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## EXTENDED TO JANUARY 15, 2016

Return of Organization Exempt From Income Tax
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.

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

A	For the	2014 calendar year, or tax year beginning JUN 1, 2014 and e	nding M	AY 31, 2015	
B	Check if applicable	C Name of organization		D Employer identific	cation number
ST.	Addres	TEXAS INSTITUTE OF LETTERS			
1	Name change	Doing business as			068846
캺	Initial	, and the same of	Room/suite	E Telephone number	
Q.	Final return/	P.O. BOX 9032		(940	)397-4123
≥_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	82,840.
₹	Amend	WICHITA FALLS, IX 70308-3032		H(a) is this a group re	
<u>_</u>	Applica tion pending	F Name and address of principal officer. OFFIED TOOGHTD		for subordinates	
77_		III PEMBROKE LANE, WICHITA FALLS, TX	76301	H(b) Are all subordinates in	
		mpt status X 501(c)(3)	r 527	1	list (see instructions)
		•: ► WWW.TEXASINSTITUTEOFLETTERS.ORG	<del></del>	H(c) Group exemption	
		organization: Corporation Trust X Association Other ►  Summary	<u>L Year</u>	of formation: 1936 M	State of legal domicile: TX
	4 5	Briefly describe the organization's mission or most significant activities: TO RE	COGNI	ZE AND REWA	RD FINE
Governance	' ;	WRITING IN TEXAS.	3000141	. DI AND RUMIL	ILD I IIVD
nai	2	Check this box I if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets
Š	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	13
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	8
တို	5	Fotal number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0
ìtie	6			6	0
Activities &	7 a 5	Fotal unrelated business revenue from Part VIII, column (0), line 12		7a	0.
~	b l	Net unrelated business taxable income from Form 990-T, lipe 34	S	7b	0.
		© NOV ♥ 9 20	15	Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)	15 O	30,267.	44,310.
Š	9 1	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		38,150.	38,530.
Œ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		68,417.	82,840.
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		40,950.	40,450.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15 9	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	0.	0.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.
X	·  b1	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>		
ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	ļ	13,856.	12,229.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		54,806.	52,679.
	19 F	Revenue less expenses. Subtract line 18 from line 12		13,611.	30,161.
SOS			Be	ginning of Current Year	End of Year
Sset	<b>20</b> ]	Total assets (Part X, line 16)	<u> </u>	851,310.	881,471.
Net Assets or I	21	Total liabilities (Part X, line 26)		0.	0.
	<u>22                                    </u>	Net assets or fund_balances_Subtract line 21 from line 20 Signature Block		851,310.	881,471.
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ente and to the host of m	v knowledge and belief it is
		, and complete. Declaration of preparer (other than officer) is based on all information of whi		· · · · · ·	y knowledge and belief, it is
	3, 00,100	Admin somplete. Beditation of propare (other man officer) is based on an information of with	ion proparei	Mer 2 24	215
Sig	ın İ	Signature of officer		Date	J F.J
He	ļ	▶ JAMES HOGGARD, TREASURER			
		Type or print name and title		<del> </del>	
		Print/Type preparer's name Preparer's Signature	- 1	Date Check	PTIN
Pai		JOSEPH D. BAUER, CPA	را	1/-2-/5 If self-employe	P00630884
	ľ	Firm's name HUPP, BAUER HANSON & LEWIS P.C.	<u> </u>	Firm's EIN	75-1847161
		Firm's address 2520 E. ELLIOTY STREET			
	•	WICHITA FALLS, TX 76308		Phone no. (9	40)322-3103
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			Yes No

orm	990 (2014) TEXAS INSTITUTE OF LETTERS 23-7068846 Page	ə <b>2</b>
	t III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	7
<b></b>	Briefly describe the organization's mission:	==-
•	TO RECOGNIZE AND AWARD FINE WRITING IN TEXAS. THE TEXAS INSTITUTE OF	
	LETTERS IS A NON-PROFIT ORGANIZATION WHOSE PURPOSE IS TO STIMULATE	
	INTEREST IN TEXAS LETTERS AND TO RECOGNIZE DISTINCTIVE LITERARY	
		—
	ACHIEVEMENT.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X	
		NO
	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes XI	
3	J. J	No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$22,450 . including grants of \$22,450 . ) (Revenue \$	)
	AWARDS FOR EXCELLENT WRITING PUBLISHED DURING THE PREVIOUS CALENDAR	
	YEAR. WINNERS ARE CHOSEN THROUGH COMPETITION.	
4L	(Code) (Expenses \$18,000 . including grants of \$18,000 . ) (Revenue \$	
4b	(Code) (Expenses \$ 18,000. Including grants of \$ 18,000.) (Revenue \$ UNIVERSITY OF TEXAS AT AUSTIN STIPENDS FOR TWO WRITERS CHOSEN THROUGH	— <sup>'</sup>
	· · · · · · · · · · · · · · · · · · ·	
	COMPETITION FOR THE PAISANO FELLOWSHIP.	
4c	(Code) (Expenses \$	)
	AWARDS RECOGNITION BANQUET & RECEPTION	- '
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$ ) (Revenue \$	

Form **990** (2014)

23-7068846 Page 3 TEXAS INSTITUTE OF LETTERS Form 990 (2014) Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A 1 X 2 Is the organization required to complete Schedule B. Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 5 X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х Schedule D. Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V Х 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Х 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15  $\mathbf{X}_{-}$ foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part II Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

19

20a

20b

X

Х

19

complete Schedule G. Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2014) TEXAS INSTITUTE OF LETTERS

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	-		v
	Schedule J	23	<del> </del> -	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<del></del>	<b></b> -
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04.		
	any tax-exempt bonds?	24c	<del> </del>	<del>                                     </del>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		]	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	057	ļ	Х
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	-		х
27	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	_26_	ļ	_^
21				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	07		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
20	instructions for applicable filing thresholds, conditions, and exceptions):		1	1
9	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200	<del> </del>	
٠	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<b>-</b>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>	<u> </u>	
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		-	<u>                                   </u>
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	<u> </u>	1	<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_ <del>-</del> _
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		T	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
			990	(2014)

TEXAS INSTITUTE OF LETTERS Form 990 (2014)
Part VI Gove

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	-		,,,,	.opon.	
•	Check if Schedule O contains a response or note to any line in this Part VI					$\overline{\mathbf{x}}$
Sec	tion A. Governing Body and Management					
<u> </u>	non A. Govorning Body and Management				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
_	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under th	e direc	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	is filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		_X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximation of the power to elect or	point	one or			
	more members of the governing body?		•	7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or			:
	persons other than the governing body?			7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:			
	The governing body?			8a_	X	<u></u>
	Each committee with authority to act on behalf of the governing body?			_8b_	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched	at the	_		**
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Policies	evenu	e Code)	-	<b>V</b>	NI.
40-	Did the organization have local chanters, branches, or affiliates?			40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such cl		a affiliates	10a		
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	apter	s, armates,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	v hefo	re filing the form?	11a	<del></del>	x
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	y 5010	To ming the form	114		-32
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cor	flicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	ın Schedule O how this was done	-		12c	X	
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approve	al by ir	ndependent	 		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	vith a		ļ	
	taxable entity during the year?			16a	-	X
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua		· ·			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's		}	
Sec	exempt status with respect to such arrangements? tion C. Disclosure			16b	L	
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(Sect	100 501(c)(3)s only)	availah		
,	for public inspection. Indicate how you made these available. Check all that apply.	(OBC)	ion our (c)(a)s only) i	.vana0	, i <del>U</del>	
	Own website Another's website X Upon request Other (explain	in Sc	hedule (1)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		•	l finan	cial	
	statements available to the public during the tax year		torost policy, art		Jiui	
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks a	nd records:			
	JAMES HOGGARD - (940)397-4123	J.1.5 (d)				
	111 PEMBROKE LANE, WICHITA FALLS, TX 76301					

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#### TEXAS INSTITUTE OF LETTERS

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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees, and former such persons

X Check this box if neither the organization	on nor any related	orga	nıza	tion	COI	npe	nsa	ted any current officer, o	director, or trustee.	
(A)	(B)				<b>&gt;</b> )			(D)	(E)	(F)
Name and Title	Average	(do		Pos heck			one	Reportable	Reportable	Estimated
	hours per			ss pe id a d				compensation	compensation	amount of other
	week (list any	$\vdash$					Ė	from the	from related organizations	compensation
	hours for	B	ĺ			8		organization	(W-2/1099-MISC)	from the
	related	tee o	ustee			ensat	ļ	(W-2/1099-MISC)		organization
	organizations	al trus	nal tr		loyee	E S				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	ا ا	<u> </u>	5	35	돌을	2			
(1) RICO AINSLIE	1.00	X							_	_
COUNCILOR	1.00	^		├	-	┼	$\vdash$	0.	0.	0.
(2) SARAH CORTEZ	1.00	X		İ				0.	0.	_
COUNCILOR	1.00	^		<u> </u>		├	$\vdash$	ļ <u>U.</u>	<u> </u>	0.
(3) ROLANDO HINOJOSA-SMITH	1.00	x			1			0.	0.	0.
COUNCILOR	1.00	^	-			┼─	$\vdash$		<u> </u>	
(4) RUSSELL MARTIN	1.00	X				1		0.	0.	0.
COUNCILOR (5) KARLA MORTON	1.00				H	<del> </del>	┢╾	<del> </del>	<u> </u>	
COUNCILOR	1.00	x					ĺ	0.	0.	0.
(6) JERRY THOMPSON	1.00			<del> </del>		t	┢	<del>                                     </del>	<u> </u>	
COUNCILOR	1.00	x	İ					0.	o.	0.
(7) SERGIO TRONCOSO	1.00	-					t	<del>                                     </del>		
COUNCILOR		x			ĺ			0.	0.	0.
(8) ANN WEISGARBER	1.00					Ī				
COUNCILOR		X				l		0.	0.	0.
(9) ANDRES TIJERINA	3.00									
PRESIDENT				X			1	0.	0.	0.
(10) STEVE DAVIS	3.00									
VICE-PRESIDENT			_	X		<u> </u>	Ļ	0.	0.	0.
(11) DARWIN PAYNE	3.00	]								
SECRETARY		<u> </u>	<u> </u>	X				0.	0.	0.
(12) JAMES HOGGARD	3.00				1					
TREASURER		<u> </u>	_	X		_		0.	0.	0.
(13) JOE HOLLEY	1.00			ļ			ļ			
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Part	VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	ane	d Hi	ghe	st C	compensated Employee	es (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
•	Name and title	Average			Pos				Reportable	Reportable		mated	l
		hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	am	ount of	i
		week		cer an	id a d	recto	or/trus	tee)	from	from related		ther	
		(list any	recto						the	organizations		ensatı	on
		hours for related	o d	8			ated		organization	(W-2/1099-MISC)	1	m the	
		organizations	Individual trustee or director	Institutional trustee		8	Highest compensated employee		(W-2/1099-MISC)		1 -	nızatio relate	
		below	la d	tona	_	ploy	탏				1	nizatio	
		line)	, p	重	Officer	Key employee	불물	<b>Former</b>			5.3		-
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1 b	Sub-total							<b>•</b>	0.	0	•		0.
С	Total from continuation sheets to Part V	II, Section A							0.	0			0.
	Total (add lines 1b and 1c)							<b></b>	0.	0			0.
2	Total number of individuals (including but i	not limited to th	nose	liste	ed a	bov	e) wl	no r	eceived more than \$100	0,000 of reportable			
	compensation from the organization						-						C
												Yes	No
3	Did the organization list any former officer	, director, or tri	uste	e, ke	eγ eι	mplo	ovee	. or	highest compensated e	mplovee on			
	line 1a? If "Yes," complete Schedule J for				•		•	•	•	• •	3		X
4	For any individual listed on line 1a, is the s			amo	ens	atıor	n and	d ot	her compensation from	the organization	1		
	and related organizations greater than \$15	•							•	and organization	4		Х
5	Did any person listed on line 1a receive or									idual for services			
•	rendered to the organization? If "Yes," con					-		Cia	tod organization of indiv	10001 101 301 11003	5	Ì	X
Sec	tion B. Independent Contractors	npiete Coneda	0 0	0, 3	40,7	per.	3011			<del> </del>	1 9 1		<u>~~</u>
1	Complete this table for your five highest co	ompensated in	den	onde	ant c	ont.	racti	ore i	that recovered more than	\$100,000 of compor	eation f		
•	the organization Report compensation for									•	isation ii	OIII	
		trie caleridar y	- Gai	onu	iiig v	VVILLI	OI W	/(U III		year.			
	(A) Name and busines:	s address	NT	ON	-				( <b>B</b> ) Description of s	services	(C Comper		1
			TA	OIA.	<u> </u>		_						—
								ļ					
									,,				
									<u> </u>				
2	Total number of independent contractors	(including but i	not l	ımıte	d to	tho	se li	sted	d above) who received r	nore than			
	\$100,000 of compensation from the organ	iization 🕨					0						
	·										Form	200 (	01.4

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under sections 512 - 514 (B) Related or Total revenue exempt function business revenue revenue 30,730. 1 a Federated campaigns 1a 7,800 Membership dues 1b c Fundraising events 10 1d d Related organizations Contributions, and Other Sim e Government grants (contributions) 1e f All other contributions, gifts, grants, and 5,780 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 44,310 h Total. Add lines 1a-1f **Business Code** Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 38,530. 38,530. other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties 5 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ \_\_\_\_\_ contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a d All other revenue e Total, Add lines 11a-11d 82,840 38,530 Total revenue. See instructions.

# Form 990 (2014) TEXAS INSTITU Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			mplete column (A).	<del></del>
Do s	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			,	
	individuals. See Part IV, line 22	40,450.	40,450.		
3	Grants and other assistance to foreign			1	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				<del></del>
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified		,		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		<del></del>		<del></del>
10	Payroll taxes				
11	Fees for services (non-employees):		ļ		
a	Management				<del></del>
b,	Legal	1 000		1 000	· · · · · · · · · · · · · · · · · · ·
C	Accounting	1,000.		1,000.	
d	Lobbying  Preference of fundamental and an area of the land 17	····			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				<u> </u>
g	Other. (If line 11g amount exceeds 10% of line 25,				
10	column (A) amount, list line 11g expenses on Sch 0.)	790.		790.	
12 13	Advertising and promotion Office expenses	130.		130.	
13	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				······
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,439.	9,325.	1,114.	· ·
20	Interest		- ,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а					
b					
С					
d					
е	All other expenses				
<u>25</u>	Total functional expenses. Add lines 1 through 24e	52,679.	49,775.	2,904.	0.
26	Joint costs Complete this line only if the organization	1			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 72,285. 102,810. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 7 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10c 779,025. 778,661 11 Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 851, 310 881,471 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses Grants payable 18 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 0. 0. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. 30 Capital stock or trust principal, or current funds 0 30 0. Paid-in or capital surplus, or land, building, or equipment fund 31 31 851,310. <u>881,471.</u> Retained earnings, endowment, accumulated income, or other funds 32 32 881,471. 851,310. 33 Total net assets or fund balances 851,310 Total liabilities and net assets/fund balances 881,471.

		<u> 13-7068846</u>	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
•				
1	Total revenue (must equal Part VIII, column (A), line 12)			40.
2	Total expenses (must equal Part IX, column (A), line 25)			79.
3	Revenue less expenses Subtract line 2 from line 1			<u>61.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	85	1,3	10.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	3		
7	Investment expenses	,		
8	Prior period adjustments	3		
9	Other changes in net assets or fund balances (explain in Schedule O)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B)) 1	o 88	1,4	71.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u>니</u>
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on	ıa		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate ba	asis,		ļ
	consolidated basis, or both:			}
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the ac	udit,		
	review, or compilation of its financial statements and selection of an independent accountant?	. 2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedu	ile O.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	Audit		
	Act and OMB Circular A-133?	. 3a_		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	i audit		
	Or guides, explain why in Schedule O and describe any steps taken to undergo such audits	2h		ì

Form **990** (2014)

### **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.

2014

OMB No 1545-0047

Open to Public Inspection

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.

Name of the organization Employer identification number TEXAS INSTITUTE OF LETTERS 23-7068846 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.) 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) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 ) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization (vi) Amount of (iii) Type of organization (v) Amount of monetary (ii) EIN (i) Name of supported organization (described on lines 1-9 support (see other support (see governing document? above or IRC section Instructions) Instructions) (see instructions))

432022 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 TEXAS INSTITUTE OF LETTERS

Part II Support Schedule for Organizations Described in Sections 1 (Form 990 or 990-EZ) 2014 TEXAS INSTITUTE OF LETTERS 23-7068846 Page 2 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)

<b>Sec</b>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not			į			
	include any "unusual grants.")	33,850.	30,092.	23,294.	30,267.	44,310.	161,813.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				j		
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						1.01
	Total. Add lines 1 through 3	33,850.	30,092.	23,294.	30,267.	44,310.	161,813.
5	The portion of total contributions			į			
	by each person (other than a	f					
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the	i		İ			
	amount shown on line 11,						
_	column (f)						161 012
	Public support. Subtract line 5 from line 4	L					161,813.
		(-) 0010	(5) 0011	(-) 2012	(4) 0012	(-) 2014	(6 Total
	ndar year (or fiscal year beginning in)	(a) 2010 33,850.	(b) 2011 30, 092.	(c) 2012 23, 294.	(d) 2013 30, 267.	(e) 2014 44,310.	(f) Total 161,813.
	Amounts from line 4 Gross income from interest,	33,630.	30,092.	23,234.	30,207.	44,310.	101,013.
8							
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources	31,928.	35,859.	34,455.	38,150.	38,530.	178,922.
۵	Net income from unrelated business	31,320.	33,033.	34,4331	3071300	30/3301	<u> </u>
3	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 VI.)						
11	Total support. Add lines 7 through 10						340,735.
	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for			d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stor	o here			·		<b>_</b>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (	line 6, column (f) d	ıvıded by line 11, c	olumn (f))		14	<u>47.49 %</u>
	Public support percentage from 2013		•			15	<u>51.17 %</u>
16a	33 1/3% support test - 2014. If the o	organization did no	ot check the box or	n line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization			••	. <b>▶</b> [X]
k	9 33 1/3% support test - 2013. If the	_			line 15 is 33 1/3%	or more, check t	his box
	and stop here. The organization qual	•	•				. ▶□
178	10% -facts-and-circumstances tes	~	•				
	and if the organization meets the "fac					rt VI how the orga	nization
_	meets the "facts-and-circumstances"						<b>▶</b> □
k	10% -facts-and-circumstances tes	•					
	more, and if the organization meets the				•		•
40	organization meets the "facts-and-circ		•	-	• • • •	•	▶
18	Private foundation. If the organization	in did not check a	box on line 13, 16a	a, 100, 1/a, or 1/b			
					Sche	eaule A (Form 990	) or 990-EZ) 2014

Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ► Attach to Form 990. TEXAS INSTITUTE OF LETTERS Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990)

Open to Public Inspection Employer identification number

23-7068846

Part	Part I General Information on Grants and Assistance	nd Assistance						
1 Doe	Does the organization maintain records to substantiate the amount of	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
crite	criteria used to award the grants or assistance?	tance?	:		;		:	Yes X No
2 Des	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monito	oring the use of grant	funds in the United	States.			
I⋤∣	Grants and Other Assistance to Domestic Organizations and	Domestic Organiz	ations and Domestic	Governments. C	omplete if the orga	ınızatıon answered "Y	J Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	/, line 21, for any
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000. Part II can	be duplicated if additive	onal space is need	ed.	to Mothad of		
1 (a)	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section rf applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Ent	Enter total number of section 501(c)(3) and government organizations	501(c)(3) and government organizations listed in the line 1 table	janizations listed in th	listed in the line 1 table	:	:	:	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the

Schedule I (Form 990) (2014)

23-7068846 TEXAS INSTITUTE OF LETTERS

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule | (Form 990) (2014)

| Part III | Grants and Other

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
AWARDS TO INDIVIDUALS RECOGNIZING ACHIEVEMENTS IN WRITING SKILLS.	13	22,450,	*0		
GRANT TO THE UNIVERISTY OF TEXAS FOR THE CONTINUED DEVELOPMENT OF WRITING SKILLS AND TECHNIQUES.		18,000	0		
Part IV Supplemental Information. Provide the information required in	quired in Part I, IIr	16 2, Part III, column	(b), and any other a	Part I, line 2, Part III, column (b), and any other additional information	
GENERALLY GRANTS TO INDIVIDUALS ARE AWARDED BASED ON COMPETITIVE	RE AWARDE	D BASED ON	COMPETITI	VE	
WRITTEN COMPOSITIONS SUBMITTED FOR CON	R CONSIDE	SIDERATION. T	THREE MEMBERS OF THE	RS OF THE	
GOVERNING BODY JUDGE THE LETTERS R	RECEIVED	RECEIVED AND DETERMINE WHO WILL	INE WHO WI	TT	
RECEIVE THE GRANTS ACKNOWLEDGING T	THEIR EXE	EXEMPLARY WRITING SKILLS.	TING SKILL	S. THE	
GOVERNING BODY DETERMINES THE AMOUNT OF	JNT OF THE	GRANT.	A CHECK IS	THEN	
GIVEN TO THE WINNER.					

Schedule I (Form 990) (2014)

### **SCHEDULE O**

(Form 990 or 990-EZ) Department of the Treasury

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.

OMB No 1545-0047 **Open to Public** Inspection

**Employer identification number** 

Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

23-7068846 TEXAS INSTITUTE OF LETTERS FORM 990, PART VI, SECTION B, LINE 11: AT THIS TIME THE ORGANIZATION'S GOVERNING BODY DOES NOT REVEIW FORM 990 PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: SEE A COPY OF THE CONFLICTS OF INTEREST POLICY ATTACHED. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.