

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2013Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning , 2013, and ending ,

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C **CALIFORNIA ASSOCIATION FOR INSTITUTIONAL RESEARCH C/O TONGSHAN CHANG**
1111 FRANKLIN STREET, 11TH FLOOR
OAKLAND, CA 94607

D Employer identification number
77-0191969

E Telephone number
510-987-9375

F Group Exemption Number..... ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ **WWW.CAIR.ORG**

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀(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. ▶ \$ **101,718.**

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. ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	101,350.
	3	Membership dues and assessments	3	
	4	Investment income	4	368.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
EXPENSES	6b	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)	6b	
	6c	Less: direct expenses from gaming and fundraising events	6c	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	101,718.
	10	Grants and similar amounts paid (list in Schedule O)	10	
ASSETS	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	915.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	153.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	88,477.
	17	Total expenses. Add lines 10 through 16	17	89,545.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	12,173.
	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	82,797.
NET ASSETS	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	94,970.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

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
22 Cash, savings, and investments	81,448.	93,621.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O	1,349.	1,349.
25 Total assets	82,797.	94,970.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	82,797.	94,970.

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? **SEE SCHEDULE O**

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 and section 4947(a)(1) trusts; optional for others.)

28 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	28 a	81,245.
29		
(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	29 a	
30		
(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O). (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	81,245.

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
BRYCE MASON PRESIDENT	3	0.	0.	0.
JEANETTE BAEZ VICE PRESIDENT	2	0.	0.	0.
TONGSHAN CHANG TREASURER	2	0.	0.	0.
MALLORY NEWELL SECRETARY	2	0.	0.	0.
RYAN CHERLAND DIRECTOR	1	0.	0.	0.
CHRISTINA CRAGG DIRECTOR	1	0.	0.	0.
WADDELL HERRON DIRECTOR	1	0.	0.	0.
ROBERT DALY DIRECTOR	1	0.	0.	0.
ALICE VAN OMMEREN DIRECTOR	1	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in **SEE SCHEDULE O** the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. ☒ **X**

	Yes	No
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.		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		X
35 a 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)?		X
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.		
c 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.		X
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.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a 0.		
b Did the organization file Form 1120-POL for this year?		X
38 a 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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38 b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. 39 a N/A		
b Gross receipts, included on line 9, for public use of club facilities. 39 b N/A		
40 a Section 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 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.		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ 0.		
e 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.		X
41 List the states with which a copy of this return is filed ▶ CA		

	Yes	No
42 a The organization's books are in care of ▶ TREASURER Telephone no. ▶ 510-987-9175 Located at ▶ 1111 FRANKLIN STREET OAKLAND CA ZIP + 4 ▶ 94607		
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)?		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, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If 'Yes,' enter the name of the foreign country: ▶		

	Yes	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. ▶ <input type="checkbox"/> N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A		
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		X
b 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).		X

- 46 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.

	Yes	No
46		X

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. ☐

- 47 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.

	Yes	No
47		X

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.

48		X
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- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
-----	--	---

- b If 'Yes,' was the related organization a section 527 organization?

49b		
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- 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
NONE				

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
NONE		

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 and 4947(a)(1) nonexempt charitable trusts 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.

Sign Here	Signature of officer		Date	
	TONGSHAN CHANG		TREASURER	
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	JAMES H. FRITZSCHE, CPA			
	Firm's name ▶ FRITZSCHE ASSOCIATES, INC.		Check <input type="checkbox"/> if self-employed	PTIN P00423351
	Firm's address ▶ 1511 CORPORATE WAY STE 220 SACRAMENTO, CA 95831-3890		Firm's EIN ▶ 32-0343346	Phone no. 916-422-2111

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

► 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.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization **CALIFORNIA ASSOCIATION FOR INSTITUTIONAL
RESEARCH C/O TONGSHAN CHANG**

Employer identification number

77-0191969

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III – Functionally integrated d ☐ Type III – Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box. ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?.....
- (ii) A family member of a person described in (i) above?.....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?.....

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s).

(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 column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar 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'.)	4,640.					4,640.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	4,640.	0.	0.	0.	0.	4,640.
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)						0.
6 Public support. Subtract line 5 from line 4.						4,640.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4.	4,640.	0.	0.	0.	0.	4,640.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	510.	203.	3.		368.	1,084.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						5,724.
12 Gross receipts from related activities, etc (see instructions)					12	382,805.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	81.06 %
15 Public support percentage from 2012 Schedule A, Part II, line 14.	15	89.23 %
16a 33-1/3% support test – 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test – 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2013

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.)

Section A. Public Support

Calendar year (or fiscal yr 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						
3 Gross receipts from activities that are not an 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 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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 lns 9, 10c, 11 and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33-1/3% support tests – 2013. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐

b 33-1/3% support tests – 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information.
(See instructions).

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No. 1545-0047

2013

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Inspection

CALIFORNIA ASSOCIATION FOR INSTITUTIONAL
RESEARCH C/O TONGSHAN CHANG

Employer identification number

77-0191969

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE PURPOSE OF THE ORGANIZATION IS TO (1) FOSTER UNITY AND COOPERATION AMONG
PERSONS HAVING INTEREST AND ACTIVITIES RELATED TO INSTITUTIONAL RESEARCH AND/OR
PLANNING IN CALIFORNIA INSTITUTIONS OF POST-SECONDARY EDUCATION; (2) DISSEMINATE
INFORMATION AND PROVIDE FOR THE INTERCHANGE OF IDEAS ON PROBLEMS OF COMMON
INTEREST; AND (3) PROVIDE FOR THE CONTINUED PROFESSIONAL DEVELOPMENT OF INDIVIDUALS
ENGAGED IN INSTITUTIONAL RESEARCH AND/OR PLANNING.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

IN 2013, CAIR ORGANIZED ITS ANNUAL CONFERENCE IN NAPA, CALIFORNIA. THE CONFERENCE
PROVIDED SERVICE OPPORTUNITIES FOR INSTITUTIONAL RESEARCHERS AND PRACTITIONERS IN
COLLEGE AND UNIVERSITIES TO EXCHANGE THEIR RESEARCH FINDINGS AND WORK EXPERIENCE
IN INSTITUTIONAL RESEARCH.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

AWARDS.....	\$	500.
CAIR EVENT.....		300.
CONFERENCES, CONVENTIONS, AND MEETINGS.....		72,174.
CREDIT CARD FEES.....		6,701.
GIFT CARD.....		183.
INSURANCE.....		1,137.
MISCELLANEOUS.....		1,249.
SUPPLIES.....		1,013.
TRAVEL.....		5,220.
TOTAL	\$	<u>88,477.</u>

FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
DEPOSITS.....	\$ 1,349.	\$ 1,349.
TOTAL	<u>\$ 1,349.</u>	<u>\$ 1,349.</u>

2013

California Exempt Organization Annual Information Return

199

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)

Corporation/Organization Name CALIFORNIA ASSOCIATION FOR INSTITUTIONAL RESEARCH C/O TONGSHAN CHANG		California corporation number 1629021
Address (suite, room, or PMB no.) 1111 FRANKLIN STREET, 11TH FLOOR		FEIN 77-0191969
City OAKLAND	State CA	ZIP Code 94607

- A** First Return. ☐ Yes ☒ No
- B** Amended Information Return. ☐ Yes ☒ No
- C** IRC Section 4947(a)(1) trust. ☐ Yes ☒ No
- D** Final Information Return? ☐ Dissolved ☐ Surrendered (Withdrawn)
☐ Merged/Reorganized
 Enter date (mm/dd/yyyy): _____
- E** Check accounting method:
 1 ☒ Cash 2 ☐ Accrual 3 ☐ Other
- F** Federal return filed?
 1 ☐ 990T 2 ☐ 990 PF 3 ☐ Sch H (990)
- G** Is this a group filing for the subordinates/affiliates? ☐ Yes ☒ No
 If 'Yes,' attach a roster. See instructions
- H** Is this organization in a group exemption? ☐ Yes ☒ No
 If 'Yes,' What's the parent's name? _____
- I** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? ☐ Yes ☒ No
 If 'Yes,' explain, and attach copies of revised documents. _____

- J** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? ☐ Yes ☒ No
 If 'Yes,' complete and attach form FTB 3509.
- K** Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No
 If 'Yes,' enter gross receipts from nonmember sources. \$ _____
- L** If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required ☐
- M** Is the organization a Limited Liability Company? ☐ Yes ☒ No
- N** Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No
- O** Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No

CACA1112L 11/20/13

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	101,718.
	2	Gross dues and assessments from members and affiliates	2	
	3	Gross contributions, gifts, grants, and similar amounts received	3	
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B...	4	101,718.
	5	Cost of goods sold	5	
	6	Cost or other basis, and sales expenses of assets sold	6	
	7	Total costs. Add line 5 and line 6	7	
	8	Total gross income. Subtract line 7 from line 4	8	101,718.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	89,545.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	12,173.
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	10.
	12	Total payments	12	
	13	Penalties and Interest. See General Instruction J	13	
	14	Use tax. See General Instruction K	14	
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.
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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer TREASURER	Title TREASURER	Date	Telephone 510-987-9375
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00423351
	Firm's name (or yours, if self-employed) and address FRITZSCHE ASSOCIATES, INC. 1511 CORPORATE WAY STE 220 SACRAMENTO, CA 95831-3890			FEIN 32-0343346
				Telephone 916-422-2111
	May the FTB discuss this return with the preparer shown above? See instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	
	2	Interest	2	368.
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets (See instructions)	6	
	7	Other income. Attach schedule	7	101,350.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	8	101,718.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	
Expenses and Disbursements	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STATEMENT 2	11	0.
	12	Other salaries and wages	12	
	13	Interest	13	
	14	Taxes	14	
	15	Rents	15	
	16	Depreciation and depletion (See instructions)	16	
	17	Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 3	17	89,545.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	89,545.

Schedule L Balance Sheets

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		81,448.		93,621.
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets				
b Less accumulated depreciation				
11 Land				
12 Other assets. Attach schedule STM 4		1,349.		1,349.
13 Total assets		82,797.		94,970.
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule				
19 Capital stock or principle fund		82,797.		94,970.
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund				
22 Total liabilities and net worth		82,797.		94,970.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	12,173.	7	Income recorded on books this year not included in this return. Attach sch.	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule.	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8.	
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6	12,173.
5	Expenses recorded on books this year not deducted in this return. Attach schedule.				
6	Total. Add line 1 through line 5	12,173.			

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

PROGRAM SERVICE REVENUE..... \$ 101,350.
TOTAL \$ 101,350.

STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BRYCE MASON 1111 FRANKLIN STREET OAKLAND, CA 94607	PRESIDENT 3.00	\$ 0.	\$ 0.	\$ 0.
JEANETTE BAEZ 1111 FRANKLIN STREET OAKLAND, CA 94607	VICE PRESIDENT 2.00	0.	0.	0.
TONGSHAN CHANG 1111 FRANKLIN STREET OAKLAND, CA 94607	TREASURER 2.00	0.	0.	0.
MALLORY NEWELL 1111 FRANKLIN STREET OAKLAND, CA 94607	SECRETARY 2.00	0.	0.	0.
RYAN CHERLAND 1111 FRANKLIN STREET OAKLAND, CA 94607	DIRECTOR 1.00	0.	0.	0.
CHRISTINA CRAGG 1111 FRANKLIN STREET OAKLAND, CA 94607	DIRECTOR 1.00	0.	0.	0.
WADDELL HERRON 1111 FRANKLIN STREET OAKLAND, CA 94607	DIRECTOR 1.00	0.	0.	0.
ROBERT DALY 1111 FRANKLIN STREET OAKLAND, CA 94607	DIRECTOR 1.00	0.	0.	0.
ALICE VAN OMMEREN 1111 FRANKLIN STREET OAKLAND, CA 94607	DIRECTOR 1.00	0.	0.	0.
TOTAL		\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>0.</u>

2013

CALIFORNIA STATEMENTS

PAGE 2

CALIFORNIA ASSOCIATION FOR INSTITUTIONAL
RESEARCH C/O TONGSHAN CHANG

77-0191969

STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

ACCOUNTING FEES.....	\$	915.
AWARDS.....		500.
CAIR EVENT.....		300.
CONFERENCES, CONVENTIONS, AND MEETINGS.....		72,174.
CREDIT CARD FEES.....		6,701.
GIFT CARD.....		183.
INSURANCE.....		1,137.
MISCELLANEOUS.....		1,249.
POSTAGE AND SHIPPING.....		18.
PRINTING AND PUBLICATIONS.....		135.
SUPPLIES.....		1,013.
TRAVEL.....		5,220.
TOTAL	\$	<u>89,545.</u>

STATEMENT 4
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

DEPOSITS.....		1,349.
TOTAL	\$	<u>1,349.</u>

THE ORGANIZATION'S CALIFORNIA TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 199

THE ORGANIZATION SHOULD REVIEW THEIR CALIFORNIA RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

FORM 8453-EO

THE ORGANIZATION SHOULD REVIEW, SIGN AND DATE FORM 8453-EO PRIOR TO YOU E-FILE THE RETURN.

BALANCE DUE

THERE IS A BALANCE DUE IN THE AMOUNT OF \$10.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR CALIFORNIA ACKS.

KEEP A SIGNED COPY OF FORM 8453-EO IN YOUR FILES FOR 4 YEARS.

PAYMENT INSTRUCTIONS

MAIL FORM 3586 ,WITH PAYMENT, TO: FRANCHISE TAX BOARD, PO BOX 942857, SACRAMENTO CA 94257-0531.

DO NOT MAIL:

FORM 8453-EO