SEVEN FLAGS REGIONAL ADVISORY COUNCIL

Trauma Service "T"

Board of Directors Meeting Packet

JIM HOGG, WEBB, ZAPATA

SEVEN FLAGS REGIONAL ADVISORY COUNCIL (SFRAC) BOARD MEETING

AGENDA

Regular Meeting of the SFRAC Board of Directors
Wednesday, April 30, 2025, 2:00 p.m. to 4:00 p.m.
Laredo Medical Center, 1700 E. Saunders, 1st Floor,
Community Center Rm. Tower B., Laredo, Texas, 78041

AGENDA

25-26 Item 25-26: Call to Order – Chairman, Jorge Delgado

a. Roll Call
b. Introduction of Guests:

- Mr. Gregorio Salas, Assistance Professor of EMS, Laredo College
- MAJ Annie Gerhardt, DNP, FNP-C; Southern Border Mission, 142 Engineer Battalion Surgeon.
- Sargeant Major Cook from 10th Mountain
- Ms. Rhonda Stewart, Vice-President, Health Access, LLC.

25-27 *(Tab 1)* Item 25-27: Presented to the Board for Review and Possible Action is the Approval of the Minutes to the SFRAC Board meeting held January 30, 2025 - Chairman.

25-28 *(Tab 2)* Item 25-28: Presented to the Board for Discussion and Possible Action is the Approval of the SFRAC Committees Reports – Chairman.

Trauma/Injury Prevention Committee (Chairman: Letisia Colon; Vice-Chairman: Joe Gonzalez)

EMS/Prehospital Committee: (Chairman: Victor Villarreal; Vice-Chairman: Angel Garcia)

Neonatal/NICU Committee (Chairman: Angelica Perez; Vice-Chairman: Lilly Limas)

Maternal Committee (Chairman: Maria Santillan; Vice-Chairman: Stacey Lopez)

Stroke Committee: (Chairman: Chantelle Molina; Vice-Chairman: Angie Avila)

Cardiac/STEMI Committee: (Chairman: Cristina Paez; Vice-Chairman: Rosie Tamez)

25-29 *(Tab 3)* Item 25-29: Presented to the Board for Review and Possible Action is the Approval of the SFRAC Bank Fund Balance/Accounts Statement Report, and Expense Report for the Period of January 11, 2025, thru April 10, 2025 – Chairman.

25-30 *(Tab 4)* Item 25-30: Presented to the Board for Review and Possible Action is the Ratification to Approve the second (2nd) Quarter 2025 Fiscal Year EMS RAC/ System Development/Exceptional Item Financial Report as submitted to the Texas Department of State Health Services – Chairman.

25-31 *(Tab 5)* Item 25-31: Presented to the Board for Review and Possible Action is the Approval in Accepting and Further Authorizing the Submittal of the Seven Flags Regional Advisory 2023, 990 Income Tax Report to the Internal Revenue Service as Required by Law – Chairman.

25-32 *(Tab 6)* Item 25-32 Presented to the Board for Review and Possible Action is the Approval to Accept a Request from Lone Star Ambulance Inc. to Join the Seven Flags Regional Advisory Council as Participating Voting Members – Chairman.

25-33 *(Tab 7)* Item 25-33 Presented to the Board for Discussion and Possible Action is the Approval to Authorized Amending the SFRAC By-Laws to Adopt a Membership Requirement for SFRAC Participating EMS Entities to be in Compliance with the City of Laredo Ordinance Regulating Ambulance (EMS) Operations in the City of Laredo – Chairman.

25-34 *(Tab 8)* Item 25-34: Presented to the Board for Discussion and Possible Action is the Approval to Accept a Recommendation to Acquire Health Access LLC., a Professional Services Firm Specializing in Health Care Consulting to Facilitate the Completion and Submittal of the RAC Self-Assessment Tool and any Required Plan of Action to the Department of State Health Services (DSHS) by the Due Date of August 31, 2025. And in so doing, Authorize the SFRAC Administrator to Negotiate and Finalize Terms of Agreement within the Established Scope of Work and Approved Monthly Pay Rate for a Four Month Prorated Period of May 1, 2025, through August 31, 2025, for a Total not to Exceed Twenty-Four Thousand Dollars ($24,000). – Chairman.

25-35 *(Tab 9)* Item 25-35: Other Business

a. Report on the FY25 Membership Summary (i.e., Membership Fees and Document Submittals) - SFRAC Administrator.
b. Information Regarding DSHS Collected Data from Hospitals Bed Count and HPP Quarterly Drills Data Now Accessible via Link from the SFRAC Website – SFRAC Administrator
c. Life-Meter for Children: A Child Safety and Injury Prevention Decal/Sticker – SFRAC Administrator

d. Discussion Regarding the Possible Use of Exceptional Item Funding to Sponsor/Fund EMS Trainings in the Region Instead of or in Combination with the Allocation of Funds to EMS Entities (e.g., PALS, ACLS, Specialty Certification Review Course (SCRC), Tactical Emergency Care (TECC), and others – SFRAC Administrator.
e. 2023 Severe Trauma Patients Transfer Time > 2 hours Comparison Bar Chart - SFRAC Administrator.
f. TSA-T EMS 2024 Dataset Closure Report for Previously Non-Compliant but Currently Improved or Recently Compliant Entities – SFRAC Administrator
g. Senate Bill 8 State Program Officially Closed – SFRAC Administrator/Joe Gonzalez

25-36 *(Tab 10)* Item 25-36 Communication/Correspondence – Chairman.

25-37 Item 25-37: General Announcements

25-38 Item 25-38: Next SFRAC Board meeting – Chairman.

FY25 Meeting Schedule	
Date	**Location**
Monday, September 30, 2024	**Laredo Medical Center, 1700 E. Saunders, 1st Floor, Cafeteria Private Dining Rm., Main Entrance, Laredo, Texas, 78041**
Thursday, January 30, 2025	**City of Laredo Fire/EMS Administrative Building, 616 E. Del Mar, EOC Room, 2nd. Floor, Laredo, Texas, 78045**
Wednesday, April 30, 2025	**Laredo Medical Center, 1700 E. Saunders, 1st Floor, Community Center Rm. Tower B., Laredo, Texas, 78041**
Friday, August 29, 2025	**TBD**

Name	Title/Location	Cell
Jorge Delgado	**TSA-T Chairman**	**(956) 552-8080**
John Keiser	**TSA-T Administrator**	**(956) 693-0536**

25-39 Item 25-39: PUBLIC COMMENT: Individuals/Organizations providing comments are required to complete a SFRAC Public Comment Sign-In Sheet. The Board asks that each presenter's comments pertain to RAC business. The public comment process and matters resulting from the process shall be directed by the Chairman. The Board will not discuss or take immediate action on any agenda or non-agenda item(s) as a result of comments presented during the meeting. The Board will hear the public comments but will not respond in the form of dialog, except to ask questions, if necessary. All information received is subject to verification. Those requesting to address the Board are granted three (3) minutes to address their topic(s). The Board has requested that no insulting, abusive or profane language be used. As each individual speaker begins his/her testimony, they must state their name for the record and state on whose behalf they are providing comments.

25-40 Item 25-40: Adjournment – Chairman.

ITEM 25-27 (TAB 1)

Regular Meeting of the SFRAC Board of Directors
Thursday, January 30, 2025, 2:00 p.m. to 4:00 p.m.
City of Laredo Fire/EMS Department Administrative Bldg., 2nd Floor Conference Rm., 616 E. Del Mar, Laredo, Texas, 78045

MINUTES

25-14 Item 25-14: Call to Order – Chairman, Jorge Delgado

SFRAC Board Chairman, Mr. Jorge Delgado, called the meeting to order at 2:17 P.m., Thursday, January 30, 2025.

a. Roll Call

At the request of the Chairman, Mr. John Keiser, SFRAC Administrator proceeded with the roll call of SFREAC Board members:

SFRAC Board Chairman: Mr. Jorge Delgado - Present
Angel Care Ambulance: Absent
Bronze Star Ambulance: Patricia Medina (Alternate) – Present
City of Laredo Fire/EMS: Chief Robert Gonzalez (Alternate) – Present
Doctors Hospital of Laredo: Letisia Colon (Officer/Secretary) – Present
Priority EMS: Jorge Delgado (Chairman) – Present
Laredo Medical Center: Joe Gonzalez (Officer/Treasurer) – Present
Medpoint Ambulance: Juan Medellin (Director) – Present
Webb County Volunteer Fire/EMS: Ramiro Elizondo (Alternate) Present
Zapata County Fire/EMS: Daniel Arriaga (Director) – Present
Victorious Care Ambulance Service: Victor Villarreal (Director) – Present
Laredo Lifeline: Gabriela Santos (Alternate) – Present
Lalitas Ambulance: Absent
Capital Care EMS: Absent
Texas Superior Ambulance Service: Kimberley De La Cruz (Alternate) – Present
Skyline EMS: Kevin Harris (Director) - Present
Villa Ambulance: Lorenzo Ochoa (Alternate) – Present
Primary Care Ambulance: Armando Parra (Director) – Present
Digni Care: Absent
United Med Ambulance: Jose Cavazos (Director) – Present
Gateway Ambulance (Non-participating Entity) – Present
Subject Matter Expert: Janson Delattre – Absent
Member at -Large: John Jones: Absent

b. Introduction of Guests

Martha Garcia, Trauma Coordinator, Laredo Medical Center

25-15 *(Tab 1)* Item 25-15: Presented to the Board for Review and Possible Action is the Approval of the Minutes to the SFRAC Board meeting held September 30, 2024 - Chairman.

A motion was made to approve the minutes as presented by Chief Robert Gonzalez and seconded by Mr. Joe Gonzalez. Motion carried unanimously.

25-16 *(Tab 2)* Item 25-16: Presented to the Board for Discussion and Possible Action is the Approval of the SFRAC Committees Reports – Chairman.

Trauma/Injury Prevention Committee (Chairman: Letisia Colon; Vice-Chairman: Joe Gonzalez)

No items to report from the Trauma/Injury Prevention Committee.

EMS/Prehospital Committee: (Chairman: Victor Villarreal; Vice-Chairman: Angel Garcia)

No items to report from the EMS/Prehospital Committee.

Neonatal/NICU Committee (Chairman: Angelica Perez; Vice-Chairman: Lilly Limas)

No items to report from the Neonatal/NICU Committee.

Maternal Committee (Chairman: Maria Santillan; Vice-Chairman: Stacey Lopez)

No items to report from the Maternal Committee.

Stroke Committee: (Chairman: Chantelle Molina; Vice-Chairman: Angie Avila)

Ms. Chantelle Molina reported that she will be serving under GETAC Stroke Committee representing Laredo Medical Center.

Cardiac/STEMI Committee: (Chairman: Cristina Paez; Vice-Chairman: Rosie Tamez)

Ms. Cristina Paez reported that Laredo Medical Center had recently been reaccredited as a primary chest pain center.

25-17 *(Tab 3)* Item 25-17: Presented to the Board for Review and Possible Action is the Approval of the SFRAC Bank Fund Balance/Accounts Statement Report, and Expense Report for the Period of September 11, 2024, thru January 10, 2025 – Chairman.

A motion to accept the SFREAC Bank Fund Balance/Accounts Statement Report and Expense Report for the period of September 11, 2024, thru January 10, 20205 as presented by SFRAC Administrator made by Chief Robert Gonzalez and seconded by Mr. Joe Gonzalez. Motion carried unanimously.

25-18 (*Tab 4)* Item 25-18: Presented to the Board for Review and Possible Action is the Approval in Ratifying the Execution of Contract Amendment No. 3, Between the Seven Flags Regional Advisory Council and the Texas Department of State Health Services under the FY2025 EMS RAC Program, Contract No. HHS001336600020 – Chairman.

A motion was made to approve the Ratification for the Execution of Contract Amendment No. 3, Between the Seven Flags Regional Advisory Council and the Texas Department of State Health Services under the FY2025 EMS RAC Program, Contract No. HHS001336600020 by Ms. Cristina Anaya and seconded by Mr. Joe Gonzalez. Motion carried unanimously.

25-19 *(Tab 5)* Item 25-19: Presented to the Board for Review and Possible Action is the Ratification to Approve the First (1st) Quarter 2025 Fiscal Year EMS RAC/Exceptional Item Funding, and System Development Financial Report as submitted to the Texas Department of State Health Services – Chairman.

A motion was made by Mr. Joe Gonzalez and seconded by Chief Danniel Arriaga, to approve the Ratification for the submittal of the First (1st) Quarter 2025 Fiscal Year EMS RAC/Exceptional Item Funding, and System Development Financial Report to the Texas Department of State Health Services. The motion carried unanimously.

25-20 *(Tab 6)* Item 25-20: Presented to the Board for Discussion and Possible Action is the Approval on Implementing the First Phase of Capacity Building Consisting of Initiating the Hiring Process by Forming the Position of Regional Health System Specialist (HSS) to Develop and Administer the SFRAC System Assessment and Improvement Program as Required by DSHS Under TAC Rule 157.123, and in so doing Authorize the Administrator to Assume and Remit Payment for Related Expenditures Incurred through the Publishing of Job Ads in Local and Regional Newspapers, as well as Posting on Social Media and Job Seeking Platforms, as needed – Chairman.

The SFRAC Administrator presented the Board with information consisting of a job description for the proposed newly formed position for the SFRAC to implement the

Self-Assessment Program. The new position would be entitled Health Systems Specialist. SFRAC Administrator informed the Board members of the compensation for the position and methods at which the position to fill the position would be sought and advertised. SFRAC Administrator requested the Board's approval to authorize moving forward with the first phase of the hiring process consisting of advertising for the job opening and accepting resumes from interested applicants. A motion was made by Mr. Joe Gonzalez to approve the request and seconded by Chief Robert Gonzalez. Motion carried unanimously.

25-21 *(Tab 7)* Item 25-21: Other Business – Chairman.

a. Report on the FY25 Membership Summary (i.e., Membership Fees and Document Submittals) - SFRAC Administrator.

   SFRAC Administrator presented the Board with a summary of the Membership Summary highlighting that membership fees and required documents had been submitted by the majority of members, with only three entities not meeting a 100% submittal rate.

b. Information Regarding DSHS' Requirement to Collect and Report Specific Data from Local Hospitals on a Quarterly Basis – Nathan Rubio, HPP Coordinator.

   Nathan Rubio, Coastal Bend RAC representative provided the Board with information regarding the quarterly drills planned to be carried out in response to a DSHS requirement for aggregate bed count data in regional hospitals.

c. W.H.A.L.E.: A Child Safety Seat Occupant Identification Program.

   The SFRAC Administrator provided the Board with information regarding a child safety program called WHALE. Samples were presented to the members and contact information was made available in case any of the members were interested in pursuing the implementation of the program in their areas.

d. New Trauma Rule Requirement (TAC Subchapter G, Sec. 157.126) Regarding Trauma Medical Director participation in the SFRAC to become Effective September 1, 2025.

   Information regarding new rule requirements for trauma medical directors participation in the RACs was introduced by the SFRAC Administrator. He explained that although it would be a requirement of trauma medical directors to participate at the RAC meetings, the rule does allow the assigning of an alternate to represent the trauma medical directors during the meetings.

e. Notice of Distribution for the EMS County Assistance (Due April 30th) and System Development Funds (Due May 31st) to Eligible SFRAC Entities.

Members of the Board were informed by the SFRAC Administrator that award allocations to EMS and Hospitals in good standing with the organization would be receiving there FY25 grant award allotment. The Board members were advised that grant allotments had deadlines associated with each, and if entities did not meet the submittal deadline their funds would potentially be redistributed to other members having met the deadlines.

f. Report on the Senate Bill 8 State Program – Joe Gonzalez.

Mr. Joe Gonzalez reported to the Board that the Senate Bill 8 program was officially closed and will end in terms of being administered by the RACs.

g. EMS/Trauma (Hospital) 2023 Data Report.

SFRAC Administrator presented the Board members with the lasts EMS/Hospital Trauma Data from 2023. During the report he reviewed the different data sets and related metrics. He advised the Board that the data report would be available from the SFRAC website as well as through a link to the DSHS website.

h. General Announcement or Inquiries

Mr. Joe Gonzalez addressed the Board with comments related to the importance of reporting EMS runs on the registry, indicating that the total number of

25-22 *(Tab 8)* Item 25-22 Communication/Correspondence – Chairman.

SFRAC Administrator shared the various sets of correspondence with the Board members, which included the following:

1) *Financial Audit Close-out letter from DSHS with implementation of corrective action plan acceptance and approval.*
2) *Doctors Hospital Certificate of Designation for their neonatal facility.*
3) *Shared information regarding the Family Education Scholarship.*

25-23 Item 25-23: Next SFRAC Board meeting – Chairman.

FY25 Meeting Schedule	
Date	**Location**
Monday, September 30, 2024	**Laredo Medical Center, 1700 E. Saunders, 1st Floor, Cafeteria Private Dining Rm., Main Entrance, Laredo, Texas, 78041**
Thursday, January 30, 2025	**City of Laredo Fire/EMS Administrative Building, 616 E. Del Mar, EOC Room, 2nd. Floor, Laredo, Texas, 78045**
Wednesday, April 30, 2025	**TBD**
Friday, August 29, 2025	**TBD**

Name	Title/Location	Cell
Jorge Delgado	**TSA-T Chairman**	**(956) 552-8080**
John Keiser	**TSA-T Administrator**	**(956) 693-0536**

25-24 Item 25-24: PUBLIC COMMENT: Individuals/Organizations providing comments are required to complete a SFRAC Public Comment Sign-In Sheet. The Board asks that each presenter's comments pertain to RAC business. The public comment process and matters resulting from the process shall be directed by the Chairman. The Board will not discuss or take immediate action on any agenda or non-agenda item(s) as a result of comments presented during the meeting. The Board will hear the public comments but will not respond in the form of dialog, except to ask questions, if necessary. All information received is subject to verification. Those requesting to address the Board are granted three (3) minutes to address their topic(s). The Board has requested that no insulting, abusive or profane language be used. As each individual speaker begins his/her testimony, they must state their name for the record and state on whose behalf they are providing comments.

No public comments.

25-25 Item 25-25: Adjournment – Chairman.

A motion to adjourn was made by Chief Arriaga and seconded by Mr. Joe Gonzalez. Meeting stood adjourned.

ITEM 25-28 (TAB 2)

FY25 MATERNAL COMMITEE

CHAIRMAN:

MARIA SANTILLAN
(LMC)

Present: ___ Absent ___

MEETING DATE:

APRIL 30, 2025

VICE-CHAIRMAN:

STACEY LOPEZ
(DOCTORS)

Present ___ Absent ___

LOCATION:

Laredo Medical Center, 1700 E. Saunders, Laredo Tx. 78041

NAME	TITLE	COMPANY	PHONE	EMAIL
Stacey Lopez	Maternal Program Manager	Doctors Hospital of Laredo	956-523-2272	Stacey.lopez@uhsinc.com
Guadalupe P. Cisneros	Director	Doctors Hospital of Laredo	956-523-2273	Guadalupe.cisnernos@uhsinc.com
Dr. Juan Montalvo	Maternal Medical Director	Doctors Hospital of Laredo		
Maria Santillan	Maternal Program Manager	Laredo Medical Center	956-796-4146	Maria_santillan@chs.net
Leticia Murillo	Clinical Coordinator	Laredo Medical Center	956-796-4516	Leticia_murillo@chs.net
Maria Uribe	Director Women's Services	Laredo Medical Center	956-796-4501	Maria_uribe@chs.net
Dr. George Trivette	Maternal Medical Director	Laredo Medical Center		

FY25 NEONATAL / NICU COMMITEE

CHAIRMAN:

ANGELICA PEREZ
(LMC)

Present: ___ Absent ___

MEETING DATE:

APRIL 30, 2025

VICE-CHAIRMAN:

LILLY LIMAS
(DOCTORS)

Present ___ Absent ___

LOCATION:

LAREDO MEDICAL CENTER, 1700 E. SAUNDERS, LAREDO TX. 78041

NAME	TITLE	COMPANY	PHONE	EMAIL
Angelica Perez	NPM	LMC	956-326-0676	angelica_perez@chs.net
Dr. Satbir Chhina	NMD	LMC	956-206-0112	sschhina@icloud
Patricia Diaz	NICU Director	LMC	956-251-8351	patricia_diaz1@chs.net
Lisa Y. Gonzalez	NICU Program Manager	DHL	956-523-2232	Lisa.Gonzalez2@uhsinc.com
Lilliana Limas	Neonatal Director	DHL	956-523-2113	Lilliana.limas@uhsinc.com
Dr. Roberto Villegas	Neonatal Medical Director	DHL	956-523-2104	Roberto.VillegasMD@uhsinc.com

FY25 EMS / PRE-HOSPITAL COMMITEE

CHAIRMAN:

VICTOR VILLARREAL
(*VICTORIOUS CARE*)

Present: ___ Absent ___

MEETING DATE:

APRIL 30, 2025

VICE-CHAIRMAN:

ANGEL GARCIA
(*ANGEL CARE*)

Present ___ Absent ___

LAREDO MEDICAL CENTER, 1700 E. SAUNDERS, LAREDO TX. 78041

NAME	TITLE	COMPANY	PHONE	EMAIL
Peter Gonzalez	Supervisor	Laredo Lifeline, LLC.	956-251-3787	lifelinepeter@yahoo.com

FY25 TRAUMA / INJURY PREVENTION COMMITEE

CHAIRMAN:

LETICIA COLON
(DOCTORS)

Present: ___ Absent ___

VICE-CHAIRMAN:

JOE GONZALEZ
(LMC)

Present ___ Absent ___

TRAUMA MEDICAL DIRECTOR (LMC):

Present ___ Absent ___

TRAUMA MEDICAL DIRECTOR (DOCTORS):

Present ___ Absent ___

MEETING DATE:

April 30, 2025

LOCATION:

Laredo Medical Center, 1700 E. Saunders, Laredo Tx. 78041

NAME	TITLE	COMPANY	PHONE	EMAIL
Vanessa Serna	Trauma Coordinator	Laredo Medical Center	956-796-4117	Vanessa_serna@chs.net
Alma Hernandez	Trauma Registrar	Laredo Medical Center	956-796-2309	Alma_hernandez1@chs.net

FY25 CARDIAC / STEMI COMMITEE

CHAIRMAN:

CRISTINA PAEZ (LMC)

Present: ___ Absent ___

MEETING DATE:

April 30, 2025

VICE-CHAIRMAN:

ROSIE TAMEZ (DOCTORS)

Present ___ Absent ___

LOCATION:

Laredo Medical Center, 1700 E. Saunders, Laredo Tx. 78041

NAME	TITLE	COMPANY	PHONE	EMAIL
Cristina Paez, BSN, RN	Chest Pain Coordinator	Laredo Medical Center	Office 956-796-3177	cristina_paez@chs.net
Chantel E. Molina, DNP, RN	Stroke Coordinator	Laredo Medical Center	Office 956-796-3218 Cell 361-231-0207	chantel_molina@chs.net
Vanessa Serna, BSN, RN	Trauma Coordinator	Laredo Medical Center	Office 956-796-4117	vanessa_serna@chs.net
Vanessa Gonzalez, BSN, RN	ED Clinical Coordinator	Laredo Medical Center	Office 956-796-3912	vanessa_villarreal@chs.net
Corissa Nino, BSN, RN	ED Clinical Coordinator	Laredo Medical Center	Office 956-796-3912	corissa_nino@chs.net
Ernesto Hernandez, MSN, RN	ED Director	Laredo Medical Center	Office 956-796-4171	ernesto_hernandez@chs.net
Juanita Fernandez, BSN, RN	ICU Clinical Coordinator	Laredo Medical Center	Office 956-796-4746	juanita_fernandez@chs.net
Rosie Tamez, BSN, RN	Chest Pain Coordinator	Doctors Hospital of Laredo	Office 956-523-2738 Cell (956) 771-3446	Rosa.Tamez@uhsinc.com
Angie Avila, RN	Stroke Coordinator	Doctors Hospital of Laredo	Office 956-523-2269 Cell (956) 334-4640	
Letisia Colon, BSN, RN	Trauma Coordinator	Doctors Hospital of Laredo	Office 956-523-2193 Cell (956) 523-9933	letisia.colon@uhsinc.com

NAME	TITLE	COMPANY	PHONE	EMAIL
Rosa Rodriguez, RN	ED Manager	Doctors Hospital of Laredo	Office 956-523-2196 Cell (956) 206-8360	

FY25 STROKE COMMITEE

CHAIRMAN:

CHANTELLE MOLINA (LMC)

Present: ___ Absent ___

MEETING DATE:

APRIL 30, 2025

VICE-CHAIRMAN:

ANGIE AVILA (DOCTORS)

Present ___ Absent ___

LOCATION:

Laredo Medical Center, 1700 E. Saunders, Laredo Tx. 78041

NAME	TITLE	COMPANY	PHONE	EMAIL
Chantel E. Molina, DNP, RN	Stroke Coordinator	Laredo Medical Center	Office 956-796-3218 Cell 361-231-0207	chantel_molina@chs.net
Cristina Paez, BSN, RN	Chest Pain Coordinator	Laredo Medical Center	Office 956-796-3177	cristina_paez@chs.net
Vanessa Serna, BSN, RN	Trauma Coordinator	Laredo Medical Center	Office 956-796-4117	vanessa_serna@chs.net
Vanessa Gonzalez, BSN, RN	ED Clinical Coordinator	Laredo Medical Center	Office 956-796-3912	vanessa_villarreal@chs.net
Corissa Nino, BSN, RN	ED Clinical Coordinator	Laredo Medical Center	Office 956-796-3912	corissa_nino@chs.net
Ernesto Hernandez, MSN, RN	ED Director	Laredo Medical Center	Office 956-796-4171	ernesto_hernandez@chs.net
Juanita Fernandez, BSN, RN	ICU Clinical Coordinator	Laredo Medical Center	Office 956-796-4746	juanita_fernandez@chs.net
Rosie Tamez, BSN, RN	Chest Pain Coordinator	Doctors Hospital of Laredo	Office 956-523-2738 Cell (956) 771-3446	Rosa.Tamez@uhsinc.com
Angie Avila, RN	Stroke Coordinator	Doctors Hospital of Laredo	Office 956-523-2269 Cell (956) 334-4640	Angelica.Salinas@uhsinc.com

NAME	TITLE	COMPANY	PHONE	EMAIL
Letisia Colon, BSN, RN	Trauma Coordinator	Doctors Hospital of Laredo	Office 956-523-2193 Cell (956) 523-9933	Letisia.Colon@uhsinc.com
Rosa Rodriguez, RN	ED Manager	Doctors Hospital of Laredo	Office 956-523-2196 Cell (956) 206-8360	Rosa.Rodriguez@uhsinc.com

ITEM 25-29 (TAB 3)

SEVEN FLAGS REGIONAL ADVISORY COUNCIL
FY25 ACCOUNTS STATEMENT REPORT

FY25 SFRAC BANK PROGRAM FUND ACCOUNTS AND ENDING BALANCE REPORT						
Period Ending	EMS County Assistance Fund Closing Balance	EMS RAC Fund Closing Balance	General Fund Closing Balance	System Development Fund Closing Balance	Holding Account Closing Balance (i.e., Senate Bill 8 Program)	Total
8/11/2024 thru 9/10/2024	$5,922.00	$25,791.07	$41,783.42	$15,367.11	359,026.46	$447,890.06
9/11/2024 thru 10/10/2025	$5,922.00	$805.97	$44,783.42	$7,528.37	$84,026.46	$143,066.22
10/11/2024 thru 11/10/2024	$39.00	0.00	$52,920.73	$7,275.51	$11,188.00	$71,423.24
11/11/2024 thru 12/10/2014	$39.00	0.00	$52,920.73	$7,275.51	$11,188.00	$71,423.24
12/11/2024 thru 1/10/2025	$39.00	0.00	$52,920.73	$7,275.51	$4,000.50	$64,235.74
1/11/2025 thru 2/10/2025	$39.00	0.00	$54,105.83	$7,275.51	.50	$61,420.84
2/11/2025 thru 3/10/2025	$92,417.00	$181.832.00	$61,170.34	$46,021.00	.50	$381,440.84
3/11/2025 thru 4/10/2025	$70,441.00	$181,832.00	$50,558.00	$46,021.00	.50	$348,852.50

FEBRUARY 2025

EMS COUNTY ASSISTANCE

Texas Community Bank
6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

MEMBER FDIC

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
1216 SANTA MARIA
LAREDO TX 78040

Date 2/10/25
Primary Account 1010591594
Enclosures

Page 1

EMS County Assistance

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591594	Statement Dates 1/13/25 thru	2/10/25
Previous Balance	39.00	Days in the statement period	29
Deposits/Credits	.00	Average Ledger	39.00
Checks/Debits	.00	Average Collected	39.00
Service Charge	.00		
Interest Paid	.00		
Current Balance	39.00		

DAILY BALANCE INFORMATION

Date	Balance
1/13	39.00

Main Bank Number: (956) 722-8333 TCB iTalk (24/7): 1-844-842-7211
NetTeller Online Banking: Visit us online at www.tx-communitybank.com
Mobile Banking: Get the TX Community Bank app for your Android or iOS device

EMS RAC

Texas Community Bank
6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 2/10/25
Primary Account 1010591495
Enclosures

Page 1

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591495	Statement Dates 1/13/25 thru	2/10/25
Previous Balance	.00	Days in the statement period	29
Deposits/Credits	.00	Average Ledger	.00
Checks/Debits	.00	Average Collected	.00
Service Charge	.00		
Interest Paid	.00		
Current Balance	.00		

DAILY BALANCE INFORMATION

Date	Balance
1/13	.00

Main Bank Number: (956) 722-8333 TCB iTalk (24/7): 1-844-842-7211
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GENERAL FUND

Texas Community Bank
6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

MEMBER FDIC

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Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRUMA SERVICES AREA T
GENERAL FUND ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 2/10/25
Primary Account 1010591396
Enclosures 3

Page 1

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	3
Account Number	1010591396	Statement Dates 1/13/25 thru	2/10/25
Previous Balance	52,920.73	Days in the statement period	29
2 Deposits/Credits	1,500.00	Average Ledger	53,252.99
2 Checks/Debits	314.90	Average Collected	53,201.27
Service Charge	.00		
Interest Paid	.00		
Current Balance	54,105.83		

DEPOSITS AND ADDITIONS

Date	Description	Amount
2/03	DDA REGULAR DEPOSIT	750.00
2/03	DDA REGULAR DEPOSIT	750.00

CHECKS AND WITHDRAWALS

Date	Description	Amount
2/03	DBT CRD 1311 01/31/25 90685633 ZOOM.COM 888-799-9666 ZOOM.US CA C#3893	159.90-

CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount
2/04	1027	155.00

* Denotes missing check numbers

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P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

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Texas Community Bank Home

Date	2/10/25	Page	2
Primary Account			1010591396
Enclosures			3

TCB COURTESY CHECKING 1010591396 (Continued)

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance	Date	Balance
1/13	52,920.73	2/03	54,260.83	2/04	54,105.83

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Texas Community Bank

CHECKING DEPOSIT

Date 02-1-25

Name Seven Flags Regional Advisory

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ACCOUNT NUMBER 1010591396

SIGN HERE FOR CASH RECEIVED (IF REQUIRED)

CASH ☑ INCLUDING COIN

CK 750.00

TOTAL FROM OTHER SIDE

SUB TOTAL

LESS CASH RECEIVED

NET DEPOSIT 750.00

⑆5057⑈0011⑆ 1010591396⑈

DDA REGULAR DEPOSIT Date: 02/03 Amount: $750.00

Texas Community Bank

CHECKING DEPOSIT

Date 02-1-25

Name Seven Flags Regional Advisory Council

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ACCOUNT NUMBER 1010591396

SIGN HERE FOR CASH RECEIVED (IF REQUIRED)

CASH ☑ INCLUDING COIN

CK 750.00

TOTAL FROM OTHER SIDE

SUB TOTAL

LESS CASH RECEIVED

NET DEPOSIT 750.00

⑆5057⑈0011⑆ 1010591396⑈

DDA REGULAR DEPOSIT Date: 02/03 Amount: $750.00

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
GENERAL FUND ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1027

1/28/2025 Date

Pay to the Order of De La Garza CPA Firm $155.00

One hundred fifty five 00 Dollars

Texas Community Bank
8721 McPherson Rd. Laredo, Texas 78041
956-725-5151

For Filing of 1099

⑆114924810⑆ 1027 ⑈1010591396⑈

DDA REGULAR CHECK 1027 Date: 02/04 Amount: $155.00

Invoice

zoom

Zoom Communications, Inc.
55 Almaden Blvd, 6th Floor
San Jose, CA 95113

Invoice Date: Jan 31, 2025
Invoice #: INV291101624
Payment Terms: Due Upon Receipt
Due Date: Jan 31, 2025
Account Number: 7005933746
Currency: USD
Payment Method: Visa **********3893
Account Information: Seven Flags Regional Advisory Council (SFRAC)

Federal Employer ID Number: 61-1648780

Purchase Order Number:

Tax Exempt Certificate ID: No # Provided

Zoom W-9

Sold To Address: 1216 Santa Maria Avenue, 1216 Santa Maria,
LAREDO, Texas 78040
United States
9567223995
jrkeiser@stdc.cog.tx.us

Bill To Address: 1216 Santa Maria Avenue, 1216 Santa Maria,
LAREDO, Texas 78040
United States
9567223995
jrkeiser@stdc.cog.tx.us

Charge Details

Charge Description	Subscription Period	Subtotal	Taxes, Fees & Surcharges	Total
Charge Name: **Zoom Workplace Pro Annual** Quantity: 1 Unit Price: $159.90	Jan 31, 2025 - Jan 30, 2026	$159.90	$0.00	***$159.90***
			Subtotal	**$159.90**
			Total (Including Taxes, Fees & Surcharges)	**$159.90**
			Invoice Balance	**$0.00**

Taxes, Fees & Surcharge Details

Charge Name	Tax, Fee or Surcharge Name	Jurisdiction	Charge Amount	Tax, Fee or Surcharge Amount
			Total of Taxes, Fees & Surcharges	$0.00

Transactions

Invoice Total	$159.90

Transaction Date	Transaction Number	Transaction Type	Description	Applied Amount
Jan 31, 2025	P-341487327	Payment		$-159.90
			Invoice Balance	$0.00

Need help understanding your invoice? Click here

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SYSTEM DEVELOPMENT

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MEMBER FDIC

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Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 2/10/25
Primary Account 1010591693
Enclosures

Page 1

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591693	Statement Dates 1/13/25 thru	2/10/25
Previous Balance	7,275.51	Days in the statement period	29
Deposits/Credits	.00	Average Ledger	7,275.51
Checks/Debits	.00	Average Collected	7,275.51
Service Charge	.00		
Interest Paid	.00		
Current Balance	7,275.51		

DAILY BALANCE INFORMATION

Date	Balance
1/13	7,275.51

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THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
HOLDING ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1031

12/20/2024
Date

Pay to the Order of Victoria Fire Department $ 4,000.00

Four thousand 00/100 Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041
956-753-8828

For Fire Course tuition (Re. Oneill)

⑆114924810⑆1031 ⑈101059179 2⑈

DDA REGULAR CHECK 1031 Date: 01/13 Amount: $4,000.00

HOLDING ACCOUNT

Texas Community Bank
6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

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Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
HOLDING ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date	2/10/25	Page	1
Primary Account			1010591792
Enclosures			1

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	1
Account Number	1010591792	Statement Dates 1/13/25 thru	2/10/25
Previous Balance	4,000.50	Days in the statement period	29
Deposits/Credits	.00	Average Ledger	.50
1 Checks/Debits	4,000.00	Average Collected	.50
Service Charge	.00		
Interest Paid	.00		
Current Balance	.50		

CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount
1/13	1031	4,000.00

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance
1/13	.50

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MARCH 2025

EMS COUNTY ASSISTANCE

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Laredo, TX 78045
(956) 722-8333

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Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
1216 SANTA MARIA
LAREDO TX 78040

Date 3/10/25
Primary Account 1010591594
Enclosures 1

Page 1

EMS County Assistance

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	1
Account Number	1010591594	Statement Dates 2/11/25 thru	3/10/25
Previous Balance	39.00	Days in the statement period	28
1 Deposits/Credits	92,417.00	Average Ledger	26,428.53
1 Checks/Debits	39.00	Average Collected	23,127.92
Service Charge	.00		
Interest Paid	.00		
Current Balance	92,417.00		

DEPOSITS AND ADDITIONS

Date	Description	Amount
3/03	DDA REGULAR DEPOSIT	92,417.00

CHECKS AND WITHDRAWALS

Date	Description	Amount
2/28	Transfer from EMS Cnty Assistance to General Fund	39.00-

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance	Date	Balance
2/11	39.00	2/28	.00	3/03	92,417.00

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Texas Community Bank

CHECKING DEPOSIT

Date

Name The Seven Flags R

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ACCOUNT NUMBER

1010591594

SIGN HERE FOR CASH RECEIVED (IF REQUIRED)

☑ CASH INCLUDING COIN ▶

CHECKS ▶

▶

TOTAL FROM OTHER SIDE ▶

SUB TOTAL ▶

LESS CASH RECEIVED ▶

NET DEPOSIT 92,417.00

⑆5057⑈00⑆⑆: 10105915944⑈

DDA REGULAR DEPOSIT Date: 03/03 Amount: $92,417.00

EMS RAC

Texas Community Bank
6721 McPherson Road
P.O. Box 450269
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Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date	3/10/25	Page	1
Primary Account			1010591495
Enclosures			1

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	1
Account Number	1010591495	Statement Dates	2/11/25 thru 3/10/25
Previous Balance	.00	Days in the statement period	28
1 Deposits/Credits	181,832.00	Average Ledger	51,952.00
Checks/Debits	.00	Average Collected	45,457.99
Service Charge	.00		
Interest Paid	.00		
Current Balance	181,832.00		

DEPOSITS AND ADDITIONS

Date	Description	Amount
3/03	DDA REGULAR DEPOSIT	181,832.00

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
2/11	.00	3/03	181,832.00

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Texas Community Bank

CHECKING DEPOSIT

Date

Name The Seven Flags

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

EMS LAC Hall

ACCOUNT NUMBER

1010591495

SIGN HERE FOR CASH RECEIVED (IF REQUIRED)

CASH (INCLUDING COIN)

CHECKS

TOTAL FROM OTHER SIDE

SUB TOTAL

LESS CASH RECEIVED

NET DEPOSIT 181,832.00

⑆5057⑈00 1 1⑆ 10 1059 1495⑈

DDA REGULAR DEPOSIT Date: 03/03 Amount: $181,832.00

GENERAL FUND

Texas Community Bank
6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRUMA SERVICES AREA T
GENERAL FUND ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 3/10/25
Primary Account 1010591396
Enclosures 2

Page 1

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	2
Account Number	1010591396	Statement Dates 2/11/25 thru	3/10/25
Previous Balance	54,105.83	Days in the statement period	28
3 Deposits/Credits	8,064.51	Average Ledger	56,577.60
1 Checks/Debits	1,000.00	Average Collected	56,550.81
Service Charge	.00		
Interest Paid	.00		
Current Balance	61,170.34		

DEPOSITS AND ADDITIONS

Date	Description	Amount
2/18	DDA REGULAR DEPOSIT	750.00
2/28	Transfer from EMS Cnty Assistance to General Fund	39.00
2/28	Transfer from System Development to General Fund	7,275.51

CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount
2/12	26	1,000.00

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
2/11	54,105.83	2/18	53,855.83
2/12	53,105.83	2/28	61,170.34

Texas Community Bank
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Texas Community Bank Home

Date	3/10/25	Page	2
Primary Account			1010591396
Enclosures			2

TCB COURTESY CHECKING 1010591396 (Continued)

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Texas Community Bank

CHECKING DEPOSIT

Date 021525

Name Seven Flags Regional

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ACCOUNT NUMBER

1010591396

SIGN HERE FOR CASH RECEIVED (IF REQUIRED)

CASH (INCLUDING COIN) 750.00

TOTAL FROM OTHER SIDE

SUB TOTAL

LESS CASH RECEIVED

NET DEPOSIT 750.00

⑆5057⑈0011⑆ 1010591396⑈

DDA REGULAR DEPOSIT Date: 02/18 Amount: $750.00

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
GENERAL FUND ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1026

1/24/2025 Date

Pay to the Order of TETAF $1,000.

One thousand Dollars

Texas Community Bank #4008 RACT

6721 McPherson Rd. Laredo, Texas 78041
956-723-4333

For Membership Dues (2025)

⑆114924810⑆ 1026 ⑈1010591396⑈

DDA REGULAR CHECK 26 Date: 02/12 Amount: $1,000.00

SYSTEM DEVELOPMENT

Texas Community Bank
6721 McPherson Road
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Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 3/10/25
Primary Account 1010591693
Enclosures 1

Page 1

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	1
Account Number	1010591693	Statement Dates 2/11/25 thru	3/10/25
Previous Balance	7,275.51	Days in the statement period	28
1 Deposits/Credits	46,021.00	Average Ledger	17,566.13
1 Checks/Debits	7,275.51	Average Collected	15,922.52
Service Charge	.00		
Interest Paid	.00		
Current Balance	46,021.00		

DEPOSITS AND ADDITIONS

Date	Description	Amount
3/03	DDA REGULAR DEPOSIT	46,021.00

CHECKS AND WITHDRAWALS

Date	Description	Amount
2/28	Transfer from System Development to General Fund	7,275.51-

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance	Date	Balance
2/11	7,275.51	2/28	.00	3/03	46,021.00

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Texas Community Bank

CHECKING DEPOSIT

Date

Name The Seven Flags System Dev.

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ACCOUNT NUMBER

1010591693

SIGN HERE FOR CASH RECEIVED (IF REQUIRED)

CASH (INCLUDING COIN)

TOTAL FROM OTHER SIDE

SUB TOTAL

LESS CASH RECEIVED

NET DEPOSIT 46,021.00

⑆5057⑈00⑆⑆⑈ 1010591693⑈

DDA REGULAR DEPOSIT Date: 03/03 Amount: $46,021.00

HOLDING ACCOUNT

Texas Community Bank
6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
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Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
HOLDING ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 3/10/25
Primary Account 1010591792
Enclosures

Page 1

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591792	Statement Dates 2/11/25 thru	3/10/25
Previous Balance	.50	Days in the statement period	28
Deposits/Credits	.00	Average Ledger	.50
Checks/Debits	.00	Average Collected	.50
Service Charge	.00		
Interest Paid	.00		
Current Balance	.50		

DAILY BALANCE INFORMATION

Date	Balance
2/11	.50

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APRIL 2025

EMS COUNTY ASSISTANCE

Texas Community Bank
6721 McPherson Road
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Laredo, TX 78045
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MEMBER FDIC

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Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
1216 SANTA MARIA
LAREDO TX 78040

Date 4/10/25
Primary Account 1010591594
Enclosures 4

Page 1

EMS County Assistance

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	4
Account Number	1010591594	Statement Dates 3/11/25 thru	4/10/25
Previous Balance	92,417.00	Days in the statement period	31
Deposits/Credits	.00	Average Ledger	80,542.87
4 Checks/Debits	21,976.00	Average Collected	80,542.87
Service Charge	.00		
Interest Paid	.00		
Current Balance	70,441.00		

CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount	Date	Check No	Amount
3/18	1037	5,494.00	3/25	1040*	5,494.00
3/17	1038	5,494.00	4/10	1041	5,494.00

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance	Date	Balance
3/11	92,417.00	3/18	81,429.00	4/10	70,441.00
3/17	86,923.00	3/25	75,935.00		

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THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS COUNTY ASSISTANCE
1216 SANTA MARIA
LAREDO, TX 78040

1037

3/11/2025

PAY to the Order of Laredo Lifelive $5,494.00

Five thousand four hundred & ninety four 00 Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041

For FY25 EMS Co. Asst. Award

⑆114924810⑆ 1037 ⑈1010591594⑈

DDA REGULAR CHECK 1037 Date: 03/18 Amount: $5,494.00

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS COUNTY ASSISTANCE
1216 SANTA MARIA
LAREDO, TX 78040

1038

3/11/2025

PAY to the Order of Lalitas Ambulance $5,494.00

Five thousand four hundred & ninety four 00 Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041

For FY25 EMS Co Asst Award

⑆114924810⑆ 1038 ⑈1010591594⑈

DDA REGULAR CHECK 1038 Date: 03/17 Amount: $5,494.00

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS COUNTY ASSISTANCE
1216 SANTA MARIA
LAREDO, TX 78040

1040

3/20/2025

PAY to the Order of Texas Superior Ambulance $5,494.00

Five thousand four hundred & ninety four 00 Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041

For FY25 Grant Fund Allocation

⑆114924810⑆ 1040 ⑈1010591594⑈

DDA REGULAR CHECK 1040 Date: 03/25 Amount: $5,494.00

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS COUNTY ASSISTANCE
1216 SANTA MARIA
LAREDO, TX 78040

1041

3/31/2025

PAY to the Order of Victorious Care Ambulance $5,494.00

Five thousand four hundred & ninety four 00 Dollars

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78041

For FY25 Grant Award Allotment

⑆114924810⑆ 1041 ⑈1010591594⑈

DDA REGULAR CHECK 1041 Date: 04/10 Amount: $5,494.00

EMS RAC

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Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 4/10/25
Primary Account 1010591495
Enclosures

Page 1

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591495	Statement Dates 3/11/25 thru 4/10/25	
Previous Balance	181,832.00	Days in the statement period	31
Deposits/Credits	.00	Average Ledger	181,832.00
Checks/Debits	.00	Average Collected	181,832.00
Service Charge	.00		
Interest Paid	.00		
Current Balance	181,832.00		

DAILY BALANCE INFORMATION

Date	Balance
3/11	181,832.00

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GENERAL FUND

Texas Community Bank
6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

MEMBER FDIC

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRUMA SERVICES AREA T
GENERAL FUND ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 4/10/25
Primary Account 1010591396
Enclosures 2

Page 1

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	2
Account Number	1010591396	Statement Dates 3/11/25 thru	4/10/25
Previous Balance	61,170.34	Days in the statement period	31
Deposits/Credits	.00	Average Ledger	58,262.41
3 Checks/Debits	10,612.08	Average Collected	58,262.41
Service Charge	.00		
Interest Paid	.00		
Current Balance	50,558.26		

CHECKS AND WITHDRAWALS

Date	Description	Amount
4/02	PURCHASE Aplos Software PPD 9000021251	2,268.00-

CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount	Date	Check No	Amount
3/24	1028	1,029.57	4/04	1029	7,314.51

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
3/11	61,170.34	4/02	57,872.77
3/24	60,140.77	4/04	50,558.26

6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
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Texas Community Bank Home

Date	4/10/25	Page 2
Primary Account		1010591396
Enclosures		2

TCB COURTESY CHECKING 1010591396 (Continued)

Main Bank Number: (956) 722-8333 TCB iTalk (24/7): 1-844-842-7211
NetTeller Online Banking: Visit us online at www.tx-communitybank.com
Mobile Banking: Get the TX Community Bank app for your Android or iOS device

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
GENERAL FUND ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1028

3/10/2025 Date

Pay to the Order of John R. Keiser $1,029.57

One thousand & twenty nine 57/100 Dollars

Texas Community Bank
7721 McPherson Rd. Laredo, Texas 78041
956-727-6333

For March GPAC Austin, TX

Silvia Rodriguez

⑆114924810⑆ 1028 ⑈1010591396⑈

DDA REGULAR CHECK 1028 Date: 03/24 Amount: $1,029.57

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
GENERAL FUND ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1029

3/20/2025 Date

Pay to the Order of Department of State Health Services $7,314.51

Seven thousand three hundred & fourteen 51/100 Dollars

Texas Community Bank
7721 McPherson Rd. Laredo, Texas 78041
956-727-6333

For Unexpended funds returned to DSHS

⑆114924810⑆ 1029 ⑈1010591396⑈ 056887

DDA REGULAR CHECK 1029 Date: 04/04 Amount: $7,314.51

Aplos Software, LLC
487 W Shaw Ave
Fresno, CA 93704
(888) 274-1316

INVOICE

aplos
Simplify Your Nonprofit

Invoice #:	658073
Invoice Date:	04/01/25
Amount Due:	$0.00

Seven Flags Regional Advisory Council
United States

Due Date	Terms
04/01/25	Due upon receipt

Description	Months	Price/Month	Amount
	1	$2,268.00	$2,268.00

Total:	$2,268.00
Payments:	$2,268.00
Amount Due:	$0.00

To pay online, go to https://app01.us.bill.com/p/aplossoftwarellc

SOUTH TEXAS DEVELOPMENT COUNCIL
TRAVEL EXPENSE CLAIM AND TRIP REPORT

EXPENSE ACCOUNT OF: John R. Keiser

PAY PERIOD ENDING: 3/14/2025

I certify that the expense account rendered below is true, correct, unpaid, and complete to the best of my knowledge.

SIGNATURE 3/10/25 DATE

DATE OF DEPARTURE:	3/4/2025	TIME OF DEPARTURE:	12:00 PM
DATE OF RETURN:	3/7/2025	TIME OF RETURN:	4:30 p.m.

CHARGE TO: N//A (Expense encurred by SFRAC General Fund)

DATE	EXPENSE REPORT					TOTAL
	Mileage from _____ to _____					
		miles @	$ 0.67	per mile	$ -	
	Mileage from _____ to _____					
		miles @	$ 0.67	per mile	$ -	
Total Actual Mileage						$ -
2	First Day/Last Day Travel		$ 56.25	(75% of Per Diem)	$ 112.50	
2	Full Travel Day(s)		$ 75.00	(B+L+D=Per Diem)	$ 150.00	
Total Actual Meals						$ 262.50
3	Night(s) @	$ 187.00	per night	+ 31.79	tax	
Total Actual Lodging						$656.37
Other Expenses (Specify)	Daily Event Parking				$ 72.53	
Other Expenses (Specify)	Gasoline				$ 38.17	
Other Expenses (Specify)					$ -	
Total "Other" Expenses						$ 110.70
TOTAL ACTUAL TRAVEL EXPENSES						$ 1,029.57
TOTAL ADVANCE RENDERED TO	John R. Keiser					$ -
TOTAL OWED TO	John R. Keiser					$ 1,029.57
TOTAL OWED TO SFRAC						

3/10/25

John R. Keiser Date
Director/Administrator

DATE	DESCRIPTION
3/4/2025	Traveled to Austin, Texas in preparation for the GETAC Committee and RAC Chairs meetings.
3/5/2025	On this day I attended the variousl GETAC committee meetings throughout the day.
3/6/2025	Throughout the day I attended the variousl GETAC committee meetings as well as the RAC Chairs meeting.
3/7/2025	On this day I attended the GETAC meeting Friday morning, then traveled back to Laredo, Texas from Austin, Texas.

SOUTH TEXAS DEVELOPMENT COUNCIL
TRAVEL AUTHORIZATION
(PRIOR APPROVAL)

SUBMITTED BY:	John R. Keiser	DATE SUBMITTED	2/28/2025
DATE OF TRIP:	March 4, 2025	DEPARTURE TIME:	12:00 p.m.
DESTINATION:	Austin, Texas (City)	Travis (County)	TX (State)
ESTIMATED RETURN DATE:	March 7, 2025	TIME OF ARRIVAL:	5:30 p.m.

Purpose of the Trip:

To attend the quarterly meetings of the GETAC Committes, RAC Chair, and GETAC.

FISCAL INFORMATION

CHARGE TO:							
Estimated Mileage:	0	miles @	$ 0.70	per mile			
	2	First Day/Last Day	$56.25	(75% of Per Diem)		$	112.50
	2	Full Travel Day(s)	$75.00	(B+L+D=Per Diem)		$	150.00
Estimated Lodging:	3	Nights (s) @	$ 187.00	per night +	$95.37 tax	$	656.37
Other (Specify):	**Do Not Pay, This Is A SFRAC Covered Expense.**						
Other (Specify):	Parking Fee					$	45.48
Total Estimated Expenses:						$	**1,009.83**

RECOMMENDED APPROVAL:	APPROVED:	VERIFIED FOR MATHEMATICAL ERRORS
JOHN R. KEISER PROGRAM DIRECTOR	JUAN E. RODRIGUEZ EXECUTIVE DIRECTOR	JOSAFAT SALDIVAR FISCAL OFFICER

REQUEST FOR ADVANCE: No

FOR ACCOUNTING DEPARTMENT USE ONLY

I hereby request that the above travel expense be advanced:

Date

Need check by _____ (allow 5 working days for processing)

ADVANCE APPROVED:

Mr. Juan E. Rodriguez
Executive Director

Date

EMBASSY SUITES
by Hilton

EMBASSY SUITES AUSTIN CENTRAL
5901 N IH 35
AUSTIN, TX 78723
United States of America
TELEPHONE 512-454-8004 • FAX 512-454-9047
Reservations
www.embassysuites.com or 1 800 EMBASSY

KEISER, JOHN R.

2411 SUTTON CT
P.O. BOX 450788
LAREDO TX 78045
UNITED STATES OF AMERICA

Room No:	903/NKSQZ
Arrival Date:	3/4/2025 4:48:00 PM
Departure Date:	3/7/2025 2:10:00 PM
Adult/Child:	1/0
Cashier ID:	SAAKRE
Room Rate:	187.00
AL:	
HH #	
VAT #	
Folio No/Che	1227485 A

Confirmation Number: 90759825

EMBASSY SUITES AUSTIN CENTRAL 3/7/2025 2:09:00 PM

DATE	REF NO	DESCRIPTION	CHARGES
3/4/2025	5333539	GUEST ROOM	$187.00
3/4/2025	5333539	STATE OCCUPANCY TAX	$11.22
3/4/2025	5333539	CITY OCCUPANCY TAX	$20.57
3/4/2025	5333578	ADD-ON -Self-Parking	$15.16
3/5/2025	5334104	GUEST ROOM	$187.00
3/5/2025	5334104	STATE OCCUPANCY TAX	$11.22
3/5/2025	5334104	CITY OCCUPANCY TAX	$20.57
3/5/2025	5334145	ADD-ON -Self-Parking	$15.16
3/6/2025	5334652	GUEST ROOM	$187.00
3/6/2025	5334652	STATE OCCUPANCY TAX	$11.22
3/6/2025	5334652	CITY OCCUPANCY TAX	$20.57
3/6/2025	5334689	ADD-ON -Self-Parking	$15.16
3/7/2025	5334918	MC *8762	($701.85)
		BALANCE	$0.00

Hilton Honors(R) stays are posted within 72 hours of checkout. To check your earnings or book your next stay at more than 6,500+ hotels and resorts in 119 countries, please visit Honors.com

Thank you for staying with us. Visit embassysuites.com for more information on hotel packages, subscribe to our E-nnouncements newsletter, or plan your next stay at close to 200 destinations.

CREDIT CARD DETAIL

APPR CODE	85489P	MERCHANT ID	3412013-71885
CARD NUMBER	MC *8762	EXP DATE	09/27
TRANSACTION ID	5334918	TRANS TYPE	Sale

Receipt

L/R #02	A Payment No.00067734	
T/D #01	Ticket No.032950	
Entry Time	03/07/2025 (Fri) 8:06	
Exit Time	03/07/2025 (Fri) 11:40	
Parking Time		3:34
Parking Fee	Rate A	$5.00
TAX(Excluded)		$0.41
Tax1	8.00 %	$0.41
VISA		
Account #	**********3508	
Slip #		67779
Auth Code		0000586822
Credit Card Amount		$5.41
Total		$5.41

Thank You for Your Visit
Please Come Again !

Receipt

L/R #02	A Payment No.00067720	
T/D #01	Ticket No.032819	
Entry Time	03/06/2025 (Thu) 9:02	
Exit Time	03/06/2025 (Thu) 18:39	
Parking Time		9:37
Parking Fee	Rate A	$10.00
TAX(Excluded)		$0.82
Tax1	8.00 %	$0.82
VISA		
Account #	**********3508	
Slip #		67765
Auth Code		0000194899
Credit Card Amount		$10.82
Total		$10.82

Thank You for Your Visit
Please Come Again !

Receipt

L/R #02	A Payment No.00067599	
T/D #01	Ticket No.032686	
Entry Time	03/05/2025 (Wed) 9:19	
Exit Time	03/05/2025 (Wed) 17:23	
Parking Time		8:04
Parking Fee	Rate A	$10.00
TAX(Excluded)		$0.82
Tax1	8.00 %	$0.82
VISA		
Account #	**********3508	
Slip #		67644
Auth Code		0000808480
Credit Card Amount		$10.82
Total		$10.82

Thank You for Your Visit
Please Come Again !

7509 N IH 35
VALERO 7509 N IH 35
XXXXXXXXX1001
AUSTIN , TX
78752
03/07/2025 612872374
11:46:07 AM

XXXXXXXXXXXX3297
ValeroPay+
INVOICE 0000000394
AUTH 695044

SITE ID: 79588
ValeroProprietary Credit
SITE ID: 79588
ValeroProprietary Credit

*** REPRINT *** REPRINT *** REPRINT ***
PUMP# 1

REGULAR 8.817G
PRICE/GAL $2.559

DISCOUNTS BEFORE
FUELING
Mobile Reward/GAL$-0.100

FUEL TOTAL $ 22.56

TOTAL = $ 22.56
*** REPRINT *** REPRINT *** REPRINT ***

CREDIT $ 22.56

Welcome To
Stripes 2187
2441 San Isidro Pkwy
Laredo, TX 78045
956-523-0048
****
Stripes 2187
Tx

Description	Qty	Amount
UNLD CA #05	6.791G	15.61
SELF @ 2.299/ G		
Subtotal		15.61
TOTAL		**15.61**
MOBILE PAYMENT	$	15.61

MOBILE
ValeroProprietary
CREDIT
**********3297
AUTH #: 862668

THANKS, COME AGAIN
Diesel Fuel Contains
Up To 5% Biodiesel Or
Renewable State Diesel
Tax $ 0.19 Per Gallon
ST#2187 DR#1 TRAN#9054493
CSH: 0 3/7/25 4:20:12 PM

SYSTEM DEVELOPMENT

Texas Community Bank
6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

MEMBER FDIC

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 4/10/25
Primary Account 1010591693
Enclosures

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591693	Statement Dates 3/11/25 thru	4/10/25
Previous Balance	46,021.00	Days in the statement period	31
Deposits/Credits	.00	Average Ledger	46,021.00
Checks/Debits	.00	Average Collected	46,021.00
Service Charge	.00		
Interest Paid	.00		
Current Balance	46,021.00		

DAILY BALANCE INFORMATION

Date	Balance
3/11	46,021.00

Main Bank Number: (956) 722-8333 TCB iTalk (24/7): 1-844-842-7211
NetTeller Online Banking: Visit us online at www.tx-communitybank.com
Mobile Banking: Get the TX Community Bank app for your Android or iOS device

HOLDING ACCOUNT

Texas Community Bank
6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

MEMBER FDIC

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Texas Community Bank Home

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA,TRAUMA SERVICES AREA T
HOLDING ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 4/10/25
Primary Account 1010591792
Enclosures

Page 1

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591792	Statement Dates 3/11/25 thru	4/10/25
Previous Balance	.50	Days in the statement period	31
Deposits/Credits	.00	Average Ledger	.50
Checks/Debits	.00	Average Collected	.50
Service Charge	.00		
Interest Paid	.00		
Current Balance	.50		

DAILY BALANCE INFORMATION

Date	Balance
3/11	.50

Main Bank Number: (956) 722-8333 TCB iTalk (24/7): 1-844-842-7211
NetTeller Online Banking: Visit us online at www.tx-communitybank.com
Mobile Banking: Get the TX Community Bank app for your Android or iOS device

FY25 OPERATING AND EXPENSE BUDGET (FEBRUARY - APRIL)

FY25 SFRAC GENERAL FUND MEMBERSHIP REVENUE SUMMARY		TOTAL PROJECTED OPERATING BUDGET
General Fund Projected Membership Revenue for FY24	$15,900.00	
Actual Membership Funds Collected to Date	$15,900.00	
Total Memberhsip Dues (+/-)	$0.00	$15,705.00

FY25 GRANT PROGRAM FUNDS	
EMS County Assistance Grant (Regular)	$92,417.00
Senate Bill 500 Funding	$0.00
System Development (i.e., Tobacco)	$46,021.00
Exceptional Item (E.I.) Legislative Funding (EMS RAC)	$150,000.00
EMS RAC Grant (Regular)	$31,832.00
FY24 Fund Raiser (Bowlathon)	$5,150.97
Total	$325,420.97

FY25 General Fund (Program Operation) Expenditures

	Projected Cost	Actual Cost (Paid)	Difference
Post Office Annual Fee	$190.00	$182.00	$8.00
Mailing & Shipping Costs	$100.00	$30.45	$69.55
VFIS Insurance	$1,500.00		$1,500.00
TETAF Dues	$900.00	$1,000.00	-$100.00
CPA IRS 1099 Filing		$155.00	-$155.00
CPA IRS 990 Filing/Income Statement	$1,000.00		$1,000.00
RAC Chair/GETAC Travel (November 2024, Austin,	$3,800.00	$1,911.22	$1,888.78
GETAC Travel (March 2025, Austin, Tx.)	$2,000.00	$1,029.57	$970.43
GETAC Travel (June 2025 Austin, Tx.)	$2,000.00		$2,000.00
GETAC Travel (August 2025 Austin, Tx.)	$2,000.00		$2,000.00
TETAF Annual Workshop/Confernce	$0.00		$0.00
GoDaddy Web Site Renewal (Debit)	$400.00	$419.47	-$19.47
Zoom	$165.00	$159.90	$5.10
Supplies	$150.00		$150.00
Advertising/Publication	$1,500.00		$1,500.00

FY25 EMS County Assistance Grant Allocations

	Projected Allocation Totals	Re-Distributed Funds Added	Adusted Totals
Bronze Starr Ambulance	$5,494.00	$5,494.00	
Laredo Fire Department EMS/Fire	$5,494.00	$5,494.00	
Angel Care Ambulance	$5,494.00	$5,494.00	
Webb County Volunteer Fire/EMS	$5,494.00	$5,494.00	
Victorious Care Ambulance	$5,494.00	$5,494.00	
Priority EMS	$5,494.00		
Zapata County Fire/EMS	$15,175.00	$15,175.00	
Texas Superior Ambulance	$5,494.00	$5,494.00	
Laredo Lifeline	$5,494.00	$5,494.00	
Medpoint Ambulance	$5,494.00	$5,494.00	
Primary Care Ambulance	$5,494.00	$5,494.00	
Villa Ambulance			
Lalitas Ambulance Care	$5,494.00	$5,494.00	
Skyline EMS	$16,808.00	$16,808.00	
Total	$92,417.00	$86,923.00	$0.00

Software		$2,268.00	-$2,268.00
Subtotal	$15,705.00	$7,155.61	$8,549.39
Total Under/Over Budget:			-$8,549.39

FY25 General Fund (FY24 Bowlathon Fund Raiser)

	Funds Generated	Fund Utilization	Balance
Bowlathon Proceeds	$10,305.00	$0.00	$10,305.002
Funds Raiser Expense Reimbursements to Joe		$3,041.26	-$3,041.26
EMS MCI Wristband Purchase		$2,112.77	-$2,112.77
Ricardo Jaime Fundraiser Contribution		$200.00	-$200.00
Total	**$10,305.00**	**$5,354.03**	$4,950.97

FY25 General Fund (Unaccounted Laspsed Restricted DSHS Funds)

Source Account	Total of Funds Suspended	Total Disposition of Suspended Funds	Entity Receiving Disposed Funds/Date
System Development	$7,275.51	($7,275.51)	DSHS/March 24, 2025
EMS County Assistance	$39.00	($39.00)	DSHS/March 24, 2025

FY25 System Development Grant Allocations

	Projected Allocation Totals	Re-Distributed Funds Added	Adjusted Allocation Totals
Bronze Starr Ambulance	$3,068.06		
Laredo Fire Department EMS/Fire	$3,068.06		
Angel Care Ambulance	$3,068.06	$3,068.06	
Webb County Volunteer Fire/EMS	$3,068.06		
Victorious Care Ambulance	$3,068.06		
Priority EMS	$3,068.06		
Laredo Lifeline	$3,068.06		
Vikio Ambulance			
Texas Superior Ambulance	$3,068.06		
Zapata County Fire/EMS	$3,068.06	$3,068.06	
Laredo Medical Center	$3,068.11	$3,068.11	
Doctors Hospital of Laredo	$3,068.11		
Lalitas Ambulance Care	$3,068.06		
Medpoint Ambulance	$3,068.06	$3,068.06	
Primary Care Ambulance	$3,068.06		
Skyline EMS	$3,068.06	$3,068.06	

FY25 EMS RAC Grant

	Projected Cost	Actual Cost Paid	Difference
Administrative Fee (1st Qtr.)	$7,958.00		$7,958.00
Administrative Fee (2nd Qtr.)	$7,958.00		$7,958.00
Administrative Fee (3rd Qtr.)	$7,958.00		$7,958.00
Adminstrative Fee (4th Qtr.)	$7,958.00		$7,958.00
Subtotal	**$31,832.00**	**$0.00**	$31,832.00

FY25 EMS RAC Grant (Exeptional Item Funds) $150,000

	Projected Cost	Actual Cost Paid	Fund Balance
Entity Allocations/Project Funding (To Be Determined)	$146,907.00		
Aplos Accounting Software Purchasee and Set Up Fee	$2,268.00		
News Paper Publications (HHS Job Posting)	$825.00		$825.00
Professional Services Cost			$0.00
Subtotal	**$150,000.00**		$825.00

Senate Bill 8 Grant Program Funding

	Allocation	Expended Funds	Balance
Education/Scholarships	$190,275.26	$125,001.14	$65,274.26
RAC Administration	$73,293.09	$54,541.25	$18,751.84
Equipment	$0.00		
Incentives	$0.00		
Subtotal	**$263,568.35**	**$179,542.39**	$84,026.10

Local Planning Grant (LPG)

	Projected Cost	Actual Cost	Difference

Subtotal	$46,021.00	$15,340.35	$0.00
Grand Total: $46,021.00			

To Be Determined	$0.00	$0.00	$0.00
Subtotal			$0.00

FY25 EMS RAC Exeptional Item (E.I.) Allocation Totals

	Projected Cost	Actual Cost	Balance
Bronze Starr Ambulance			
Laredo Fire Department EMS/Fire			
Angel Care Ambulance			
Webb County Volunteer Fire/EMS			
Victorious Care Ambulance			
Priority EMS			
Laredo Lifeline			
Villa Ambulance			
Texas Superior Ambulance			
Zapata County Fire/EMS			
Laredo Medical Center			
Doctors Hospital of Laredo			
Medpoint Ambulance			
Lalitas Ambulance Care			
Primary Care Ambulance			
Skyline EMS			
Subtotal	$0.00		$0.00

ITEM 25-30 (TAB 4)

SUPPORT DOCUMENT revised 12/12/24	
EMS/RAC EXPENDITURES	
CURRENT FISCAL YEAR (FY)	2025

Prior FY Year EMS/RAC Carryforward	$ -
Current FY EMS/RAC Allocation Amount	$ 31,832.00
Current FY EMS/RAC Expenditures	$ -
Less: Unexpended Prior FY Carryforward (if any)	$ -
Total Unexpended Funds (Subject to Carryforward)	$ 31,832.00
Program Income	$ -

In Support of Reimbursement Requests for

RAC NAME *Seven Flags Regional Advisory Council*

In Support of Reimbursement Requests for

RAC NAME Seven Flags Regional Advisory Council

Total Funds Available for Current Year		Program Costs	Administrative Costs	Total of P Administra
$ 31,832.00		$ -	$ -	$

Prior Year Carryforward has been Expended. Balance is Now $0.00. $ -

Current FY Activities

		1st Quarter				2nd Quarter			
		September	October	November	1st Quarter Totals	December	January	February	2nd Quarter Totals
PERSONNEL	List employees	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -		$ -	$ -	$ -	
FRINGE BENEFITS	Fringe Benefits	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ - 0.00	$ - 0.00	$ - 0.00	$ -
TRAVEL	List each individual expense. Local Travel	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ - 0.00	$ - 0.00	$ - 0.00	$ -
Report TOTAL costs for each Conference attended on a single line.									
EQUIPMENT	List each individual expense.	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ - 0.00	$ - 0.00	$ - 0.00	$ -
SUPPLIES	List each individual expense.	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ - 0.00	$ - 0.00	$ - 0.00	$ -
CONTRACTUAL	List each individual expense. Contract between Seven Flags RAC and UTDC for administrative and	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ - 0.00	$ - 0.00	$ - 0.00	$ -
OTHER	List each individual expense.	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ - 0.00	$ - 0.00	$ - 0.00	$ -
INDIRECT COSTS	List costs by individual, if applicable and report all Non-Personnel indirect costs as one lump sum. All Non-Personnel Indirect Costs	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ - 0.00	$ - 0.00	$ - 0.00	$ -
TOTAL COSTS		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

MONTHLY BREAKDOWN OF PROGRAM & ADMINISTRATIVE COSTS

	September	October	November	1st Quarter Totals	December	January	February	2nd Quarter Totals
Program Costs								
PERSONNEL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
FRINGE BENEFITS	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TRAVEL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
EQUIPMENT	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SUPPLIES	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
CONTRACTUAL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
OTHER	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL COSTS	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Administrative Costs								
PERSONNEL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
FRINGE BENEFITS	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TRAVEL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
EQUIPMENT	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SUPPLIES	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
CONTRACTUAL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
OTHER	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
INDIRECT	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL COSTS	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Name & phone number of Person Completing this Form

John R. Keiser / 956-722-3995

John R. Kesier / 956-722-3995

SUPPORT DOCUMENT revised 12/12/24	
RAC SYSTEMS DEVELOPMENT EXPENDITURES	
CURRENT FISCAL YEAR (FY)	2025

RAC SYSTEMS DEVELOPMENT Allocation Amount	$ 46,021.00
Total RAC SYSTEMS DEVELOPMENT Expenditures	$ -
Total Unexpended Funds	$ 46,021.00
Program Income	$ -

In Support of Reimbursement Requests for

RAC NAME *Seven Flagts Regional Advisory Council*

In Support of Reimbursement Requests for

RAC NAME *Seven Flagts Regional Advisory Council*

Total Funds Available for Current Year		Program Costs	Administrative Costs	Total of P Administra
$ 46,021.00		$ -	$ -	$

Current FY Activities

		1st Quarter				2nd Quarter			
		September	October	November	1st Quarter Totals	December	January	February	2nd Quarter Totals
PERSONNEL	List employees	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -		$ -	$ -	$ -	
FRINGE BENEFITS	Fringe Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00	0.00	0.00		0.00	0.00	0.00	
TRAVEL	List each individual expense	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Local Travel	0.00	0.00	0.00		0.00	0.00	0.00	
Report TOTAL costs for each Conference and each *PERSON* attended on a single line									
EQUIPMENT	List each individual expense	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00	0.00	0.00		0.00	0.00	0.00	
SUPPLIES	List each individual expense	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00	0.00	0.00		0.00	0.00	0.00	
CONTRACTUAL	List each individual expense	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00	0.00	0.00		0.00	0.00	0.00	
OTHER	List each individual expense	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00	0.00	0.00		0.00	0.00	0.00	

INDIRECT COSTS	List costs by individual, if applicable and report all Non-Personnel indirect costs as one lump sum.	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ - 0.00	$ - 0.00	$ - 0.00	$ -
	All Non-Personnel Indirect Costs								
TOTAL COSTS		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

MONTHLY BREAKDOWN OF PROGRAM & ADMINISTRATIVE COSTS

	September	October	November	1st Quarter Totals	December	January	February	2nd Quarter Totals
Program Costs								
PERSONNEL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
FRINGE BENEFITS	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TRAVEL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
EQUIPMENT	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SUPPLIES	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
CONTRACTUAL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
OTHER	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL COSTS	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Administrative Costs								
PERSONNEL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
FRINGE BENEFITS	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TRAVEL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
EQUIPMENT	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SUPPLIES	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
CONTRACTUAL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
OTHER	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
INDIRECT	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL COSTS	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Name & phone number of Person Completing this Form

John R. Keiser / 722-3995

John R. Keiser / 956-722-3995

SUPPORT DOCUMENT revised 12/12/24	
EI EXPENDITURES	
CURRENT FISCAL YEAR (FY)	2025

Prior FY Year EI Carryforward	$ -
EI Allocation Amount	$ 150,000.00
Total EI Expenditures	$ -
Less: Unexpended Prior FY Carryforward (if any)	$ -
Total Unexpended Funds (subject to carryover)	$ 150,000.00

In Support of Reimbursement Requests for

RAC NAME *Seven Flags Regional Advisory Council*

In Support of Reimbursement Requests for

RAC NAME Seven Flags Regional Advisory Council

Total Funds Available for Current Year		Program Costs	Administrative Costs	Total of P Administra
$ 150,000.00		$ -	$ -	$

Current FY Activities

		1st Quarter				2nd Quarter			
		September	October	November	1st Quarter Totals	December	January	February	2nd Quarter Totals
PERSONNEL	List employees	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -		$ -	$ -	$ -	
FRINGE BENEFITS	Fringe Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00	0.00	0.00		0.00	0.00	0.00	
TRAVEL	List each individual expense.	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Local Travel	0.00	0.00	0.00		0.00	0.00	0.00	
Report TOTAL costs for each Conference and each *PERSON* attended on a single line.									
EQUIPMENT	List each individual expense.	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00	0.00	0.00		0.00	0.00	0.00	
SUPPLIES	List each individual expense.	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00	0.00	0.00		0.00	0.00	0.00	
CONTRACTUAL	List each individual expense.	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00	0.00	0.00		0.00	0.00	0.00	
OTHER	List each individual expense.	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00	0.00	0.00		0.00	0.00	0.00	

INDIRECT COSTS	List costs by individual, if applicable and report all Non-Personnel indirect costs as one lump sum	$ - 0.00	$ - 0.00	$ - 0.00	$ -	$ - 0.00	$ - 0.00	$ - 0.00	$ -
	All Non-Personnel Indirect Costs								
TOTAL COSTS		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

MONTHLY BREAKDOWN OF PROGRAM & ADMINISTRATIVE COSTS

	September	October	November	1st Quarter Totals	December	January	February	2nd Quarter Totals
Program Costs								
PERSONNEL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
FRINGE BENEFITS	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TRAVEL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
EQUIPMENT	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SUPPLIES	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
CONTRACTUAL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
OTHER	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL COSTS	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Administrative Costs								
PERSONNEL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
FRINGE BENEFITS	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TRAVEL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
EQUIPMENT	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SUPPLIES	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
CONTRACTUAL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
OTHER	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
INDIRECT	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL COSTS	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Name & phone number of Person Completing this Form	John R. Keiser / 722-3995	John R. Keiser / 956-722-3995

ITEM 25-31 (TAB 5)

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)
Do not enter social security numbers on this form as it may be made public.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 09/01 , 2023, and ending 08/31 , 20 24

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: Seven Flags Regional Advisory Council
Doing business as: Trauma Service Area T
Number and street (or P.O. box if mail is not delivered to street address): PO Box 450094
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Laredo, TX 78045

D Employer identification number: 74-2915493
E Telephone number: (956)722-3995
G Gross receipts: $ 345,672.

F Name and address of principal officer: John R. Keiser 1216 Santa Maria Laredo, TX 78040

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: [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website:

K Form of organization: [ ] Corporation [ ] Trust [ ] Association [X] Other Council
L Year of formation:
M State of legal domicile: TX

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
Develop and maintain regional trauma system serving three counties in Texas - Webb, Zapata, and Jim Hogg.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	0
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	558,754.	345,672.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	558,754.	345,672.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	233,482.	280,536.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25)		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	53,188.	63,041.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	286,670.	343,577.
	19	Revenue less expenses. Subtract line 18 from line 12	272,084.	2,095.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		
	21	Total liabilities (Part X, line 26)		
	22	Net assets or fund balances. Subtract line 21 from line 20		

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: John R. Keiser, Director
Date:
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [X] if self-employed	PTIN
Benjamin D De la Garza, CPA				P01735708

Firm's name: DLG Tax & Financial Services
Firm's EIN: 47-4363523
Firm's address: PO Box 451756 Laredo, TX 78045
Phone no.: (956)220-3785

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.

UYA

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:

Developed and maintained regional trauma system, serving three counties in Texas - Webb County, Jim Hogg County, and Zapata County.

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 $ _____ including grants of $ _____) (Revenue $ _____)

Provided medical equipment, supplies, trainings, for the enhancement of trauma/medical care. Purchased medical supplies and equipment to be distributed to enhance responder capabilities. The medical supplies and equipment infrastructure expenditures will serve to enhance the organization's trauma and medical preparedness capabilities.

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

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

4d Other program services (Describe on Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II.*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV.*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part V.II.*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part V.III.*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part. X.*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part .X.*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optiona. l.*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?.	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and I.V.*	14b		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? *If "Yes," complete Schedule F, Parts II and IV.*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV.*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*. See instructio.ns.	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part I.I*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule.H.*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and.II.*	21	X	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O.*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d 0			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O.*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		17		

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 on 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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	0		
	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 on Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0		
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, 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 on Schedule O.*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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 on 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 on 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	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," 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 TX

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)*

19 Describe on 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, address, and telephone number of the person who possesses the organization's books and records. (956)722-3995

John R. Keiser 1216 Santa Maria Laredo, TX 78040

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Letisia Colon Secretary				X						
(2) Hector M Medina, Jr. Director		X								
(3) Jorge Delgado Chairman				X						
(4) Mike Martinez Board Member		X								
(5) Silvestre Rodriguez Vice-Chairman				X						
(6) Jose "Joe" Gonzalez Treasurer				X						
(7) Baldomero A Bondoc Board Member		X								
(8) Ricardo Rangel Board Member		X								
(9) Daniel Arriaga Board Member		X								
(10) Victor Villarreal Board Member		X								
(11) Kevin L Harris Board Member		X								
(12) Peter Gonzalez Board Member		X								
(13) Rene Castillo Board Member		X								
(14) Armando Parra Board member		X								

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(15) Reynaldo Veliz Board member		X								
(16) Ismael Flores Board member		X								
(17) Juan Medellin Board member		X								
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such perso.n.*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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	1a Federated campaigns	1a					
	b Membership dues	1b	14,555.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	331,117.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a-1f			345,672.			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d						
	12 **Total revenue.** See instructions			345,672.			

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 domestic organizations and domestic governments. See Part IV, line 21	136,745.	136,745.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	143,791.	143,791.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	335.		335.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,425.		1,425.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Administration	55,267.	54,541.	726.	
b Professional Services	1,100.		1,100.	
c Training and Instruction	3,914.		3,914.	
d Membership Dues	1,000.		1,000.	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	343,577.	335,077.	8,500.	
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		16	
Liabilities	17	Accounts payable and accrued expenses		17	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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		26	
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions		27	
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances		32	
	33	Total liabilities and net assets/fund balances		33	

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	345,672.
2	Total expenses (must equal Part IX, column (A), line 25)	2	343,577.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,095.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,095.

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: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		
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 on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
Seven Flags Regional Advisory Council

Employer identification number
74-2915493

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 ☐ 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.)

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

12 ☐ 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . ☐

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	170,274.	87,086.	48,491.		331,117.	36,968.
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	170,274.	87,086.	48,491.		331,117.	36,968.
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.						836,968.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	170,274.	87,086.	48,491.		331,117.	36,968.
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		20.	8.			28.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						836,996.

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

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 100.00%

15 Public support percentage from 2022 Schedule A, Part II, line 14 15 99.99%

16a **33 1/3 % support test–2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3 % support test–2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test–2023.** 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test–2022.** 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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

(Complete only if you checked the box on line 10 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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 VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2022** Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests–2023.** 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–2022.** 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or memberships of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations's officers, directors, or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions).***

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer lines 3a and 3b below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(explain in **Part VI**).* **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors *(explain in detail in **Part VI**):*			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - *provide details in* ***Part VI***)	5	
6	Other distributions *(describe in* ***Part VI****).* See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive *(provide details in* ***Part VI****).* See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required- *explain in* ***Part VI***). See instr.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
7	**Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ITEM 25-32 (TAB 6)

John R. Keiser

From: GRACE GARZA <graceben0631@gmail.com>
Sent: Friday, February 7, 2025 9:39 AM
To: John R. Keiser
Cc: Ernesto Hernandez; Gustavo A. Martínez
Subject: Lonestar Ambulance RAC
Attachments: FY2025 EMS_Hospital Needs Assessment - Copy.pdf; 2025 SFRAC EMS Membership Application (Template) alt.pdf; FY2025 EMS Affidavit.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Good morning,

On behalf of Lonestar Ambulance, we are requesting to participate in Seven Flags RAC FY 2025. I have attached the required documents in this email and will also be mailing them out to the PO Box as well. As discussed over the phone, we plan on attending the next meeting on April 30, 2025. If there is anything else you need from us please let me know. Thank you for your time.

Graciela Garza
LoneStar Ambulance

Seven Flags Regional Advisory Council
Trauma Service Area "T"

EMS Membership RAC Application Form FY 2025

(PLEASE PRINT)

Name of Organization:	Lonestar Ambulance Service, INC							
Name of CEO or Chief:	Alex Rosa							
Phone Numbers:	Office:	956.474.5364			Fax:			
Email Address:	arosa@lonestarambulance.net							
Physical Address:	3700 Fredericksburg Rd San Antonio, TX 78201 Suite 139							
Mailing Address:	1323 Port Neches Ave Suite 210 Port Neches Tx 77651							
Person Representing the Organization as Director or Officer on the RAC:	Gustavo A. Martinez							
Phone Numbers:	Office:	956.348.0632	Cell:	830.422.6210	Pager:		Fax:	
Email Address:	gmartinez@lonestarambulance.net							
Mailing Address:	3700 Fredericksburg Rd San Antonio, TX 78201 Suite 139							
Alternate Representative:	Ernesto Hernandez							
Phone Numbers:	Office:	956.474.5364	Cell:	956.569.4041	Pager:		Fax:	
Email Address:	Ehernandez@lonestarambulance.net							
Mailing Address:	3700 Fredericksburg Rd San Antonio, TX 78201 Suite 139							
Alternate Representative:	Pedro Infante							
Phone Numbers:	Office:	956.220.4395	Cell:		Pager:		Fax:	
Email Address:	Infantep73350@gmail.com							
Mailing Address:	3700 Fredericksburg Rd San Antonio, TX 78201 Suite 139							
Alternate Representative:	Graciela Garza							
Phone Numbers:	Office:	512.571.7439	Cell:		Pager:		Fax:	
Email Address:	Graceben0631@gmail.com							
Mailing Address:	3700 Fredericksburg Rd San Antonio, TX 78201 Suite 139							

ITEM 25-33 (TAB 7)

The City of Laredo ordinance sets additional standards for ambulance services operating within city limits, and therefore, the Board may consider requiring all prospective EMS members to submit proof of compliance with these local regulations as part of their SFRAC membership application. If adopted, this requirement would formalize the Council's expectation that EMS providers meet both state licensure rules and any municipal obligations that affect emergency response within the region.

☐ **Rationale for Ordinance Compliance**

- Ensures alignment with existing local regulations that govern ambulance services, helping maintain high-quality patient care and consistent standards across TSA "T."
- Aligns with SFRAC's mission to promote safety, efficiency, and regulatory compliance for all regional EMS providers.

☐ **Proposed Membership Requirement**

- Amend or supplement **Section 3.04 (Provisional Membership)** or **Section 3.19 (Compliance Requirements)** of the SFRAC Bylaws (or the official membership application packet) to include a stipulation that prospective EMS providers must furnish evidence of compliance with the City of Laredo's ordinances or any other local regulations applicable within TSA "T."
- If an applicant EMS service is found to be in non-compliance with municipal rules, the Board may disapprove or defer membership until the applicant rectifies the issue.

☐ **Documentation Procedures**

- Outline what documentation (e.g., official city permit, certificate, letter from City of Laredo authorities) is acceptable to demonstrate compliance.
- Decide whether the SFRAC will verify compliance directly with city officials or rely on documentation from the applicant.

☐ **Impact on Existing vs. New Members**

- This proposed item focuses on **new** EMS providers seeking membership. However, the Board may wish to clarify whether this standard applies to current members if they expand or alter services within city limits.

☐ **Bylaws Considerations**

- Confirm that adopting this requirement aligns with existing sections of the bylaws regarding membership qualifications, compliance, and Board discretion to approve/disapprove applicants.
- Determine whether a formal bylaws amendment is required or whether this can be handled as an approved policy resolution.

ITEM 25-34 (TAB 8)

Health Access, LLC Company Overview

Vendor Overview: Health Access, LLC is a niche consulting firm supporting public and social service programs, including private health entities. Our team has over thirty years of experience working with various local, State, and Federal programs nationwide, with significant organizational and care delivery system assessments conducted over that timeframe. Our consulting team brings a bandwidth of expertise from trauma systems to hospital systems to developing programs to support public health. This experience includes developing and writing Strategic Plans for multiple states and jurisdictions, epidemiological data analysis to support Action Plans, organizational assessments to develop and refine System Plans for improved health outcomes, comprehensive monitoring of program and client-level data (quality assurance), needs assessments that involved a full comprehensive review of current capacity in healthcare systems, development and successful implementation of a New Access Point grant for a Federal Qualified Health Care (FQHC) system in Corpus Christi, program development for Federal grant proposals, and additional assessments/studies conducted for Federal programs to increase access to care. In addition, our firm continues to support State and Local entities in Succession Planning, as well as full system self-assessments for improvements necessary to improve health outcomes.

The Health Access team has worked with communities with high incidence/prevalence diagnoses for a combined aggregate total of 30+ years. The Health Access team prides itself in the multiple projects that continue to be in play year after year in Federal and State programs throughout the nation. Health Access promotes multicultural competencies in our staff training. All members of the Health Access team have to complete annual cultural competency training, in addition to other trainings required to provide the most upmost professional workforce for our client base.

From quality assurance/programmatic reviews of subrecipients and self/organizational assessments to needs assessments conducted to gain both qualitative and quantitative data on consumer needs, to evaluating regional public health programs and 'reach' to consumers in zip code studies, to assisting programs in developing and implementing policies and protocols, Health Access has the capacity to evaluate health-equity related approaches and promote continued success in health programs.

The Health Access, LLC headquarters is located at 8163 Old Yankee St., Suite B, Dayton, Ohio 45458. Health Access, LLC consultants work from their individual home offices. Health Access, LLC will perform all duties without subcontractors but will work with the TRG project team to ensure the activities and deliverables provided are in accordance with contract terms should we be awarded this project.

ITEM 25-35 (TAB 9)

ITEM 25-35-a. (TAB 9)

FY25 SFRAC Membership Summary

TSA	Entity Name	County	Application submitted	EMS Affidavit Submitted	Needs Assessment Submitted	Date Paid/Date Deposited	Check Number	Amount Due/Paid	Board Meeting (9/29/2024)	No Board Meeting (10/2024)	No Board Meeting (11/2024)	No Board Meeting (12/2024)	Board Meeting (1/30/2025)	No Board Meeting (2/2025)	No Board Meeting (3/2025)	Board Meeting (4/30/2025)	No Board Meeting (5/2025)	No Board Meeting (6/2025)	No Board Meeting 07/2025	Board Meeting (08/30/2025)
T	Primary Care Ambulance (Fully Vested)	Webb	Yes	Yes	Yes	10-16-2024/ 10/21/2024	#1275	FY25 Membership Fees: $750/Paid: $750/Bal. $0	P				P							
T	Angel Care Ambulance, LCC (Fully Vested)	Webb	Yes	Yes	Yes	10/30/2024 / 11-12-2024	#10427	FY25 Membership Fees: $750/Paid: $750 Bal/ $0	P				A							
T	Bronze Star Ambulance Service, LLC (Fully Vested)	Webb	Yes	Yes	Yes	10-9-2024/ 10/21/2014	#6276	FY25 Membership Fees: $750/Paid: $750.00 / Bal. $0	A				P							
T	City of Laredo Fire Department (Fully Vested)	Webb	Yes	Yes	Yes	10/30/2024 / 11-12-2024	#653946	FY25 Membership Fees: $750/Paid: $750/Bal. $0	P				P							
T	Doctors Hospital of Laredo (Fully Vested)	Webb	Yes	N/A	Yes	9-25-2024/ 10/21/2024	#062129381	FY25 Membership Fees: $1,950/Paid: $1,950/Bal. $0	P				P							
T	Lalitas Ambulance Care (Membership Initiated (Fully Vested)	Webb	Yes	Yes	Yes	9-24-2024 / 9-27-2024	#1344	FY25 Membership Fees: $750 / Paid: $750/ Bal. $0	P				A							
T	Laredo Lifeline, LLC (Fully Vested)	Webb	Yes	Yes	Yes	10-7-2024 / 10/21/2024	#2511	FY25 Membership Fees: $750/Paid: $750/Bal. $0	P				P							
T	Texas Superior Ambulance (Fully Vested)	Webb	Yes	Yes	Yes	01/30/2025 / 02/01/2025	#3681	FY25 Membership Fees: $750 /Paid: $0/Bal. $750	A				P							
T	Capital Care EMS (Fully Vested)	Webb	No	No	No	No		FY23 &FY24 Membership Fees: $1,500 + FY23 & FY24 Late Fees: $200 = $1,700 FY25 Membership Fees: $750/Paid: $0/ Bal. $750/ Total Due: $2,450.00	A				A							

FY25 SFRAC Membership Summary

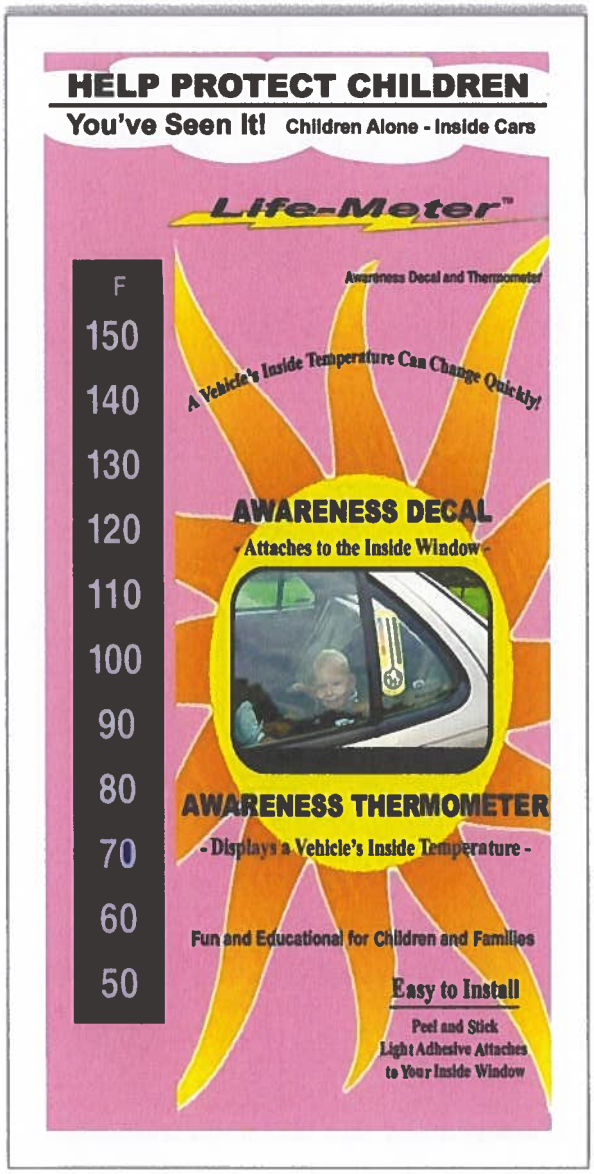
T	Laredo Medical Center (Fully Vested)	Webb	Yes	N/A	Yes	10/21/2024 / 11-12-2024	#5000072937	FY25 Membership Fees: $1,950/Paid: $1,950/Bal $0	P				P							
T	Priority EMS (Fully Vested)	Webb	Yes	Yes	Yes	9/10/2024/ 09/16/2024	#717	FY25 Membership Fees: $750/Paid: $750/Bal. $0	P				P							
T	Medpoint Ambulance, Inc. (Fully Vested)	Webb	Yes	Yes	Yes	10/03/2024 / 10/7/2024	#4383	FY25 Membership Fees: $750/Paid: $750/ Bal. $0	P				P							
T	Victorious Care Ambulance (Fully Vested)	Webb	Yes	Yes	Yes	10/04/2024 / 02/1/2025	#5769	FY25 Membership Fees: $750/Paid: $0/ Bal. $750	P				P							
T	Webb County Volunteer Fire/EMS (Fully Vested)	Webb	Yes	Yes	Yes	12-4-2024 / 12/05/2024	#59695	FY25 Membership Fees: $750/Paid: $0/ Bal. $750	P				P							
T	Skyline EMS, (Fully Vested)	Jim Hogg	Yes	Yes	Yes	9-30-2024 / 11-12-2024	#11666	FY25 Membership Fees: $750/Paid: $750/ Bal. $0	P				P							
T	Zapata County Fire/EMS (Fully Vested)	Zapata	Yes	Yes	Yes	10-17-2024/ 10/21/2024	#8487	FY25 Membership Fees: $750/Paid: $750/ Bal. $0	P				P							
T	Villa Ambulance Service (Fully Vested)	Webb	Yes	Yes	Yes	10-30-2024/ 11-12-2024	#2120	FY25 Membership Fees: $750/ Paid: $750/ Bal. $0	P				P							
T	Digni Care Ambulance (Joined: April 30, 2024)	Webb	Yes	Yes	Yes	9-30-2024/ 10/7/2024	#1095	FY25 Membership Fees: $750/ Paid: 750/ Bal. $0	P				A							
T	United Med Care Ambulance (Joined: September 30, 2024)	Webb	Yes	Yes	Yes	10-21-2024/ 11-3-2024	#555	FY25 Membership Fees: $750/ Paid: 750/ Bal. $0	P				P							
T	Gateway Ambulance (Joined as a Non-Participating Entity)	Webb	N/A	N/A	N/A	N/A	N/A	N/A	P				P							

(a) ***Payment of Membership Dues:*** All members must be current in the payment of their membership dues. Members who remain delinquent in the payment of SFRAC dues by the 1st of March of any given fiscal year will be considered a Member Not in Good Standing and, therefore, will not be eligible for funding for the following fiscal year.

ITEM 25-35-c. (TAB 9)

Life-Meter™ for Children

Actual Decal Back (Peel Away Liner)



Actual Decal Size 3" x 6"

Actual Decal
(Attaches to the Inside Window)

John R. Keiser

From: Karissa Strader <karissa@lifelink1.com>
Sent: Wednesday, April 16, 2025 12:09 PM
To: John R. Keiser; John R. Keiser
Subject: life-meter new look
Attachments: Life-MeterChildNewLook.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Hi John,

Warmer weather is here! Please see attached the new look for Life-Meter™ for Children. Please let me know what you think and if you would like a formal quote. Thank you!

The pricing for Life-Meter™ for Children is $1.90 each
Large order discounts start at 1,000+ quantity for $1.80 each

Private Labeling your logo is done at no additional charge for orders over 1,000qty

Warmest regards,

Karissa

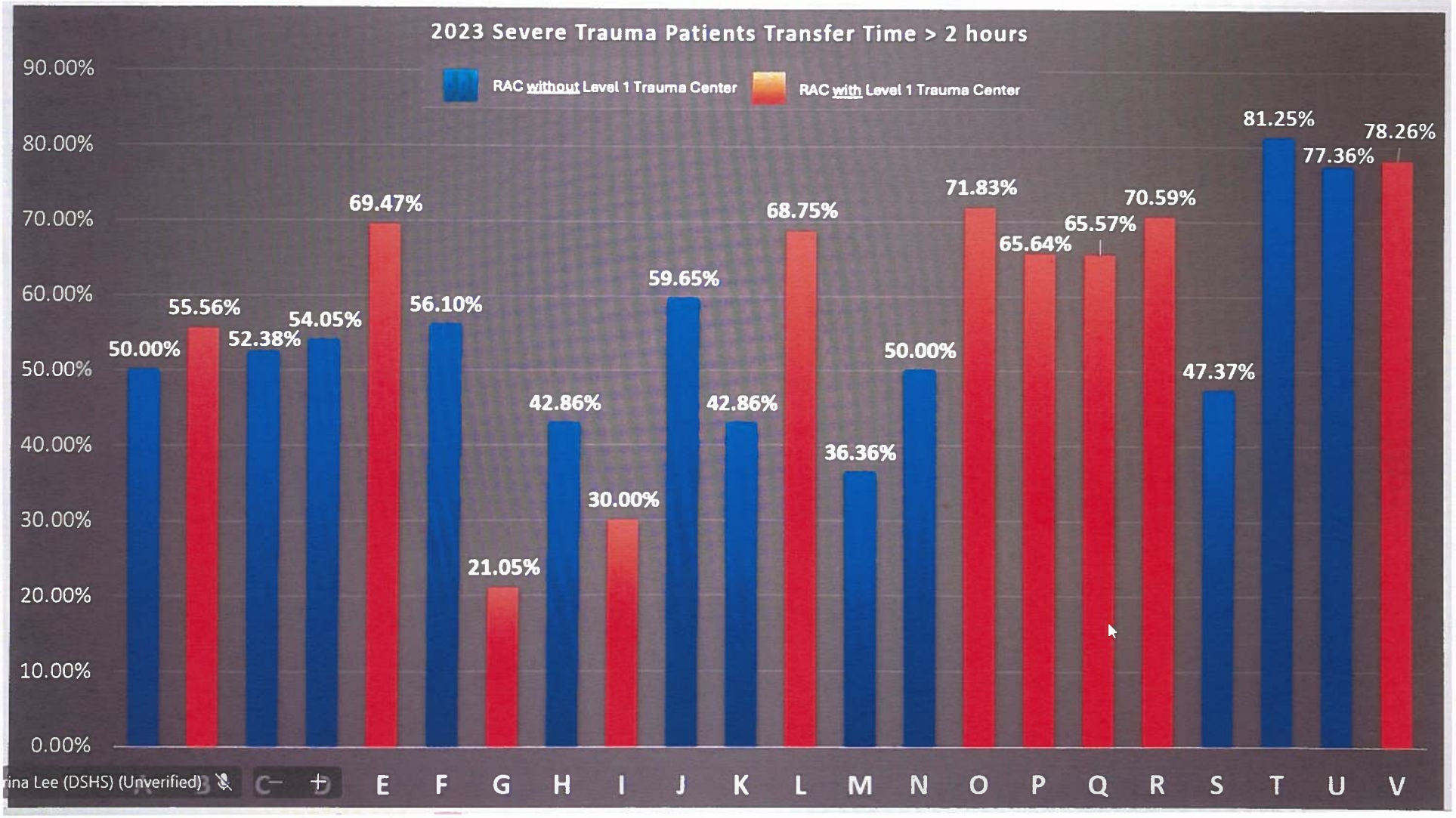
Karissa Strader
Account Development
Paperhouse Co. LLC
1-866-471-2529 Office
1-866-471-4343 Fax
LifeLink1.com
karissa@lifelink1.com

Life-Meter™ Awareness * Education * Prevention

ITEM 25-35-d. (TAB 9)

https://guardiantacmed.com

ITEM 25-35-e. (TAB 9)


2023 Severe Trauma Patients Transfer Time > 2 hours
RAC without Level 1 Trauma Center
RAC with Level 1 Trauma Center
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
50.00%
55.56%
52.38%
54.05%
69.47%
56.10%
21.05%
42.86%
30.00%
59.65%
42.86%
68.75%
36.36%
50.00%
71.83%
65.64%
65.57%
70.59%
47.37%
81.25%
77.36%
78.26%
E F G H I J K L M N O P Q R S T U V
ina Lee (DSHS) (Unverified)

ITEM 25-35-f. (TAB 9)

Agency Name	DSHS ID	Previous Deliquency
Clay County Memmorial Hosptial EMS	300157	Missing 11/15/2023-2/28/2024, last report 12/31/2024
Pantex Plant EMS	188005	January-June 2024
Kon Ventures Llc Dba	101113	Missing all 2024 data, last report 12/31/2024
Med Care Ems Inc dba	300010	Missing Jan - Apr
Texas Superior Ambulance Service LLC	240875	Missing Sep - Dec(improved; formerly missing all 2024 data)
Elite Medical Transport of Texas, LLC	71999	Missing half of Jan (improved; formerly missing all 2024 data)
Santa Rosa Ambulance LLC	162970	Missing Jan - Jul (improved; formerly missing Jan - Aug)
1st Choice EMS, LLC	108964	Missing all 2024 data
Ambu-Med LLC	108953	Missing all 2024 data
Bayou City EMS Group Inc DBA Bayou City EMS	101554	Missing all 2024 data
City of Whitney EMS	109999	Missing all 2024 data
Lifeguard Ambulance Svc of TX LLC dba - Brown Cnty	25995	Missing Jan - Feb
Tac Med, Inc. - Lubbock	39004	Missing all 2024 data
First Choice Ambulance	300345	Missing all 2024 data
Mescon Medical Transport & Services LLC Dba	84988	Missing all 2024 data
United Med Care Ambulance Llc	240019	Missing all 2024 data
Phoenix Medical Transport LLC	108300	Missing all 2024 data
Signa EMS	79933	Missing all 2024 data
Starr County Memorial Hospital EMS	214003	Missing all 2024 data
Texan EMS	187998	Missing all 2024 data
1st Choice EMS	108964	Missing all 2024 data
Absolute EMS	108064	Missing all 2024 data
AM/PM EMS, INC	101855	Missing all 2024 data
Ambulance Transportation Services	108110	Missing all 2024 data
American Advanced Care	101450	Missing all 2024 data
Bayou City EMS Group, Inc	101554	Missing all 2024 data
Bronzestar Service	240997	Missing all 2024 data
Capital Care LLC	84991	Missing all 2024 data
Caring Hands Medical Service	108016	Missing all 2024 data
Concord EMS	101869	Missing all 2024 data
Suni Care DBA County EMS	101137	Missing all 2024 data

Eclipse Ambulance Service, LLC	20101	Missing all 2024 data
Force EMS	101840	Missing all 2024 data
Gateway EMS Ambulance Service LLC	240104	Missing all 2024 data
Halo EMS	108973	Missing all 2024 data
Health Quest EMS, LLC	101327	Missing all 2024 data
Healthsource Medical Response	79932	Missing all 2024 data
Homestead Ambulance	24009	Missing all 2024 data
Integrity Medical Transport	43099	Missing all 2024 data
Kon Ventures LLC	101113	Missing all 2024 data
Laredo Lifeline, LLC	240898	Missing all 2024 data
Medicab Express of Texas LP	159997	Missing all 2024 data
Mescon EMS	84988	Missing all 2024 data
New Quest EMS	800120	Missing all 2024 data
Nurse Management EMS	800074	Missing all 2024 data
United Med Care Ambulance	240019	Missing all 2024 data
Villa Ambulance	240895	Missing all 2024 data
Vital Care Ambulance LLC	69222	Missing all 2024 data
Willowbrook EMS	800035	Missing all 2024 data
Leon Valley Fire Department	15034	Missing Jan-June 2024
Quitaque Ambulance Service	23001	Missing Jan, Feb, Apr, May, Jun, Aug
Native Air 31- Las Cruces	832001	Most 2024
Native Air Lifeguard 4 - Carlsbad	832002	Most 2024
Native Air 32 - Silver City	832004	Most 2024
Native Air 35 - Alamogordo	832006	Most 2024
Native Air-Lifeguard 10 - Roswell	832007	Most 2024
Native Air 30 - Deming	832008	Most 2024
Native Air 29 - Carlsbad	832009	Most 2024
Air Evac Lifeteam 21 - Elk City	837998	Most 2024
Jacksonville Fire/EMS	37001	Jan-24
Rocky Mountain Holdings LLC DBA El Paso Fir	071101	Most 2024
University Medical Center of El Paso	071950	Apr-Jun 2024
Aubrey Area Ambulance	61019	Most 2024
Victory Ambulance Care	64994	Most 2024
Hardin County ESD 2 - Lumberton Fire/EMS	100004	Most 2024
AM/PM EMS	101855	Most 2024
Mega Care EMS	101921	Most 2024
Aboslute EMS	108064	Most 2024
Lone Star Ambulance McAllen Station	215001	Most 2024
Advance EMS Limited	178995	Most 2024
Lazbuddie EMS	185002	Most 2024
EMS of Nueces Canyon	193002	Jan-Apr 2024

ITEM 25-35-g. (Tab 9)

LIFE SAVING.
LIFE CHANGING.
Emergency Medical Services

EMS Scholarships in Texas

as of February 2025

During the 87th Texas Legislature 3rd Called Special Session, lawmakers passed Senate Bill 8 to distribute federal funds. From S.B. 8, the Department of State Health Services received $21.7 million to support EMS education and retention.

3,252 SCHOLARSHIPS

have been processed since October 2022

Scholarships support students training to become:

1,837	347	1,068
Paramedics	Advanced Emergency Medical Technicians	Emergency Medical Technicians

Texas has **10,915** more certified EMS personnel than there were on December 31, 2019.

TEXAS Health and Human Services | Texas Department of State Health Services

For more information please visit: EMS.Texas.gov

ITEM 25-36 (Tab 10)

TEXAS
Health and Human Services

Texas Department of State Health Services

Jennifer A. Shuford, M.D., M.P.H.
Commissioner

April 15, 2025

Andrew Wilson
Chief Executive Officer
Doctors Hospital of Laredo
10700 McPherson Road
Laredo, Texas 78045

Dear Mr. Wilson:

Your facility completed an application seeking Trauma Level III designation. Your survey report and additional documents have been reviewed. The Texas Department of State Health Services re-designates Doctors Hospital of Laredo as an Advanced (Level III) Trauma Facility in Trauma Service Area-T. This state designation is valid for a three-year period. Your expiration date is May 1, 2028.

Your hospital's continuation as a designated Advanced (Level III) facility is contingent upon meeting identified requirements. Your facility will receive a letter from the EMS/Trauma Systems Section to inform you about the requirements that need additional actions.

For assistance regarding this matter, please contact Jorie Klein, MSN, MHA, BSN, RN, Director, EMS/Trauma Systems Section, via email at Jorie.Klein@dshs.texas.gov, or by phone at 512-535-8538.

Sincerely,

Tim Stevenson

Timothy Stevenson, DVM, PhD
Deputy Commissioner
Consumer Protection Division

cc: Letisia Colon, RN, Trauma Program Manager
Seven Flags Regional Advisory Council

TEXAS
Health and Human Services

Texas Department of State Health Services

Certificate of Designation

hereby awarded to

Doctors Hospital of Laredo

as an

Advanced (Level III) Trauma Facility

Doctors Hospital of Laredo meets the standards of care relating to the treatment of trauma in Texas, actively advocates for trauma system development and works to improve the availability and quality of trauma care as an active member of Seven Flags Regional Advisory Council.

DATE EXPIRES: MAY 1, 2028

Jorie Klein, MSN, MHA, BSN, RN
DIRECTOR
EMS/TRAUMA SYSTEMS SECTION

Tim Stevenson

Timothy Stevenson, DVM, PhD
DEPUTY COMMISSIONER
CONSUMER PROTECTION DIVISION