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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public Inspection

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: TEXAS NURSES ASSOCIATION DISTRICT 4
 Number and street (or P.O. box, if mail is not delivered to street address): P. O. BOX 764468
 City or town, state or country, and ZIP + 4: DALLAS TX 75376

D Employer identification number: 75-0604601

E Telephone number: 972-435-2216

F Group Exemption Number:

G Accounting Method: Cash Accrual Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: DISTRICT4TXNURSESASSN.ORG

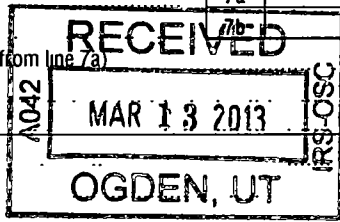
J Tax-exempt status (check only one) — 501(c)(3) 501(c)(6) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 77,533.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
 Check if the organization used Schedule O to respond to any question in this Part I

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	55,628.
	3 Membership dues and assessments	3	21,905.
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	77,533.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	26,805.
	13 Professional fees and other payments to independent contractors	13	16,512.
	14 Occupancy, rent, utilities, and maintenance	14	1,434.
	15 Printing, publications, postage, and shipping	15	7,116.
	16 Other expenses (describe in Schedule O) <u>SEE SCHEDULE O</u>	16	21,585.
	17 Total expenses. Add lines 10 through 16	17	73,452.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,081.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<19,233.>
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	<15,152.>



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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	<8,773.>22	<849.>
23 Land and buildings	23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	399.24	399.
25 Total assets	<8,374.>25	<450.>
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	10,859.26	14,702.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<19,233.>27	<15,152.>

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

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

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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. 2011 EVENT HAD APPROXIMATELY 1,000 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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
FRANCES PHILLIPS 18288 ACRE LANE, KEMP, TX 75143	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.
BECKY BAIRD, 3182 NORTHHAVEN ROAD, DALLAS, TX 75229	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 Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

	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		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
35a 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)?	<input checked="" type="checkbox"/>	
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="checkbox"/> 37a <u>0.</u>		
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	<input type="checkbox"/> 38b <u>N/A</u>	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	<input type="checkbox"/> 39a <u>N/A</u>	
b Gross receipts, included on line 9, for public use of club facilities	<input type="checkbox"/> 39b <u>N/A</u>	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> <u>N/A</u> ; section 4912 <input type="checkbox"/> <u>N/A</u> ; section 4955 <input type="checkbox"/> <u>N/A</u>		
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	<input type="checkbox"/> 40b <u>N/A</u>	
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 <input type="checkbox"/> <u>N/A</u>		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> <u>N/A</u>		
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	<input type="checkbox"/> 40e	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. <input type="checkbox"/> <u>NONE</u>		
42a The organization's books are in care of <input type="checkbox"/> <u>PAT POLLOCK</u> Telephone no. <input type="checkbox"/> <u>972-435-2216</u> Located at <input type="checkbox"/> <u>P O BOX 764468, DALLAS, TX</u> ZIP + 4 <input type="checkbox"/> <u>75376</u>		
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)? If "Yes," enter the name of the foreign country: <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<input type="checkbox"/> 42b	<input checked="" type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: <input type="checkbox"/> _____	<input type="checkbox"/> 42c	<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> <u>43</u> <input type="checkbox"/> <u>N/A</u>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/> 44a	<input checked="" type="checkbox"/>
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	<input type="checkbox"/> 44b	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/> 44c	<input checked="" type="checkbox"/>
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	<input type="checkbox"/> 44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/> 45a	<input checked="" type="checkbox"/>
45b 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)	<input type="checkbox"/> 45b	

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

Table with Yes/No columns for question 46. Answer: No (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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. 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?

Table with Yes/No columns for questions 47, 48, 49a, and 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."

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Entry: 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." N/A

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. Entry: N/A

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

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 (Frances Phillips), Date (3/7/13), Type or print name and title (FRANCES PHILLIPS, PRESIDENT)

Paid Preparer Use Only: Print/Type preparer's name (R. GERALD COOK, C.P.A.), Preparer's signature (R. Gerald Cook, C.P.A.), Date (2-19-13), Check if self-employed, PTIN (P00083515), Firm's name (CUNNINGHAM NORTHINGTON ADAMS & COOK), Firm's EIN (75-2134700), Firm's address (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. Answer: Yes (x)

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

2011

Open to Public
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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	19,063.
TRAVEL & MEETINGS	1,208.
INSURANCE BOND	145.
BANK CHARGES & SERVICE FEES	1,169.
TOTAL TO FORM 990-EZ, LINE 16	21,585.

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.
TOTAL TO FORM 990-EZ, LINE 24	399.	399.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUES COLLECTED IN ADVANCE	5,514.	6,047.
DEPOSITS - FUTURE CONFERENCES	2,345.	2,110.
ACCOUNTS PAYABLE	3,000.	6,545.
TOTAL TO FORM 990-EZ, LINE 26	10,859.	14,702.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE PURPOSE OF THE
ORGANIZATION IS TO WORK FOR THE IMPROVEMENT OF HEALTH STANDARDS AND THE
AVAILABILITY OF HEALTH CARE SERVICES FOR ALL PEOPLE, AND FOSTER HIGH
STANDARDS OF NURSING, AND STIMULATE AND PROMOTE THE PROFESSIONAL
DEVELOPMENT OF NURSES AND ADVANCE THEIR ECONOMIC AND GENERAL WELFARE.

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

Schedule O (Form 990 or 990-EZ) (2011)

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

2011

Open to Public
Inspection

Name of the organization

TEXAS NURSES ASSOCIATION DISTRICT 4

Employer identification number

75-0604601

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).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions TEXAS NURSES ASSOCIATION DISTRICT 4	Employer identification number (EIN) or <input checked="" type="checkbox"/> 75-0604601
	Number, street, and room or suite no. If a P.O. box, see instructions. P. O. BOX 764468	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DALLAS, TX 75376	

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

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 764468 - 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.

- I request an additional 3-month extension of time until **MAY 15, 2013**.
- For calendar year , or other tax year beginning **JUL 1, 2011**, and ending **JUN 30, 2012**.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- 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.	8a	\$	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.	8b	\$	0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

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. Harold Cook** Title **C.P.A.** Date **2-11-13**

COPY