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Department of the Treasury

## **Short Form**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation) ▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

2003

OMB No 1545-1150

**Open to Public** Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements A For the 2003 calendar year, or tax year beginning April . 2003, and ending March 31 . 20 0 4 Please use IRS B Check if applicable C Name of organization D Employer identification number Texas Association for Institutional 0847753 Address change label or Name change print or Number and street (or P.O. box if mail is not delivered to street address), Room/suite E. Telephone number  $\mathbf{Z}$ Initial return type See 713 )348-6254 1201 W Highland St. Final return Specific City or town state or country, and ZIP + 4 F Group Exemption Amended return Instruc Number . . ► NA Application pending ТX 76203 tions Denton. Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method S Cash ☐ Accrual a completed Schedule A (Form 990 or 990-EZ) Other (specify) ▶ H Check ► 🔀 If the organization www.texas-air.org I Website: ▶ is not required to attach Organization type (check only one)—  $\boxtimes$  501(c) ( 3)  $\triangleleft$  (insert no )  $\square$  4947(a)(1) or  $\square$  527 Schedule B (Form 990, 990-EZ, or 990-PF) K Check ▶□ If the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return. Add lines 5b. 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ. . > \$41,036.98 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions) 0 Contributions, gifts, grants, and similar amounts received . 1 2 315.00 2 Program service revenue including government fees and contracts Membership dues and assessments . . . . . . 3 3 233.15 Investment income . . . . . . . . . 4 4 5a **5a** Gross amount from sale of assets other than inventory . . . . Less cost or other basis and sales expenses . . . . . . . 0 5c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) Revenue Special events and activities (attach schedule) If any amount is from gaming, check here a Gross revenue (not including \$ \_\_\_\_\_\_ of contributions 6a | 40,488.83 6ь 29,270,46 Less direct expenses other than fundraising expenses 11.218.37 c Net income or (loss) from special events and activities (line 6a less line 6b) Gross sales of inventory, less returns and allowances . . . 0 7c Gross profit or (loss) from sales of inventory (line 7a less line 7b) 0 8 8 Other revenue (describe ▶ \_ Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 9 766.52 9 10 750.00 Grants and similar amounts paid (attach schedule) . 10 RS-0S 11 0 11 Benefits paid to or for members . . . . . . . . . 12 0 SCANNED Assets | Expenses 12 Salaries, other compensation, and employee benefits . 13 22. Professional fees and other payments to independent contractors 13 14 0 Occupancy, rent, utilities, and maintenance . . . . . . 14 15 15 Printing, publications, postage, and shipping. 754. Other expenses (describe > Office supplies & tote 16 16 17 Total expenses (add lines 10 through 16) 17 18 70039.24 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 41,797.28 19 end-of-year figure reported on prior year's return) . . . . . Net 20 0 Other changes in net assets or fund balances (attach explanation) . 20 Net assets or fund balances at end of year (combine lines 18 through 20) 21 48,836.52 21 Balance Sheets-If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ (B) End of year (A) Beginning of year (See page 40 of the instructions) 22 48.836.52 797.28 22 Cash, savings, and investments . . . . . . . . . . 23 0 Ω 24 0 Other assets (describe ▶ \_ 797 48,836.52 25 25 Total assets . . . . . 26 0 Total liabilities (describe ▶ \_ Net assets or fund balances (line 27 of column (B) must agree with line 21) 797 28 27 836.52 Form 990-EZ (2003)

For Paperwork Reduction Act Notice, see the separate instructions.



Cat No 106421

| Part III  | Part III Statement of Program Service Accomplishments (See page 41 of the instructions )   |  |   |                                     |             | Expenses                               |                   |  |
|---|--|--|---|-------------------------------------|-------------|--|-------------------|--|
| What is the organization's primary exempt purpose? professional development in  |  |  |   |                                     | and (       | iired for 50<br>(4) organiza           | ations            |  |
| Describe what was achieved in carrying out the organization of Setemble Durposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.   |  |  |   |                                     |             | 4947(a)(1) t<br>nal for othe           |                   |  |
| 20 ΤΔΤ  | R Annual Conference-Prof   | essional devel   | opment an                                       | d                                   |             | -                                      |                   |  |
| networking function serving over 200 members over 3 days.   |  |  |   |                                     | 28a S       | 321,44                                 | 4.75              |  |
| 29 Sum  | mer Workshop-Function de   | signed to brin   | ng members                                      | up to                               |             |  |                   |  |
| date on current TAIR related issues serving 100 members in  |  |  |   |                                     | 29a         | \$ 4,79                                | 3.65              |  |
| 30  |  |  |   |                                     |             |  |                   |  |
|   |  |  | Grants \$                                       | ٠٠٠٠٠٠٠٠٠٠١                         | 30a         |  |                   |  |
| 31 Other p  | Other program services (attach schedule) (Grants \$  |  |   |                                     | 31a         |  |                   |  |
| 32 Total program service expenses (add lines 28a through 31a)   |  |  |   |                                     |             | \$26,23                                |                   |  |
| Part IV   | List of Officers, Directors, Trustees, and Key   |  |   | d See page 4 (D) Contribution       |             |  |                   |  |
|   | (A) Name and address   | (B) Title and average hours per week devoted to position | (C) Compensation<br>(If not paid,<br>enter -0-) | employee benefit<br>deferred comper | plans &     | (E) Exper<br>account a<br>other allows | and               |  |
| .SEE .A   | TTACHED  |  |   |                                     |             |  |                   |  |
| ••••••  |  |  |   |                                     |             |  |                   |  |
|   |  |  |   |                                     |             | •                                      |                   |  |
| Part V  | Other Information (Note the attachme   | ent requirement in Gene                                  | ral Instruction V                               | page 14)                            |             | Yes                                    | s No              |  |
|   | ne organization engage in any activity not previously  |  |   |                                     |             |  | <u> </u>          |  |
|   | ere any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes                                  |  |   |                                     |             |  |                   |  |
| <b>35</b> If the  | organization had income from business activi   | ties, such as those reported                             | d on lines 2, 6, and                            | d 7 (among o                        | thers),     | but ////                               |                   |  |
|   | eported on Form 990-T, attach a statement ex<br>le organization have unrelated business gross incom  |  |   |                                     |             | nts?                                   | X                 |  |
|   | es," has it filed a tax return on Form 990-T for   |  |   | a proxy tax req                     | u           |  |                   |  |
|   | as there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement ) $\frac{X}{yyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyy$ |  |   |                                     |             |  |                   |  |
| 37a Enter   | 37a Enter amount of political expenditures, direct or indirect, as described in the instructions   [37a]   |  |   |                                     |             |  |                   |  |
| b Did the organization file Form 1120-POL for this year?  |  |  |   |                                     |             |  |                   |  |
| 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 unpaid at the start of the period covered by this return?               |  |  |   |                                     |             |  |                   |  |
|   | Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b  |  |   |                                     |             |  |                   |  |
|   | 1(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9   |  |   |                                     |             |  |                   |  |
| <b>b</b> Gross  | b Gross receipts, included on line 9, for public use of club facilities  |  |   |                                     |             |  |                   |  |
|   | 0a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ►  |  |   |                                     |             |  |                   |  |
| b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation. |  |  |   |                                     |             |  |                   |  |
|   | c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶  |  |   |                                     |             |  |                   |  |
|   | d Enter Amount of tax on line 40c, above, reimbursed by the organization   |  |   |                                     |             |  |                   |  |
|   | he states with which a copy of this return is file   | · · · · · ·  | <del> </del>                                    |                                     | (712)       | 210.6                                  | 254               |  |
|   | books are in care of ► Jaime Garcia Telephone no ► (713) 348-6254 ted at ► 6100 South Main MS-73, Houston, TX 77005. ZIP + 4 ► 77005-1892                                    |  |   |                                     |             |  |                   |  |
| 43 Section  | on 4947(a)(1) nonexempt charitable trusts film<br>enter the amount of tax-exempt interest recei  | ng Form 990-EZ in lieu of i                              | Form 1041—Chec                                  | ck here 🕨                           | П           | 13 - 1.0.3<br>NA                       | 4                 |  |
|   | Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declarate   | ned this return, including accompa                       | anving schedules and                            | statements, and                     | to the b    | est of my kno<br>has any kno           | owledge<br>wledge |  |
| Please<br>Sign  | Signature of officer   | <u> </u>   |   | 8/<br>Pate                          | 13/         | 04                                     | <del></del>       |  |
| Here  | Jaime Garcia, Treasurer  |  |   |                                     |             |  |                   |  |
|   | Type or print name and title   | ln   | Check if  |                                     | ,           | DTIM (Can Ca                           | o last 140        |  |
| Paid<br>Preparer's  | Preparer's signature   | Date   | self-<br>employed                               | <u>▶</u> □                          | , o NICC 6  | PTIN (See Ger                          | 11115( VV)        |  |
| Use Only  | Firm's name (or yours if self-employed).   |  |   | IN <b>&gt;</b>                      | <del></del> |  | <del></del>       |  |
|   | address, and ZIP + 4 🔻   | <b>⊗</b>   |   | hone no ► (                         | Foi         | m 990-E2                               | (2003)            |  |
|   |  | $\mathbf{v}$   |   |                                     |             |  | ,                 |  |

## Part IV List of Officers, Directors, Trustees and Key Employees

**Expense Account and** Title and average Other Name and Address hours per week **Compensation Contributions** Allowances Karen Laljiani President El Centro College 10 Hours Institutional Effectiveness and Research 801 Main St Dallas, TX 75202 Chris Benton Vice President 0 0 ō Alvin Community College 10 Hours Institutional Effectiveness and Research 3110 Mustang Rd Alvin, TX 77511 0 0 0 Danica Frampton Secretary 5 Hours St Edward's University Office of Institutional Research 3110 South Congress Avenue Austin, TX 78704 ō 0 Jaime Garcia Treasurer 0 5 hours Rice University Office of Institutional Research 6100 South Main St Houston, TX 77005 Past President O Marilyn Greer 0 M D Anderson Cancer Center 5 hours Educational Research and Assessment 1515 Holcombe Blvd Box 147 Houston, TX 77030

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