 **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.
- Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.

12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.

12A Was the organization included in consolidated, independent audited financial statements for the tax year?
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	Yes	No
1	X	
2	X	
3	X	
4	X	
5		
6	X	
7	X	
8	X	
9	X	
10	X	
11	X	
12		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20		X

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Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25	24a	X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a	X
28a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
28b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
28c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31	X
	If "Yes," complete Schedule N, Part I	32	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity?	34	X
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
	If "Yes," complete Schedule R, Part V, line 2	36	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	1a	5
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)</i>	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	
4a	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)?	4a	X
b	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.	5a	X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?	10a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
10	Section 501(c)(7) organizations. Enter:	11a	
a	Initiation fees and capital contributions included on Part VIII, line 12	11b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a	
11	Section 501(c)(12) organizations. Enter:	12b	
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body	1a	11
1b	Enter the number of voting members that are independent	1b	11
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	X
a	The governing body?	8b	X
b	Each committee with authority to act on behalf of the governing body?	9	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	13	X
13	Does the organization have a written whistleblower policy?	14	X
14	Does the organization have a written document retention and destruction policy?	15a	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15b	X
a	The organization's CEO, Executive Director, or top management official	16a	X
b	Other officers or key employees of the organization	16b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ►	NONE
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.	
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ►	
	SARAH CLEMENTS - 859-977-7456	
	3943 LANSDOWNE RD. SUITE NO 2, LEXINGTON, KY 40517	

Form 990 (2009)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees See instructions for definition of "key employee"

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
SUSAN COX <u>PRESIDENT-ELECT/PRESIDENT</u>	3.00	X		X			0.	0.	0.
JUDY MIKHAIL <u>TREASURER</u>	3.00	X		X			0.	0.	0.
DEBORAH HARKINS <u>PRESIDENT/PAST PRESIDENT</u>	3.00	X		X			0.	0.	0.
PATRICIA MANION <u>SECRETARY</u>	3.00	X		X			0.	0.	0.
AMY KOESTNER <u>PAST PRESIDENT</u>	3.00	X					0.	0.	0.
BETSY SEISLOVE <u>ATCN CHAIR/PRESIDENT ELECT</u>	3.00	X		X			0.	0.	0.
JULIET GEIGER <u>DIRECTOR-AT-LARGE</u>	3.00	X					0.	0.	0.
MELISSA TWOMEY <u>DIRECTOR-AT-LARGE</u>	3.00	X					0.	0.	0.
JOHN RECICAR <u>DIRECTOR-AT-LARGE</u>	3.00	X					0.	0.	0.
KAREN DOYLE <u>DIRECTOR-AT-LARGE/TREASURER</u>	3.00	X		X			0.	0.	0.
KATHI AYERS <u>DIRECTOR-AT-LARGE</u>	3.00	X					0.	0.	0.
JACQUELINE MCQUAY <u>DIRECTOR-AT-LARGE</u>	3.00	X					0.	0.	0.
BETH BROERING <u>DIRECTOR-AT-LARGE</u>	3.00	X					0.	0.	0.
JANET CORTEZ <u>DIRECTOR-AT-LARGE</u>	3.00	X					0.	0.	0.
JULIE NASH <u>DIRECTOR-AT-LARGE</u>	3.00	X					0.	0.	0.
KAREN MACAULEY <u>DIRECTOR-AT-LARGE</u>	3.00	X					0.	0.	0.
SARAH CLEMENTS <u>EXECUTIVE DIRECTOR</u>	40.00			X			0.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

1b Total

0

0

0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

0

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
SYMBIOTIX MANAGEMENT STRATEGIES, LLC, 3493 LANSDOWNE DR., SUITE 2, LEXINGTON, KY	MANAGEMENT COMPANY	127,900.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 1

1

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,650.		
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f		9,650.		
Program Service Revenue	2 a EDUCATION PROGRAM	Business Code 611710	202,411.	202,411.	
	b ANNUAL CONFERENCE	611710	187,891.	153,641.	34,250.
	c MEMBERSHIP DUES	900099	106,058.	106,058.	
	d JOURNAL	611710	18,044.	18,044.	
	e ELEC LIBRARY - LECTURE	611710	3,611.	3,611.	
	f All other program service revenue				
	g Total. Add lines 2a-2f		518,015.		
	3 Investment income (including dividends, interest, and other similar amounts)		1,153.		1,153.
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
Other Revenue	6 a Gross Rents	(i) Real			
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(i) Securities			
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b Less: direct expenses	b				
c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code			
11 a MISCELLANEOUS	900099	19,987.	19,987.		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		19,987.			
12 Total revenue. See instructions.		548,805.	503,752.	0.	35,403.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	127,900.	60,752.	67,148.	
b Legal				
c Accounting	3,200.		3,200.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	4,055.	4,055.		
13 Office expenses	76,736.	59,837.	16,899.	
14 Information technology	1,692.		1,692.	
15 Royalties				
16 Occupancy				
17 Travel	17,569.	9,152.	8,417.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	180,047.	172,753.	7,294.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,102.		1,102.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a JOURNAL EXPENSE	42,961.	42,961.		
b MISCELLANEOUS	7,411.	1,852.	5,559.	
c MEMBERSHIP	1,732.		1,732.	
d AWARDS	485.	485.		
e				
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	464,890.	351,847.	113,043.	0.
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
	1 Cash - non-interest-bearing	205,401.	1	273,232.
	2 Savings and temporary cash investments		2	65,670.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	25,922.	4	6,064.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	657.	9	995.
Assets	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	231,980.	16	345,961.
	17 Accounts payable and accrued expenses	12,649.	17	13,197.
	18 Grants payable		18	
	19 Deferred revenue	55,631.	19	85,149.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
Liabilities	26 Total liabilities. Add lines 17 through 25	68,280.	26	98,346.
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	163,700.	27	247,615.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	163,700.	33	247,615.
Net Assets or Fund Balances	34 Total liabilities and net assets/fund balances	231,980.	34	345,961.

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a	X	
2b	X	
2c	X	
3a	X	
3b		

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Employer identification number
52-1780525

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

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

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

Name of the organization

SOCIETY OF TRAUMA NURSES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(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 supported organization(s).

1

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

Total

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

Schedule A (Form 990 or 990-EZ) 2009

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

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

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

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

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

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

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

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

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

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	10,900.	9,250.	3,900.	8,750.	4,650.	37,450.
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	320,606.	459,115.	441,672.	437,625.	523,015.	2182033.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	331,506.	468,365.	445,572.	446,375.	527,665.	2219483.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	4,440.	4,850.	5,905.	5,820.	6,925.	27,940.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	4,440.	4,850.	5,905.	5,820.	6,925.	27,940.
8 Public support (Subtract line 7c from line 6)						2191543.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	331,506.	468,365.	445,572.	446,375.	527,665.	2219483.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	133.	2,251.	4,127.	981.	1,153.	8,645.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	133.	2,251.	4,127.	981.	1,153.	8,645.
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.)	14,945.	20,178.	18,780.	15,898.	19,987.	89,788.
13 Total support (Add lines 9, 10c, 11, and 12)	346,584.	490,794.	468,479.	463,254.	548,805.	2317916.

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 2009 (line 8, column (f) divided by line 13, column (f))	15	94.55	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	94.39	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.37	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.37	%
19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <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"/>			

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

SOCIETY OF TRAUMA NURSES

Employer identification number
52-1780525**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**OTHER HEALTHCARE DISCIPLINES. THE SOCIETY OF TRAUMA NURSES ADVOCATESFOR THE HIGHEST LEVEL OF QUALITY TRAUMA CARE ACROSS THE CONTINUUM. WEACCOMPLISH THIS THROUGH AN ENVIRONMENT THAT FOSTERS VISIONARYLEADERSHIP, MENTORING, INNOVATION ANDINTERDISCIPLINARY COLLABORATION IN THE DELIVERY OF TRAUMA CARE.**FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:**ONE-DAY INTERACTIVE MODULAR FORMAT, CUSTOMIZED TO BEST MEET THE NEEDSOF THE INDIVIDUAL TRAUMA CARE PROVIDER PARTICIPANTS WHO HAVE VARYINGLEVELS OF EXPERIENCE WITH TRAUMA PERFORMANCE IMPROVEMENT. THE COURSEOFFERS PRACTICAL APPLICATION FOR ALL LEVELS OF TRAUMA CENTERS. A LISTOF COURSES CURRENTLY SCHEDULED AND ON-LINE REGISTRATION FORSTN-SPONSORED COURSES ARE AVAILABLE.OPTIMAL COURSE - THIS COURSE IS THE RESULT OF A COLLABORATION BETWEENTHE AMERICAN COLLEGE OF SURGEONS COMMITTEE ON TRAUMA (ACSCOT) AND THESOCIETY OF TRAUMA NURSES (STN). THE COURSE IS TAUGHT BY PHYSICIANS ANDNURSES WITH THE GOAL OF ENHANCING A TRAUMA CENTER SYSTEM OF CARE ANDIMPROVING PATIENT CARE THROUGH IMPLEMENTATION OF THE ACSCOT TRAUMACENTER STANDARDS. WHETHER A VERIFIED MATURE TRAUMA CENTER OR A HOSPITALPREPARING FOR DESIGNATION, THIS COURSE IS DESIGNED TO ASSISTPARTICIPANTS TO CREATE STRATEGIES, PROCESSES, AND OPERATIONS TO SUPPORTTRAUMA CENTER SYSTEMS BASED UPON THEIR OWN ENVIRONMENTS. THE COURSE ISHIGHLY RECOMMENDED FOR TRAUMA MEDICAL DIRECTORS, TRAUMA PROGRAMMANAGERS / COORDINATORS, AND ADMINISTRATORS.

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on
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52-1780525

THE STN HELD OVER 274 COURSES WITH NEARLY 4400 TOTAL PARTICIPANTS.

FORM 990, PART VI, SECTION A, LINE 3: THE ORGANIZATION HAS HIRED
SYMBIOTIX MANAGEMENT STRATEGIES, LLC.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION AMENDED ITS BYLAWS
AS OF APRIL 8, 2010 IN ORDER TO UPDATE THE VISION, MISSION, AND VALUES.
THE REVISED MISSION ADDRESSES ALL THE VALUES OF THE ORGANIZATION AND IS
MORE REPRESENTATIVE OF THE DIRECTION THE ORGANIZATION IS COMMITTED TO
FOLLOW. IN ADDITION, OTHER CHANGES WERE MADE TO THE TERM COMMENCEMENT DATE
FOR DIRECTORS AT LARGE. IT WILL NOW BEGIN ON THE FIRST DAY OF THE STN'S
ANNUAL CONFERENCE.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS FOUR CLASSES
OF MEMBERSHIP: ACTIVE, EMERITUS, HONORARY, AND ASSOCIATE. ACTIVE MEMBERS
HAVE VOTING RIGHTS.

FORM 990, PART VI, SECTION A, LINE 7A: ACTIVE MEMBERS OF THE SOCIETY SHALL
ELECT OFFICERS AND DIRECTORS AT LARGE BY BALLOT AS DETERMINED BY THE BOARD
OF DIRECTORS USING AVAILABLE TECHNOLOGY.

FORM 990, PART VI, SECTION A, LINE 7B: ACTIVE MEMBERS HAVE THE RIGHT TO
VOTE ON ALL MATTERS SUBMITTED TO MEMBERSHIP CONCERNING THE SOCIETY EXCEPT
THOSE SPECIFICALLY DELAGATED TO THE BOARD OF DIRECTORS, THE EXECUTIVE
COMMITTEE, OR THE OFFICERS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.

OMB No 1545-0047

2009
Open to Public
Inspection

Name of the organization

SOCIETY OF TRAUMA NURSES

Employer identification number
52-1780525

FORM 990, PART VI, SECTION A, LINE 8B: INDEPENDENTLY, COMMITTEES AND SIGS
DO NOT HAVE THE CAPACITY TO ACT ON BEHALF OF THE ORGANIZATION WITHOUT THE
VOTING BOARD'S APPROVAL. POLICIES AND PROCEDURES ARE BEING PUT IN PLACE TO
REGULATE AND STANDARDIZE ACTIVITIES OF COMMITTEES AND SIGS.

FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE DIRECTOR REVIEWS THE
990 AS WELL AS THE BOARD TREASURER AND FINANCE AND AUDIT COMMITTEE. THE
990 IS THEN DISTRIBUTED ELECTRONICALLY TO THE ENTIRE BOARD AND IF NECESSARY
A CONFERENCE CALL IS SCHEDULED FOR DISCUSSION, OTHERWISE ANY QUESTIONS ARE
ADDRESSED BY EMAIL.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. THE
BY-LAWS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VI, SECTION B, LINE 15
DETERMINING COMPENSATION OF EMPLOYEES
THE ORGANIZATION USES THE SERVICES OF A MANAGEMENT COMPANY AND DOES NOT
HAVE ANY PAID EMPLOYEES.

FORM 990, PART VI, SECTION B, LINE 16B
POLICIES AND PROCEDURES REGARDING JOINT VENTURES
STN HAS A DRAFT POLICY FOR JOINT VENTURES. PARTNERSHIPS ARE STILL NEW
TO THE ORGANIZATION AND THEY ARE STILL FINALIZING THE POLICY. THEY
ANTICIPATE THE POLICIES WILL BE APPROVED SOON.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
► **Attach to Form 990.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

SOCIETY OF TRAUMA NURSES

Employer identification number
52-1780525