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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

2013Open to Public
Inspection

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990**A** For the 2013 calendar year, or tax year beginning **SEP 1, 2013** and ending **AUG 31, 2014****B** Check if applicable

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

C Name of organization**FAR WEST TEXAS & SOUTHERN NEW MEXICO
REGIONAL ADVISORY COUNCIL ON TRAUMA**

Doing Business As

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

200 N. KANSAS

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

EL PASO, TX 79901**F** Name and address of principal officer **WANDA HELGESEN****SAME AS C ABOVE****D** Employer identification number**74-2741968****E** Telephone number**(915) 838-3201****G** Gross receipts \$**1,253,744.****H(a)** Is this a group return
for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.BORDERRAC.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1997** **M** State of legal domicile: **TX****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities DEVELOPMENT & IMPLEMENTATION OF A REGIONAL TRAUMA CARE SYSTEM FOR W. TEXAS & S. NEW MEXICO & TRAUMA		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	15	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	15	
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	6	
	6	Total number of volunteers (estimate if necessary)	200	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,035,336.	1,229,214.
	9	Program service revenue (Part VIII, line 2g)	17,127.	11,335.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	<13,885.>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,786.	505.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,071,249.	1,227,169.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	199,229.	297,150.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	339,047.	428,991.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	16,709.	
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	671,215.	749,945.
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	1,209,491.	1,476,086.
	19	Revenue less expenses - Subtract line 18 from line 12	<138,242.>	<248,917.>
	20	Total assets (Part X, line 16)	2,413,214.	2,172,733.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	7,074.	15,510.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,406,140.	2,157,223.

Part II Signature Block

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

Sign Here	Signature of officer	<i>Wanda L. Helgesen</i>	Date	7/2/2015
	Type or print name and title WANDA HELGESEN, EXECUTIVE DIRECTOR			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> PTIN
	NERIMAN GUVEN, CPA	<i>[Signature]</i>	6/27/15	<input type="checkbox"/> self-employed P00082729
	Firm's name	Firm's EIN	20-3992693	
	Firm's address	Phone no. (210) 366-9430		
	7800 IH 10 WEST, SUITE 505 SAN ANTONIO, TX 78230			

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

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SCANNED JUL 21 2015

FAR WEST TEXAS & SOUTHERN NEW MEXICO
REGIONAL ADVISORY COUNCIL ON TRAUMA

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission:

DEVELOPMENT & IMPLEMENTATION OF A REGIONAL TRAUMA CARE SYSTEM FOR W.
TEXAS & S. NEW MEXICO & TRAUMA PREVENTION THROUGH EDUCATION & PUBLIC
AWARENESS.

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 \$ 1,246,301. including grants of \$ 297,150.) (Revenue \$ 11,335.)
PROVIDED GRANTS TO VARIOUS LOCAL EMERGENCY MEDICAL SERVICE AGENCIES IN
WEST TEXAS & SOUTHERN NEW MEXICO, INCLUDING HOSPITALS, EMS, FIRE
DEPARTMENTS & AMBULANCE SERVICES TO ACQUIRE EQUIPMENT & SUPPLIES TO
CARE FOR INJURED PATIENTS AND DISASTER VICTIMS. EDUCATED ABOUT SAFETY &
TRAUMA PREVENTION CONCERNING THE USE OF BICYCLES, SKATEBOARDS, & CAR
SEATS. HELD PREVENTION PROGRAMS FOR STROKE, HEART ATTACK, SENIOR FALLS,
TRAUMATIC INJURIES & UNDERAGE ANTI-DRINKING ACTIVITIES. PARTICIPATED IN
REGIONAL HEALTHCARE COALITION FOR PREPAREDNESS. MAINTAINED REGIONAL
TRAUMA REGISTRY.

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 1,246,301.

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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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
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? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	2		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	6		
b 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).		X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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)?			X
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c 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?			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h 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.			
a Did the organization make any taxable distributions under section 4966?			
b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			

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

Check if Schedule O contains a response or note to any line in this Part VI

☒ X

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. 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.	15													
b Enter the number of voting members included in line 1a, above, who are independent		15												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2											X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				3										X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				4	X									
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				5										X
6 Did the organization have members or stockholders?				6										X
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										X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				7b										X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?				8a	X									
b Each committee with authority to act on behalf of the governing body?				8b	X									
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.				9										X

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

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a													X
b 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	X										
b 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	X									
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?				12b	X									
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.				12c		X								
13 Did the organization have a written whistleblower policy?				13		X								
14 Did the organization have a written document retention and destruction policy?				14		X								
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?														
a The organization's CEO, Executive Director, or top management official				15a		X								
b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				15b							X			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?				16a								X		
b If "Yes," 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: **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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: **WANDA HELGESEN - (915) 838-3201**
200 N. KANSAS, EL PASO, TX 79901

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

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) JOAQUIN GRAHAM, NREMT-P NM MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(2) DAVID PALAFOX, MD, DABFP, FAAFP COMMUNITY-AT-LARGE	1.00	X						0.	0.	0.
(3) PAUL PEREZ COMMUNITY-AT-LARGE MEMBER	1.00	X						0.	0.	0.
(4) JARED CHANSKI RURAL MEMBER AT LARGE	1.00	X						0.	0.	0.
(5) TERESA SOUZA COMMUNITY AT LARGE	1.00	X						0.	0.	0.
(6) WANDA L. HELGESEN EXECUTIVE DIRECTOR	40.00			X				83,616.	0.	6,319.
(7) RACHEL JAMESON, MSN, RN, TPM-C CHAIR	2.00			X				0.	0.	0.
(8) TODD HAUGEN, BBA, LP CHAIR ELECT	2.00			X				0.	0.	0.
(9) ALEX RAMOS, MSN, RN SECRETARY	1.00			X				0.	0.	0.
(10) AILEEN KALT, RN, BSN TREASURER	2.00			X				0.	0.	0.
(11) SARA SEAGROVE, BSN, RN CHAIR-ACUTE CARE SERVICES CMTE	1.00			X				0.	0.	0.
(12) WALTER KUYKENDAL, EMT-P CHAIR-EMS COMMITTEE	1.00			X				0.	0.	0.
(13) CHARLES ELLIS CHSP CHAIR-EPR COMMITTEE	1.00			X				0.	0.	0.
(14) JULIE PEREZ, BSN, RN CHAIR-PREVENTION COMMITTEE	1.00			X				0.	0.	0.
(15) ALAN TYROCH, MD, FACS CHAIR-SYS PER IMPROV CMTE	1.00			X				0.	0.	0.
(16) ROBERTA CORBELL, MSN, RN, CEN, EX-OFFICIAL	1.00			X				0.	0.	0.

Form 990 (2013)

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
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Section B. Independent Contractors

332008
10-29-13

Form **990** (2013)

**FAR WEST TEXAS & SOUTHERN NEW MEXICO
REGIONAL ADVISORY COUNCIL ON TRAUMA**

Form 990 (2013)

74-2741968 Page **9**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 10,010.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 1,219,204.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		1,229,214.			
Program Service Revenue	2 a <u>PROGRAM INCOME</u>	Business Code 900099	11,335.	11,335.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		11,335.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		<13,885.>			<13,885.>
	8 a Gross income from fundraising events (not including \$ 10,010. of contributions reported on line 1c) See Part IV, line 18	a 9,353.				
	b Less direct expenses	b 0.				
	c Net income or (loss) from fundraising events		9,353.			9,353.
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b 12,690.				
	c Net income or (loss) from sales of inventory		<12,690.>			<12,690.>
Miscellaneous Revenue		Business Code				
11 a <u>MISCELLANEOUS INCOME</u>	900099	3,842.			3,842.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		3,842.				
12 Total revenue. See instructions.		1,227,169.	11,335.	0.	<13,380.>	

332009
10-29-13

Form **990** (2013)

**FAR WEST TEXAS & SOUTHERN NEW MEXICO
REGIONAL ADVISORY COUNCIL ON TRAUMA**

Form 990 (2013)

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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 or note to any line in this Part IX ☐

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	297,150.	297,150.		
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	89,493.	65,180.	24,313.	
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	283,110.	212,332.	70,778.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	28,775.	12,086.	16,689.	
10 Payroll taxes	27,613.	20,710.	6,903.	
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 Sch O.)	97,129.	85,079.	12,050.	
12 Advertising and promotion				
13 Office expenses	69,602.	64,452.	2,892.	2,258.
14 Information technology				
15 Royalties				
16 Occupancy	59,935.	53,942.	5,993.	
17 Travel	120,421.	95,132.	10,838.	14,451.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	45,676.	45,676.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	233,852.	210,467.	23,385.	
23 Insurance	29,105.	12,224.	16,881.	
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 COMMUNICATIONS	64,675.	64,675.		
b MEMBERSHIPS AND DUES	28,081.	5,874.	22,207.	
c MAINTENANCE & REPAIRS	1,469.	1,322.	147.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,476,086.	1,246,301.	213,076.	16,709.
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)

**FAR WEST TEXAS & SOUTHERN NEW MEXICO
REGIONAL ADVISORY COUNCIL ON TRAUMA**

Form 990 (2013)

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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

☒ X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	145,809.	1	250,607.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	123,771.	4	29,000.
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	30,762.	9	30,871.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	2,025,021.		
	10b Less accumulated depreciation	653,028.	10c	1,371,993.
	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	502,952.	15	490,262.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,413,214.	16	2,172,733.	
Liabilities	17 Accounts payable and accrued expenses	7,074.	17	15,510.
	18 Grants payable		18	
	19 Deferred revenue		19	
	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	7,074.	26	15,510.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		2,253,207.	27	2,014,322.
28 Temporarily restricted net assets		152,933.	28	142,901.
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		2,406,140.	33	2,157,223.
34 Total liabilities and net assets/fund balances		2,413,214.	34	2,172,733.

Form 990 (2013)

**FAR WEST TEXAS & SOUTHERN NEW MEXICO
REGIONAL ADVISORY COUNCIL ON TRAUMA**

Form 990 (2013)

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,227,169.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,476,086.
3	Revenue less expenses Subtract line 2 from line 1	3	<248,917.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,406,140.
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	2,157,223.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X

Form **990** (2013)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2013

Open to Public Inspection

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number	74-2741968
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The organization is not a private foundation because it is: (For lines 1 through 11, check only one box)

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

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

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

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

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

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

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

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

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

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

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

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - 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)		

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

[illegible]

Schedule A (Form 990 or 990-EZ) 2013

FAR WEST TEXAS & SOUTHERN NEW MEXICO

Schedule A (Form 990 or 990-EZ) 2013 **REGIONAL ADVISORY COUNCIL ON TRAUMA** 74-2741968 Page 2

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	974,749.	1368590.	2518790.	1035336.	1229214.	7126679.
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	974,749.	1368590.	2518790.	1035336.	1229214.	7126679.
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						7126679.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	974,749.	1368590.	2518790.	1035336.	1229214.	7126679.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on	5,444.	10,167.	13,661.	10,566.	9,353.	49,191.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	3,552.	1,550.	9,865.	8,220.	3,842.	27,029.
11 Total support. Add lines 7 through 10						7202899.
12 Gross receipts from related activities, etc. (see instructions)					12	73,985.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	98.94	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	99.16	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2013

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12
Also complete this part for any additional information. (See instructions).

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

MISCELLANEOUS INCOME

2009 AMOUNT: \$ 3,552.

2010 AMOUNT: \$ 1,550.

2011 AMOUNT: \$ 9,865.

2012 AMOUNT: \$ 8,220.

2013 AMOUNT: \$ 3,842.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013Open to Public
InspectionName of the organization **FAR WEST TEXAS & SOUTHERN NEW MEXICO
REGIONAL ADVISORY COUNCIL ON TRAUMA**Employer identification number
74-2741968**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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

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

9 In Part 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	▶ \$ _____

**FAR WEST TEXAS & SOUTHERN NEW MEXICO
REGIONAL ADVISORY COUNCIL ON TRAUMA**

Schedule D (Form 990) 2013

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

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

(check all that apply):

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

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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		2,025,021.	653,028.	1,371,993.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) 1,371,993.

Schedule D (Form 990) 2013

**FAR WEST TEXAS & SOUTHERN NEW MEXICO
REGIONAL ADVISORY COUNCIL ON TRAUMA**

Schedule D (Form 990) 2013

74-2741968 Page **3**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INVENTORY HELD FOR FUTURE DISTRIBUTION	490,262.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	490,262.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2013

**FAR WEST TEXAS & SOUTHERN NEW MEXICO
REGIONAL ADVISORY COUNCIL ON TRAUMA**

Schedule D (Form 990) 2013

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements	1	1,269,980.
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	16,236.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	16,236.
3	Subtract line 2e from line 1	3	1,253,744.
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	<26,575.>
c	Add lines 4a and 4b	4c	<26,575.>
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,227,169.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements	1	1,518,897.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	16,236.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	26,575.
e	Add lines 2a through 2d	2e	42,811.
3	Subtract line 2e from line 1	3	1,476,086.
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	1,476,086.

Part XIII Supplemental Information.

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.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL	-13,885.
DISTRIBUTION OF INVENTORY	-12,690.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-26,575.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON ASSET DIPOSAL	13,885.
DISTRIBUTION OF INVENTORY	12,690.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	26,575.

Part XIII	Supplemental Information <i>(continued)</i>
------------------	--

[illegible]

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open To Public Inspection

Employer identification number	74-2741968
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Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- a** ☐ Mail solicitations
- b** ☐ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

☐ Yes ☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

Total

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

FAR WEST TEXAS & SOUTHERN NEW MEXICO

Schedule G (Form 990 or 990-EZ) 2013

REGIONAL ADVISORY COUNCIL ON TRAUMA

74-2741968 Page **2**

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA		NONE	(add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	19,363.			19,363.
	2 Less Contributions	10,010.			10,010.
	3 Gross income (line 1 minus line 2)	9,353.			9,353.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				9,353.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

Schedule G (Form 990 or 990-EZ) 2013

74-2741968 Page 3

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

2013

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Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization **FAR WEST TEXAS & SOUTHERN NEW MEXICO
REGIONAL ADVISORY COUNCIL ON TRAUMA** Employer identification number
74-2741968

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CULBERSON COUNTY HOSPITAL EMS P.O. BOX 609 VAN HORN, TX 79855	74-1736346	501(C)(3)	32,217.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
PT. HANCOCK EMS P.O. BOX 40 PORT HANCOCK, TX 79839	74-2986735	501(C)(3)	19,277.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
LIFE AMBULANCE SERVICE P.O. BOX 26486 EL PASO, TX 79926	75-1962356	501(C)(3)	8,738.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
NORTHERN HUDSPETH COUNTY EMS P.O. BOX 556 SIERRA BLANCA, TX 79851	26-1897286	501(C)(3)	19,277.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
EL PASO FIRE DEPARTMENT 416 N STANTON, 2ND FLOOR EL PASO, TX 79901		501(C)(3)	17,130.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
BIG BEND REGIONAL MEDICAL CENTER 2600 HIGHWAY 118 NORTH ALPINE, TX 79830		501(C)(3)	6,892.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

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

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

▶ **11.**

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

Schedule I (Form 990) (2013)

**FAR WEST TEXAS & SOUTHERN NEW MEXICO
REGIONAL ADVISORY COUNCIL ON TRAUMA**

Schedule I (Form 990)

74-2741968

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRANE MEMORIAL HOSPITAL 1310 SOUTH ALFORD STREET CRANE, TX 79731		501(C)(3)	15,835.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
MARTIN COUNTY HOSPITAL DISTRICT 600 EAST I 20 STANTON, TX 79782		501(C)(3)	15,730.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
PECOS COUNTY MEMORIAL HOSPITAL 387 WEST I-10 FORT STOCKTON, TX 79735		501(C)(3)	15,831.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
IRAAAN GENERAL HOSPITAL 600 HIGHWAY 349 NORTH IRAAAN, TX 79744		501(C)(3)	20,272.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA
WINKLER COUNTY MEMORIAL HOSPITAL 821 JEPFEE DRIVE KERMIT, TX 79745		501(C)(3)	11,609.	0.			PREPAREDNESS, TREATMENT & PREVENTION OF TRAUMA

Schedule I (Form 990)

**FAR WEST TEXAS & SOUTHERN NEW MEXICO
REGIONAL ADVISORY COUNCIL ON TRAUMA**

74-2741968

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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

GRANTEES ARE PROVIDED WITH THE INFORMATION OF THE GRANT

CONTRACT PROVISIONS DETAILING ELIGIBLE EXPENDITURES. COPIES OF RECEIPTS AND

PAYMENTS ARE SUBMITTED TO THE ORGANIZATION TO ENSURE THE GRANTEES ARE

MEETING THE REQUIREMENTS. ALL RECEIPTS AND PAYMENTS ARE SUBMITTED TO THE

DEPARTMENT OF STATE HEALTH SERVICES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2013

Open to Public
Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Name of the organization

**FAR WEST TEXAS & SOUTHERN NEW MEXICO
REGIONAL ADVISORY COUNCIL ON TRAUMA**

Employer identification number
74-2741968

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

PREVENTION THROUGH EDUCATION & PUBLIC AWARENESS.

FORM 990, PART VI, SECTION A, LINE 4:

PLEASE SEE AMENDED BYLAWS ATTACHED.

FORM 990, PART VI, SECTION B, LINE 11:

**THE FINANCE COMMITTEE WILL REVIEW THE 990 TAX FORM AND PRESENT
IT TO THE BOARD OF DIRECTORS FOR APPROVAL.**

FORM 990, PART VI, SECTION B, LINE 12C:

**CONFLICT OF INTEREST FORMS ARE SIGNED BY BOARD MEMBERS
ANNUALLY. BOARD AGENDAS ARE REVIEWED TO IDENTIFY CONFLICTS IDENTIFIED BY
BOARD MEMBERS AS WELL AS MEMBERS ARE EXPECTED TO NOTIFY THE CHAIR IF AN
AGENDA ITEM POSES A POTENTIAL CONFLICT OF INTEREST. THESE ARE DISCLOSED TO
THE CHAIR WHO IDENTIFIES THE POTENTIAL CONFLICT TO THE BOARD. THE MEMBER
WITH THE POTENTIAL CONFLICT OF INTEREST ABSENCES THEMSELVES FROM THE
MEETING, OFFERING NO COMMENT ON THE ISSUE.**

FORM 990, PART VI, SECTION B, LINE 15A:

**THE ORGANIZATION DETERMINES THE COMPENSATION OF TOP MANAGEMENT
BY USING COMPARABLE DATA. THE INFORMATION IS REVIEWED AND APPROVED BY THE
BOARD OF DIRECTORS.**

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF

Name of the organization **FAR WEST TEXAS & SOUTHERN NEW MEXICO
REGIONAL ADVISORY COUNCIL ON TRAUMA**

Employer identification number
74-2741968

**INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON
REQUEST.**

FORM 990, PART X, LINES 27 AND 28

**DURING THE YEAR ENDED AUGUST 31, 2014, MANAGEMENT'S REVIEW
OF NACCHO GRANT INCOME REVEALED \$13,115 IN INCOME THAT SHOULD HAVE BEEN
CLASSIFIED TO THIS GRANT IN THE ACCOUNTING SYSTEM FOR THE YEAR ENDED
AUGUST 31, 2013. THIS ERROR RESULTED IN AN UNDERSTATEMENT OF \$13,115 IN
TEMPORARILY RESTRICTED NET ASSETS AT AUGUST 31, 2013. CORRECTION OF
THIS MISSTATEMENT RESULTED IN AN INCREASE IN TEMPORARILY RESTRICTED NET
ASSETS AND A CORRESPONDING DECREASE IN UNRESTRICTED NET ASSETS OF
\$13,115 AT AUGUST 31, 2013.**

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.**

Bylaws



*The Far West Texas & Southern New Mexico Regional Advisory Council on Trauma and
Emergency Health Care*

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BYLAWS

Article I-Name

This organization shall be known as BorderRAC, the Far West Texas & Southern New Mexico Regional Advisory Council on Trauma and Emergency Healthcare.

Article II-Mission Statement

To provide the infrastructure and leadership necessary to sustain high quality, professional services required of an inclusive trauma and emergency healthcare system to include preparedness, prevention, education, and research initiatives within our Trauma Service Area (TSA).

Article III – Code of Ethics

Preamble. Establishing and maintaining ethical and professional standards is a primary BorderRAC goal. All BorderRAC members shall support and further an individual and agency's fundamental right to privacy and protect their confidential information. All members agree to abide by this Statement of Ethics in the daily conduct of all professional activity encompassing the gathering, dissemination, and use of information for the purposes of patient improvement, case reviews, fundraising or other institutional advancement activity.

Four fundamental principles provide the foundation for the ethical conduct: integrity, accountability, practice, and conflict of interest.

- A. **Integrity.** Members shall be truthful with respect to their identities and purpose and the identity of their institutions during the course of their membership. They shall continually strive to increase the recognition and respect of the profession.
- B. **Accountability.** Members shall respect the privacy of members and prospective members and conduct their membership with the highest level of discretion. They shall adhere to the spirit as well as the letter of all applicable laws and all policies of their organization as well as that of BorderRAC. They shall conduct themselves in the utmost professional manner in accordance with the standards of their organization.
- C. **Practice.** Members shall take the necessary care to ensure that their contribution is as accurate as possible. They shall only record data that is appropriate to the regional growth and development process and protect the confidentiality of all personal information at all times.
- D. **Conflicts of Interest.** Members shall avoid opposing or perceived opposing professional or personal interests and shall disclose such interests to their institutions as well as to BorderRAC at the first instance. A conflict of interest can create an appearance of impropriety that can undermine confidence in the member, their organization, profession, and BorderRAC.

Article IV-Purpose

The purpose of this organization is to:

- A. Assist member organizations in achieving a high level of trauma and emergency healthcare, which will result in a decrease in morbidity and mortality and ultimately improve the patient's outcome.
- B. Encourage activities designed to promote cooperation between member organizations and provide a forum to resolve conflicts regarding the care of the patient.
- C. Provide and facilitate educational programs for the public to increase awareness regarding an inclusive trauma and emergency healthcare system with a heavy emphasis on prevention activities.
- D. Enhance the provision of trauma and emergency healthcare within our TSA.
- E. Serve as the acute medical services liaison within the El Paso City/County Emergency Operations Center.
- F. Coordinate disaster preparedness and response activities between healthcare entities.
- G. Function as liaison to Office of Emergency Management during emergency operations.
- H. Collaborate with the Medical Operations Cell to coordinate disaster activities between area hospitals and pre-hospital providers (see Annex H of El Paso City/County Emergency Operations Plan).

Article V - Membership

Section 1.

General membership encompasses a wide range of professionals and citizens concerned about the health and well-being of the community as it relates to trauma, emergency services, and disaster preparedness. Voting membership requires that the member represent a hospital or disaster service, a physician who is involved with trauma, emergency, or disaster care, an emergency medical service, an educational agency involved in training purposes for trauma, emergency healthcare, or disaster preparedness. A voting member must practice and/or reside within the boundaries of TSA-I.

Section 2.

Condition of membership:

- A. A member entity must submit a Member Information Form annually and that is approved by the CEO or senior administrative officer. If no Member Information Form is on file, no vote will be counted for that organization.
- B. Member entities must maintain eligibility as identified in section 5 to vote.

- C. Members must complete and execute all required documentation such as, but not limited to: Member Information Form, Business Associate Agreement, Letter of Agreement regarding Hospital Preparedness Funds, Mutual Aid Agreement, etc.
- D. Members may request documentation of compliance with participation requirements from the BorderRAC Office. Members failing to meet participation requirements will be notified by the Executive Director or designee.

Section 3.

A current membership list will be maintained by the BorderRAC Office.

Section 4.

General Membership meetings shall be held quarterly during the months of January, April, July, and October on the 2nd Wednesday of the month. Meetings of the General Membership will be held at a location outside the greater El Paso area two times per year.

Section 5.

Active Participation in the BorderRAC is defined as the following:

- A. EMS Provider Agencies
 1. Shall have representation at 75% of General Membership Meetings.
 2. Shall have representation at 75% of EMS and Emergency & Preparedness Response committees and all related subcommittee meetings which EMS agency provides services.
 3. Shall have representation at 75% of System Performance Improvement Committee (SPI) meetings.
 4. Shall annually demonstrate participation in at least one BorderRAC sanctioned health education/prevention activity and submit documentation of such. All agencies are expected to participate in BorderRAC fund raising events.
 5. Shall submit monthly data as requested by the System Performance Improvement (SPI) Committee (such as, but not limited, to the monthly Action Registry, GWTG, Trauma Registry, Snapshot, etc.) and attend any SPI and/or Physician Advisory Group (PAG) meeting when agency has a referral on the agenda.
 6. Shall comply with components of the System Performance Improvement Plan.
 7. Shall participate in one disaster preparedness drill per year.
 8. Must abide by BorderRAC operation policies/guidelines.
- B. EMS Education Entity
 1. Shall have representation at 75% of General Membership Meetings.
 2. Shall have representation at 75% of Pre-hospital and Disaster Committee meetings and all related subcommittee meetings which EMS agency provides services.

3. Shall annually demonstrate participation in at least one BorderRAC sanctioned health education/prevention activity and submit documentation of such. All agencies are expected to participate in BorderRAC fund raising events.
4. Shall participate in one disaster preparedness drill per year.
5. Must abide by BorderRAC operation policies/guidelines.

C. Hospital Members

1. Shall have representation at 75% of General Membership Meetings.
2. Shall have representation at 75% of committee/subcommittee meetings which the hospital provides services.
3. Shall have representation at 75% of System Performance Improvement Committee (SPI) meetings.
4. Shall annually demonstrate participation in at least one BorderRAC sanctioned health education/prevention activity and submit documentation of such. All agencies are expected to participate in BorderRAC fund raising events.
5. Shall download and submit information monthly ~~information into~~ such as GWTG, Action Registry and BorderRAC Regional Trauma Registry and attend any System Performance Improvement and/or PAG meeting when the agency has a referral on the agenda.
6. Shall comply with components of the System Performance Improvement Plan.
7. Shall participate in 75% of scheduled preparedness activities.
8. In the event of emergency healthcare activations, will participate as required by the current Hospital Appendix of the Emergency Operations Plan.
9. Must abide by BorderRAC operation policies/guidelines.
10. Chest Pain/Stroke/Trauma Designations:
 - i. Shall provide BorderRAC written notification of pursuit, award, or change of designation.
 - ii. Hospitals with a specific designation or those who are actively pursuing designation and have submitted required documents to BorderRAC shall have representation at 75% of all related subcommittee meetings.
 - iii. Shall provide monthly data electronically as required to the respective registries.

D. Physician Members.

1. A physician may be a member of a subcommittee if he/she is in private practice and is not directly associated or compensated by another member agency.
 - a) Shall have representation at 75% of subcommittee meetings based on specialty.
 - b) Shall participate in subcommittee voting.
 - c) Must abide by BorderRAC operation policies/guidelines.

E. Corporate Members. An employee of a parent company with one or more existing members may be an active member. Their participation will be tracked based on their corporate attendance. Requirements to remain active as outlined by the membership should be maintained. **The corporate member would not hold an independent vote for an administrative election for officer or committee/subcommittee chair. However, the corporate member may vote in committee/subcommittee operations.**

- F. In the event that the meeting site is equal to or greater than 120 road miles from their home base, active participation may be demonstrated by response to an agenda and/or minutes by phone, fax, mail, or e-mail before the day of the meeting. This option may be exercised for no more than 50% of the scheduled meetings per fiscal year (October 1-September 30).

When available, a member may request telephone or video conferencing. Requests must be made at least 48 hours in advance.

- G. Last minute meeting date changes (defined as changes made later than the Monday of the preceding week) will allow for an excused absence if the written notification is received prior to the meeting.

Additionally excused absences will be accepted during community emergency situations.

- H. Exceptions to the above requirements may be considered by the Board on an individual basis. An entity seeking such an exception must submit, in writing, a request for the exception and provide documentation to support the request.

- I. Quarterly report cards will be distributed at the General Membership meeting. If participation requirements are not met, the report card will be sent to the CEO or member organization's Senior Administrative Officer.

- J. Participation is reported to the Department of State Health Services as required in consideration for future funding eligibility.

Section 6.

Rosters are the mechanism used to determine participation at meetings. It is the representative's responsibility to sign-in or phone-in as available based on the location.

Article VI-The Board of Directors

Section 1.

The Board of Directors shall consist of the following:

1. Chair *
2. Chair Elect*
3. Secretary *
4. Treasurer *
5. Chair - Acute Care Committees
6. Chair - EMS Committee
7. Chair - Emergency Preparedness & Response Committee
8. Chair - Prevention Committee
9. Chair - System Performance Improvement Committees
10. Immediate Past Chair *
11. Texas Rural Member-at-Large

12. New Mexico Member-at-Large
13. Physician-at-Large
14. Community Member-at-Large
15. Community Member-at-Large
16. Community Member –at-Large

*Denotes an Officer/Executive Committee Member.

Nominations for the position of Physician-at-Large, Texas Rural Member-at-Large, New Mexico Member-at-Large, and Community-at-Large will be solicited from the General Membership and appointed by the board.

Eligibility for an Officer position requires active participation by the officer candidate. Active participation is defined as a minimum of two years attendance at 75% of General Membership meetings and 75% attendance demonstrated by routine participation at monthly committee/subcommittee meetings.

The position of chair for the Acute Care Committee will be held by the Hospital Trauma Subcommittee Chair.

Section 2.

Quorum. A quorum for conducting business of the Board shall not be less than one-third of the members.

Section 3.

Meetings. Board of Directors meetings are scheduled monthly. Board meetings are open to general member attendance. Closed sessions may be scheduled to address legal, human resource, strategic or acquisition issues. A Closed Session may be called by any of the Executive Committee members.

Any items for the Board of Directors meeting must be submitted in writing at least 14 days prior to the meeting. Items are accepted by any chair, general member, or member organization.

The Executive Committee, consisting of BorderRAC Officers, may meet between scheduled Board of Directors meetings to address time sensitive matters. Additional meetings will be scheduled as needed with advance notice identifying the place, day, time, and purpose for which the meeting is called.

The Finance Committee, chaired by the Treasurer, will be appointed by the Board and will meet at least quarterly. Additional meetings may be requested based on fiscal needs identified.

Section 4.

Attendance. A Board Member who does not remain in good standing may be removed from office in a closed session. The Board Member shall have the right to present evidence prior to the closed voting as to why he or she should not be removed. A Member may be removed by a majority two-thirds vote of those present.

A. Officers:

To remain an officer in good standing, Officers must attend 75% of the required Board

meetings per year.

B. Chairs:

1. Board Members. To remain a Board Member in good standing, Board Members must attend 75% of the required Board meetings per year.
2. Committee/Subcommittee chairs. In order to remain a Committee/Subcommittee Chair in good standing, chairs must attend a minimum of 75% of the respective committee meetings per year. A Committee/Subcommittee Chair who does not remain in good standing may be removed from office. Committee members may request assessment for removal of the Committee Chair by the Executive Committee. A letter will be written by the Executive Committee outlining the delinquency.

C. Community Member-at-Large:

Community members at-large must attend a minimum of one meeting quarterly and as requested by the Chair.

Section 5.

All Board Members must view and sign the DSHS *What Every Non-Profit Board Member Needs to Know*, review and sign the *BorderRAC Code of Ethics* agreement, *Whistleblower Policy*, the *Board of Directors Confidentiality Statement* and maintain a current *Disclosure of Potential Conflicts* on file. A current Bio/Resume shall remain on file with BorderRAC in addition to certificates of completion of NIMS 100, 200, 700 and 800 for most members. Those maintaining an at-large position shall have a current Bio/Resume on file with BorderRAC and the NIMS 700 on file. All Board Members will act as a public relations liaison for the BorderRAC in providing information, guidance, and education to the community.

Section 6.

A Board Member who does not comply with assigned responsibilities may be relieved of office by a majority vote of the Board. Appointment of a replacement shall be made by the Chair with the approval of the Board.

Section 7.

In order to provide continuity of representation of Officers:

- A. Nominations shall come from the floor of the General Membership. A nomination shall be based on expertise and regional involvement and development.
- B. Election shall be by electronic ballot. The new Board will be effective September 1st.

By way of a current bio, nominees shall be disclosed to general membership 30 days prior to voting.
- C. To qualify for the position of Officer, a member must have actively participated at least two years in the BorderRAC General Membership.
- D. The Chair Elect then ascends to the Chair position and serves a 2 year term. The Chair serves on the Board as the Immediate Past Chair for a two year term.

- E. The Chair Elect is elected every 2 years and serves a 2 year term.
If the Chair is unable to meet the roles and responsibilities of the position, the Chair Elect will succeed them. If this succession takes place with less than one half of the term expired, the Chair Elect will complete the two year commitment of the previous Chair. If the term is more than one half expired the Chair Elect will complete the term in addition to their elected term of two years as Chair.
- F. The Secretary and Treasurer shall serve two year terms. The Secretary will be elected on the even years and the Treasurer will be elected on the odd years.
- G. The officer's terms shall be limited to two consecutive terms of office. In the event that there is no other person available or willing to serve, an additional term(s) may be approved by a majority vote of the General Membership.
- H. If an elected officer vacates their position prior to the end of the term, the Chair with the approval of the Board, will appoint an interim to serve until the election.

If an elected officer is unable to fulfill their position, the nominee with the next highest vote will be appointed.
- I. Community Members-at-Large will be asked to serve a minimum of a two year term. At the discretion of the Board of Directors, terms may be extended as deemed appropriate.

Section 8.

Duties of Board Members

- A. The Chair shall:
 - 1. Preside at all meetings of the General Membership, Board of Directors, and any special meetings.
 - 2. Facilitate development and achievement of organizational goals.
 - 3. Make interim appointments as needed with the approval of the Board of Directors.
 - 4. Sign all contracts with the Executive Director after approval of the Board of Directors.
 - 5. If the chair resides in New Mexico, a Texas chair will be appointed by the Board in order to meet Regional EMS/Trauma System Development Grant (Senate Bill 102) rules and regulations.
- B. The Chair Elect shall:
 - 1. Preside over BorderRAC activities in the absence of the chair.
 - 2. Perform duties as assigned by the chair.
 - 3. Chair an annual Emergency Healthcare Plan Task Force. The task force is established to review and revise the Emergency Healthcare Plan as needed or as requested by the Board of Directors. Presents recommendations to the Board of Directors and General Membership. Acts as the representative to clarify all questions regarding the Emergency Healthcare Plan.
 - 4. Coordinate the annual election process.

5. Assist in preparing any necessary reports or documentation required.
- C. The Secretary shall:
1. Certify the recording and accuracy of the minutes of all proceedings of the Board, Executive Committee, and General Membership meetings.
 2. Chairs an annual Bylaws Task Force. The Task Force is established to review and revise the Bylaws as needed or as requested by Board of Directors. Presents recommendations to the Board of Directors and General Membership. Act as the representative to clarify all questions regarding Bylaws.
 3. Handle all correspondence of the organization in the absence of the Executive Director.
 4. Assist in preparing any necessary reports or documentation required.
- D. The Treasurer shall:
1. Review and certify all monthly financial reports conducted by the BorderRAC.
 2. Perform financial duties in the absence of the Executive Director.
 3. Chair the Finance Committee meeting(s). Budget preparation is achieved through needs assessments provided by the BorderRAC Committees as well as strategic direction provided by the Board.
 4. Assist in preparing any necessary reports or documentation required.
- F. The Committee Chairs shall:
1. Organize and conduct meetings as defined in the Bylaws.
 2. Facilitate the development and achievement of goals for their committee.
 3. Provides action items as defined by their committee for the Board's review.
 4. Provides meeting summaries and action items to be placed on Board agenda.
 5. Assist in preparing any necessary reports or documentation required.
- G. The Subcommittee Chairs shall:
1. Organize and conduct meetings as defined in the Bylaws.
 2. Facilitate the development and achievement of goals for their subcommittee.
 3. Provides action items to the Committee Chair for the Board's review.
 4. Assist in preparing any necessary reports or documentation required.
- H. The Executive Committee shall:
1. Assist in the completion of the Executive Director's evaluation.
 2. Serve as Human Resources Assessment.
 3. Serve as Employee Dispute Arbitration.
 4. Review and approve all grants.
 5. Be responsible for interviewing an Executive Director when necessary.
 6. Periodically review the Articles of Incorporation for changes.
- I. The Board of Directors shall:
1. Develop and maintain policy statements that guide the functioning of the BorderRAC.
 2. Be empowered to hire an Executive Director who may employ personnel, lease space, and acquire equipment with the approval of the Board.

3. Annually determine the amount of funds to be reserved for BorderRAC grants.
4. Actively contribute and pursue community participation for all BorderRAC fund raising events.
5. Shall review recommendations from committees for changes within the region.

Article VII-Standing Committee, Subcommittee and Task Force

Section 1.

The Standing Committees and their missions are as follows:

- A. **Emergency Medical Services Committee**
To serve as a liaison, resource and catalyst for Emergency Medical Service providers (both First Responders and Transport agencies) within this region to include promoting system development and cooperation, coordinating activities, providing system performance resources and creating training opportunities.
- B. **Emergency Preparedness and Response Committee**
To coordinate preparedness and responses to acute medical mass casualty and disaster situations.
- C. **Acute Care Committee**
To serve for the betterment of trauma and emergency healthcare throughout the region to include the monitoring of system development, coordination of activities, performance improvement, case studies (*An analysis of a particular group of cases used as a basis for drawing rational consensus in similar situations for educational and informative purposes*) and hospital training.
 1. Cardiac Subcommittee to assist in the integration between healthcare facilities and EMS agencies regarding cardiac care, monitoring of system development and performance improvement, coordination of activities, and public and professional education for the betterment of cardiac care within the region.
 2. Pediatric Subcommittee to assist in the integration between healthcare facilities and EMS agencies regarding pediatric care, monitoring of system development and performance improvement, coordination of activities, and public and professional education.
 3. Regional Registry Subcommittee develops and maintains a regional trauma data base that is accurate, consistent, and serves as the means by which we analyze statistical information about traumatic injury, morbidity and mortality, and resource utilization within TSA-I as a basis for injury prevention, trauma system management, research, and performance improvement which ultimately documents our successes and identifies opportunities to improve our trauma system.
 4. Stroke Subcommittee to assist in the integration between healthcare facilities and EMS agencies regarding stroke care, monitoring of system development and performance improvement, coordination of activities, and public and professional education.

5. Hospital Trauma Subcommittee to assist in the integration between healthcare facilities and EMS services regarding trauma care, monitoring of system development, performance improvement, coordination of activities, and public and professional education.

D. **Prevention Committee**

To facilitate and promote prevention and safety programs throughout the BorderRAC region.

E. **System Performance Improvement (SPI) Committee**

The SPI Committee, chaired by a physician, has the authority and responsibility to monitor identified performance improvement indicators through, but not limited to case reviews, as it relates to the quality of patient care. The committee makes recommendations to the Board regarding system enhancement and/or improvements. Inter-local liaison committees may be formed to provide comprehensive review of issues with greater local participation.

Information/inquiries may originate at either the System Performance Improvement Committee or the liaison committee. Global review of data and committee initiatives will be reflected in the minutes of the System Performance Improvement Committee.

Case Review is the specific assessment, discussion, and measurement of an identified process or procedure with the intent to validate or amend the desired output through efficiency or effectiveness of a specific practice or procedure.

1. Physician Advisory Group provides a venue for closed review of referred events or cases to identify opportunities for system process improvement from past performance, deviation from standards of care and successes.

Any matters regarding at-risk issues will be referred to the PAG. Written notification will be provided to those who are requested to attend those sessions. Nothing in this session shall require or authorize the giving of names or other information which would constitute an invasion of privacy or otherwise unnecessarily divulge the particular facts concerning the closed session.

2. Medical Education Subcommittee provides opportunities for delivering and improving the quality, safety, and cost-effectiveness of patient care and outcomes by encouraging the development of professional education and individual self-assessment and self-directed learning repertoire for the betterment of the region.

Section 2.

Each standing committee and subcommittee shall have an identified chair which will be selected annually by the membership of that committee. Committee and subcommittee chair elections shall be conducted as outlined in Article VIII Voting.

Section 3.

Each standing committee and subcommittee shall have at least 4 meetings per year and keep minutes of each meeting.

Provide written agendas and minutes to committee members. Provide these, and sign-in sheets to the Executive Director for maintenance and provides written reports to the Board and General Membership during BorderRAC meetings.

Section 4.

Subcommittees may be established and/or dissolved at the discretion of the Board. A report of subcommittee actions must be provided to the originating standing committee chair.

Section 5.

Task Force is defined as a group of members or qualified individuals formed to complete an assignment within a specific timeframe.

Article VIII – Voting

Section 1.

Principles. Transparency of actions and decision is a vital component for maintaining public confidence in the equity and integrity of voting operations. In general, it requires that voting operations-related documents are publicly accessible and that all political or administrative decisions relating to voting operations are publicly available and subject to challenge and independent review.

Upholding all transparency, security of voting operations needs to guarantee that all designated voters can participate in voting, and vote according to the unified decision of their entity, without fear of intimidation, retaliation, or retribution.

To ensure each voter is an active participant in voting for their entity, an electronic ballot with a brief bio of each nominee will be distributed to the primary designated voter. The ballot will remain open for 48 hours. This ballot will be closed. A second ballot will be opened and sent to the alternate designated voter for those entities that have not yet participated in voting. The ballot will again remain open for 48 hours. Electronic voting engages the voters in a fair and non-influenced atmosphere.

- Each voter must be individually identified by the approved Member Information Sheet.
- All reasonable precautions shall be taken to ensure electronic ballots cannot be duplicated or fraudulent ballots cast in an election.
- For verification, ballots (blank and completed) must be publically available.
- All ballots for a given election must be accounted for from the time they are designed, generated, or printed and until the statutory limit on storage has expired.
- All ballots will be tabulated electronically with a printout of the voters address and attestation agreeing they are the primary or alternate designated voter. The e-mail will clearly state the e-mail shall not be forwarded to another person. No proxy voting will be accepted.
- Checks and balances shall be in place to ensure the number of ballots counted does not exceed the number of eligible votes, nor are duplicates present from one or more entities.
- All pertinent election documentation shall be maintained and stored with minutes in accordance with record retention policy.

- In the event of a tie vote, there will be a run-off of those members receiving an equal number of votes. The run-off will be conducted electronically. In the event of a second tie, those members receiving equal votes will be submitted to the Board of Directors for their evaluation and identification of the elected chair.

Section 2.

General Membership Voting. General membership meetings are held quarterly during the months of January, April, July, and October. Electronic voting will take place prior to the July General Membership meeting, allowing the announcement of incoming officers to be completed at the General Membership meeting. All committee elections will follow electronic voting guidelines for notification to the individual committees in August.

- Member organizations will have only one vote by the primary representative or alternate designated to vote on the member organization's behalf. The alternate representative must be identified on the Member Information Sheet.
- The designated voting representative shall be responsible for obtaining consensus among their organization's members and submitting a single vote on behalf of the member organization.
- Voting to determine the EMS Committee Chair shall be limited to pre-hospital membership organizations only. The position of chair for the EMS Committee must be a member of an eligible EMS agency.
- Voting to determine the Hospital Trauma Subcommittee Chair shall be limited to Hospital membership organizations only. The position of chair for the Hospital Trauma Subcommittee must be a member of an active hospital agency.

Section 3.

Board of Director Voting. The BorderRAC Board of Directors (BOD) is a body of elected and appointed members who jointly oversee the activities of our organization. The BOD has the responsibility to establish a system of governance for our organization. The BOD is responsible for the organization's accountability to its members, stakeholders and the community.

- The BOD acts on behalf of, and is subordinate to, the organization's full membership.
- Participation from each BOD member is encouraged, affording one vote per issue.
- All views and opinions discussed by BOD members should be expressed without fear of intimidation, retaliation, or retribution.
- Items requiring a vote by the BOD may be conducted by voice, show of hands, electronically, or ballot voting at the discretion of the presiding chair.
- In tie votes, the presiding Chair holds the tie-breaking vote.
- Based on their immediate past Chair position, an ex-Officio member holds a position on the BOD which affords them one vote per issue.
- Members must disclose any conflict of interest and must refrain from voting on issues that present a conflict.
- A Closed Session will abide as outlined above.

Article IX- Fiscal Responsibility Standards

Section 1.

The BorderRAC fiscal year will be September 1 through August 31. BorderRAC is a nonprofit organization under Section 501(c) (3) of the Internal Revenue Code of 1986, as amended, as recognized by the Internal Revenue Service. As such, no one individual or entity may profit from the activities of BorderRAC.

Section 2.

Budget preparation is achieved through needs assessments provided by the BorderRAC committees as well as strategic direction provided by the Board and General Membership.

The Budget is presented for ratification at the July general membership meeting.

Section 3.

All checks will have two signatures. These signatures may be any combination of the Executive Board and the Executive Director.

Section 4.

Expenditures outside of the annual approved budget must conform to the following schedule:

	<u>Amount</u>	<u>Approval Required</u>
A.	\$ 0-\$10,000.00	Executive Committee
B.	\$ 10,000.01 - \$100,000.00	Board of Directors
C.	\$ 100,000.01 or more	General Membership

The Executive Director may authorize expenditures associated with specific grants if a budget was submitted as part of the grant application process and the grant application was approved by the Board of Directors upon completion or at notice of award.

Section 5.

BorderRAC may be dissolved by a vote of at least seventy-five percent (75%) of the voting membership present and voting. Upon dissolution, any eligible existing funds of BorderRAC shall be distributed to an appropriate organization or entity that shall utilize the funds to continue the mission of BorderRAC for all citizens of TSA-I.

Section 6.

Indemnity and Insurance. BorderRAC will indemnify its directors, officers, employees, and agents to the fullest extent permitted by the Texas Business Organizations Code and may, if and to the extent authorized by the Board of Directors, indemnify any other person whom it has the power to indemnify against liability, reasonable expense, or any other matter.

As may be provided by specific action of the Board of Directors, BorderRAC may purchase and maintain insurance on behalf of any person who is or was a director, officer, employee or agent of BorderRAC against any liability asserted against him or her and incurred by such person in such a capacity or arising out of his or her status, whether or not BorderRAC would have the power to indemnify him or her against the liability under this Section.

Section 7.

Limitation of Liability. A director of BorderRAC shall not be liable to BorderRAC or its members for monetary damages arising as a result of an act or omission committed by the director while acting

within his or her capacity as a director, except that this Section shall not eliminate or limit the liability of a director for:

- A. Breach of a director's duty of loyalty to BorderRAC or its members;
- B. An act or omission not in good faith that constitutes a breach of duty of the director to BorderRAC or that involves intentional misconduct or a knowing violation of the law;
- C. A transaction from which a director received an improper benefit, whether or not the benefit resulted from an action taken within the scope of the director's office; or
- D. An act or omission for which the liability of a director is expressly provided for by statute.

Article X- Amendments

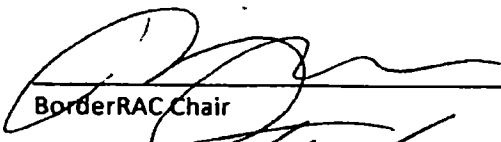
The bylaws may be adopted, amended, or revised by an affirmative vote of two-thirds of the General Membership. Copies of the proposed amendments will be posted/disseminated no less than 30 days prior to the meeting.

Article XI - Alternate Dispute Resolution Process

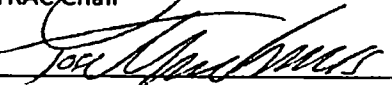
- A. Any provider or individual representing a provider, service or hospital that has a dispute in connection with another provider or the BorderRAC itself (e.g., by-laws, trauma system plan, guidelines or protocols; action(s) or in-action(s), etc.) may formally voice its disapproval in writing. The written formal protest must be addressed to the chair person of the BorderRAC within 30 days.
- B. A formal protest must contain the following: a specific statement of the situation that contains the description of each issue and a proposed solution to resolve the matter(s).
- C. An odd-numbered neutral or impartial group, agreeable to both parties, will be assembled to review the issue(s). This group may solicit written responses to the dispute from interested parties. If the dispute is not resolved by mutual agreement, the group will issue a written determination, within thirty (30) calendar days of receipt of all pertinent data.
- D. Party or parties may appeal the determination by the group and ask the issue to be brought before the General Membership of the BorderRAC for a final determination. The party or parties have no later than thirty (30) calendar days after the determination to submit the request for secondary review. In the event the appeal is not timely in delivery, it will not be considered. If not considered, the parties will be notified in writing.

The request must be submitted to following address:

BorderRAC Chair
200 N. Kansas St.
El Paso, Texas 79901



BorderRAC Chair



BorderRAC Secretary

9/15/14

Date

9/15/14

Date

Proposed:	August, 1992
Revised:	September, 1992
Revised:	October, 1994
Revised:	April, 1995
Revised:	July, 1996
Revised:	October, 1997
Revised:	January, 1998
Reviewed:	March, 1999
Reviewed:	July, 2000
Revised:	June, 2001
Revised:	October, 2004
Revised:	January, 2006
Revised:	October, 2006
Revised:	April, 2007
Revised:	January, 2008
Revised:	January 2009
Revised:	July 2009
Revised:	October 2009
Revised:	November 2010
Approved:	April 13, 2011
Revised:	February 2012
Revised:	September 2012
Approved:	January 2013
Revised:	February 2014
Approved:	July 2014