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 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.

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No 1545-1150

2005

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning April 1, **2005, and ending** March 31, **2006**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☒ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Texas Association for Institutional Research

Number and street (or P.O box, if mail is not delivered to street address): 1201 N. Highland St. Room/suite: 206

City or town, state or country, and ZIP + 4: Denton, TX 76203-1337

D Employer identification number: 47 0847753

E Telephone number: (713) 348-6254

F Group Exemption Number ▶

• *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

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:** ▶ www.texas-air.org

J **Organization type** (check only one)— ☒ 501(c) (   ) ◀(insert no.) ☐ 4947(a)(1) or ☐ 527

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 chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L 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 . ▶ $

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	1090.00
	4	Investment income			4	428.43
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less: cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)			5c	
	6	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ ☐				
	a	Gross revenue (not including $ ______ of contributions reported on line 1)	6a	38,222.00		
	b	Less: direct expenses other than fundraising expenses	6b	36,797.40		
	c	Net income or (loss) from special events and activities (line 6a less line 6b)			6c	1,424.60
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less: cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)			7c	
	8	Other revenue (describe ▶)			8	
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶			9	2,943.03
Expenses	10	Grants and similar amounts paid (attach schedule)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	
	13	Professional fees and other payments to independent contractors			13	976.35
	14	Occupancy, rent, utilities, and maintenance			14	
	15	Printing, publications, postage, and shipping			15	
	16	Other expenses (describe ▶ office supplies, tote bags, computer)			16	2,387.51
	17	**Total expenses** (add lines 10 through 16) ▶			17	3,363.86
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)			18	(420.83)
	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)			19	35,958.64
	20	Other changes in net assets or fund balances (attach explanation)			20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶			21	35537.81

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Part II Balance Sheets—If Total assets on line 25, column (B) are $250,000 or more, file Form 990 instead of Form 990-EZ.

Line	(See page 41 of the instructions.)	(A) Beginning of year	Line	(B) End of year
22	Cash, savings, and investments	35,958.64	22	35,537.81
23	Land and buildings		23	
24	Other assets (describe ▶)		24	
25	**Total assets**	35,958.64	25	35,537.81
26	**Total liabilities** (describe ▶)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	35,958.64	27	35,537.81

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No 10642I Form **990-EZ** (2005)

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Part III Statement of Program Service Accomplishments (See page 42 of the instructions.)

What is the organization's primary exempt purpose? professional development in higher educ

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

28	TAIR Annual conference - Professional development and networking function serving over 200 members over 3days (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	32,540.08
29	Summer Workshop - function designed to bring members up to date on current TAIR related issues, serving 100 members (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	3,107.32
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	36,647.40

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See attached				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	*If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but* **not** *reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.*			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36		X
37a	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?	37b		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 unpaid at the start of the period covered by this return?	38a		
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved — 38b -0-			
39	*501(c)(7) organizations.* Enter:			
a	Initiation fees and capital contributions included on line 9 — 39a -0-			
b	Gross receipts, included on line 9, for public use of club facilities — 39b -0-			
40a	*501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under: section 4911 ▶ -0- ; section 4912 ▶ -0- ; section 4955 ▶ -0-			
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.	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ -0-			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ -0-			

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) *(Continued)*

41 List the states with which a copy of this return is filed. ▶ NA

42a The books are in care of ▶ Jana Marak Telephone no. ▶ (254)7108859

Located at ▶ One Bear Place #97032, Waco, TX ZIP + 4 ▶ 76798-7032

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 Yes: No: X

If "Yes," enter the name of the foreign country: ▶

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . . 42c Yes: No: X

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 | NA

Please Sign Here

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

▶ Jana Marak | 6/28/06
Signature of officer | Date

▶ Jana Marak, Treasurer
Type or print name and title

Paid Preparer's Use Only			
Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst W)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		EIN ▶	
		Phone no ▶ ( )	

Texas Association for Institutional Research

Current Officers, 2006-2007

President

Gerry Dizinno, Ph.D.
Director of Institutional Research
University of Texas at San Antonio
JPL 4.04.10E
6900 North Loop 1604
San Antonio, TX 78249-0617
Phone; 210 458.4706
FAX: 210.458.4708
E-Mail: Gerry.Dizinno@utsa edu

Vice President/Program Chair

Ruben Garcia
Texas Workforce Commission
Phone:512.491.4965
Email: ruben.garcia@cdr.state.tx.us

Secretary

Darline Morris
Director
Texas State Technical College-Waco
Waco, TX 76705
Tel: (254)867-3063
Fax: (254)867-3002
E-Mail: darline.morris@tstc.edu

Treasurer

Jana Marak
Assistant Director and Coordinator of Testing
Baylor University
Waco, TX 76798-7032
Tel: (254)710-2061
Fax: (254)710-2062
E-Mail. jana_marak@baylor.edu

Past President **(Shared appointment)**

Verna Dewees
Assistant Vice Chancellor for Academic & Student Affairs
Texas A&M University System
College Station, TX 77845
Tel. (979)458-6034
Fax. (979)458--6044
E-Mail: V-Dewees@tamu.edu

Leona Urbish
Director, Office of Institutional Research
Rice University
Houston, TX 77251-1892
Tel: (713)348-6258
Fax: (713)348-6252
E-Mail: lurbish@rice.edu

Member at Large, Technology (One year appointment)

Karen C. Laljiani, Ph.D.
Assistant Dean for Institutional Effectiveness and Research
El Centro College
801 Main Street
Dallas, TX 75202
(214) 860-2016
FAX: (214) 860-2335
E-Mail: laljiani@dcccd.edu

Member at Large, Professional Development (Two year appointment)

Teresa Isbell
Director, Institutional Research
North Lake College
Irving, TX 75038
Tel: (972)273-3392
Fax: (972)273-3014
E-Mail: tisbell@dcccd.edu