



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



Short Form Return of Organization Exempt From Income Tax

2013

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.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

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) Room/suite: _____
P, O. BOX 764468
 City or town, state or province, country, and ZIP or foreign postal code: 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

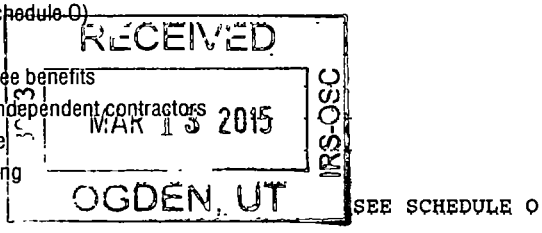
K Form of organization: Corporation Trust Association Other _____

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 72,164.

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		
	2	Program service revenue including government fees and contracts	46,577.	
	3	Membership dues and assessments	25,587.	
	4	Investment income		
	5a	Gross amount from sale of assets other than inventory		
	5b	Less: cost or other basis and sales expenses		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	6b	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)		
	6c	Less: direct expenses from gaming and fundraising events		
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
	7a	Gross sales of inventory, less returns and allowances		
	7b	Less: cost of goods sold		
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8	Other revenue (describe in Schedule O)		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ <u>72,164.</u>	
Expenses	10	Grants and similar amounts paid (list in Schedule O)		
	11	Benefits paid to or for members		
	12	Salaries, other compensation, and employee benefits		
	13	Professional fees and other payments to independent contractors	50,129.	
	14	Occupancy, rent, utilities, and maintenance	2,700.	
	15	Printing, publications, postage, and shipping	2,924.	
	16	Other expenses (describe in Schedule O)	13,076.	
	17	Total expenses. Add lines 10 through 16	▶ <u>68,829.</u>	
	Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	3,335.
		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)	<12,530.>
20		Other changes in net assets or fund balances (explain in Schedule O)	0.	
21		Net assets or fund balances at end of year. Combine lines 18 through 20	▶ <u><9,195.></u>	



SCANNED MAR 18 2015

95 3

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	<1,213.22	<1,467.22
23 Land and buildings		23
24 Other assets (describe in Schedule O) SEE SCHEDULE O	399.24	399.24
25 Total assets	<814.25	<1,068.25
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	11,716.26	8,127.26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<12,530.27	<9,195.27

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 4 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, 2013 EVENT HAD APPROXIMATELY 1,147 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 title	(b) 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
NANCY ROPER WILLSON PRESIDENT	4.00	0.	0.	0.
CAROL HARDIN VICE PRESIDENT	2.00	0.	0.	0.
CHARLA EDWARDS SEC./TREAS.	2.00	0.	0.	0.
JOSE ALEJANDRO DIRECTOR	1.00	0.	0.	0.
DEBBIE A. ARBIQUE DIRECTOR	1.00	0.	0.	0.
BARBARA DEVITT DIRECTOR	1.00	0.	0.	0.
ONEIDA HUGHES DIRECTOR	1.00	0.	0.	0.
BECKY BAIRD DIRECTOR	1.00	0.	0.	0.
CARISSA ENRIGHT DIRECTOR	1.00	0.	0.	0.
JACKIE L. MICHAEL 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

- 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
- 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)
- 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)?
 - 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
 - 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
- 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
- 37 a 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?
- 38 a 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?
 - 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
- 40 a 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 40b N/A
 - 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 40e X
- 41 List the states with which a copy of this return is filed ▶ NONE
- 42 a The organization's books are in care of ▶ PAT POLLOCK Telephone no. ▶ 972-435-2216
 Located at ▶ P O BOX 764468, 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)?
 - 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.?
 - 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
- 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
 - 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
 - c Did the organization receive any payments for indoor tanning services during the year?
 - 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
- 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
- 45 b 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)

	Yes	No
33		X
34		X
35a		X
35b	N/A	
35c		X
36		X
37a		
37b		X
38a		X
38b		
39a		
39b		
40b	N/A	
40c		
40d		
40e		X
41		
42b		X
42c		X
43		
44a		X
44b		X
44c		X
44d		
45a		X
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

	Yes	No
46		x

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
----	--	--

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
-----	--	--

b If "Yes," was the related organization a section 527 organization?

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 title of each employee	(b) 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
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 business address of each independent contractor	(b) Type of service	(c) Compensation
N/A		

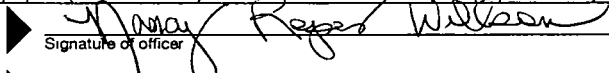
d Total number of other independent contractors each receiving over \$100,000

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

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  Signature of officer Date 3/5/15
 NANCY ROPER WILLSON, PRESIDENT
 Type or print name and title

Paid Preparer Use Only	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.	3-2-15		P00083515
	Firm's name	Firm's EIN		Firm's address	
	CUNNINGHAM NORTHINGTON ADAMS & COOK	75-2134700		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.

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

OMB No 1545-0047

2013

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	10,327.
TRAVEL & MEETINGS	1,227.
INSURANCE BOND	145.
BANK CHARGES & SERVICE FEES	335.
	1,042.
TOTAL TO FORM 990-EZ, LINE 16	13,076.

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	6,813.	6,927.
DEPOSITS - FUTURE CONFERENCES	1,000.	0.
ACCOUNTS PAYABLE	3,903.	1,200.
TOTAL TO FORM 990-EZ, LINE 26	11,716.	8,127.

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

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

Schedule O (Form 990 or 990-EZ) (2013)

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.

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

OMB No 1545-0047

2013

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.