

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoning organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

2011

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The State of A and

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

ΑI	For the :	2011 calenda	ar year, or tax year beginning , 2	2011, and ending			, 20
В	Check if applicable. C Name of organization				D Empl	oyer id	entification number
	Address cl	change Texas Association of Freestanding Emergency Centers					7-0579229
	Name cha	change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tel					umber
_	Initial retur	208 West 14th Street					2-413-5669
_	Terminated	1	City or town, state or country, and ZIP + 4		F Grou	р Ехе	mption
=	Amended : Application		Austin, TX, 78701-1615			ber	•
_		ting Method:	✓ Cash	н	Check 1	▶ 17i	f the organization is not
		te: ► www.T	* * * * * * * * * * * * * * * * * * *				ach Schedule B
			ck only one) — ☐ 501(c)(3)	(1) or 527			0-EZ, or 990-PF).
_	Check >		organization is not a section 509(a)(3) supporting organization or a sec		on and it	s gros	s receipts are normally
			0 A Form 990-EZ or Form 990 return is not required though Form 990	-			
			ses to file a return, be sure to file a complete return.				
L	Add lines	5b, 6c, and 7b	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or n	nore, or if total assets	s (Part II,		
lı	ne 25, co	olumn (B) belov	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	42,000.00
Р	art I	Revenue	e, Expenses, and Changes in Net Assets or Fund Ba	lances (see the	instruc	ctions	for Part I.)
		Check if	the organization used Schedule O to respond to any ques-	tion in this Part I			
	1		ns, gifts, grants, and similar amounts received			1	0.00
	2		ervice revenue including government fees and contracts		[2	0 00
	3	-	ip dues and assessments			3	42,000 00
	4	Investment	•			4	0 00
	5a	Gross amo	unt from sale of assets other than inventory	5a	0.00		
	ь	Less: cost of	or other basis and sales expenses	5b	0.00		
	С		ss) from sale of assets other than inventory (Subtract line 5b fr	om line 5a)		5c	0.00
	6	Gaming and					
9	a		ome from gaming (attach Schedule G if greater than	6a	0.00		
Revenue	ь	•	me from fundraising events (not including \$	of contribution			
ě			aising events reported on line 1) (attach Schedule G if the				
Œ			th gross income and contributions exceeds \$15,000)	6b	0 00		
	С		t expenses from gaming and fundraising events	6c	0.00		
	d		e or (loss) from gaming and fundraising events (add lines 6				
	_	line 6c) .	· · · · · · · · · · · · · · · · · · ·			6d	0 00
	7a	Gross sales	s of inventory, less returns and allowances	7a	0.00		
	b		of goods sold	7b	0.00		•
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7			7c	0.00
	8	Other revenue (describe in Schedule O)					0.00
	9				. ▶	9	42,000.00
	10		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 RECEIVED)		10	
	11	Benefits pa	aid to or for members			11	
Ś	12	Salaries, ot				12	
Expenses	13	Professiona	ther compensation, and employee benefits UEC. [] 5. 2016. al fees and other payments to independent contractors []	./8/		13	34,000.00
ğ	14	Occupancy	y, rent, utilities, and maintenance /	18/		14	
ũ	15	Printing, pu	y, rent, utilities, and maintenance . OGDEN, UT	. ~!	ا منہ ن	15	
	16	Other expe	enses (describe in Schedule O)	STATUTE		16	3,322 92
	17	Total expe	enses. Add lines 10 through 16	RECEIN	/ED	17	37,322.92
Ŋ	18	Excess or ((deficit) for the year (Subtract line 17 from line 9)	· · · · men · · ·		18	4,677.08
set	19	Net assets	or fund balances at beginning of year (from line 27, column	n (A)) (m lust iaßr	fully s		-
Net Assets		end-of-yea	r figure reported on prior year's return)			19	0 00
et	20	Other chan	nges in net assets or fund balances (explain in Schedule O) .			20	0.00
ž	21	Net assets	or fund balances at end of year. Combine lines 18 through 20			21	4,677 08

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2011)

Pa	rt II Balance Sheets. (see the instructions	for Part II.)				
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			0 00	-	4,677.08
23	Land and buildings			0.00		0 00
24	Other assets (describe in Schedule O)			0.00		0.00
25	Total liabilities (describe in Schedule O)			0.00	·	4,677 08 0.00
26 27	Net assets or fund balances (line 27 of column	n (B) must agree with	n line 21)	0.00		4,677 08
Par					2.1	
	Check if the organization used Schedule	• •		•	(Rec	Expenses Juired for section
Wha	t is the organization's primary exempt purpose?	Support,conduct educ			501(c)(3) and 501(c)(4)
Desc	cribe the organization's program service accompli	ishments for each o	f its three largest i	program services.		inizations and section 7(a)(1) trusts; optional
as m	neasured by expenses. In a clear and concise n	nanner, describe the				others.)
<u></u>	ons benefited, and other relevant information for e	ach program title.				
28						
	/O	Lunghan fausian aus			00-	0.00
29	(Grants \$) If this amount				28a	0.00
29				***************************************		
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	29a	0 00
30						1
						ļ
]]
		t includes foreign gra		· ·	30a	0.00
31	Other program services (describe in Schedule O)					0.00
20	(Grants \$) If this amount Total program service expenses (add lines 28a	t includes foreign gra			31a 32	0.00
92 Par						
r ai	Check if the organization used Schedule			•		
	Ondoon it the original action according	(b) Title and average	(c) Reportable	(d) Health benefits,		
	(a) Name and address	hours per week	compensation (Forms W-2/1099-MIS)	contributions to employ benefit plans, and		Estimated amount of other compensation
		devoted to position	(if not paid, enter -0-)			
Rhor	nda S. Sandel, RN, 13611 Skinner Rd., #280	Director				
	ess, TX, 77429			0	0	0
	ael R. Cantu, MD, 13611 Skinner Rd., #280	Director				
	ess, TX, 77429	Dunatas		0	0	0
	non M. Orsak, MD, 13611 Skinner Rd., #280	Director				0
Сург	ess, TX, 77429				4	
					İ	
	,	-1			i	
		1			İ	
					1	
				 	+	
		-		+	+	
		-				
				1	+	
		1				
					\top	
		-1	ł	1	i	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Pan	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	162	√
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)	34		1
35 _a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		1
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	1	
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	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.00	<u> </u>		
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		√ √
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	304		-
3 9	Section 501(c)(7) organizations. Enter:	1		ŀ
а	Initiation fees and capital contributions included on line 9			ļ
b	Gross receipts, included on line 9, for public use of club facilities]		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
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	40b		
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		✓
41	List the states with which a copy of this return is filed. ▶ none			
42a		512-41	3-5669	9
	Located at ► 208 West 14th Street, Austin, TX ZIP + 4 ►	78701		
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)?	42b	Yes	No.
	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.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		√
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		. 1	
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		>
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		>
	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
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	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
	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 (see instructions).	15h		.1

Form 99	90-EZ (2011)						F	age 4
						· - ·	Yes	No
46	Did the organization engage, directly or i	ndirectly, in political o	ampaign activities on	behalf of or	in oppositi	on		
	to candidates for public office? If "Yes,"							✓
Part								
	501(c)(3) organizations and sect			ısts must aı	nswer que	estions 4	7491)
	and 52, and complete the tables							_
	Check if the organization used So	negule O to respond	to any question in t	his Part VI	· · · · ·			
47	Did the organization engage in lobbying	s activities or have a	saction E01(b) alactic	n in offeet d	uring the t	-av [Yes	No
7,	year? If "Yes," complete Schedule C, Pa		section 50 (ii) electio		_	1		
48	Is the organization a school as described in							
49a	Did the organization make any transfers							
b	If "Yes," was the related organization a s	ection 527 organization	on?			49b		
50	Complete this table for the organization's						es an	d kev
	employees) who each received more that	n \$100,000 of compe	nsation from the organ	nization. If th	ere is none	, enter "N	one."	
		(b) Title and average	(c) Reportable	(d) Health t	enefits,			
	(a) Name and address of each employee paid more than \$100,000	hours per week	compensation	contributions to benefit plans, a		(e) Estimate other com		
		devoted to position	(Forms W-2/1099-MISC)	compens			, , , , , , , , , , , , , , , , , , ,	
		4						
				<u> </u>				
		-			Ì			
		<u> </u>		 			-	
		 		Ì				
f 51	Total number of other employees paid ov Complete this table for the organization			contractors	who each	received	more	than
	\$100,000 of compensation from the orga	anization. If there is no	one, enter "None."					
(a)	Name and address of each independent contractor pa	aid more than \$100,000	(b) Type of serv	ice	(c) (Compensatio	n	
								
			1					
						- ·		
				}				
d	Total number of other independent contra	actors each receiving	over \$100,000 i					
52	Did the organization complete Schedule	•	• •	and 4947(a)(······································			
	nonexempt charitable trusts must attach				··, · >	► □ Yes		lo
Under p	enalties of perjury degare that ave samined this			nts, and to the b	est of my kno			
true, cor	rect, and complete. Declaration of peeparer (other than	n officer) is based on all info	rmation of which preparer h	as any knowled	ge.		•	
	シックレ				161	0न ५		
Sign	Signature of officer Shield	· Blass	<u>م</u> ام ۸۰ مام	Date				
Here	Type or print name and title	2 14864	ria Dince	0/				
		Preparer's signatural	Dat	10		PTIN		
Paid	Print/Type preparer's name Burney S. Brown Tr.			19/2014	Check iself-employe	if	69520	5
Prepa	Drofonguanal Associate	ion Management Service		 	L	87-073		
Use (Firm's address Austin, TX, 78715-129	- \	7	Phon	SEIN ►	512-358-		
May th			nstructions	Friion	iu.	Vac		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

		that have filed Form 5/68 (election und	` "	•	•
		that have NOT filed Form 5768 (electio		• ••	•
	organization answered -ves ection 501(c)(4), (5), or (6) orga	" to Form 990, Part IV, line 5 (Proxy 1	ax) or Form 990-E	Z, Part V, line 35c (Proxy 1a	ax), then
	of organization	anzations. Complete Part III.	·	Employer ide	ntification number
Texas	Association of Freestanding	Emergency Centers			27-0579229
Part	I-A Complete if the	e organization is exempt und	er section 501(c) or is a section 527	organization.
1		the organization's direct and indire			
2				_	}
3	Volunteer hours				
Part	I-B Complete if the	e organization is exempt und	er section 501(c)(3).	
1	-	excise tax incurred by the organiza			}
2		excise tax incurred by organization)
3		ed a section 4955 tax, did it file Fo			Yes No
4a					LYes LNo
b Dort	If "Yes," describe in Part	iv. e organization is exempt und	or coation 501/	a) execut section EO1	(a)(2)
Part 1		ly expended by the filing organization			(C)(3).
•	activities	iy expended by the ming organiz	allon for section		
2		filing organization's funds contrib	uted to other ora		
~		vities	-		
3	•	expenditures. Add lines 1 and 2.		•	
	· ·				
4		n file Form 1120-POL for this year		· ·	Yes No
5		ses and employer identification nur			
	organization made payme	ents. For each organization listed,	enter the amount	paid from the filing organi	ization's funds. Also enter
		ontributions received that were pro-			
	as a separate segregated	fund or a political action committe	e (PAC). If additio	nal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				iulius. Il none, enter -o	delivered to a separate
					political organization If none, enter -0
			··		1
(1)		 			
(2)					
<u></u>			· · · · · · · · · · · · · · · · · · ·		
(3)		}			
(4)					
(4)					
(5)					
·- <i>,</i>					
(6)				1	

Schedule C	(Form	990 or	990-F71	2011

Pa	rt II-A Complete if the organization section 501(h)).	on is exempt (under section 5	01(c)(3) and file	d Form 5768 (ele	ction under		
Ā	A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's							
	name, address, EIN, expenses, and share of excess lobbying expenditures).							
В	Check ▶ ☐ if the filing organization of			trol" provisions a	apply.			
		bying Expendit			(a) Filing	(b) Affiliated		
	(The term "expenditures" r		·	<u> </u>	organization's totals	group totals		
1	a Total lobbying expenditures to influence	•		•				
	b Total lobbying expenditures to influence	•		. ,				
	c Total lobbying expenditures (add lines							
	d Other exempt purpose expenditures .							
	e Total exempt purpose expenditures (ac							
	f Lobbying nontaxable amount. Enter columns.	the amount f	rom the following	table in both				
	If the amount on line 1e, column (a) or (b) i	s: The lobbying	nontaxable amoun	t is:				
	Not over \$500,000	20% of the ar	nount on line 1e.		1			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000.				
	Over \$17,000,000	\$1,000,000.						
	g Grassroots nontaxable amount (enter 2	5% of line 1f)						
	h Subtract line 1g from line 1a. If zero or	less, enter -0-						
	i Subtract line 1f from line 1c. If zero or I							
	j If there is an amount other than zero reporting section 4911 tax for this year	_	1h or line 1i, did	•		Yes No		
	(Some organizations that m columns below.	ade a section 5 See the instru	ctions for lines 2a	not have to com through 2f on pa				
	Lobbyin	g Expenditures	During 4-Year Av	veraging Period				
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total		
2	a Lobbying nontaxable amount							
	b Lobbying ceiling amount (150% of line 2a, column (e))							
	c Total lobbying expenditures							
	d Grassroots nontaxable amount							
	e Grassroots ceiling amount (150% of line 2d, column (e))							
	f Grassroots lobbying expenditures							

Part	(election under section 501(h)).	nied	Form	ก 5/68		
		(8	a)	· · ·	(b)	
	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description lobbying activity.	Yes	No	A	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?		,			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
C	Media advertisements?			1		
đ	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?			:		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			<u> </u>		
b	If "Yes," enter the amount of any tax incurred under section 4912					
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), c	or se	ction		
	501(c)(6).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	√ ✓	110
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	۲	1
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		7
1	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes." Dues, assessments and similar amounts from members	R (b)	Part	III-A, I	ine 3	B, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year	.	2a	}		
b	Carryover from last year	. [2b			
C	Total	. [2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby					
	and political expenditure next year?		4	}		
5	Taxable amount of lobbying and political expenditures (see instructions)	<u>. </u>	5			
Part		<u> </u>			 _	
	lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; lo, complete this part for any additional information.	-art II	-A; a:	nd Part	II-B, I	line
						
-						

	m 990 or 990-EZ) 2011	Page 4
Part IV	Supplemental Information (continued)	
		·
		••••
	·	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization	Employer identification number
Texas Association of Freestanding Emergency Centers	27-0579229
Part I: Line 16 ⁻ Other Expenses:	
Meetings & Events Expense: \$537.67	
General & Administrative Expense: \$2,785.25	
Total Other Expenses: \$3,322.92	
	•