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)

OMB No. 1545-1150

▶ Do not enter Social Security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A I	or the	2013 calend	ar year, or tax year beginning April 1 , 2013, and ending	March 3	31 , 20 14			
В	Check if ap	oplicable:	C Name of organization D E	nployer ic	dentification number			
Address change Texas Association for Institutional Res			Texas Association for Institutional Research	Δ	17-0847753			
	Name cha	•	elephone n	number				
=	Initial retu Terminate		C/O North Tx Comm College Consort. 1155 Union Circle #310800	940-898-3021				
=	Amended		City or town, state or province, country, and ZIP or foreign postal code	iroup Exe	emption			
=		n pending	Denton, TX 76203-0800	lumber I	>			
G /	Account	ting Method:	✓ Cash Accrual Other (specify) ► H Chec	k ▶ 🗸	if the organization is not			
1 1	Vebsite	e: >	requ	red to att	tach Schedule B			
JΤ	ax-exen	npt status (che	eck only one) — 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or □ 527 (Form	า 990, 99	0-EZ, or 990-PF).			
K	orm of	organization:	Corporation Trust Association Other					
			7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass					
(Pa	rt II, col		w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		88826.99			
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the inst					
		Check if	the organization used Schedule O to respond to any question in this Part I .		🗆			
	1	Contribution	ons, gifts, grants, and similar amounts received	. 1				
	2	Program s	ervice revenue including government fees and contracts	. 2				
	3	Membersh	ip dues and assessments	. 3	1050.00			
	4	Investment	t income	. 4	2.86			
	5a	Gross amo	ount from sale of assets other than inventory 5a					
	b	Less: cost	or other basis and sales expenses					
	6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events						
ē	а		ome from gaming (attach Schedule G if greater than					
Revenue	b		ome from fundraising events (not including \$ of contributions					
e S			raising events reported on line 1) (attach Schedule G if the					
-			ch gross income and contributions exceeds \$15,000) 6b 87774.	13				
	С	Less: direc	et expenses from gaming and fundraising events 6c 75894.					
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtrac					
				- 6d	11879.41			
	7a	Gross sale	s of inventory, less returns and allowances 7a					
	b		of goods sold					
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c				
	8		nue (describe in Schedule O)	. 8				
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	12932.27			
	10		d similar amounts paid (list in Schedule O)	. 10				
	11	Benefits pa	aid to or for members	. 11				
es	12	Salaries, o	ther compensation, and employee benefits	. 12				
Expenses	13	Profession	al fees and other payments to independent contractors	. 13				
cpe	14	Occupanc	y, rent, utilities, and maintenance	. 14				
ш	15		ublications, postage, and shipping		36.80			
	16		enses (describe in Schedule O)		207.43			
	17	Total expe	enses. Add lines 10 through 16	17	244.23			
S	18		(deficit) for the year (Subtract line 17 from line 9)		12688.04			
se	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree wit					
As		_	ar figure reported on prior year's return)		18256.74			
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)					
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	21	30944.78			

Page 2
Part II Balance Sheets (see the instructions for Part II)

	Check if the organization used Schedule	O to respond to a	av augetion in this	Dort II		
	Check if the organization used Schedule	O to respond to a		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			18256.74	22	30944.78
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		[24	
25	Total assets			18256.74		30944.78
26	,	(D)	<u> </u>		26	
27 Par	Net assets or fund balances (line 27 of column Statement of Program Service Accom	· ,		18256.74	27	30944.78
rai	Check if the organization used Schedule	• •		· ·		Expenses
Wha		•	pment in Higher Educ			uired for section c)(3) and 501(c)(4)
	cribe the organization's program service accompli			_	orgar	nizations and section
	neasured by expenses. In a clear and concise m					(a)(1) trusts; optional thers.)
pers	ons benefited, and other relevant information for ea	ach program title.	· · · · · · · · · · · · · · · · · · ·			
28	TAIR Annual Conference: Professional development	and networking fund	tion serving over 250	members		
	over a 4 day period.					
	(Grants \$) If this amount	includes foreign ar	ants, check here .		28a	74580.45
29	Summer Professional Development Workshops: Fun				20a	74580.45
	on current TAIR related issues.	ictions designated to	bring members up-to			
	(Grants \$) If this amount	includes foreign gra	ants, check here .	🕨 🗌	29a	1314.27
30						
	(Grants \$) If this amount	includes foreign are	onto obook boro		30a	
31	Other program services (describe in Schedule O)		ants, check here .		Sua	
٠.			ants, check here .		31a	
32	Total program service expenses (add lines 28a	through 21a)				
	Total program service expenses (add lines 20a	unougnora)			32	75894.72
	t IV List of Officers, Directors, Trustees, and Key	y Employees (list eac	n one even if not comp	pensated—see the in		
		y Employees (list eac	n one even if not comp ny question in this	pensated—see the in		
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	y Employees (list each O to respond to a (b) Average	n one even if not comp ny question in this (c) Reportable compensation	pensated — see the in Part IV	struc	tions for Part IV)
	t IV List of Officers, Directors, Trustees, and Key	y Employees (list eac e O to respond to a	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated — see the in Part IV	struc 	tions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	y Employees (list each e O to respond to a (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation	pensated — see the in Part IV	struc 	tions for Part IV)
Par Susa	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title In Thompson - President	y Employees (list each e O to respond to a (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated — see the in Part IV	struc 	tions for Part IV)
Par Susa Texa	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	y Employees (list each O to respond to a (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated — see the in Part IV	struc 	tions for Part IV)
Susa Texa Jame	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title In Thompson - President s State University - San Marcos	y Employees (list each O to respond to a (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated — see the in Part IV	struc 	tions for Part IV)
Susa Texa Jame Unive	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title In Thompson - President S State University - San Marcos S Lincoln Holmes - Vice President	y Employees (list each of the control of the contro	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated — see the in Part IV	struc 	tions for Part IV)
Susa Texa Jame Unive Sue l Bayle	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title In Thompson - President s State University - San Marcos es Lincoln Holmes - Vice President ersity of Texas - Austin Herring - Secretary or University	y Employees (list each of the control of the contro	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc 	tions for Part IV)
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Part '	Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	ne	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	00	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		√
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		√
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		√
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		√
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		√
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
	Did the organization file Form 1120-POL for this year?	37b		
	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 outstanding at the end of the tax year covered by this return? .	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b 40a	Gross receipts, included on line 9, for public use of club facilities			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		√
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			Ť
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		√
41	List the states with which a copy of this return is filed ▶			
42a		940-89	8-302	1
L	Located at ► Texas Woman's University ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	76204	1-5745	
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
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		. 1	
	and enter the amount of tax-exempt interest received of accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			110
	completed instead of Form 990-EZ	44a		✓
	completed instead of Form 990-EZ	44b		√
	Did the organization receive any payments for indoor tanning services during the year?	44c		√
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schodulo O			,
45-	explanation in Schedule O	44d		√
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		√
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		1

Page 3

Form 99	90-EZ (2	013)							F	age 4
46	Did th	ne organization engage, directly or in	ndirectly, in political c	ampaign activities	on beha	lf of or	in opposit	ion		No
Part	VI	ndidates for public office? If "Yes," of Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Scl	s only s must answer que	stions 47–49b ar	nd 52, a	nd con			-	es □
47	Did t	he organization engage in lobbying of "Yes," complete Schedule C, Par	activities or have a		ction in e		uring the	tax 47	Yes	No
48 49a b 50	Did the If "Ye Comp	e organization a school as described in the organization make any transfers to es," was the related organization a se plete this table for the organization's oyees) who each received more than	o an exempt non-cha ection 527 organizations five highest compen	ritable related orga on?	anization other the	? an office	· · · · · ers, direct	. 498 . 498 ors, trust	a o cees an	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contr		o employee and deferred	(e) Estima other co	ted amou	
None										
51	Comp \$100	number of other employees paid ov- plete this table for the organization' ,000 of compensation from the organization	s five highest compensions. If there is no	ensated independe one, enter "None."		ractors				thar
None	(a)	Name and business address of each independ		(b) Type of	Service		(0)	Compensa	tion	
				-						
d 52	Did th	number of other independent contra ne organization complete Schedule A xempt charitable trusts must attach	A? Note . All section 5	601(c)(3) organization	. ▶ ons and	. ,	. ,	► ✓ Ye	 es	No
		of perjury, I declare that I have examined this id complete. Declaration of preparer (other than						nowledge ar	nd belief,	it is
Sign Here		Signature of officer Tracy Stegmair, Treasurer Type or print name and title				Date				
Paid Prep Use		Print/Type preparer's name Firm's name Firm's address ▶	Preparer's signature		Date	Firm'	Check self-emplo	if yed PTIN		
Mav th	ne IRS	discuss this return with the prepare	r shown above? See i	instructions		1 1 11011		► ✓ Ye	s 🗆	Nο

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

name of the organization						'	Employer i	dentificatio	n number		
Texas Association for I									847753		
		rity Status (All orga						instruction	ons.		
The organization is no	•	•		_		-	,				
		hes, or association of			ed in sec	tion 170	(b)(1)(A)(i).			
		170(b)(1)(A)(ii). (Attac				.=0(1)(4)					
		spital service organiza						0/1-1/41/41	/:::\		
hospital's na	me. citv. and stat	on operated in conjunce:		•							
	on operated for b)(1)(A)(iv). (Com	the benefit of a colle- plete Part II.)	ge or uni	versity ov	wned or	operated	by a go	vernmen	tal unit c	lescril	oed in
7 An organizati											
8 A community	trust described i	n section 170(b)(1)(A)(vi). (Cor	nplete Pa	art II.)						
receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct ent income and unre after June 30, 1975. Se	tions—sul lated bus	bject to d siness ta	certain ex xable ind	xceptions come (les	s, and (2 ss section) no more	e than 3	31/3%	of its
10 An organizati	on organized and	d operated exclusively	to test fo	or public s	safety. Se	ee sectio	n 509(a)	(4).			
11 An organizat purposes of	ion organized ar one or more put	nd operated exclusive blicly supported organ describes the type of	ely for th	ne benefit described	t of, to p	perform i	the func a)(1) or s	tions of, ection 50	9(a)(2). S		
a ☐ Type	b Type	II c Type II	I-Functio	nally inte	grated	d 🗌	Type III–I	Non-funct	tionally ir	ntegra	ted
e By checking other than fo	this box, I certify undation manage	that the organization ers and other than one	is not co	ntrolled d	irectly or	r indirectl	y by one	or more	disqualif	ied pe	ersons
or section 50						-					
_	zation received a check this box	a written determinatio		tne IRS t	inat it is	a Type	i, Type	II, or Typ	oe III su _l	oporti	ng
	t 17, 2006, has t	he organization acce			ontributio	on from a	ny of the	 e		•	. [
(i) A person	who directly or i	indirectly controls, eithody of the supported								Yes	No
			_								
		on described in (i) abo									
		a person described in							11g(ii	1)	
		ion about the support		. ,							
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? (v) Did you notify the organization in col. (i) of your support?		nization in of your	(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of mor support		onetary	
		, "	Yes	No	Yes	No	Yes	No			
(A)											
(B)											
(C)											
(D)											
(E)											
(-)											
									I		

Part II

	(Complete only if you checked th				-	•	alify under
Secti	Part III. If the organization fails to on A. Public Support	quality unde	er the tests iis	stea below, p	nease comple	ete Part III.)	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2000	(5) 2010	(0) 2011	(a) 2012	(0) 2010	(i) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support	() 0000	# N 0040		(1) 00 (0	() 0040	(a +
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First five years. If the Form 990 is for th organization, check this box and stop her	e organizatior e	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a section	
Secti	on C. Computation of Public Suppor						
14 15	Public support percentage for 2013 (line 6 Public support percentage from 2012 Sch	edule A, Part	II, line 14 .			14	% %
16a	33 ¹ /3% support test—2013. If the organization qual	ifies as a pub	licly supported	organization			. ▶ □
b	33 ¹ / ₃ % support test—2012. If the organicheck this box and stop here. The organi					e 15 is 33 ¹ /3% · · · ·	or more, . ▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts- acts-and-circu	and-circumsta	nces" test, chest. The organiz	eck this box ar	nd stop here. I	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization management organization	ion meets the eets the "fact	e "facts-and-ci	rcumstances" tances" test. T	test, check th	nis box and st	op here.
18	Private foundation. If the organization did				a, or 17b, chec	k this box and	see

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	Section A. Public Support							
Calen	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an	737.50 42516.54	45653.25	625.00 56856.88	895.00 60731.00	87774.13	4137.50 293531.80	
	unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	43254.04	46483.25	57481.88	61626.00	88824.13	297669.30	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
с 8	Add lines 7a and 7b						297669.30	
Secti	on B. Total Support						277007.00	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
9	Amounts from line 6	43254.04	46483.25	57481.88	61626.00	88824.13	297669.30	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .	26.84	28.87	6.58	2.04	2.86	67.19	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b	26.84	28.87	6.58	2.04	2.86	67.19	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	43280.88	46512.12	57488.46	61628.04	88826.99	297736.49	
14	First five years. If the Form 990 is for the organization, check this box and stop her	re				ear as a section	. , . ,	
	on C. Computation of Public Suppor							
15	Public support percentage for 2013 (line 8					15	99.98 %	
16	Public support percentage from 2012 Sch	nedule A, Part I	II, line 15 .			16	99.88 %	
	on D. Computation of Investment In			. Dec 40	a.a. (5))	47	- 0/	
17	Investment income percentage for 2013 (.,		. ,,		.02 %	
18	Investment income percentage from 2012 331/3% support tests—2013. If the organ					18 ore than 331/20/	.12 %	
19a	17 is not more than 33 ¹ / ₃ %, check this box							
b	33 ¹ / ₃ % support tests—2012. If the organiz		-	-		-	_	
D	line 18 is not more than 331/3%, check this I							
20	Private foundation. If the organization di		_				_	

Schedule A (F	Form 990 or 990-EZ) 2013	Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12. Also complete this part for any additional information. (See instructions).	and

SCHEDULE 0 (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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Name of the organization	Employer identification number
Texas Association for Institutional Research	47-0847753
	•
Part I Line 16	
1 411 2110 10	
Total Other Expenses: 207.43	
Total Office Expenses. 201.43	
A TAID wohnage development feet 140.42	
A. TAIR webpage development fee: 160.43	
D. David force 47.00	
B. Bank fees: 47.00	

Schedule O (Form 990 or 990-EZ) (2013)		Page 2
Name of the organization	Employer identification number	

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Schedule O (Form 990 or 990-EZ), such as legislation enacted after the schedule and its instructions were published, go to www.irs.gov/form990.

Purpose of Schedule

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Do not use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

Who Must File

All organizations that file Form 990 and certain organizations that file Form 990-EZ must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization is not required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

Specific Instructions

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as needed.

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or 990-EZ).

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

Late return. If the return is not filed by the due date (including any extension granted), attach a separate statement giving the reasons for not filing on time. Do not use this schedule to provide the latefiling statement.

Amended return. If the organization checked the Amended return box on Form 990, Heading, item B, or Form 990-EZ, Heading, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

Group return. If the organization answered "Yes" to Form 990, line H(a), but "No" to line H(b), use a separate

attachment to list the name, address, and EIN of each affiliated organization included in the group return. **Do not use** this schedule. See the Instructions for Form 990, *I. Group Return.*

Form 990, Parts III, V, VI, VII, IX, XI, and XII. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

- 1. Part III, Statement of Program Service Accomplishments.
 - a. "Yes" response to line 2.
 - b. "Yes" response to line 3.
 - c. Other program services on line 4d.
- 2. Part V, Statements Regarding Other IRS Filings and Tax Compliance.
 - a. "No" response to line 3b.
 - b. "Yes" or "No" response to line 13a.
 - c. "No" response to line 14b.
- 3. Part VI, Governance, Management, and Disclosure.
- a. Material differences in voting rights among members of the governing body in line 1a.
- b. Delegation of governing board's authority to executive committee.
 - c. "Yes" responses to lines 2 through 7b.
- d. "No" responses to lines 8a, 8b, and 10b.
 - e. "Yes" response to line 9.
- f. Description of process for review of Form 990, if any, in response to line 11b.
 - g. "Yes" response to line 12c.
- h. Description of process for determining **compensation** in response to lines 15a and 15b.
- i. If applicable, in response to line 18, an explanation as to why the organization checked the "Other" box or did not make any of Forms 1023, 1024, 990, or 990-T publicly available.
- j. Description of public disclosure of documents in response to line 19.
- 4. Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors.
- a. Explain if reporting of compensation paid by a related organization is provided only for the period during which the related organization was related, not the entire calendar year ending with or within the tax year, and state the period during which the related organization was related.
- b. Description of reasonable efforts undertaken to obtain information on compensation paid by related organizations, if the organization is unable to obtain such information to report in column (E).
- 5. Explanation for Part IX, Statement of Functional Expenses, line 11g (other fees

for services), including the type and amount of each expense included in line 11g, if the amount in Part IX, line 11g, exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

- 6. Explanation for Part IX, Statement of Functional Expenses, line 24e (all other expenses), including the type and amount of each expense included in line 24e, if the amount on line 24e exceeds 10% of the amount in Part IX, line 25 (total functional expenses).
- 7. Part XI, Reconciliation of Net Assets. Explain any other changes in net assets or fund balances reported on line 9.
- 8. Part XII, Financial Statements and Reporting.
- a. Change in accounting method or description of other accounting method used on line 1.
- b. Change in committee oversight review from prior year on line 2c.
 - c. "No" response to line 3b.

Form 990-EZ, Parts I, II, III, and V. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions:

- 1. Part I, Revenue, Expenses, and Changes in Net Assets or Fund Balances.
- a. Description of other revenue, in response to line 8.
- b. List of grants and similar amounts paid, in response to line 10.
- c. Description of other expenses, in response to line 16.
- d. Explanation of other changes in net assets or fund balances, in response to line 20.
 - 2. Part II, Balance Sheets.
- a. Description of other assets, in response to line 24.
- b. Description of total liabilities, in response to line 26.
- 3. Description of other program services in response to Part III, *Statement of Program Service Accomplishments*, line 31.
 - 4. Part V, Other Information.
 - a. "Yes" response to line 33.
 - b. "Yes" response to line 34.
- c. Explanation of why organization did not report unrelated business gross income of \$1,000 or more to the IRS on Form 990-T, in response to line 35b.

Other. Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



Do not include on Schedule O (Form 990 or 990-EZ) any social security number(s), because this schedule will be made available