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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)

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning SEP 1, 2010 **and ending** AUG 31, 2011

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

C Name of organization
NORTH CENTRAL TEXAS TRAUMA REGIONAL ADVISORY COUNCIL

Doing Business As

Number and street (or P O box if mail is not delivered to street address): 600 SIX FLAGS DRIVE — Room/suite: 160

City or town, state or country, and ZIP + 4: ARLINGTON, TX 76011

F Name and address of principal officer: CARRIE HECHT
SAME AS C ABOVE

D Employer identification number: 75-2534492

E Telephone number: 817-608-0390

G Gross receipts $: 6,281,339.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.NCTTRAC.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1995 **M** State of legal domicile: TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO FACILITATE THE DEVELOPMENT, IMPLEMENTATION, AND OPERATION OF A COMPREHENSIVE TRAUMA CARE SYSTEM

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	22
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total 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.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,631,100.	6,265,990.
9	Program service revenue (Part VIII, line 2g)	7,748.	9,875.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,490.	2,649.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	260.	2,825.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,643,598.	6,281,339.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,150,838.	2,840,559.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,365,408.	1,477,762.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,447,517.	1,612,061.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,963,763.	5,930,382.
19	Revenue less expenses. Subtract line 18 from line 12	-320,165.	350,957.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,948,550.	3,338,254.
21	Total liabilities (Part X, line 26)	123,007.	161,754.
22	Net assets or fund balances. Subtract line 21 from line 20	2,825,543.	3,176,500.

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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Carrie Hecht, Chair — Signature of officer — Date: 3-27-12

▶ CARRIE HECHT, CHAIR — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: RANDY L. WALKER, CPA	Preparer's signature: Randy L. Walker	Date: 1/30/2012	Check ☐ if self-employed	PTIN
Firm's name ▶ RANDY WALKER & CO.			Firm's EIN ▶	
Firm's address ▶ 7800 IH 10 WEST, SUITE 505 SAN ANTONIO, TX 78230			Phone no (210) 366-9430	

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

GT 25

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐

1 Briefly describe the organization's mission:
TO FACILITATE THE DEVELOPMENT, IMPLEMENTATION, AND OPERATION OF A COMPREHENSIVE TRAUMA CARE SYSTEM BASED ON ACCEPTED STANDARDS OF CARE TO DECREASE MORBIDITY AND MORTALITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 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.

4a (Code:) (Expenses $ 4,874,673. including grants of $ 2,840,559.) (Revenue $ 12,700.)
EXPENSES WERE INCURRED IN DEVELOPING & IMPLEMENTING A REGIONAL TRAUMA SYSTEM. OVER 100 HOSPITALS, AMBULANCE SERVICES, FIRE DEPARTMENTS, ETC. JOINED THE COUNCIL. WORK CONTINUED TO DEVELOP PROTOCOLS AND INFORMATION SYSTEMS INCLUDING DATA BASES AND WEB SITES.

DISASTER PREPAREDNESS ACTIVITIES WERE ENGAGED IN TO PROVIDE REGIONAL PREPAREDNESS FOR BIOTERRORISM EVENTS AND OTHER HEALTH EMERGENCIES.

4b (Code:) (Expenses $) including grants of $) (Revenue $)

4c (Code:) (Expenses $) including grants of $) (Revenue $)

4d Other program services. (Describe in Schedule O.)
(Expenses $) including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 4,874,673.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
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*	6		X
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*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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*	9		X
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*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	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*	11b		X
c	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*	11c		X
d	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*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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, Parts I and IV*	14b		X
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, Parts II and IV*	15		X
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, Parts III and IV*	16		X
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*	17		X
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*	18		X
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*	19		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	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
b	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):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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? *If "Yes," complete Schedule N, Part I*	31		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? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☒ No			
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

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6		
b	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	22		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		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 instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		6a		X
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?		6b		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				
7	**Organizations that may receive deductible contributions under section 170(c).**				
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?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
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?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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.*

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
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 governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant 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:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		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*	9			X

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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	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?	16a		X
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?	16b		

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.

[ ] Own website [X] Another's website [X] 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: ▶

PAULA WELCH - 817-608-0390

600 SIX FLAGS DRIVE, #160, ARLINGTON, TX 76011

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

Check if Schedule O contains a response to any question in this Part VII ☐

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

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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	Former			
ROBERT SIMONSON DIRECTOR	1.00	X						0.	0.	0.
JODIE HARBERT DIRECTOR	1.00	X						0.	0.	0.
RICKY REEVES DIRECTOR	1.00	X						0.	0.	0.
LORI VINSON DIRECTOR	1.00	X						0.	0.	0.
COURTNEY EDWARDS DIRECTOR	1.00	X						0.	0.	0.
MARY ANN CONTRERAS DIRECTOR	1.00	X						0.	0.	0.
DONNA GLENN DIRECTOR	1.00	X						0.	0.	0.
SHARON EBERLEIN DIRECTOR	1.00	X						0.	0.	0.
AMY ATNIP DIRECTOR	1.00	X						0.	0.	0.
SCOTT VETTERICK DIRECTOR	1.00	X						0.	0.	0.
CARRIE HECHT CHAIR	1.00			X				0.	0.	0.
JIMMY DUNN VICE CHAIR	1.00			X				0.	0.	0.
WES DUNHAM TREASURER	1.00			X				0.	0.	0.
ROBERT KNAPPAGE SECRETARY	1.00			X				0.	0.	0.
HENDRIK ANTONISSE EXECUTIVE DIRECTOR	40.00			X				139,938.	0.	7,203.
PAULA WELCH COMPTROLLER & DEPUTY DIREC	40.00			X				100,420.	0.	11,525.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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	Former			
1b Sub-total ▶								240,358.	0.	18,728.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								240,358.	0.	18,728.

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 ▶ 2

		Yes	No
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*		X
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*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

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. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶ 0

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	1a Federated campaigns	1a				
	b Membership dues	1b	46,077.			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	6,211,173.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,740.			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f	▶	6,265,990.			
Program Service Revenue		Business Code				
	2a EDUCATIONAL COURSES	900099	9,875.	9,875.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶	9,875.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	2,649.			2,649.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	▶				
	8a 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	▶				
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a 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				
	11a OTHER REVENUE	900099	2,825.	2,825.		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶	2,825.			
	12 **Total revenue.** See instructions	▶	6,281,339.	12,700.	0.	2,649.

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	2,840,559.	2,840,559.		
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	240,358.	240,358.		
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	934,591.	420,081.	514,510.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	226,035.	133,157.	92,878.	
10 Payroll taxes	76,778.	45,230.	31,548.	
11 Fees for services (non-employees):				
a Management				
b Legal	27,320.		27,320.	
c Accounting	15,088.		15,088.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	34,641.		34,641.	
12 Advertising and promotion				
13 Office expenses	359,248.	216,693.	142,555.	
14 Information technology				
15 Royalties				
16 Occupancy	284,388.	167,192.	117,196.	
17 Travel	62,966.	46,557.	16,409.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	437,455.	392,878.	44,577.	
23 Insurance	88,066.	69,079.	18,987.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a EDUCATION	145,406.	145,406.		
b REPAIRS & MAINTENANCE	95,791.	95,791.		
c INJURY PREVENTION	34,038.	34,038.		
d EQUIPMENT	27,654.	27,654.		
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	5,930,382.	4,874,673.	1,055,709.	0.
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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
Assets	1	Cash - non-interest-bearing		560,093.	1	457,364.
	2	Savings and temporary cash investments		1,214,631.	2	387,902.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		450.	4	162,831.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		96,797.	9	2,878.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,667,414.			
	b	Less: accumulated depreciation	10b 1,361,125.	1,060,303.	10c	2,306,289.
	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		16,276.	15	20,990.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,948,550.	16	3,338,254.
Liabilities	17	Accounts payable and accrued expenses		117,868.	17	161,754.
	18	Grants payable			18	
	19	Deferred revenue		5,139.	19	
	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	
	26	**Total liabilities.** Add lines 17 through 25		123,007.	26	161,754.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,447,016.	27	2,543,771.
	28	Temporarily restricted net assets		1,378,527.	28	632,729.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] 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		2,825,543.	33	3,176,500.
	34	Total liabilities and net assets/fund balances		2,948,550.	34	3,338,254.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,281,339.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,930,382.
3	Revenue less expenses. Subtract line 2 from line 1	3	350,957.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,825,543.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,176,500.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☒

			Yes	No
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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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.	2c	X	
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 separate basis, consolidated 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?	3a	X	
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.	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
NORTH CENTRAL TEXAS TRAUMA REGIONAL ADVISORY COUNCIL	75-2534492

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?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	550,933.	6345030.	7414772.	6631100.	6265990.	27207825.
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	550,933.	6345030.	7414772.	6631100.	6265990.	27207825.
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						27207825.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	550,933.	6345030.	7414772.	6631100.	6265990.	27207825.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,455.	7,580.	5,136.	4,490.	2,649.	26,310.
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.)			1,651.	260.	2,825.	4,736.
11 **Total support.** Add lines 7 through 10						27238871.

12 Gross receipts from related activities, etc. (see instructions)	12	17,623.

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 2010 (line 6, column (f) divided by line 11, column (f))	14	99.89 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.88 %

16a **33 1/3% support test - 2010.** 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 - 2009.** 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 - 2010.** 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 - 2009.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization NORTH CENTRAL TEXAS TRAUMA REGIONAL ADVISORY COUNCIL

Employer identification number 75-2534492

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i)	unrelated organizations	3a(i)	
(ii)	related organizations	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		3,667,414.	1,361,125.	2,306,289.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			▶	2,306,289.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,281,339.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,930,382.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	350,957.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	350,957.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	6,281,339.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	6,281,339.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	6,281,339.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	5,930,382.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	5,930,382.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	5,930,382.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization NORTH CENTRAL TEXAS TRAUMA REGIONAL ADVISORY COUNCIL

Employer identification number 75-2534492

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS MEDICAL CENTER - LEGACY			8,666.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
CHILDRENS MEDICAL CENTER DALLAS			23,047.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
COOK CHILDREN'S MEDICAL CENTER			8,225.	5,067.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
BAYLOR ALL SAINTS			30,488.	12,000.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
BAYLOR HEART & VASCULAR			10,492.	5,067.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
BAYLOR INSTITUTE FOR REHABILITATION			6,558.	5,067.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

2 Enter total number of section 501(c)(3) and government organizations ▶ _____

3 Enter total number of other organizations ▶

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

Schedule I (Form 990) (2010)

032101 01-13-11

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYLOR MEDICAL CENTER CARROLLTON			8,994.	7,500.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
BAYLOR MEDICAL CENTER FRISCO			6,050.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
BAYLOR MEDICAL CENTER GARLAND			5,518.	7,500.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
BAYLOR MEDICAL CENTER IRVING			15,610.	7,500.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
BAYLOR MEDICAL CENTER SOUTHWEST FORTH WORTH			12,062.	5,067.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
BAYLOR MEDICAL CENTER WAXAHACHIE			13,838.	7,500.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
BAYLOR THE HEART HOSPITAL PLANO			2,378.	7,500.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
BAYLOR UNIVERSITY MEDICAL CENTER			185,437.	16,350.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
DALLAS REGIONAL MEDICAL CENTER			0.	7,500.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENTON REGIONAL MEDICAL CENTER			0.	5,067.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
ENNIS REGIONAL MEDICAL CENTER			0.	5,067.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
GREEN OAKS HOSPITAL			5,372.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
HUNT REGIONAL MEDICAL CENTER			0.	5,067.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
JPS DIAGNOSTIC AND SURGERY - ARLINGTON			7,904.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
LAKE GRANBURY MEDICAL CENTER			0.	5,067.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
LAKE POINTE MEDICAL CENTER			78,038.	5,107.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
LAS COLINAS MEDICAL CENTER			0.	5,067.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
MEDICAL CENTER OF ARLINGTON			6,704.	7,500.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL CENTER OF MCKINNEY			0.	5,067.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
MEDICAL CENTER OF MCKINNEY WYSONG			0.	5,707.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
MEDICAL CENTER OF PLANO			0.	5,067.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
METHODIST DALLAS MEDICAL CENTER			14,841.	12,000.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
METHODIST CHARLTON MEDICAL CENTER			784.	7,500.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
METHODIST RICHARDSON MEDICAL CENTER			19,223.	7,500.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
NAVARRO REGIONAL HOSPITAL			0.	5,067.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
NORTH CENTRAL SURGICAL HOSPITAL			7,130.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
PALO PINTO GENERAL HOSPITAL			9,528.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARKLAND MEMORIAL HOSPITAL			0.	12,640.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
PLAZA MEDICAL CENTER OF FORT WORTH			0.	7,500.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
REBA MCENTIRE REHAB			7,592.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
SOUTHWEST SURGICAL HOSPITAL			5,211.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
TEXAS HEALTH HARRIS METHODIST CLEBURNE			12,539.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
TEXAS HEALTH HARRIS METHODIST HEB			30,906.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
TEXAS HEALTH HARRIS METHODIST SOUTHLAKE			10,635.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
TEXOMA MEDICAL CENTER			40,119.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
UT SW ZALE LIPSHY			0.	10,057.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VA BONHAM			6,207.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
VA DALLAS			7,477.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
BAYLOR SPECIALTY HOSPITAL			8,957.	5,067.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
TEXAS HEALTH AZLE			5,031.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
TEXAS HEALTH STEPHENVILLE			9,163.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
TEXAS HEALTH ARLINGTON MEMORIAL			70,055.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
DALLAS MEDICAL CENTER			7,238.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
JPS HEALTH NETWORK			30,152.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
MEDICAL CITY DALLAS HOSPITAL			0.	5,067.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS HEALTH HARRIS METHODIST FORT WORTH			29,685.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
TEXAS HEALTH PRESBYTERIAN ROCKWALL			12,340.	5,107.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
UT SOUTHWESTERN - ST. PAUL			0.	10,057.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
BAYLOR OUR CHILDRENS HOUSE			15,566.	6,039.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
BAYLOR REGIONAL MEDICAL CENTER AT GRAPEVINE			17,667.	7,500.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
BAYLOR REGIONAL MEDICAL CENTER AT PLANO			13,305.	7,500.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
TEXAS HEALTH METHODIST SOUTHWEST FORT WORTH			15,452.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
TEXAS HEALTH PRESBYTERIAN WNJ			8,666.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
AZLE FIRE DEPARTMENT			13,472.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAREFLITE -AIR			9,745.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
CAREFLITE - GROUND			12,305.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
CARROLLTON FIRE DEPARTMENT			8,784.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
CEDAR HILL FIRE DEPARTMENT			13,710.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
CHILDRENS MEDICAL CENTER - DALLAS - TRANSPORT			6,733.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
COOKE COUNTY EMS			10,118.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
CROWLEY FIRE DEPARTMENT			5,572.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
DALLAS FIRE RESCUE DEPARTMENT EMS			12,062.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
DE SOTO FIRE RESCUE			6,733.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENISON FIRE DEPARTMENT			12,475.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
DFW AIRPORT DPS			9,745.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
DUNCANVILLE FIRE DEPARTMENT			6,733.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
EAST TEXAS MEDICAL CENTER EMS			24,669.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
FARMERS BRANCH FIRE DEPARTMENT			6,733.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
FLOWER MOUND FIRE DEPARTMENT			5,063.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
FRISCO FIRE DEPARTMENT			5,329.	437,530.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
GARLAND FIRE DEPARTMENT			11,178.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
GRAND PRAIRIE FIRE DEPARTMENT			6,733.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGHLAND PARK DPS			6,733.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
HUNT COUNTY EMS			12,378.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
LANCASTER FIRE DEPARTMENT			6,733.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
MANSFIELD FIRE DEPARTMENT			5,572.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
MESQUITE FIRE DEPARTMENT			12,381.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
PETROLEUM HELICOPTER INC			15,073.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
PLANO FIRE DEPARTMENT			5,329.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
RICHARDSON FIRE DEPARTMENT			10,011.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
ROANOKE FIRE DEPARTMENT			5,063.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SACHSE FIRE DEPARTMENT			6,733.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
SHERMAN FIRE DEPARTMENT			0.	423,578.	FMV	TRAUMA EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
TEXAS LIFELINE CORP INC			6,733.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
TRI CITY EMS INC			5,080.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
UNIVERSITY PARK FIRE DEPARTMENT			6,733.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
WESTLAKE DPS			5,063.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
WYLIE FIRE RESCUE			11,178.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
NORTH CENTRAL TEXAS TRAUMA REGIONAL ADVISORY COUNCIL	75-2534492

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BASED ON ACCEPTED STANDARDS OF CARE TO DECREASE MORBIDITY AND MORTALITY.

FORM 990, PART VI, SECTION A, LINE 4: THE FOLLOWING CHANGES WERE MADE TO THE BYLAWS:

ARTICLE 4.5.1 - 4.5.2, ARTICLE 8.2: QUORUM AT GENERAL MEMBERSHIP MEETINGS CHANGED TO REFLECT ALL VOTERS IN LIEU OF A PERCENTAGE OF VOTERS. WE WILL ALLOW EARLY VOTING AT LEAST 15 DAYS PRIOR TO THE ACTUAL MEETING TO ALLOW ALL MEMBERS TO VOTE BY EARLY BALLOT FOR NEW OFFICERS. MEMBERSHIP PARTICIPATION SOP, AND UPDATED BYLAWS.

ARTICLE 5.7: PROPER SUCCESSION OF OFFICERS WHEN AN OFFICER IS NOT AVAILABLE FOR A MEETING (CHAIR-VICE CHAIR-SECRETARY-TREASURER).

ARTICLE 7.1: IMMEDIATE PAST CHAIR WILL BE ON BOARD OF DIRECTORS AS EX-OFFICIO MEMBER.

ARTICLE 7.1 AND 9.1.7: CARDIAC, STROKE AND TRAUMA COMMITTEE MOVED FROM SUBCOMMITTEES TO ACTUAL RAC COMMITTEES WITH BOARD POSITIONS FOR THE CHAIRS AND SYSTEM DEVELOPMENT COMMITTEE ELIMINATED.

ARTICLE 7.5: BOARD OF DIRECTOS QUORUM WILL BE 50% OF THE BOARD MEMBERS.

ARTICLE 7.8: DEFINED BOARD ATTENDANCE AND PARTICIPATION.

ARTICLE 8.2: GENERAL MEMBERSHIPS MEETINGS CHANGED TO A MINIMUM OF 2 PER YEAR.

ARTICLE 12.1.3: BYLAWS CHANGE NOTICE TO BE 21 DAYS IN ADVANCE SO ANNOUNCEMENTS CAN BE MADE PRIOR TO NEXT BOARD MEETING.

FORM 990, PART VI, SECTION A, LINE 6: MEMBERSHIP IN THE NCTTRAC IS OPEN TO INSTITUTIONS, EMS AGENCIES, TRAUMA ORGANIZATIONS AND INDIVIDUALS.

FORM 990, PART VI, SECTION A, LINE 7A: OFFICERS AND DIRECTORS ARE ELECTED BY MEMBERS AT THE ORGANIZATION'S ANNUAL MEMBERSHIP MEETING.

FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO THE FILING OF THE FORM 990, A DRAFT OF THE FORM AND THE AUDITED FINANCIAL STATEMENTS WILL BE PRESENTED TO AND BE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS AND THE ORGANIZATION'S STAFF COMPLETE AND SIGN THE ANNUAL AFFIRMATION OF COMPLIANCE AND DISCLOSURE STATEMENT EACH JANUARY.

FORM 990, PART VI, SECTION B, LINE 15: AT A CLOSED MEETING OF THE BOARD OF DIRECTORS, A COMPARISON OF SALARIES FROM SIMILAR ORGANIZATIONS WAS PRESENTED. THE EXECUTIVE DIRECTOR'S SALARY WAS SET BASED ON THAT INFORMATION. SALARY RANGES FOR ALL OTHER STAFF MEMBERS WERE APPROVED AT THAT TIME.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT

Name of the organization NORTH CENTRAL TEXAS TRAUMA REGIONAL ADVISORY COUNCIL

Employer identification number 75-2534492

OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE.

FORM 990, PAGE 12, PART XII, LINE 2C

THE PROCESS OF SELECTING AND OVERSEEING THE INDEPENDENT ACCOUNTANT HAS NOT CHANGED SINCE THE PRIOR YEAR.