

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED AUG 2 2 2005

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Rovenue Code (except black lung bonefit 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.

OMB No. 1545-1150 2004

Open to Public

Into	rnal Rovonu			organization may ha			to satisf	y state repo	orting requirements	3.	Inspection		
A	For tho	2004 calond	ar yoar,	or tax year beginn	Ing Apri	1_1	, 200	4, and end	ing March	31	, 20 () 5		
В	Check if ag	•	Please	C Name of organizati	on				D Empl	ployer identification number			
Ц	Address c	Inheler Lexas Association for institutional F 30							nal 47		4 <u>775</u> 3		
닕	Name cha	- 1	print or	R & SE STATE OF THE STATE OF TH	(or P.O. box, If	mall la not delivere	d to stroot	address) R	oom/sulto E Telep	hone n	umber		
	Initial retur		type. See	1201 W. H					(7)	3 3	48-6254		
H	Amondod		Specific	City or town, state				<u>.</u>	F Grou				
ŏ	Application	1	instruc- tions.	Denton, T						pexem per .			
	• Soction	on 501(c)(3)		ations and 4947(a)(:		charitable trus	ts must i	attach			☑ Cash ☐ Accrual		
_				ploted Schedule A					Other (specify)				
									H Check ► 🛚	if the	organization		
l	Website: ► Www.texas-air.org												
J	Organiz	ation type (c	check or	nly one)— 🗶 501(c)	() ∢ (insert	no.) 🔲 4947	(a)(1) or	□ 527	Schedule B (F	orm 990	0, 990-EZ, or 990-PF).		
ĸ	Check ▶	If the or	ganizatio	on's gross receipts a	are normally n	ot more than \$2	5,000. Th	e organizat	ion need not file a	return	with the IRS; but if the		
	organiza	ation received	a Form	990 Package in the	mail, it should	d file a return wi	thout fina	ncial data.	Some states requ	ilre a c	omplete return.		
L	Add lines	s 5b, 6b, and	7b, to lir	ne 9 to determine gros	ss receipts; if \$	100,000 or more,	file Form	990 instead	of Form 990-EZ .	▶ \$	40.008.00		
P	art I	Revenue	, Expe	nses, and Chan	ges in Net	Assets or F	und Ba	lances (S	See page 37 of				
	1			, grants, and simila						1	0		
	2			evenue including						2	0		
	3			and assessments	_					3	270.00		
	4	Investment	•							4	321.63		
	5a			m sale of assets of	ther than inv			 5a					
	Ь			er basis and sales				5b	0]_	' ,		
	_			n sale of assets of	•			5b) (attac	h schedule)	5c	0		
Ë	6			activities (attach s					•				
Revenue	_			ot including \$									
æ	}	reported o						6a 2	8,030.55	1			
	Ь			nses other than fu					4,315.09]			
	c		•	ss) from special ev	• •					6c	(6.284.54)		
	7a			ventory, less return				7a					
	Ь	Less: cost						7b		_			
	1		_	ss) from sales of in						7c	0		
	8	Other reve					,	• •)	8	0		
_	9			dd lines 1, 2, 3, 4,	5c, 6c, 7c, a	ınd 8)			<u></u>	9	(5,692,91)		
	10	Grants and	d simila	r amounts paid (at	ttach schedu	ile)				10	750.00		
	11			or for members .		•				11	0		
es	12	•		mpensation, and						12	0		
Š	13			and other paymer						13	1,170.00		
Expenses	14			utilities, and main						14	0		
ű	15	Printing publications postage and shipping							15	0			
	16	Other expenses (describe > office supplies and tote bags)							16	1.070.43			
_	17_			add lines 10 throu		<u></u>			_	17	2,990.43		
S	18	Excess or	(deficit)) for the year (line						18	(8,683.34)		
Net Assets	19			nd balances at be			27. colur	mn (A)) (m	ust agree with	7			
As				reported on prior			. , 55.41			19	44,641.98		
ĕ	20	Other char	naes in	net assets or fund	r batances:(a	attach:explana	tion) 			20	0		
z	21	Net assets	or fun	d balances at end	of year (pon	的题外每 的	through	20)	<u></u> . ▶	21	35,958.64		
P	art II	Balance	Sheets	s—If Total assets	on I jne 25, c	olumn (B) are	\$ 2 50,000	or more,	file Form 990 in	stead	of Form 990-EZ.		
				See page 40 of the					(A) Beginning of		(B) End of year		
2	2 Casi	h, savings,	-	· -	8 JUL		S-0S		44.641.9	8 2	35.958.64		
2:		d and buildi			100		, [S] .		0	23			
2		er assets (de	-	>	-00		_=	1	0	_ 24	1 0		
2		al assets			OG	JEN, UT			44,641.9	8 2	35,958.64		
20		al liabilities	describ		<u> </u>			· · ·	0	20			
2				lances (line 27 of	column (B)	must agree wi	th line 2	1) .	44.641.9	8 2			
Fo				rk Reduction Act N				Cat. No.			Form 990-EZ (2004)		

Pa	ae	2

-om	990-EZ	(2004)							Page 2
	t III	Statement of Program Service Accomp	plishments (See pag	ge 41 of the i	nstructio	ns.)		Expens	309
Vha ¹	t is the	organization's primary exempt purpose?	rofessional	devèlor	oment	in	(Req	ulred for	501(c)(3)
Desc	ribe w	that was achieved in carrying out the organization	tier sevento purpos	es In a clear	and conc	se manne	and and		inizations 1) trusts;
desc	ribe the	e services provided, the number of persons ber	nefited, or other relevan	nt information f	or each p	rogram title	e. optic	onal for o	
		R Annual Conference-Pro:			<u>_</u>	<u>~_</u>			
							:]		
•	116.0	working function serving	gover2.0.01			೩ಡವ್	Y.S.	\$28.	301.09
-	D = 1	1 57 1 1		(Grants \$ -) 28a	, /	
		lWorkshop-Functiondesi							
	dat	eoncurrentTAIRrelate	ed…issues…s∘		L00m	ember	s l	<u> </u>	061 00
_				(Grantš \$			_) 29a	<u> </u>	<u>061.29</u>
30 .		***************************************	***************************************				.		
	· • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••				.		•
_				(Grants \$) 30a		0
31 <u>C</u>	Other p	program services (attach schedule)	<u></u>	. (Grants \$) 31a		0
32 T	otal p	rogram service expenses (add lines 28a thr	rough 31a)			1	32	\$33,	362.38
Par	t IV	List of Officers, Directors, Trustees, and Key E	mployees (List each or	e even if not co	mpensate	d. See pag	e 41 of th	e instruc	tions.)
			(B) Title and average	(C) Com	pensation	(D) Contrib	utions to	(E) E	xpense
		(A) Name and address	hours per week devoted to position		t paid, r -0)	employee ben deferred con			unt and llowances
C 10	י ג ים	TOTACHED	asiation to position		- , ,	20101100 0011	-pondation	Janor a	
ar.	₽A`	TTACHED		İ					
				 					
• • • •	• • • • • • •								
					,				
Par	rt V	Other Information (Note the attachme	ent requirement in (General Instru	uction V,	page 14	.)		Yes No
33	Did the	e organization engage in any activity not previously	reported to the IRS? if "	es," attach a de	etailed des	cription of e	ach activ	ity .	X_
34	Were a	any changes made to the organizing or governing docume	ents but not reported to the	IRS? If "Yes," att	ach a confo	ormed copy of	of the chan	ges.	X
35		organization had income from business activit	·					- 1	
-		eported on Form 990-T, attach a statement exp							
2		e organization have unrelated business gross incom	- -		-				X
		s," has it filed a tax return on Form 990-T for		33(e) Notice, 1et	or ting, and	u piony lan	requirente	711131 L	
36		there a liquidation, dissolution, termination, or s			 -2 //6 "Voo	" attach a		t	X
						37a	i Stateme	m.,	<u> </u>
		amount of political expenditures, direct or inc		the instruction	18. 🕨 🕒	77.0			
		he organization file Form 1120-POL for this y						• •	 -X
38a		he organization borrow from, or make any lo					or were	any	
		loans made in a prior year and still unpaid a			1 -	1 1	n · ·	· · -	
		s," attach the schedule specified in the line 38 in			u. F.	86	~		
39	501(c)(7) organizations. Enter: a Initiation fees and	capital contributions	included on l			0		
b	Gross	s receipts, included on line 9, for public use o	of club facilities .		હિ	39b	0		
40a	501(c)	(3) organizations. Enter: Amount of tax imposed or	n the organization during	the year unde	r:		_	ļ	
			12 - 0			<u> </u>	0		
ь		c)(3) and (4) organizations. Did the organization					on during	the .]
-		or did it become aware of an excess benefit							x
c	-	nt of tax imposed on organization managers or disc	•	•		•		_	
		: Amount of tax on line 40c, above, reimburs						n	
41		ne states with which a copy of this return is file					-		
41 42	The	books are in care of ►JaimeGar.	ria		Tala-	hone se	(713	3) 3/10	1-6254
72									
40		ted at ▶ .610.0South Main MS						105-1	.892
43		on 4947(a)(1) nonexempt charitable trusts filir enter the amount of tax-exempt interest recei					NA NA		
	and e							N 1 - 1	
		Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declarati	neu this retum, including a on of preparer (other than	companying sch officer) is based (eaules and on all inforn	statements, nation of wh	and to the ich prepar	pest of m er has anv	y knowledge / knowledae.
Plea	ase			,	1				
Sig									
Her		Signature of officer			C	Date			
	~	Jaime Garcia, Treast	ırer						
		Type or print name and title.							
n_:-		Preparer's		Date	Check if	Pre	parer's SSN	or PTIN (Se	e Gen. Inst. W)
Paid -		signature			self- employed			•	,
-	arer's	Firm's name (or yours		L		IN ▶	:-		
Use	Only	if self-employed),				Phone no.	()		
		address, and ZIP + 4				יסח שונטור 🕨		_	

SCHEDULE A (Form 990 or 990-EZ)

Ð,

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Soction 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Name of the organization **Employer identification number** Texas Association for Institutional Research 0847753 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (o) Exponse account and other (a) Name and address of each employee paid more than \$50,000 (b) Title and average hours per week devoted to position employee benefit plans & deferred compensation (c) Compensation allowances None None None None None Total number of other employees paid over 0 \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None None None None None

Total number of others receiving over \$50,000 for professional services

_		(Form 990 or 990-EZ) 2004			age 2			
Pai	<u>t III</u>	Statements About Activities (See page 2 of the instructions.)		Yes	No			
1	atter or in	ng the year, has the organization attempted to influence national, state, or local legislation, including any mpt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid accurred in connection with the lobbying activities \$	1		х			
	orga	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other inizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of lobbying activities.						
2	sub: with own	ng the year, has the organization, either directly or indirectly, engaged in any of the following acts with any stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or any taxable organization with which any such person is affiliated as an officer, director, trustee, majority er, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the sactions.)						
a	Sale	e, exchange, or leasing of property?	2a		X			
b		ding of money or other extension of credit?	2b		<u>X</u> _			
С		hishing of goods, services, or facilities?	2c	├	X			
d		ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d 2e	├─	X			
		nsfer of any part of its income or assets?	26		_X_			
3a		you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how determine that recipients qualify to receive payments.)	3a	-	Х			
ь		you have a section 403(b) annuity plan for your employees?	3b		Х			
	Did	you maintain any separate account for participating donors where donors have the right to provide advice he use or distribution of funds?	4a		х			
b		you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X			
Pa	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions	1					
			-,					
	Ť	nization is not a private foundation because it is: (Please check only ONE applicable box.)						
5	_	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).						
6 7	_	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)						
8	_	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).						
9		A nedical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the ho and state ▶	spital's	name	, city			
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Sec (Also complete the Support Schedule in Part IV-A.)	ction 17	0(b)(1)	(A)(iv)			
11a		An organization that normally receives a substantial part of its support from a governmental unit or from the ger 170(b)(1)(A)(vi). (Also complete the Support Schedul e in Part IV-A.)	eral put	olic. S	ection			
		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)						
12		An organization that normally receives: (1) more than 331/3% of its support from contributions, members						
		receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no m its support from gross investment income and unrelated business taxable income (less section 511 tax) from b by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedul e in Par	usiness					
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports of described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(3).)						
		Provide the following information about the supported organizations. (See page 5 of the instruction	ıs.)					
		(a) Name(s) of supported organization(s)	ne num om abov					
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instru	ctions.)					

	t IV-A Support Schedule (Complete only						ccounting.	
$\overline{}$	You may use the worksheet in the instructions			,				
	ndar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000		(o) Total	
15	Gifts, grants, and contributions received. (Do	_	•				^	
40	not include unusual grants. See line 28.).	0	00	0	0		0	
16	Membership fees received	0	0	0	0		0	
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of							
	facilities in any activity that is related to the organization's charitable, etc., purpose	l o	0	О	0		0	
		<u> </u>			<u> </u>			
18	Gross income from interest, dividends, amounts received from payments on securities				İ			
	loans (section 512(a)(5)), rents, royalties, and	!				- 1		
	unrelated business taxable income (less							
	section 511 taxes) from businesses acquired	0	0	l o	Ιo		0	
	by the organization after June 30, 1975							
19	Net income from unrelated business	0	0	lo	0	l	0	
	activities not included in line 18	0			<u> </u>	$-\!\!\!+$		—
20	Tax revenues levied for the organization's							
	benefit and either paid to it or expended on		•	1	١ ^		0	
	its behalf	0	0	0	0	$-\!\!\!+$		
21	The value of services or facilities furnished to the organization by a governmental unit							
	without charge. Do not include the value of				1	1	•	
	services or facilities generally furnished to the	0	0	0	0		0	
	public without charge	0				$-\!\!\!+$		
22	Other income. Attach a schedule. Do not	0	0	0	0		0	
	include gain or (loss) from sale of capital assets	0	0	0	0	\rightarrow	- 0 -	
23	Total of lines 15 through 22							
24	Line 23 minus line 17	Ŏ	<u> </u>	9	- 0	-	0	
25	Enter 1% of line 23	0	0	0	' 			
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	nn (e), line 24 .	▶ ≟	26a		—
b	Prepare a list for your records to show the name		•		1			1
	governmental unit or publicly supported organization							لــــا
	amount shown in line 26a. Do not file this list w				iounts = p	26b 26c		
	Total support for section 509(a)(1) test: Enter li				· · ·► -	200		
d	Add: Amounts from column (e) for lines: 18				. -	26d		—
_						26e		
e f						26f		%
27	Organizations described on line 12: a For person," prepare a list for your records to show							
	Do not file this list with your return. Enter th	e sum of such an	nounts for each	year:	a	u.oq.	Jaimoa pore	••••
	(0000) (0000)	0	(0004)	0	(0000)		0	
_			. (200.)		. (2000)			
D	For any amount included in line 17 that was received show the name of, and amount received for each							
	(Include in the list organizations described in lines	5 through 11, as w	ell as individuals.)) Do not file this li	ist with your r	eturn.	. After compu	uting
	the difference between the amount received and	the larger amount	t described in (1)	or (2), enter the s	sum of these of	differe	nces (the ex	cess
	amounts) for each year: (2003) (2002)	0	(0001)	0	(0000)		0	
	(2003) (2002)		. (2001)		(2000)		· • • • • • • • • • • • • • • • • • • •	
_	And Annual Constitution of Con	0	10 0					
С	Add: Amounts from column (e) for lines: 15	0	0 0		_ 1.	27c	0	
و.	Add: Amounts from column (e) for lines: 15	and line 075 4-4-	. 41 - 0	 · · ·	· · · • • • • • • • • • • • • • • • • •	27d	0	
d						27e	0	
e	Public support (line 27c total minus line 27d to				· ; · • +	-, 3		
f	Total support for section 509(a)(2) test: Enter a Public support percentage (line 27e (numera					27g	0	%
9 h	Investment income percentage (line 18, coli					27h	0	/ <u>/</u>
28	Unusual Grants: For an organization describe prepare a list for your records to show, for ea							
	description of the nature of the grant. Do not							• !

Pa	Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A							
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yos	No					
	other governing instrument, or in a resolution of its governing body?	29							
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its								
	brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?								
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during								
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way	-		ļ					
	that makes the policy known to all parts of the general community it serves?	31		-					
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)								
		1							
		- 1							
32	Does the organization maintain the following:								
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	<u> </u>						
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b							
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing								
	with student admissions, programs, and scholarships?	32c	-	-					
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		-					
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		:	ĺ					
	in you ariswered. No to any or the above, please explain, (if you need more space, attach a separate statement.)	- 1							
33	Does the organization discriminate by race in any way with respect to:		:						
а	Students' rights or privileges?	33a							
b	Admissions policies?	33b							
С	Employment of faculty or administrative staff?	33c							
đ	Scholarships or other financial assistance?	33d							
е	Educational policies?	33e	<u> </u>	_					
f	Use of facilities?	33f	ļ <u>.</u>						
9	Athletic programs?	33g		-					
h	Other extracurricular activities?	33h							
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)								
			-	<u> </u>					
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a							
L	Hop the experientiants wight to each old over been revolved as assessed of	34b							
b	Has the organization's right to such aid ever been revoked or suspended?	340							
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			<u></u>					
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35							

Schedule A 5orm 990 or 990-EZ) 2004 Page 5 Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) Part VI-A (To be completed **ONLY** by an eligible organization that filed Form 5768) if the organization belongs to an affiliated group. Check ▶ b ☐ if you checked "a" and "limited control" provisions apply. Check ► a **Limits on Lobbying Expenditures** (a) Affiliated group To be completed for ALL electing (The term "expenditures" means amounts paid or incurred.) organizations 36 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . 37 37 Total lobbying expenditures to influence a legislative body (direct lobbying). . . 38 38 39 Total exempt purpose expenditures (add lines 38 and 39) 40 Lobbying nontaxable amount. Enter the amount from the following table-If the amount on line 40 is-The lobbying nontaxable amount is— Over \$500,000 but not over \$1,000,000 . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . \$175,000 plus 10% of the excess over \$1,000,00041 Over \$1,500,000 but not over \$17,000,000. \$225,000 plus 5% of the excess over \$1,500,000 42 Grassroots nontaxable amount (enter 25% of line 41). Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36. 43 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38. Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or (a) (b) (c) (d) (e) fiscal year beginning in) ▶ 2004 2003 2002 2001 Total Lobbying nontaxable amount 46 Lobbying ceiling amount (150% of line 45(e)) 47 Total lobbying expenditures . 48 Grassroots nontaxable amount. Grassroots ceiling amount (150% of line 48(e)) 49 Grassroots lobbying expenditures . **Lobbying Activity by Nonelecting Public Charities** Part VI-B (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) During the year, did the organization attempt to influence national, state or local legislation, including any Yes No **Amount** attempt to influence public opinion on a legislative matter or referendum, through the use of: b Paid staff or management (Include compensation in expenses reported on lines c through h.). e Publications, or published or broadcast statements . . . f Grants to other organizations for lobbying purposes g Direct contact with legislators, their staffs, government officials, or a legislative body. . . h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part I List of Grant Recipients Fiscal 0405

Name and Address	Amount Given	Relationship	Class of Activity
Chris Blair Panola College 1109 West Panola Carthage, TX 75633	\$250	None	Reimbursement of travel and lodging expenses to TAIR annual conference 2004
Tanya Hughes Odessa College 201 W. University Odessa TX 79764	\$250	None	Reimbursement of travel and lodging expenses to TAIR annual conference 2005
Gabriella Borcoman Cedar Valley College 3030 North Dallas Avenue Lancaster, TX	\$250	None	Reimbursement of travel and lodging expenses to TAIR annual conference 2005

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

Expense Account and

Title and average						
Name and Address	hours per week	Compensation	Contributions	Allowances		
Karen Laljiani	President	0	0	0		
El Centro College	10 Hours					
Institutional Effectiveness and Research	ļ					
801 Main St.						
Dallas, TX 75202						
Chris Benton	Vice President	0	0	0		
Alvin Community College	10 Hours					
Institutional Effectiveness and Research		i				
3110 Mustang Rd.						
Alvin, TX 77511						
Danica Frampton	Secretary	0	0	0		
St. Edward's University	5 Hours					
Office of Institutional Research						
3110 South Congress Avenue						
Austin, TX 78704		[
Jaime Garcia	Treasurer	0	0	0		
Rice University	7 hours					
Office of Institutional Research		:				
6100 South Main St.						
Houston, TX 77005						
Marilyn Greer	Past President	0	0	0		
M.D. Anderson Cancer Center	5 hours					
Educational Research and Assessment						
1515 Holcombe Blvd Box 147]					
Houston, TX 77030						