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**Part II Balance Sheets.** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	<321. >22	<8,773. >
23 Land and buildings	23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	399. 24	399.
25 Total assets	78. 25	<8,374. >
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	7,740. 26	10,859.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<7,662. >27	<19,233. >

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)

28 JOB OPPORTUNITY FAIR - ANNUAL EVENT WITH APPROXIMATELY 13 EXHIBITORS TO PROMOTE JOB OPPORTUNITIES FOR PERSONS IN THE HEALTH CARE INDUSTRY. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 MOCK TRIAL - CONTINUING EDUCATION PROGRAM RELATED TO NURSES LEGAL LIABILITY FROM DUTIES. 2010 EVENT HAD APPROXIMATELY 1,200 ATTENDEES. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 CONTINUING PROFESSIONAL EDUCATION FOR NURSES - VARIOUS PROGRAMS AND EVENTS DURING THE YEAR FOR NURSES TO OBTAIN REQUIRED CE. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
COLLEEN HINES 3336 WHITEHALL, DALLAS, TX 75229	PRESIDENT 4.00	0.	0.	0.
BARBARA DEVITT 3745 INTERLAKEN DR., PLANO, TX 75075	VICE PRESIDENT 2.00	0.	0.	0.
JEANIE ZELANKO 1015 ARBORSIDE, MESQUITE, TX 75150	SEC./TREAS. 2.00	0.	0.	0.
JACQUELINE D. BROCK 17126 FM 991, BLUE RIDGE, TX 75424	DIRECTOR 1.00	0.	0.	0.
CHARLA EDWARDS 9836 SOPHORA CIRCLE, DALLAS, TX 75249	DIRECTOR 1.00	0.	0.	0.
NATALIE GARRY 1617 MASTERS DRIVE, DESOTO, TX 75115	DIRECTOR 1.00	0.	0.	0.
ONEIDA HUGHES 3346 WILLOW CREST, DALLAS, TX 75233	DIRECTOR 1.00	0.	0.	0.
CELESTE JOHNSON 3321 SUNRISE DRIVE, GARLAND, TX 75043	DIRECTOR 1.00	0.	0.	0.
VICKI JOSWIAK, 2409 GOLDENWILLOW LANE, RICHARDSON, TX 75082	DIRECTOR 1.00	0.	0.	0.
NANCY ROPER WILLSON 1940 OLD ORCHARD, DALLAS, TX 75208	DIRECTOR 1.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

X

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

Table with columns Yes, No and row 33 with 'X' in No column.

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

Table with columns Yes, No and row 34 with 'X' in No column.

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

Table with columns Yes, No and row 35a with 'X' in Yes column.

b If "Yes," has it filed a tax return on Form 990-T for this year?

Table with columns Yes, No and row 35b with 'X' in Yes column.

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

Table with columns Yes, No and row 36 with 'X' in No column.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37a 0

b Did the organization file Form 1120-POL for this year?

Table with columns Yes, No and row 37b with 'X' in No column.

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

Table with columns Yes, No and row 38a with 'X' in No column.

b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b N/A

39 Section 501(c)(7) organizations Enter:

a Initiation fees and capital contributions included on line 9

39a N/A

b Gross receipts, included on line 9, for public use of club facilities

39b N/A

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 N/A, section 4912 N/A, section 4955 N/A

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

Table with columns Yes, No and row 40b with 'N/A' in Yes column.

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

N/A

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization

N/A

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

Table with columns Yes, No and row 40e with 'X' in No column.

41 List the states with which a copy of this return is filed. NONE

42a The organization's books are in care of PAT POLLOCK

Telephone no 972-435-2216

Located at P O BOX 763877, DALLAS, TX

ZIP + 4 75376

b 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)?

Table with columns Yes, No and row 42b with 'X' in No column.

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U S ?

Table with columns Yes, No and row 42c with 'X' in No column.

If "Yes," enter the name of the foreign country

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

43 N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44a with 'X' in No column.

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44b with 'X' in No column.

c Did the organization receive any payments for indoor tanning services during the year?

Table with columns Yes, No and row 44c with 'X' in No column.

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Table with columns Yes, No and row 44d with 'X' in No column.

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
  - a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ
- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		x
45a		x
46		x

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
  - b If "Yes," was the related organization a section 527 organization?

	Yes	No
47		
48		
49a		
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶  Yes  No

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** ▶  Yes  No  
 Signature of officer: Frances Phillips Date: 3-1-12  
 Type or print name and title: FRANCES PHILLIPS, PRESIDENT

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	R. GERALD COOK, C.P.A.	R. Gerald Cook, C.P.A.	3-1-12		
	Firm's name	Firm's EIN		Firm's address	
	CUNNINGHAM NORTHINGTON ADAMS & COOK			7557 RAMBLER ROAD, SUITE 1023	
	DALLAS, TX 75231			Phone no	214/691-7700

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization **TEXAS NURSES ASSOCIATION DISTRICT 4** Employer identification number **75-0604601**

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
CONVENTIONS, MEETINGS, & CONFERENCES	16,034.
TRAVEL & MEETINGS	2,013.
MEMBERSHIP & COMMITTEES	179.
INSURANCE BOND	145.
BANK CHARGES & SERVICE FEES	377.
<b>TOTAL TO FORM 990-EZ, LINE 16</b>	<b>18,748.</b>

**FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSE	100.	100.
PREPAID FEDERAL INCOME TAX	299.	299.
<b>TOTAL TO FORM 990-EZ, LINE 24</b>	<b>399.</b>	<b>399.</b>

**FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUES COLLECTED IN ADVANCE	4,940.	5,514.
DEPOSITS - FUTURE CONFERENCES	1,500.	2,345.
ACCOUNTS PAYABLE	1,300.	3,000.
<b>TOTAL TO FORM 990-EZ, LINE 26</b>	<b>7,740.</b>	<b>10,859.</b>

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE PURPOSE OF THE ORGANIZATION IS TO WORK FOR THE IMPROVEMENT OF HEALTH STANDARDS AND THE AVAILABILTY OF HEALTH CARE SERVICES FOR ALL PEOPLE, AND FOSTER HIGH STANDARDS OF NURSING, AND STIMULATE AND PROMOTE THE PROFESSIONAL**

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

Schedule O (Form 990 or 990-EZ) (2010)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

TEXAS NURSES ASSOCIATION DISTRICT 4

Employer identification number

75-0604601

DEVELOPMENT OF NURSES AND ADVANCE THEIR ECONOMIC AND GENERAL WELFARE.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b>	<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
Type or print  File by the extended due date for filing your return See instructions	Name of exempt organization <b>TEXAS NURSES ASSOCIATION DISTRICT 4</b>	Employer identification number <b>75-0604601</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P. O. BOX 764468</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>DALLAS, TX 75376</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**PAT POLLOCK**

• The books are in the care of  **P O BOX 763877 - DALLAS, TX 75376**  
 Telephone No.  **972-435-2216** FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2012**.

5 For calendar year \_\_\_\_\_ , or other tax year beginning **JUL 1, 2010** , and ending **JUN 30, 2011** .

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension  
**TAXPAYER HAS BEEN UNABLE TO OBTAIN SUFFICIENT INFORMATION, SUCH AS FROM THIRD PARTY SOURCES, NECESSARY TO FILE A TIMELY AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
c <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  **R. Gerald Cook** Title  **C.P.A.** Date  **2-10-12**

COPY