

Form **990-EZ**  
Department of the Treasury  
Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150  
**2016**  
**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017**

- B** Check if applicable
- Address change
  - Name change
  - Initial return
  - Final 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  
PO 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: ▶ [district4txnursesasn.org](http://district4txnursesasn.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 . . . . . ▶ \$ 57,924

**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 . . . . .

Revenue		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .
<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>11</b>	Benefits paid to or for members . . . . .	<b>19</b>	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) . . . . .
<b>3</b>	Membership dues and assessments . . . . .	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .
<b>4</b>	Investment income . . . . .	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .
<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .		
<b>5b</b>	Less cost or other basis and sales expenses . . . . .	<b>15</b>	Printing, publications, postage, and shipping . . . . .		
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>16</b>	Other expenses (describe in Schedule O) . . . . .		
<b>6</b>	Gaming and fundraising events	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . .		
<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .				
<b>6b</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) . . . . .				
<b>6c</b>	Less direct expenses from gaming and fundraising events . . . . .				
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .				
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .				
<b>7b</b>	Less cost of goods sold . . . . .				
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .				
<b>8</b>	Other revenue (describe in Schedule O) . . . . .				
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .				

**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	
<b>22</b> Cash, savings, and investments . . . . .		<b>22</b>	
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .	399	<b>24</b>	299
<b>25 Total assets</b> . . . . .	399	<b>25</b>	299
<b>26 Total liabilities</b> (describe in Schedule O). . . . .	7,833	<b>26</b>	7,220
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	-7,434	<b>27</b>	-6,921

**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?  
**THE PURPOSE OF THE ORGANIZATION IS TO WORK FOR THE IMPROVEMENT OF HEALTH STANDARDS AND THE AVAILABILITY OF HEALTH CARE SERVICES FOR ALL PEOPLE, FOSTER HIGH STANDARDS OF NURSING, AND STIMULATE AND PROMOTE THE PROFESSIONAL DEVELOPMENT OF NURSES AND ADVANCE THEIR ECONOMIC AND GENERAL WELFARE**

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

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others )

**28**  
 See Additional Data Table

(Grants \$ ) If this amount includes foreign grants, check here  **28a**

**29**

(Grants \$ ) If this amount includes foreign grants, check here  **29a**

**30**

(Grants \$ ) If this amount includes foreign grants, check here  **30a**

**31** Other program services (describe in Schedule O) . . . . .

(Grants \$ ) If this amount includes foreign grants, check here  **31a**

**32 Total program service expenses** (add lines 28a through 31a) **32** 11,571

**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
JACKIE MICHAEL President	4 00	0		
NATALIE GARRY	2 00	0		
PRES ELECT				
EUGENIA ZELANKO	2 00	0		
PAST PRESIDENT				
BARBARA DEVITT	2 00	0		
SEC/TREAS				
BECKY BAIRD Director	1 00	0		
LINDA PLANK Director	1 00	0		
CHARLA EDWARDS Director	1 00	0		
CAROL HARDIN Director	1 00	0		
RUTH IFEDIORA Director	1 00	0		
SAHAR SEYEDKALAL Director	1 00	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 Schedule O to respond to any question in this Part V . . . . .

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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 No

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 Schedule 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

Table with 5 columns: (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. Row 1: NONE

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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: NONE

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

Sign Here \*\*\*\*\* Signature of officer 2018-04-16 Date
EUGENIA ZELANKO President Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Allison Ates CPA Preparer's signature Date Check if self-employed PTIN P01590891
Firm's name Allison Ates CPA PLLC Firm's EIN
Firm's address 12225 Greenville Ave Ste 360 Dallas, TX 75243 Phone no (214) 350-1397

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

## Additional Data

**Software ID:** 16000303

**Software Version:** 2016v3.0

**EIN:** 75-0604601

**Name:** Texas Nurses Association District 4

### Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p><b>28</b> JOB OPPORTUNITY FAIR-ANNUAL EVENT WITH EXHIBITORS TO PROMOTE JOB OPPORTUNITIES FOR PERSONS IN THE HEALTH CARE INDUSTRY</p> <p>(Grants \$ )</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	

**Form 990EZ, Part III - Statement of Program Service Accomplishments**

<p><b>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.</b></p>	<p><b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b></p>	
<p><b>29</b> MOCK TRIAL-CONTINUING EDUCATION PROGRAMS RELATED TO NURSES LEGAL LIABILITY FROM DUTIES 2016 EVENT HAD 1096 ATTENDEES AND 5 EXHIBITS  (Grants \$ 11,571)                      If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p><b>29a</b></p>	

**Form 990EZ, Part III - Statement of Program Service Accomplishments**

<p><b>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.</b></p>	<p><b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b></p>	
<p><b>30</b> CONTINUING PROFESSIONAL EDUCATION FOR NURSES-VARIOUS PROGRAMS AND EVENTS DURING THE YEAR FOR NURSES TO OBTAIN CE  (Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p><b>30a</b></p>	

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue ServiceName of the organization  
Texas Nurses Association District 4**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

**2016****Open to Public  
Inspection**

Employer identification number

75-0604601

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$955

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses 1007	Conferences, Conventions, and Meetings \$11571

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$145

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses 2	ADMINISTRATIVE \$199

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	WEBSITE \$25

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Assets 1	PREPAID EXPENSE - Beginning \$100 PREPAID EXPENSE - Ending \$0

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Assets 2	PREPAID FEDERAL INCOME TAX - Beginning \$299 PREPAID FEDERAL INCOME TAX - Ending \$299

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$93 Accounts Payable and Accrued Expenses - Ending \$0

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Total Liabilities 1	DUES COLLECTED IN ADVANCE - Beginning \$6994 DUES COLLECTED IN ADVANCE - Ending \$6994

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Total Liabilities 2	- Beginning \$0 - Ending \$0

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACT	THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO P AY PREMIUMS ON A PERSONAL BENEFIT CONTRACT THE ORGANIZATION DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT