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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 organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 4,078,979 including grants of \$ 1,839,003) (Revenue \$)

EXPENSES WERE INCURRED IN DEVELOPING & IMPLEMENTING A REGIONAL TRAUMA SYSTEM OVER 100 HOSPITALS, AMBULANCE SERVICES, FIRE DEPARTMENTS, ETC PARTICIPATED 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 ▶ 4,078,979

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 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
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	No
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	No
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	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
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 Yes	
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	No
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	No
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 Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
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	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
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 and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
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	No
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	No
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 (see instructions)	17	No
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	No
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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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.	13	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		Yes	
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.	20	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			No
3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.			
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)?			No
4b 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			No
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
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 as charitable contributions?			No
6b 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).			
7a 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?			No
7b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			No
7d If "Yes," indicate the number of Forms 8282 filed during the year.			
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			No
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			No
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
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?			
9 Sponsoring organizations maintaining donor advised funds.			
9a Did the organization make any taxable distributions under section 4966?			
9b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter			
10a Initiation fees and capital contributions included on Part VIII, line 12.			
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11 Section 501(c)(12) organizations. Enter			
11a Gross income from members or shareholders.			
11b 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?			
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			
13b 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.			
13c Enter the amount of reserves on hand.			
14a Did the organization receive any payments for indoor tanning services during the tax year?			No
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

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	16	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	16	
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	No
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	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
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	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	Other officers or key employees of the organization	15b	Yes
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	No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ELAINE ALTMAN 600 SIX FLAGS DRIVE 160 ARLINGTON, TX (817) 608-0390

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, or 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) RICK THURMAN AIR MEDICAL CMTE CHAIR	1 00	X						0	0	0
(2) KAREN YATES CARDIAC CMTE CHAIR	1 00	X						0	0	0
(3) KEVIN CUNNINGHAM EMERGENCY MEDICAL SVCS CMT	1 00	X						0	0	0
(4) LAWAN SMITH FINANCE CMTE CHAIR	1 00	X						0	0	0
(5) LORI VINSON PEDIATRIC CMTE CHAIR	1 00	X						0	0	0
(6) COURTNEY EDWARDS PROF DEVELOPMENT CMTE CHA	1 00	X						0	0	0
(7) MARY ANN CONTRERAS PUBLIC ED/INJURY PREV CMT	1 00	X						0	0	0
(8) DONNA GLENN REPC CHAIR	1 00	X						0	0	0
(9) SHARON EBERLEIN STROKE CMTE CHAIR	1 00	X						0	0	0
(10) DWAYNE HOWERTON SPI CMTE CHAIR	1 00	X						0	0	0
(11) JORIE KLEIN TRAUMA CMTE CHAIR	1 00	X						0	0	0
(12) SCOTT VETTERICK ZONE REPRESENTATIVE	1 00	X						0	0	0
(13) RAJESH GENDHI MD CHAIR	1 00			X				0	0	0
(14) RICKY REEVES VICE CHAIR	1 00			X				0	0	0
(15) WES DUNHAM TREASURER	1 00			X				0	0	0
(16) AMY ATNIP SECRETARY	1 00			X				0	0	0
(17) HENDRIK J ANTONISSE EXECUTIVE DIRECTOR	40 00			X				141,324	0	11,016

Part VII

[illegible]

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	230,769	0	15,341

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

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
OWEN SCIENTIFIC 23230 SANDSAGE LANE KATY TX 77494	DETECTION AND EQUIPMENT	335,575
SARTIN SERVICES INC PO BOX 7772 HIGH POINT NC 27264	AMBUS A/C INSTALLATION	317,663
MOTOROLA PO BOX 404059 ATLANTA GA 30384	INTEROPERABLE RADIOS	251,607
ARC PRODUCTS 12025 MANCHESTER ROAD STE 61G DES PERES MO 63131	MEDSLEDS	246,373
GUEST COMMUNICATIONS 15009 W 101ST TERRACE SHAWNEE MISSION KS 66215	DISASTER RESPONSE GUIDES	214,804

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►5

Part VIII

Statement of Revenue

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

			(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	43,458		
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	6,040,423		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,500		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		6,085,381		
Program Service Revenue	2a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		508	
4		Income from investment of tax-exempt bond proceeds . .				
5		Royalties				
6a		Gross rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
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	2,853		2,853	
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		2,853			
12	Total revenue. See Instructions		6,088,742	0	0	3,361

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).

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

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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 United States. See Part IV, line 21.	1,839,003	1,839,003		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	246,110	135,361	110,749	
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.	972,271	534,749	437,522	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	208,263	114,544	93,719	
10	Payroll taxes.	88,557	48,706	39,851	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.				
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	88,007		88,007	
12	Advertising and promotion.				
13	Office expenses.	615,731	450,179	165,552	
14	Information technology.				
15	Royalties.				
16	Occupancy.	325,236	162,619	162,617	
17	Travel.	70,495	56,396	14,099	
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.	637,064	509,651	127,413	
23	Insurance.	114,427	91,542	22,885	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	REPAIRS & MAINTENANCE	73,880	73,880		
b	EDUCATION	57,887	57,887		
c	EQUIPMENT	4,462	4,462		
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	5,341,393	4,078,979	1,262,414	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		501,405	1	1,052,647
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		520,175	4	268,751
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other 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) 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		24,430	9	29,896
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	4,625,331		
	b	Less accumulated depreciation	10b	2,626,985	1,990,751	10c1,998,346
	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		2,493,693	15	3,258,312
	16	Total assets. Add lines 1 through 15 (must equal line 34)		5,530,454	16	6,607,952
Liabilities	17	Accounts payable and accrued expenses		220,170	17	319,622
	18	Grants payable			18	
	19	Deferred revenue		1,150	19	231,847
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		221,320	26	551,469
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		4,757,955	27	5,511,402
	28	Temporarily restricted net assets		551,179	28	545,081
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), 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		5,309,134	33	6,056,483
	34	Total liabilities and net assets/fund balances		5,530,454	34	6,607,952

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	6,088,742
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,341,393
3	Revenue less expenses Subtract line 2 from line 1	3	747,349
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,309,134
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,056,483

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	Yes
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	Yes
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	Yes
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	Yes

SCHEDULE A
(Form 990 or 990EZ)

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

2012

Open to Public Inspection

Name of the organization NORTH CENTRAL TEXAS TRAUMA REGIONAL ADVISORY COUNCIL	Employer identification number 75-2534492
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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 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% 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 - Non-functionally integrated
- 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)
- | | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |
- | (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? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	7,414,772	6,631,100	6,265,990	5,651,803	6,085,381	32,049,046
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	7,414,772	6,631,100	6,265,990	5,651,803	6,085,381	32,049,046
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						32,049,046

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	7,414,772	6,631,100	6,265,990	5,651,803	6,085,381	32,049,046
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,136	4,490	2,649	2,325	508	15,108
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	6,726	2,853	14,315
11	Total support (Add lines 7 through 10)						32,078,469
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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	99 910 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	99 900 %
16a	33 1/3% support test—2012. 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—2011. 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—2012. 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—2011. 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 IIISupport 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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—2011. 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).

Facts And Circumstances Test

Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME MISCELLANEOUS INCOME - 2008 AMOUNT \$ 1,651 2009 AMOUNT \$ 260 2010 AMOUNT \$ 2,825 2011 AMOUNT \$ 6,726 2012 AMOUNT \$ 2,853

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization NORTH CENTRAL TEXAS TRAUMA REGIONAL ADVISORY COUNCIL	Employer identification number 75-2534492
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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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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 XIII, 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 XIII, 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

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

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

d

☐

Loan or exchange programs

b

☐

Scholarly research

e

☐

Other

c

☐

Preservation for future generations
- 4
- Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 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 XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a
- Did the organization include an amount on Form 990, Part X, line 21?
- ☐ Yes

☐ No
- b
- If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V

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

	(a)Current year	(b)Prior year	b (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 current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a
- Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

(ii) related organizations

3a(i)

3a(ii)

3b

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4

Describe in Part XIII the intended uses of the organization's endowment funds
- Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.
- | Description of property | (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 | 4,625,331 | 2,626,985 | 1,998,346 |
| e | Other | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 1,998,346 |
- Schedule D (Form 990) 2012

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

1	Total revenue, gains, and other support per audited financial statements	1	6,088,742
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 XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	6,088,742
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 XIII)	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	6,088,742

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

1	Total expenses and losses per audited financial statements	1	5,341,393
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 XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	5,341,393
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 XIII)	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	5,341,393

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
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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

2012

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?

☒ 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. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

118

3

Enter total number of other organizations listed in the line 1 table

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, Part III, column (b), and any other additional information		
Identifier	Return Reference	Explanation

Software ID:

Software Version:

EIN: 75-2534492

Name: NORTH CENTRAL TEXAS TRAUMA
REGIONAL ADVISORY COUNCIL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ADDISON FIRE DEPARTMENT4798 AIRPORT PKWY ADDISON,TX 75001		501(C)(3)	4,060				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
AMR DALLAS4099 MCEWEN STE 200 FARMERS BRANCH,TX 75244		501(C)(3)	6,357				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AMR ARLINGTON3701 NEW YORK AVE STE 140 ARLINGTON,TX 76014		501(C)(3)	2,644				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
AZLE FIRE DEPARTMENT 613 S E PARKWAY AZLE,TX 76020		501(C)(3)	12,202				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 HEALTHCARE SYSTEM-CARROLLTON 3510 CRUTCHER ST STE 210 DALLAS,TX 75246		501(C)(3)	18,214				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
BAYLOR HEALTHCARE SYSTEM-PLANO3510 CRUTCHER ST STE 210 DALLAS,TX 75246		501(C)(3)	8,388				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 HEALTHCARE SYSTEM-BUMC3510 CRUTCHER ST STE 210 DALLAS,TX 75246		501(C)(3)	11,184				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
BAYLOR HEALTHCARE SYSTEM-GRAPEVINE3510 CRUTCHER ST STE 210 DALLAS,TX 75246		501(C)(3)	8,388				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 HEALTHCARE SYSTEM-ALL SAINTS3510 CRUTCHER ST STE 210 DALLAS,TX 75246		501(C)(3)	11,184				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
BAYLOR HEALTHCARE SYSTEM-WAXAHACHIE 3510 CRUTCHER ST STE 210 DALLAS,TX 75246		501(C)(3)	5,592				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 HEALTHCARE SYSTEM-GARLAND3510 CRUTCHER ST STE 210 DALLAS,TX 75246		501(C)(3)	8,388				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
BAYLOR HEALTHCARE SYSTEM-UPTOWN3510 CRUTCHER ST STE 210 DALLAS,TX 75246		501(C)(3)	2,536				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 HEALTHCARE SYSTEM-IRVING3510 CRUTCHER ST STE 210 DALLAS,TX 75246		501(C)(3)	8,388				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
BAYLOR UNIVERSITY MEDICAL CENTER3500 GASTON AVENUE DALLAS,TX 75246		501(C)(3)	100,550				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BEDFORD FIRE DEPARTMENT1816 BEDFORD RD BEDFORD,TX 76021		501(C)(3)	2,644				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
CAREFLITE3110 S GREAT SOUTHWEST PARKWAY GRAND PRAIRIE,TX 75052		501(C)(3)	19,283	4,321	FMV	REGIONAL BACKBOARDS	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CARROLLTON FIRE DEPARTMENT1945 E JACKSON ROAD CARROLLTON, TX 75006		501(C)(3)	7,794				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
CEDAR HILL FIRE DEPARTMENT1212 WEST BELTLINE ROAD CEDAR HILL, TX 75104		501(C)(3)	7,269	34,005	FMV	EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 TRANSPORT1935 MEDICAL DISTRICT DRIVE DALLAS,TX 75235		501(C)(3)	4,060				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
CITY OF ARLINGTON101 W ABRAM ST ARLINGTON,TX 76011		501(C)(3)		3,674	FMV	EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CITY OF FERRIS100 TOWN PLAZA FERRIS,TX 75125		501(C)(3)		50,000	FMV	MASS FATALITY TRAILER	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
CITY OF SHERMAN220 W MULBERRY ST SHERMAN,TX 75090		501(C)(3)		50,000	FMV	MASS FATALITY TRAILER	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CLEBURNE FIRE DEPARTMENT114 W WARDVILLE CLEBURNE,TX 76033		501(C)(3)	2,666	4,321			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
COOK CHILDREN'S MEDICAL CENTER801 7TH AVENUE FORT WORTH,TX 76104		501(C)(3)		17,009	FMV	MEDSLEDS	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
COOKE COUNTY EMS305 S CHESTNUT GAINSVILLE,TX 76240		501(C)(3)	8,408				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
CORSICANA FIRE DEPARTMENT200 N 12TH STREET CORSICANA,TX 75110		501(C)(3)	11,031				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
DALLAS FIRE RESCUE DEPARTMENT EMS1551 BAYLOR STREET DALLAS,TX 75226		501(C)(3)	7,794				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
DALLAS FIRE RESCUE500 DOLPHIN RD DALLAS,TX 75223		501(C)(3)		12,964	FMV	REGIONAL BACKBOARDS	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
DALLAS MEDICAL CENTER 7 MEDICAL PKWY DALLAS,TX 75234		501(C)(3)		2,748	FMV	EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
DESOTO FIRE RESCUE211 E PLEASANT RUN DE SOTO,TX 75115		501(C)(3)	4,060				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 DEPARTMENT700 W CHESTNUT DENISON,TX 75020		501(C)(3)	3,011				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
DENTON FIRE DEPARTMENT332 E HICKORY DENTON,TX 76201		501(C)(3)	1,437				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 CENTER3535 SOUTH I-35 EAST DENTON,TX 76210		501(C)(3)					PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
DFW AIRPORT DPSPO BOX 610687 DFW AIRPORT,TX 75261		501(C)(3)	6,704				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
DUNCANVILLE FIRE DEPARTMENTPO BOX 380280 DUNCANVILLE,TX 75138		501(C)(3)	4,060				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
EAST TEXAS MEDICAL CENTER EMS352 SOUTH GLENWOOD TYLER,TX 75702		501(C)(3)	14,777				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ERATH COUNTY EMS830B EAST ROAD STEPHENVILLE,TX 76401		501(C)(3)	3,388				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
EULESS FIRE DEPARTMENT 201 NECTER EULESS,TX 76039		501(C)(3)		4,321	FMV	REGIONAL BACKBOARDS	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FARMERS BRANCH FIRE DEPARTMENT13333 HUTTON DRIVE FARMERS BRANCH,TX 75234		501(C)(3)	4,060				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
FLOWER MOUND FIRE DEPARTMENT3838 FORUMS DRIVE FLOWER MOUND,TX 75208		501(C)(3)	4,081				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FRISCO FIRE DEPARTMENT 8601 GARY BURNS DR FRISCO,TX 75034		501(C)(3)	3,734	34,006	FMV	EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
GARLAND FIRE DEPARTMENT 1500 STATE HIGHWAY 66 GARLAND,TX 75040		501(C)(3)	7,169				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
GLEN ROSE MC1021 HOLDEN ST GLEN ROSE,TX 76043		501(C)(3)		8,643	FMV	REGIONAL BACKBOARDS	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
GRAPEVINE FIRE DEPARTMENT601 BOYD DRIVE GRAPEVINE,TX 76051		501(C)(3)	8,141				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
GRAYSON COUNTY100 W HOUSTON SHERMAN,TX 75090		501(C)(3)		50,000	FMV	MASS FATALITY TRAILER	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
GREEN OAKS HOSPITAL7080 CLODUS FIELDS DR DALLAS,TX 75251		501(C)(3)		1,051	FMV	REGIONAL BACKBOARDS	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HEALTHSOUTH REHAB HOSPITAL FT WORTH1212 W LANCASTER AVE FT WORTH,TX 76102		501(C)(3)		6,010	FMV	EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
HOSPITAL PLANNING COUNCIL OF N TEXASPO BOX 1112 ELECTRA,TX 76360		501(C)(3)		100,000	FMV	2 MASS FATALITY TRAILERS	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HUNT COUNTY EMS4215 JOE RAMSEY BLVD GREENVILLE,TX 75401		501(C)(3)	10,384				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
HUNT REGIONAL COMMUNITY HOSPITAL 2900 STERLING HART DR COMMERCE,TX 75428		501(C)(3)	1,352				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HUNT REGIONAL MEDICAL CENTER4215 JOE RAMSEY BLVD GREENVILLE,TX 75403		501(C)(3)	4,839				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
HURST FIRE DEPARTMENT 2100 PRECINT LINE ROAD HURST,TX 76054		501(C)(3)	2,644				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
IRVING FIRE DEPARTMENT 845 WEST IRVING BLVD IRVING, TX 75060		501(C)(3)	4,060				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
JPS HEALTH NETWORK 1500 SOUTH MAIN STREET FORT WORTH, TX 76104		501(C)(3)	9,271				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
KEENE FIRE DEPARTMENT 100 N MOCKINGBIRD KEENE,TX 76059		501(C)(3)	2,666				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
KELLER FIRE RESCUEPO BOX 770 KELLER,TX 76244		501(C)(3)	2,644				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
KRUM FIRE DEPARTMENT PO BOX 217 KRUM,TX 76249		501(C)(3)	1,437				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
LAKE CITIES FIRE DEPARTMENT3101 S GARRISON CORINTH,TX 76210		501(C)(3)	1,437				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LANCASTER FIRE DEPARTMENT1501 N DALLAS AVENUE LANCASTER, TX 75134		501(C)(3)	4,060				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
LEWISVILLE FIRE DEPARTMENT188 N VALLEY PARKWAY LEWISVILLE, TX 75067		501(C)(3)	1,437				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LITTLE ELM FIRE DEPARTMENT100 WEST ELDORADO PARKWAY LITTLE ELM,TX 750685060		501(C)(3)	1,437	8,643	FMV	REGIONAL BACKBOARDS	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
MANSFIELD FIRE DEPARTMENT1305 E BROAD STREET MANSFIELD,TX 76063		501(C)(3)	8,519				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MEDICAL CENTER OF ARLINGTON3301 MATLOCK ROAD ARLINGTON,TX 76015		501(C)(3)		5,390	FMV	EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
MEDICAL CENTER OF MCKINNEY4500 MEDICAL CENTER DRIVE MCKINNEY,TX 75069		501(C)(3)	2,700				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MEDSTAR3010 S GROVE ST FT WORTH,TX 76104		501(C)(3)		12,964	FMV	REGIONAL BACKBOARDS	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
MEDSTAR551 E BERRY ST FT WORTH,TX 76110		501(C)(3)		34,005	FMV	EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MESQUITE FIRE DEPARTMENT1515 N GALLOWAY AVENUE MESQUITE, TX 75149		501(C)(3)	9,279				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
MESQUITE SPECIALITY HOSPITAL1024 N GALLOWAY AVENUE MESQUITE, TX 75149		501(C)(3)		498	FMV	EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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METHODIST CHARLTON MEDICAL CENTERPO BOX 655999 DALLAS,TX 752655999		501(C)(3)	13,200				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
METHODIST DALLAS MEDICAL CENTERPO BOX 6555999 DALLAS,TX 752655999		501(C)(3)	16,950				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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METHODIST MANSFIELD MEDICAL CENTERPO BOX 6555999 DALLAS,TX 752655999		501(C)(3)	13,200				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
NORTHEAST TEXAS RAC TEXARKANA4090 SUMMERHILL SQUARE TEXARKANA,TX 75503		501(C)(3)		50,000	FMV	MASS FATALITY TRAILER	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NORTH HILLS HOSPITAL 4401 BOOTH CALLOWAY RD NORTH RICHLAND HILLS, TX 76180		501(C)(3)		2,491	FMV	EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
NORTH RICHLAND HILLS FIRE DEPARTMENT7202 DICK FISHER DR N NORTH RICHLAND HILLS, TX 76180		501(C)(3)	2,644				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PECAN PLANTATION EMS 9518 MONTICELLO GRANBURY,TX 76049		501(C)(3)	4,478				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
PHI AIR MEDICAL INC1701 W NORTHWEST HWY STE 100 GRAPEVINE,TX 76051		501(C)(3)	10,438				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PINEY WOODS RAC TSA-G 100 E FERGUSON ST TYLER,TX 75702		501(C)(3)		50,000	FMV	MASS FATALITY TRAILER	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
PLAZA MEDICAL CENTER FT WORTH900 EIGHTH AVE FT WORTH,TX 76104		501(C)(3)		3,074	FMV	EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PLANO FIRE DEPARTMENT 1901 AVENUE K PLANO,TX 75074		501(C)(3)	3,734				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
POSSUM KINGDOM LAKE VOLUNTEER EMSHC 74 BOX 417 GRAHAM,TX 76450		501(C)(3)	2,857				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
POSSUM KINGDOM WESTLAKE VOL EMSHC 74 BOX 417 GRAHAM,TX 76450		501(C)(3)	2,857				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
RICHARDSON FIRE DEPARTMENT136 NORTH GREENVILLE RICHARDSON,TX 75081		501(C)(3)	6,357	8,643	FMV	REGIONAL BACKBOARDS	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
RICHLAND HILLS FIRE DEPARTMENT3201 DIANA DRIVE RICHLAND HILLS,TX 76118		501(C)(3)	2,644				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
ROANOKE FIRE DEPARTMENT201 FAIRWAY DRIVE ROANOKE,TX 76262		501(C)(3)	4,081	8,643	FMV	REGIONAL BACKBOARDS	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ROWLETT FIRE DEPARTMENTPO BOX 99 ROWLETT,TX 75030		501(C)(3)	4,872				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
SACHSE FIRE DEPARTMENT3815 SACHSE ROAD SACHSE,TX 75048		501(C)(3)	6,357				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SHERMAN FIRE DEPARTMENT318 S TRAVIS SHERMAN,TX 75090		501(C)(3)	3,011				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
SHERMAN FIRE DEPARTMENT100 EAST FM 1417 SHERMAN,TX 75090		501(C)(3)		8,643	FMV	REGIONAL BACKBOARDS	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SHERMAN FIRE DEPARTMENT220 W MULBERRY ST SHERMAN,TX 75090		501(C)(3)		2,500	FMV	EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
STEPHENVILLE FORE DEPARTMENT356 N BELKNAP STEPHENVILLE,TX 76401		501(C)(3)	3,388				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SOUTHWEST SURGICAL HOSPITAL1612 HURST TOWN CENTER DR HURST,TX 76054		501(C)(3)		666	FMV	EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
TEXAS GENERAL HOSPITAL2709 HOSPITAL BLVD GRAND PRAIRIE,TX 75051		501(C)(3)	11,392	13,663	FMV	EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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TEXAS HEALTH ARLINGTON MEMORIAL 800 W RANDOLL MILL ROAD ARLINGTON,TX 76012		501(C)(3)					PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
TEXAS HEALTH ALLIANCE 10864 TEXAS HEALTH TRAIL FT WORTH,TX 76244		501(C)(3)	11,292	18,731	FMV	EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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TEXAS HEALTH HARRIS METHODIST AZLE108 DENVER TRAIL AZLE,TX 76020		501(C)(3)	1,713				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
TEXAS HEALTH HARRIS METHODIST FORT WORTH 1301 PENNSYLVANIA AVENUE FORT WORTH,TX 76104		501(C)(3)	9,917				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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TEXAS HEALTH HARRIS METHODIST HEB1600 HOSPITAL PARKWAY BEDFORD,TX 76022		501(C)(3)	3,594				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
TEXAS HEALTH HARRIS METHODIST SOUTHLAKE 1545 SOUTHLAKE BLVD SOUTHLAKE,TX 76092		501(C)(3)	2,488				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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TEXAS HEALTH METHODIST SOUTHWEST FORT WORTH6100 HARRIS PARKWAY FORT WORTH,TX 76132		501(C)(3)		2,878	FMV	EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
TEXAS HEALTH PRESBYTERIAN DALLAS 8200 WALNUT HILL LANE DALLAS,TX 75231		501(C)(3)	4,344				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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TEXAS HEALTH PRESBYTERIAN KAUFMAN 850 W HWY 243 KAUFMAN,TX 75142		501(C)(3)	2,192				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
TEXAS HEALTH PRESBYTERIAN ROCKWALL 3150 HORIZON ROAD ROCKWALL,TX 75032		501(C)(3)	2,642				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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TEXAS HEALTH SPECIALTY HOSP FT WORTH1301 PENNSYLVANIA AVENUE 4TH FL FT WORTH,TX 76104		501(C)(3)	875				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
TEXAS HEALTH HARRIS METHODIST STEPHENVILLE411 N BELKNAP STEPHENVILLE,TX 76401		501(C)(3)	2,618				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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TEXAS LIFELINE CORP INC PO BOX 472478 GARLAND,TX 75047		501(C)(3)	4,060				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
TEXAS VITAL CARE612 E BELLS BLVD BELLS,TX 75414		501(C)(3)	7,063				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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TEXAS REHAB HOSPITAL 425 ALABAMA AVE FT WORTH,TX 76104		501(C)(3)	636				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
TEXOMA MEDICAL CENTER 5016 SOUTH US HIGHWAY DENISON,TX 75020		501(C)(3)	10,654				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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TRI CITY EMS INCPO BOX 271 GORDON,TX 76453		501(C)(3)	6,245				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
TROPHY CLUB EMS100 MUNICIPAL DR TROPHY CLUB,TX 76114		501(C)(3)	1,437				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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USMD ARLINGTON801 W INTERSTATE 20 ARLINGTON,TX 76017		501(C)(3)		5,570	FMV	EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
UNIVERSITY TEXAS AT ARLINGTON701 S NEDDERMAN DR ARLINGTON,TX 76019		501(C)(3)		20,330	FMV	EQUIPMENT & SUPPLIES	PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UT SOUTHWESTERN - ST PAUL5323 HARRY HINES BLVD DALLAS,TX 75390		501(C)(3)	3,387				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
UT SOUTHWESTERN ZALE LIPSHY5909 HARRY HINES BLVD DALLAS,TX 75390		501(C)(3)	2,900				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
VAN ALSTYNE FIRE & EMS SERVICEPO BOX 247 VAN ALSTYNE,TX 75495		501(C)(3)	3,011				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
WESTLAKE DPS3 VILLAGE CIRCLE SUITE 202 WESTLAKE,TX 76262		501(C)(3)	4,081				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WISE COUNTY EMSPO BOX 899 DECATUR,TX 76234		501(C)(3)	9,363				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
WYLIE FIRE RESCUE2000 HIGHWAY 78 NORTH WYLIE,TX 75098		501(C)(3)	7,169				PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
NORTH CENTRAL TEXAS TRAUMA
REGIONAL ADVISORY COUNCIL

Employer identification number

75-2534492

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
4a Receive a severance payment or change-of-control payment?		No
4b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
4c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
5a The organization?		No
5b Any related organization? If "Yes," to line 5a or 5b, describe in Part III.		No
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
6a The organization?		No
6b Any related organization? If "Yes," to line 6a or 6b, describe in Part III.		No
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)HENDRIK J ANTONISSE EXECUTIVE DIRECTOR	(i)	141,324	0	0	7,422	3,594	152,340	5,880
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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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 to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2012**Open to Public
Inspection**Name of the organization
NORTH CENTRAL TEXAS TRAUMA
REGIONAL ADVISORY COUNCIL**Employer identification number**

75-2534492

Identifier	Return Reference	Explanation
	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 OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE.
	FORM 990, PART XII, LINE 2C	THE ORGANIZATION'S PROCESS FOR ASSUMING RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT, REVIEW, OR COMPILATION OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR HAVE NOT CHANGED FROM THE PRIOR YEAR.