

Form **990EZ**  
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.

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest information.

OMB No. 1545-1150  
**2018**  
**Open to Public Inspection**

**A For the 2018 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019**

- 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: ▶ TNAD4.NURSINGNETWORK.COM

**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 . . . . . ▶ \$ 60,876

**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 . . . . .

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .																												
	2	Program service revenue including government fees and contracts . . . . .		42,011																										
	3	Membership dues and assessments . . . . .		18,258																										
	4	Investment income . . . . .																												
	5a	Gross amount from sale of assets other than inventory . . . . .																												
	b	Less: cost or other basis and sales expenses . . . . .																												
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .																												
	6	Gaming and fundraising events																												
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																												
	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) . . . . .																												
c	Less: direct expenses from gaming and fundraising events . . . . .																													
d	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 . . . . .																													
b	Less: cost of goods sold . . . . .																													
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .																													
8	Other revenue (describe in Schedule O) . . . . .																													
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶																													
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 . . . . .																												
	14	Occupancy, rent, utilities, and maintenance . . . . .																												
	15	Printing, publications, postage, and shipping . . . . .																												
	16	Other expenses (describe in Schedule O) . . . . .																												
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶																													
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .																												
	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) . . . . .																												
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .																												
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .																												

**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 . . . . .	1,788	<b>22</b> 41,909
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .	299	<b>24</b> 299
<b>25</b> Total assets . . . . .	2,087	<b>25</b> 42,208
<b>26</b> Total liabilities (describe in Schedule O). . . . .	0	<b>26</b> 0
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	2,087	<b>27</b> 42,208

**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?  
 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.

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.)

<b>28</b> See Additional Data Table		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	
<b>29</b> See Additional Data Table		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) . . . . .		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a) . . . . .	<b>32</b>	

**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
TODD BAILEY DIRECTOR	1.00	0	0	0
CHARLA EDWARDS DIRECTOR	1.00	0	0	0
RUTH IFEDIORA DIRECTOR	1.00	0	0	0
MARIE LINDLEY DIRECTOR	1.00	0	0	0
JAKKI OPOLLO DIRECTOR	1.00	0	0	0
LINDA PLANK DIRECTOR	1.00	0	0	0
SAHAR SEYEDKALAL DIRECTOR	1.00	0	0	0
RUBY TAYLOR DIRECTOR	1.00	0	0	0
JACKIE MICHAEL PRESIDENT	4.00	0	0	0
NATALIE GARRY PRESIDENT ELECT	2.00	0	0	0
JEANIE ZELANKO PAST PRESIDENT	2.00	0	0	0
BARBARA DEVITT SECRETARY	2.00	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 Schedule O to respond to any question in this Part V . . . . .

Table with 3 columns: Question, Yes, No. Rows include 33-41e regarding organizational activities, financials, and tax shelter status.

42a The organization's books are in care of RUBEN CASTILLO Telephone no. (972) 435-2216 Located at PO BOX 764468 DALLAS, TX ZIP + 4 75376

Table with 3 columns: Question, Yes, No. Rows include 42b and 42c regarding foreign accounts and offices.

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

Table with 3 columns: Question, Yes, No. Rows include 44a-44d regarding donor advised funds and tanning services, and 45a-45b regarding controlled entities.

	<b>Yes</b>	<b>No</b>
<b>46</b> 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. . . . .	<b>46</b>	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 . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> 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 . . . . .	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**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

**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

**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> Signature of officer ***** JACKIE MICHAEL, PRESIDENT	Date 2021-05-12
Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name RONALD H REYNOLDS	Preparer's signature	Date 2021-05-12	Check <input type="checkbox"/> if self-employed	PTIN P00964479
	Firm's name ► REYNOLDS & FRANKE PC			Firm's EIN ► 74-2516372	
	Firm's address ► 6850 AUSTIN CENTER BLVD SUITE 100 AUSTIN, TX 78731			Phone no. (512) 206-3141	

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

# Additional Data

**Software ID:**

**Software Version:**

**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. (Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	0



## **TY 2018 Transfers Personal Benefits Contracts Declaration**

**Name:** TEXAS NURSES ASSOCIATION DISTRICT 4

**EIN:** 75-0604601

**Declaration:** 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.

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018****Open to Public Inspection**

Department of the Treasury

Name of the organization

TEXAS NURSES ASSOCIATION DISTRICT 4

Employer identification number

75-0604601

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION: MISCELLANEOUS. AMOUNT: 607.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION: OFFICE EXPENSE. AMOUNT: 2,075. DESCRIPTION: CONFERENCE & EVENTS. AMOUNT: 11,873. DESCRIPTION: MISCELLANEOUS. AMOUNT: 789. TOTAL TO FORM 990-EZ, LINE 16: 14,737.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION: PREPAID EXPENSES. BEG. OF YEAR AMOUNT: 299. END OF YEAR AMOUNT: 299.