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Short Form

Form 990-EZ

Return of Organization Exempt From Income Tax

2014

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Form 990-EZ header section including: A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015; B Check if applicable; C Name of organization TEXAS NURSES ASSOCIATION DISTRICT 4; D Employer identification number 75-0604601; E Telephone number 972-435-2216; F Group Exemption Number; G Accounting Method: Accrual; H Check if the organization is not required to attach Schedule B; I Website: DISTRICT4TXNURSESASSN\_ORG; J Tax-exempt status: 501(c)(3); K Form of organization: Corporation; L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. Total revenue: \$60,103.

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 [X]

Table with 21 rows and 3 columns. Rows 1-9: Revenue (Total revenue: 60,103). Rows 10-17: Expenses (Total expenses: 64,153). Rows 18-21: Net Assets (Net assets at end of year: <13,245.>). Includes a 'RECEIVED' stamp dated FEB 26 2016 from OGDEN, UT.

SCANNED MAR 16 2016

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014)

Handwritten numbers: 99 and 4

**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	<1,467.>22	<678.>
23 Land and buildings	23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	399. 24	399.
25 Total assets	<1,068.>25	<279.>
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	8,127. 26	12,966.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<9,195.>27	<13,245.>

**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; 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 <b>JOB OPPORTUNITY FAIR - ANNUAL EVENT WITH APPROXIMATELY 4 EXHIBITORS TO PROMOTE JOB OPPORTUNITIES FOR PERSONS IN THE HEALTH CARE INDUSTRY.</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 <b>MOCK TRIAL - CONTINUING EDUCATION PROGRAM RELATED TO NURSES LEGAL LIABILITY FROM DUTIES. 2014 EVENT HAD APPROXIMATELY 1,140 ATTENDEES.</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 <b>CONTINUING PROFESSIONAL EDUCATION FOR NURSES - VARIOUS PROGRAMS AND EVENTS DURING THE YEAR FOR NURSES TO OBTAIN REQUIRED CE.</b> (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 <b>Total program service expenses (add lines 28a through 31a)</b>	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.
CARISSA ENRIGHT 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

		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		X
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)		X
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)?		X
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c	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		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	Did the organization file Form 1120-POL for this year?		X
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?	38a	X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9	39a	N/A
39b	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 <input type="checkbox"/> N/A ; section 4912 <input type="checkbox"/> N/A ; section 4955 <input type="checkbox"/> N/A		
40b	b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
40c	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
40d	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		N/A
40e	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 <input type="checkbox"/> NONE		
42a	The organization's books are in care of <input type="checkbox"/> PAT POLLOCK Telephone no. <input type="checkbox"/> 972-435-2216 Located at <input type="checkbox"/> P O BOX 764468, DALLAS, TX ZIP + 4 <input type="checkbox"/> 75376		
42b	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	X
	If "Yes," enter the name of the foreign country: <input type="checkbox"/>		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
	If "Yes," enter the name of the foreign country: <input 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"/> 43 <input type="checkbox"/> N/A	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	44a	X
44b	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	44b	X
44c	c Did the organization receive any payments for indoor tanning services during the year?	44c	X
44d	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	X
45b	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)	45b	

		<b>Yes</b>	<b>No</b>
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	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

		<b>Yes</b>	<b>No</b>
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	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 ▶ \_\_\_\_\_

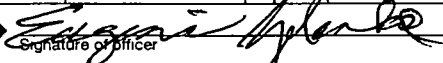
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and business address of each independent contractor	(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 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.

<b>Sign Here</b>	 <small>Signature of officer</small>	2-21-14 <small>Date</small>
	EUGENIA ZELANKO, PRESIDENT <small>Type or print name and title</small>	

<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.	2-17-16		P00083515
	Firm's name ▶ CUNNINGHAM NORTHINGTON ADAMS & COOK	Firm's EIN ▶ 75-2134700		Phone no. 214/691-7700	
	Firm's address ▶ 12225 GREENVILLE AVE, STE 360		DALLAS, TX 75243		

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](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

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	13,731.
TRAVEL & MEETINGS	1,667.
INSURANCE BOND	145.
BANK CHARGES & SERVICE FEES	336.
MEMBERSHIPS & COMMITTEES	461.
<b>TOTAL TO FORM 990-EZ, LINE 16</b>	<b>16,340.</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	6,927.	6,994.
ACCOUNTS PAYABLE	1,200.	5,697.
DEPOSITS - FUTURE CONFERENCES	0.	275.
<b>TOTAL TO FORM 990-EZ, LINE 26</b>	<b>8,127.</b>	<b>12,966.</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) (2014)**

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

Department of the Treasury  
Internal Revenue Service

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**2014**

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.