** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or the	2014 calendar year, or tax year beginning	u ending						
B c	heck if oplicable:	C Name of organization		D Employer ide	ntificati	ion number			
	Address	TAX FOUNDATION		52-1703065					
	Name change	Doing business as							
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite						
	Final return/	1325 G STREET, NW	950	202-464-6200					
•	termin-	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		5,734,760.			
Г	Amende			H(a) Is this a gro	up retur	.u — —			
一	Applica-			for subordir	ates?	Yes X No			
	beuging	SAME AS C ABOVE				ded? Yes No			
1 7	av.cvc	mpt status: X 501(c)(3)	1) or 527	If "No," atta	ch a list	. (see Instructions)			
1 !	John't-	WWW.TAXFOUNDATION.ORG		H(c) Group exen	nption n	umber 🕨			
JV	vebsite	organization: X Corporation Trust Association Other	L Year	of formation: 193	7 MS	tate of legal domicile: DC			
	+11	Summary		- 1 7 9	-1100-1100-1				
Pa	rt I	Briefly describe the organization's mission or most significant activities:	EDUCATE	TAXPAYER	S,				
e	1 B	POLICYMAKERS, AND JOURNALISTS ABOUT SMA	RTER TA	X POLICY.					
ä	Ē	Check this box if the organization discontinued its operations or dis	nosed of more	e than 25% of its n	et asse	ts.			
Activities & Governance	2 0	Check this box I if the organization discontinued its operations of dis	P 2002 01 111011		3	10			
Š	3 N	lumber of voting members of the governing body (Part VI, line 1a)	 ว)		3 4	9			
20	4 N	Number of Independent voting members of the governing body (Part VI, line 1t	-1		5	42			
8	5 T	otal number of Individuals employed in calendar year 2014 (Part V, line 2a)			6	0			
Z.	6 T	otal number of volunteers (estimate if necessary)	***************************************		7a	-64,105.			
ct	7a T	Total unrelated business revenue from Part VIII, column (C), line 12			7b	0.			
	b N	Net unrelated business taxable income from Form 990-T, Ine 34	T	Prior Year	170	Current Year			
			-	2,984,06	9	3,832,403.			
a	8 0	Contributions and grants (Part VIII, line 1h)		2,304,00	0.	3,832,403.			
Revenue	9 F	Program service revenue (Part VIII, line 2g)		8,77		14,326.			
eve	10 lr	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.						
Œ	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-39,78	-171,597.				
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)	2,953,06		3,675,132.			
	13 0	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.			
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.			
w	15 S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	1,524,50	-	1,901,907.				
Se	48 - E	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Expenses	5 T	Total fundraising expenses (Part IX, column (D), line 25) 554,	619.			1 10 EG 0 ET			
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	L	945,16		1,069,871.			
	18 T	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	[2,469,66		2,971,778.			
	10 I	Revenue less expenses. Subtract line 18 from line 12		483,39	2.	703,354.			
_ s	19 F	revenue less expenses. Outract into 10 front into 12 minutes	Bo	eginning of Current		End of Year			
Net Assets or Fund Balances	00 -	Total accord (Bort Y, line 16)		1,677,19		3,654,739.			
SSE	20 T	Total assets (Part X, line 16)		98,39		1,342,394.			
in d	21 T	otal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		1,578,79		2,312,345.			
Da		Signature Block		,					
Pa	rt II	lies of perjury, I declare that I have examined this return, including accompanying sched	fules and staten	nents, and to the bes	of my k	nowledge and belief, it is			
Unde	er penali	ties of perjury, I deciare that I have examined this return, including accompanying sched	f which orenare	r has any knowledge					
true,	correct,	, and complete. Declaration of preparer (other than officer) is based on all information o	· miloti prepare	5	-1	3-15			
		Mo U J		Date					
Sigr	١	8ignature of officer		17					
Here	e	SCOTT HODGE, PRESIDENT							
		Type or print name and title	00	Date Che	d X	PTIN			
		Print/Type preparer's name		05/13/15 set		P01203311			
Paid		ROBERT COCCHIARO	111	Firm's Eli		21-2949387			
Prep	arer	Firm's name COCCHIARO & ASSOCIATES, LLC		Funtsen	1	u. 4747001			
Use	Only	Firm's address 10800 GREENE DRIVE, 1ST FLOOR		Phone re	703.	-519-1226			
		LORTON, VA 22079		I Prione no	. 103	X Yes No			
Mary	the ID	S discuss this return with the preparer shown above? (see instructions)				LA TES LINO			

1 Is the organization described in section 501(c)(S) or 4947(a)(1) (other than a private foundation?)	Pai	tily Checklist of Required Schedules		1	
# "Yes," complete Schedulo A. Is the organization regular to complete Schedule B, Schedule of Contributors? Did the organization regular to complete Schedule B, Sendular of Centributors? Bit the organization regular to indirect or indirect political campaign activities on behalf of or in opposition to candidates for public offeed "I"As," complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II B the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives mambership dues, assessments, or similar amounts as defined in Revenue Procedure 8 #197 II"Yes, complete Schedule C, Part II Did the organization maintain any donor activities and the searous interest in the provide activities on the statistical or or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation essement, including assements to preserve open space, the environment, historic fand areas, or historia structure? If "Yes," complete Schedule D, Part II Did the organization maintain collections of verse of art, historical structures of "Yes," complete Schedule D, Part III Did the organization maintain collections of verse of art, historical structures, or extension and the accounts of the secondary of the seconda				Yes	No
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3 X Section 50 1(c)(3) organizations engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officior ("Ves." complete Schedule C, Part I 4 Section 50 1(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(i)(a) election in effect during the tax year if "Yes." complete Schedule C, Part I 5 Is the organization an section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part I 6 Did the organization maintain any donor advaded funds or any similar funds or accounts? If "Yes," complete Schedule C, Part I 7 Did the organization receive or hold a conservation easement, including assements to preserve open apace, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part I II 7 Did the organization report an amount in Part X, line 21, for escrov or outsofdial 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? If "Yes," complete Schedule D, Part I II 10 Did the organization report an amount in Part X, line 21, for escrov or outsofdial 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? If "Yes," complete Schedule D, Part I II 10 Did the organization depth of the part X, line 21 fire services or the organization services? If "Yes," complete Schedule D, Part I II	2	to the crancization required to complete Schedule B. Schedule of Contributors?	2	X	
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4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n)(4) electron in effect during the text year? If Yes, "complete Schedule C, Part II is the organization as action 501(c)(4), 501(c)(5), or 501(c)(8) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 96-19? If Yes, complete Schedule C, Part II is the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts in the provided Schedule D, Part II is 10 bid the organization maintain collections of voxes of art, historical treasures, or other similar assets? If Yes, complete Schedule D, Part II is 10 bid the organization of amounts not listed in Part X, in e. 17 feet of the second or amounts not listed in Part X, in e. 17 feet or any of the followed credit counseling, debt management, credit repair, or debt negotiation services? If Yes, complete Schedule D, Part IV is 10 bid the organization services for through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiendowments? If Yes, 'complete Schedule D, Part X is 11 the organization services or any of the following questions is Yes, then complete Schedule D, Part X VII if the organization assets are may of the following questions is Yes, then complete Schedule D, Part X VIII is X is 2 part X is 12 bid to organization report an amount for investments - other securities in Part X, line 15 that is 5% or more of its total assets reported in Part X is in 67 If	3	- White affice I If "Voc " complete Schedule C. Part I	3		X
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12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Tes, Complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign Individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines to and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		the experience liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Scredule D, Part X	111	Δ.	_
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complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a X 20b	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If Yes,	10		x
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		complete Schedule G. Part III			
L. If #X/coll to line 200, did the organization attach a copy of its audited financial statements to this return?	2 0a	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?		990	(2014)

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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 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 Schedule J X 23 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 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d 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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a 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 Schedule L, Part I X 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," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 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 X 27 'Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule Q and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

Pa	Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V	**********	Ty	es	No
	Ta	9	日学	1.7	THE .
1a	Enter the number reported in Box 3 of Form 1090. Enter 10-11 not applicable	0 1	13	192	10.7
b	Enter the number of Forms W-213 inclined in line 18. Eliter of it flot applicable				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	10	7	X	2.011
	(gambling) winnings to prize winners?	" "	1	5	1.36
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, Claud for the pole dayway and inquitible to wage covered by this return.	12		1	
	filed for the calendar year ending with or within the year covered by this retain		. 3	X	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20.00	THE ST	1	There's
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a			X
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		\top		8
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a			X
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	102	1	7	186.5
b	If "Yes," enter the name of the foreign country:	- 200		. 2	NE.
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a			X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50	-		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	"	T		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a	1		X
	any contributions that were not tax deductible as charitable contributions?	"			1) 1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b	,		
_	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	r. Madri		513	(0):15
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	or? 7a		X	
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
C	to file Form 8282?	70			X
.1	If "Yes," indicate the number of Forms 8282 filed during the year				
a	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	1		X
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	1			
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	/(/			PRATURE
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	72.7			W.
Ü	sponsoring organization have excess business holdings at any time during the year?	8			arrester.
9	Sponsoring organizations maintaining donor advised funds.		10 SE	四块	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		\dashv	
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	1 90		43.50	
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	— 關		劉	
. р	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		鯯	
11	Section 501(c)(12) organizations. Enter:			d	
а	Gross income from members or shareholders	一個		州	選
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1			
	amounts due or received from them)	_	18 40	F-12	APROX.
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12:	1 SE	357	3.76
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	一 議	劉智	緩	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40	30 30	:24	A PARTY OF
а	Is the organization licensed to issue qualified health plans in more than one state?	13:		影響	
	Note. See the instructions for additional information the organization must report on Schedule O.			圈	
b	Enter the amount of reserves the organization is required to maintain by the states in which the			劉	
	organization is licensed to issue qualified health plans		開於		
C	Enter the amount of reserves on nano	14:	1		X
14a	Did the organization receive any payments for Indoor tanning services during the tax year?	141	_		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	For	-	907	(2014)

TAX FOUNDATION

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

Form 990 (2014) TAX FOUNDATION 52-1703065 Page

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year)[
	If there are material differences in voting rights among members of the governing body, or if the governing		y	
	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)		
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 the direct 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 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint one or			
	more members of the governing body?	7a	X	on on the
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	, v in	17.7	
а	The governing body?	8a	X	
b	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 reached at the			
¥6	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	推進	開	MIN
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	the set of	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	= 10.5 10.5		
·	in 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 approval by independent			911.5
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		44	
a	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).	76 SY		思禁
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1247	
13	taxable entity during the year?	16a		X
6	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	族校	in the	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	100		S.A.
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed DC, AL, AK, AZ, CA, CO, CT, FL, Al	R,KS	, KY	, LP
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole	
10	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	id finan	cial	
19	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	THE ORGANIZATION - 202-464-6200			
	1325 G STREET, NW, NO. 950, WASHINGTON, DC 20005			
43200	SEE SCHEDULE O FOR FULL LIST OF STATES	Forn	1990	(2014

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

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.

Check this box if neither the organization r (A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an	Reportable compensation	Reportable compensation	(F) Estimated amount of other	
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) SCOTT HODGE	50.00	x		x		1.0		191,460.	0.	7,469	
PRESIDENT & SECRETARY (2) DAVID P. LEWIS CHAIRMAN	1.00	X		x			- 1	0.	0.	0	
(3) JAMES W. LINTOTT TREASURER	1.00	x		x				, 0.	0.	0.	
(4) HONORABLE BILL ARCHER DIRECTOR	1.00	X	٠.				4	0.	0.	0	
(5) DOUGLAS HOLTZ-EAKIN DIRECTOR	1.00	x					i.	0.	0.	0	
(6) SARAH MCGILL DIRECTOR	1.00	x						0.	0.	0	
(7) PAMELA OLSON DIRECTOR	1.00	x						0.	0.	0	
(8) HONORABLE PHIL ENGLISH DIRECTOR	1.00	x						0.	0.	0	
(9) STEPHEN KRANZ DIRECTOR	1.00	x						0.	0.	0	
(10) TOM ROESSER DIRECTOR	1.00	x						0.	0.	0	
(11) JOSEPH HENCHMAN GENERAL COUNSEL AND COO	50.00					x		112,858.	0.	6,775	
(12) MICHAEL VOGLER VP DEVELOPMENT	50.00					x	-	108,800.	0.	4,219	
* C		-						, n			
¥ 4	-						Ĺ	*			
* N											
		-								Form 990 (2014	

432008 11-07-14

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under Unrelated Related or Total revenue exempt function business revenue revenue , Gifts, Grants illar Amounts 1a 1 a Federated campaigns b Membership dues 420,050 c Fundraising events _____ 1c d Related organizations 1d e Government grants (contributions) 1e Contributions, and Other Sim f All other contributions, gifts, grants, and 3,412,353 similar amounts not included above Q Noncash contributions included in lines 1a-1f: \$ 3,832,403 h Total. Add lines 1a-1f Business Code 2 a f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 32,342. 32,342 other similar amounts) Income from investment of tax-exempt bond proceeds (ii) Personal (i) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of 1,918,627 assets other than inventory b Less: cost or other basis 4,370 1,932,273 and sales expenses -4,370 c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundralsing events (not Other Revenue 420,050. of including \$ contributions reported on line 1c). See 58,880 Part IV, line 18 a 122,985 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 12,864. 12,864 900099 OTHER INCOME 11 a -120,356. -120,356 900099 b LOSS ON SUBLEASE d All other revenue -107,492 e Total. Add lines 11a-11d -93,166. -64,105 3,675,132 Total revenue. See instructions. . Form 990 (2014) Form 990 (2014) TAX FOUNDATION

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other

Sec	tion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oti	her organizations must c	omplete column (A).	
	Check if Schedule O contains a respor				[_]
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(Ď) 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				darin aras da didikan dari
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16		L 1	in the second that	atan nimedian - Animan indi
4	Benefits paid to or for members			ran and and and an est	the state of the s
5	Compensation of current officers, directors,				
	trustees, and key employees	202,449.	145,171.	13,221.	44,057
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	1,449,949.	1,021,512.	206,195.	222,242
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	34,779.	24,478.	5,098.	5,203
9	Other employee benefits	80,337.		10,730.	12,896
10	Payroll taxes	134,393.	82,376.	32,423.	19,594.
11	Fees for services (non-employees):	1			
а	Management	13,730.	N	5,196.	8,534
	Legal	4,860.	1,000.	3,860.	
	Accounting	17,538.		17,538.	
d		· · · · · · · · · · · · · · · · · · ·			
e	Defection of State of Daniel and		STATE OF VINCEN		
f	Investment management fees		Michigan Street Street Street Street Street Street	STATE OF THE STATE	
q					
•	column (A) amount, list line 11g expenses on Sch O.)	181,251.	181,251.	e a la calabar	conflict of a
12	Advertising and promotion	670.	125.	545.	
13	Office expenses	277,797.	187,028.	74,832.	15,937
14	Information technology	6,214.		4,637.	1,577
15	Royalties	······································			·
16	Occupancy	195,542.	-27	195,542.	
17	Travel	146,644.	132,081.	3,400.	11,163.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	32,641.	32,641.		
20	Interest		1		1
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,685.		21,685.	
23	Insurance	12,158.		12,158.	
24	Other expenses, Itemize expenses not covered		COUNTY PART TO PRO	DESCRIPTION OF THE PARTY OF THE	NECK SERVICE SERVICE
7	above. (List miscellaneous expenses in line 24e. If line		Process of the Control of the Contro		
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		Note that the control of the control		
а	FUNDRAISING PRINTING, P	126,483.	man which the same and the same he had	And the second s	126,483.
b	ALLOCATED G&A COSTS	0.	339,394.	-418,354.	78,960.
c					
d					2.
e	All other expenses	32,658.	11,432.	13,253.	7,973.
25	Total functional expenses. Add lines 1 through 24e	2,971,778.	2,215,200.	201,959.	554,619
26	Joint costs. Complete this line only if the organization	-,-,-,,,,			3.2770200
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			,	(A) (1)
4000	0 11-07-14				Form 990 (2014)

Par	990 (2 t X	Polongo Shoot					
		Check if Schedule O contains a response or note	e to an	y line in this Part X	(A)		(B)
					Beginning of year		End of year
					173,433.	1	76,107.
	1	Cash · non-interest-bearing			663,973.	2	499,847.
		Savings and temporary cash investments			299,125.	3	131,477.
	3	Pledges and grants receivable, net			8,000.	4	13,500.
	4	Accounts receivable, net				7 5 73	
	5	Loans and other receivables from current and fo	rmer o	fficers, directors,			jain na sa
- 1		trustees, key employees, and highest compensa	ated en	ployees. Complete		5	Side and the second second
		Part II of Schedule L			M 7 / 2 / 2016	7.74	
- 1	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			and the second s
- 1		section 4958(f)(1)), persons described in section	4958((3)(B), and contributing			
		employers and sponsoring organizations of sect	tion 50	(c)(9) voluntary		6	1410 Alberta State Marie and
ti l		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		7	
Assets	7	Notes and loans receivable, net				8	
4	8	Inventories for sale or use		•••••••	51,888.	9	139,205.
	9	Prepaid expenses and deferred charges	i i			1000	工程操作 工作
	10a	Land, buildings, and equipment: cost or other		881,011.		0.54	
- 9		basis. Complete Part VI of Schedule D	10a		36,081.	10c	798,552.
- 1	b.	Less: accumulated depreciation	10b		200 725	11	1,502,093.
	11	Investments - publicly traded securities		••••••		12	a U April
- 1	12	Investments - other securities. See Part IV, line	11			13	
100	13	Investments - program-related. See Part IV, line	11			14	
- 1	14	Intangible assets			44,957.	15	493,958.
- 1	15	Other assets. See Part IV, line 11	al Ban S	ΔΛ.	1,677,192.	16	3,654,739.
	16	Total assets. Add lines 1 through 15 (must equ	ar line	54)	55,696.		556,362.
- 1	17	Accounts payable and accrued expenses	1.13	18	14.75		
	18	Grants payable		24		19	
- 1	19	Deferred revenue				20	
- 1	20	Tax-exempt bond liabilities	Dart IV	of Schedule D		21	
- 1	21	Escrow or custodial account liability. Complete	roffice	rs directors trustees.		10	
ies	22	Loans and other payables to current and forme key employees, highest compensated employe	or and	disqualified persons.	THE PROPERTY OF THE PARTY.	DHI.	
Ħ l		key employees, highest compensated employe	65, al 10	Clóglacamen haranna		22	
Liabilities		Complete Part II of Schedule L Secured mortgages and notes payable to unrel	ated th	ird parties		23	
_	23	Unsecured notes and loans payable to unrelate	d third	narties		24	
	24	Other liabilities (including federal income tax, pa	vahles	to related third			
	25	parties, and other liabilities not included on line	s 17-24). Complete Part X of			706 020
				,,,	42,697	25	786,032.
	-00	Tatal Cabilities Add lines 17 through 25	2.000		98,393	26	1,342,394.
	26	Organizations that follow SFAS 117 (ASC 95)	B), che	ck here X and			
		complete lines 27 through 29, and lines 33 ar	nd 34.	ŧ	MARINES IN		
ĕ	07	Unrestricted net assets			1,269,255		2,067,444.
lan	27 28	Temporarily restricted net assets		•••••	309,544	-	244,901.
Ä	29	Permanently restricted net assets		29	a announcement of the contract		
ğ	23	Organizations that do not follow SFAS 117 (A	A SECOND PROPERTY.	K			
L.		and complete lines 30 through 34.		HIN	High printers are seasons and		
tsc	30	Capital stock or trust principal, or current funds	3			30	
Ø	31	Paid-in or capital surplus, or land, building, or e	quipme	ent fund		31	
S	٠.	Retained earnings, endowment, accumulated in	ocome.	or other funds		32	0 210 215
t Ass	32	Retained earnings, endowment, accumulated in					
Net Assets or Fund Balances	32 33	Total net assets or fund balances				33	2 654 720

Form 990 (2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

► 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. Employer identification number

OMB No. 1545-0047

Inspection

Name	e of t	the organization					1		2-1703065
			FOUNDATION	Allinstings must be	mplote thi	is part I See	instructions		2,0000
Par	Ula	Reason for Public (Charity Status (All organizations must co	hack only	one hav	, mondonomo		
The c	rgan	ization is not a private found	lation because it is: (For lines 1 through 11, C	die coetie	n 170(b)(1)	/Δ)/i)		
1	_	A church, convention of ch	urches, or association	on of churches described	ı ii secilo	11 170(0)(1)	(~)(י)•		
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E.)	sation 170	/b//d/(A//iii)	١		
3		A hospital or a cooperative	hospital service orga	anization described in se	deseribes	(III)(A)(II)(U) Toiton ai l	/• - 170/b)(1)(Δ):	(iii). Enter t	he hospital's name.
4		A medical research organiz	ation operated in co	njunction with a nospita	described	i il Section	ייין וועןטון ווערויי	(m) Line	
		city, and state:		II	d or operat	ted by a go	vernmental II	nit describ	ed in
5 l		An organization operated for	or the benefit of a co	llege or university owner	u or opera	teu by a go	VCITATION LANGE	THE GOODING	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)			70/L\/4\/A\/	d		
6		A federal, state, or local go	vernment or governr	nental unit described in	section 1/	ry(A)(i)(a)Or	v). unit or from th	ne deneral i	oublic described in
7 i	X	An organization that norma	ally receives a substa	intial part of its support	rom a gov	ernmentart	אנוונ טר וויטווו מ	ie general	papilo accombra in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)	cassass in consendate Dom	4 11 \				
8		A community trust describe	ed in section 170(b)	(1)(A)(VI). (Complete Par	L II.)	contribution	ne members	hio fees ar	nd aross receipts from
9		An organization that norma	ally receives: (1) more	than 33 1/3% of its sup	oport from	continuutio	113, 111611110613 122 1/2% of i	its support	from gross investment
		activities related to its exen	npt functions - subje	ct to certain exceptions	, anu (z) no om buoino	ocae acqui	red by the or	nanization :	after June 30, 1975.
		income and unrelated businesses	ness taxable income	(less section 5 i rax) ii	OIII DUSIIIE	ases acqui	ica by allo or,	94	
		See section 509(a)(2). (Con	mplete Part III.)	harbets test for public st	ofaty See	eaction 509	9(a)(4).		***
10	_	An organization organized	and operated exclus	lively to test for public so	o perform	the function	os of, or to ca	rry out the	purposes of one or
11		An organization organized a more publicly supported or	and operated exclus	dispersion 500(a)(1)	r section	509(a)(2) S	See section 5	09(a)(3), C	heck the box in
		more publicly supported or lines 11a through 11d that	rganizations describe	ed in section 505(a)(1) o	n and con	nolete lines	11e. 11f. and	111a.	
	r	lines 11a through 11d that Type I. A supporting orga	describes the type of	supporting organization	hy its sun	ported orga	anization(s), t	ypically by	giving
а	L	Type I. A supporting orga the supported organization	anization operated, s	supervised, or controlled	a maiority	of the direc	tors or truste	es of the s	upporting
	*	organization. You must o	on(s) the power to re	actions A and B.	a (a,o)	741 9	A**		
	Γ	Type II. A supporting org	complete Fart IV, S	d or controlled in connec	tion with it	ts supporte	d organizatio	n(s), by hav	ving
b	_	control or management of	the our porting or	anization vested in the	same perso	ons that co	ntrol or mana	ge the sup	ported
		organization(s). You mus	st complete Part IV.	Sections A and C.	•				
_		Type III functionally inte	arated A supporting	o organization operated	in connec	tion with, a	nd functional	ly integrate	ed with,
С		to purported organization	n/s) (see instruction)	s). You must complete	Part IV, Se	ections A, I	o, and E.		
d		Tree III pen-functionally	vintegrated A SUDI	porting organization ope	rated in co	nnection w	ith its suppor	ted organiz	zation(s)
u	-	that is not functionally in	tegrated. The organi	zation generally must sa	tisfy a dist	ribution rec	quirement and	d an attenti	veness
		requirement (see instruct	tions). You must co	mplete Part IV, Section	s A and D	, and Part v	٧.		Tax A
е		Check this box if the orga	anization received a	written determination from	om the IRS	that it is a	Type I, Type	II, Type III	8 9 8
·		functionally integrated, o	r Type III non-function	onally integrated suppor	ting organi	zation.	20		
f	Ente	er the number of supported	organizations						
ď		vide the following information		ed organization(s).		701			(vi) Amount of
		(i) Name of supported	(ii) EIN	(iii) Type of organization		in your	(v) Amount of		other support (see
		organization		(described on lines 1-9 above or IRC section	governing	document?	support	ons)	Instructions)
	- 4			(see Instructions))	Yes	No		V1	
-	-				1.00				
			E .						
					1 1 1				*
6					1				
					1				
	8.5		TV TV			1.2			
				(V)		-			
		200							9 70 7
					2 7 7 5 7 7 7 7 7 7	11 11 11 11 11 11			
				1000					20
Total			EASTERN AND AND AND AND AND AND AND AND AND AN	Herself Control of the Section	Same Control	1886 - 346			000 F7\ 001

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990 EZ) 2014 TAX FOUNDATION

Part III Support Schedule for Organizations Description 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.)

Se	ction A. Public Support	45					·
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and					3-7	(7)
	membership fees received. (Do not						
	include any "unusual grants.")	1,852,645.	1,885,601.	2,195,470.	2,986,819.	3,839,683.	12,760,218.
2	Tax revenues levied for the organ-		***************************************				
	ization'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	1,852,645.	1,885,601.	2,195,470.	2,986,819.	3,839,683.	12,760,218.
	The portion of total contributions		66 15 GE-0" 17 1	STATE OF STATE	anthine in a sa		
	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)	Market Land				The Maria	2,410,517.
6	Public support. Subtract line 5 from line 4.	arserayan bassa		(ascensor) occursor		RV No. of the Control	10,349,701.
	ction B. Total Support			and the second second	the contribution of the second	the constant of the constant of	
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	1,852,645.	1,885,601.	2,195,470.	2,986,819.	3,839,683.	12,760,218.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties		121100 110				
	and income from similar sources	3,907.	6,070.	7,820.	8,771.	32,342.	58,910.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			1			
10	Other income. Do not include gain						-
	or loss from the sale of capital						
	assets (Explain in Part VI.)	9,189.	11,296.	13,944.	12,014.	12,864.	59,307.
11	Total support. Add lines 7 through 10	可能的数据和 图	กลัยเจะไปสำหราจ	A description of the second		National and	12,878,435.
	Gross receipts from related activities,	etc. (see Instruction	ons)	Sant Area of Control of the Control		12	177,284.
	First five years. If the Form 990 is for						
	organization, check this box and stop	here					▶ □
Sec	organization, check this box and stop ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2014 (I	ine 6. column (f) di	vided by line 11, c	olumn (f))		14	80.36 %
15	Public support percentage from 2013	Schedule A, Part	II, line 14	*		15	79.24 %
16a	33 1/3% support test - 2014. If the c	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m		and
	stop here. The organization qualifies						
b	33 1/3% support test - 2013. If the c	organization did no	t check a box on li	ne 13 or 16a, and I	ine 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	ifies as a publicly s	upported organiza	tion			▶□
17a	10% -facts-and-circumstances test	t - 2014. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th						
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box ar	nd see instructions	
						dule A (Form 990 d	

Schedule A (Form 990 or 990-EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

	under Part II. If the organization fails to
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify t	onioon rantimit are angument

qualify under the tests listed be	low, please comp	olete Part II.)				
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-			1			
Iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to			7			
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and			4	12 6		
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				Amountain traine (Control Control	STATE OF STREET	
8 Public support (Subtract line 7c from line 6.)	用声数数数数	1.5.	2			
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6		1		<u> </u>		
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						, a
b Unrelated business taxable income						
(less section 511 taxes) from businesses		Department of		1. 1		
acquired after June 30, 1975	1					
c Add lines 10a and 10b	4					
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 VI.)	,					
12 Total cumpert (Add Bone 0, 100, 11, and 12)					إحصرا	
14 First five years. If the Form 990 is for	the organization	s first, second, th	ird, fourth, or fifth t	ax year as a sectio	n 501 (c)(3) organiza	ation,
check this box and stop here						PL
Section C. Computation of Public	c Support Pe	rcentage				
15 Public support percentage for 2014 (lin	ne 8, column (f) d	livided by line 13,	column (f))		15	. 9
16 Public support percentage from 2013	Schedule A. Parl	III, line 15			16	9
Section D. Computation of Inves	tment Incom	e Percentage)			
17 Investment income percentage for 201	14 (line 10c. colu	mn (f) divided by I	ine 13, column (f))		17	9
do Lucialization narrantego from Di	043 Schedula A	Part III line 17	2 5 45 50		18	9
10a 33 1/3% support tests - 2014. If the o	organization did r	not check the box	on line 14, and line	e 15 is more than a	3 1/3%, and line 1	7 is not
more than 22 1/20% check this hay an	d stop here. The	e organization qua	alities as a publicly :	supported organiz	auon	
h 22 4/20/ augment toote - 2013 If the c	arganization did t	not check a box o	n line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nu
line 18 is not more than 33 1/3%, chec	nyanization ulu i sk thie hov and e	ton here. The ord	anization qualifies	as a publicly supp	orted organization	▶
20 Private foundation. If the organization	will not check a	box on line 14 1	9a, or 19b, check the	nis box and see ins	structions	▶∟
	and not offect a	CON CALLING THE		Sch	edule A (Form 990	or 990-EZ) 201
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Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI. including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in P_{art} V_L
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Scho	dule A (Form 990 or 990 EZ) 2014 TAX FOUNDATION	52-170306)) P	age 5
Par	t IV Supporting Organizations (continued)	-	\v	Ma
talline.		100	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
``a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			(4) h.
a	below, the governing body of a supported organization?	11a	-	
L	A family member of a person described in (a) above?	11b	-	
D	A 135% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
C	tion B. Type I Supporting Organizations			_
Sec	tion B. Type I Supporting Organizations		Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to			
1	Did the directors, trustees, or membership of one of thole supported directors or trustees at all times during the			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	12. The 12. Th		
	tax year? If "No," describe in part VI how the supported organization(s) effectively operated, supervised, or		20.42	200
	controlled the organization's activities. If the organization had more than one supported organization,	1314		122
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	1	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	50 10 200	THE PARTY	No.
2	Did the organization operate for the benefit of any supported organization other than the supported	US A		
	ameniation (a) that anomad supervised or controlled the supporting organization? If Tes, explain in	4.17 47.79 25.12 44.000/8		Man.
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	Section 2	del SEE	Zil-N.
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		1	Τ
000	don or type it eappearing	20.00775	Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	11220		
1	or trustees of each of the organization's supported organization(s)? If "No," describe in part VI how control	-		
	or trustees of each of the organization's supported organization(s). or management of the supporting organization was vested in the same persons that controlled or managed			
	or management or the supporting organization was vested in the same particular to the supporting organization was vested in the same particular to the support of the suppo	1		
	the supported organization(s).	18.15		
Sec	tion D. Type III Supporting Organizations	**	Yes	No
	the least day of the fifth month of the	1150	1 2 1	F. 7.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Y NOTE OF		
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior to			
	was (0) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	1	13	44.07.1.71
	association's governing documents in effect on the date of notification, to the extent not previously provided.	罗克南汉 伊	N FORM	188.00
2	the examination's officers directors or trustees either (I) appointed of elected by the supported	原理		100
_	experiention(s) or (ii) serving on the governing body of a supported organization() if No, explain in Part VI	(以)	がなが	Balkut
	the organization maintained a close and continuous working relationship with the supported organization by	2	2 15 75	77500
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	elgoifficant voice in the organization's investment policies and in directing the use of the organization's	1220		16.5
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	15510	20150	THE REAL PROPERTY.
	supported organizations played in this regard.	3		
Coo	stion E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see In	structions):		
1	The organization satisfied the Activities Test. Complete line 2 below.			
а	The organization satisfied the Activities rest, complete line 2. Delow.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	ity (see instruction	ıs).	
С	The organization supported a governmental entity. Describe arr art vision you supported		Yes	No
2	Activities Test. Answer (a) and (b) below.	多根原		100
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1.3	142.
	the expected organization(s) to which the organization was responsive? If ites, then in Part VI Identity		7	
	how these activities directly furthered their exempt purposes,	. 1317	1	3 44.5
	how the organization was responsive to those supported organizations, and now the organization determined	2a	19 30 THE	DED465 YOU
	that these activities constituted substantially all of its activities.	Za Vonesas	12000	a Maci
h	Did the pativities described in (a) constitute activities that, but for the organization's involvement, one or more			
J	of the erganization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI ""	11-5-2		
	reasons for the organization's position that its supported organization(s) would have engaged in these		開始對	是到紹
	activities but for the organization's involvement.	2b	-	The Contraction of
_		阿拉拉		
3	Parent of Supported Organizations. Answer (a) and (b) below.			400000
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
	trustees of each of the supported organizations? Provide details in Part VI.	建制度	IN	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	A (Form 990 or 9	990-E	Z) 2014

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Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust (on Nov. 20, 1970. See instru	ictions. All
	other Type III non-functionally integrated supporting organizations must co	omplete	Sections A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	4	Angeles Angele	And a line of the college.
	instructions for short tax year or assets held for part of year):	22		美 源了扩大 多人下的
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	12		THE PARTY OF THE PARTY OF
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	P .	
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	医	
4	Enter greater of line 2 or line 3	4	建筑设设设计会理数据 14.46.6	
5	Income tax imposed in prior year	5	f. th. Comment of the second	29
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		护 科等型 医成形动物 (2)。	
	emergency temporary reduction (see instructions)	6	December 1981	
7	Check here if the current year is the organization's first as a non-functional	ly-integr		anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2014

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Schedule A (Form 990 or 990-FZ) 2014	TAX	FOUNDATION	

Schedule A (Form 990 or 990 E) 2014 This Part VI Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to supported organizations to accomplish exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exemptuse assets 5 Qualified set aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total amount distribution Rection C, line 6 10 Line 8 amount divided by Line 9 amount (ii) (iii) (iii) Distributable amount for 2014 from Section C, line 6 1 Distributable amount for 2014 from Section C, line 6 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2014: a 3 Excess distributions carryover, if any, to 2014: a 5 Excess distributions carryover, if any, to 2014: a 6 From 2013 f Total of lines 3 at through e g Applied to underdistributions of prior years h Applied to underdistributions of 3 if rom 31. 4 Distributions for 2014 from Section D, 8 Distributions for 2014 from Section C, line 6 9 Applied to underdistributions of prior years h Applied to underdistributions of prior years h Applied to South from Section D,	Schedule A (Form 990 or 990-EZ) 2014 TAX FOUNDATIO	ON		Z-1703003 Page 7			
Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Administrative expenses paid to accomplish exempt purposes of supported organizations Administrative expenses paid to accomplish exempt purposes of supported organizations Outalified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2014 from Section C, line 6 Uine 8 amount divided by Line 9 amount (i) Excess Distributions Pre-2014 Total amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014; a Excess distributions carryover, if any, to 2014; a Excess distributions carryover, if any, to 2014; a From 2013 Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount I Carryover from 2009 not applied (see instructions) Free 2014 distributable amount Carryover from 2009 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3l from 3f.	Part V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	Current Voor			
1 Amounts paid to supported organizations to accomplish exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations. 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2014 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (ii) (iii) (iii) (iii) (iiii) (iiiii) (iiiii) (iiiii) (iiiiiii) (iiiiiiiiii	Section D - Distributions	Current real					
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c Remainder. Subtract lines 4a and 4b from 4.	c Remainder. Subtract lines 4a and 4b from 4.	Server Production (CAS) vin	The state of the s	er de la maintage de la company			
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6 Remaining underdistributions for 2014, Subtract lines 3h	6 Remaining underdistributions for 2014. Subtract lines 3h						
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e Excess from 2014 Schedule A (Form 990 or 990-EZ) 2014	Evenes from 2014	SERVER DESIGNATION OF THE PROPERTY OF THE PERSON OF THE PE	Calcadula A	(Form 990 or 990-FZ) 2014			

rt VI Su	m 990 or 990-EZ) 2014 TAX	F OUNDATION	52-1703065 Pa
	o complete this part for any ac	 Provide the explanations required Iditional information. (See instruction) 	ed by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
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** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

2014

Name of the organization

Employer identification number

	AX FOUNDATION				
rganization type (check o	one):				
ilers of:	Section:				
orm 990 or 990-EZ	X 501(c)(3) (enter number) or	organization			
	4947(a)(1) nonexempt charitat	ble trust not treated as a pri	ivate foundation		
	527 political organization				
om 990-PF	501(c)(3) exempt private found	dation			
	4947(a)(1) nonexempt charital	ble trust treated as a private	e foundation		
The state of the s	501(c)(3) taxable private found	dation			
68					
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	ion filing Form 990, 990 EZ, or 990 PF t	that received, during the yeand II. See instructions for de	ar, contributions totalin etermining a contributo	ng \$5,000 or more (in mone r's total contributions.	y or
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Name of or	B (Form 990, 990-EZ, or 990-PF) (2014) ganization		Page Employer identification number
			Employer Identification number
	OUNDATION		52-1703065
Part	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
1		\$100,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
2		\$110,0	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	Type of contribution
4		\$110,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
5		\$\$0,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
6		\$170,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)

423452 11-05-14

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

52-1703065

TAX FOUNDAT	'LONMOI'	3	2-1703003
	butors (see instructions). Use duplicate copies of Part I if	additional space is needed.	1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	,	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions.) n 990, 990-EZ, or 990-PF) (201

Employer identification number

THY LOOMDALTOL	TAX	FOUNDATI	ON
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52-1703065

Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
14	\$	90, 990-EZ, or 990-PF) (2014)
	(b) Description of noncash property given (b) Description of noncash property given	(b) Description of noncash property given (c) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions) (f) FMV (or estimate) (see instructions) (g) FMV (or estimate) (see instructions) (h) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions) (f) FMV (or estimate) (see instructions)

	(Form 990, 990-EZ, or 990-PF) (2014)		Pa Employer identification number				
ne of orga	nization						
V PO	UNDATION		52-1703065				
artille	Exclusively religious, charitable, etc., cont	ributions to organizations described in se	ction 501(c)(7), (8), or (10) that total more than \$1,000 to				
491, 34h	the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	charitable, etc., contributions of \$1,000 or less for	or the year. (Enterthis info. once.) \$				
	Use duplicate copies of Part III if addition	al space is needed.					
) No.		(c) Use of gift	(d) Description of how gift is held				
rom Part I	(b) Purpose of gift	(6) 030 0. g					
			-				
		Electrical designation of the second					
-		(e) Transfer of gift					
	w	''	46				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
	example of the second s						
a) No.			(d) Description of how gift is held				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of now gire is now				
alti			-				
_		(e) Transfer of gift					
		(e) Transfer of girt					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
-	Transfered & Hame,						
	93 cf (200)						
a) No		I	to be a standard to bold				
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
1							
	, , , , , , , , , , , , , , , , , , , ,	1) Towards of with					
	(e) Transfer of gift						
	Transferee's name, address, a	and 7IP + 4	Relationship of transferor to transferee				
-	Transferee's name, address, c						
	1.						
			,				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
_							
-							
		(e) Transfer of gift					
_	Transferee's name, address,		Relationship of transferor to transferee				

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Inspection

Nan	ne of the organization	, and the state of	-	mployer identification	
	TAX FOUNDATION			52-1703	065
Pa	organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Acc	ounts. Complete if t	he
	organization answered "Yes" to Form 990, Part IV, lin	e 6.			
		(a) Donor advised funds	(b) Ft	unds and other acco	unts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)			***************************************	
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi-	sed funds		
	are the organization's property, subject to the organization's	exclusive legal control?		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring		
I to a contract to	impermissible private benefit?			Yes	☐ No
ika	Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, I	Part IV, line	7.	
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).			
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a hist	orically imp	ortant land area	
	Protection of natural habitat	Preservation of a cert			
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a conser	vation easement on	the last
	day of the tax year.				
			20.25	Held at the End of the	ie Tax Year
a	Total number of conservation easements	***************************************	2a		
b	lotal acreage restricted by conservation easements		2b		
C	Number of conservation easements on a certified historic str	ucture included in (a)	2c	4	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ure		
•	listed In the National Register		2d	1	
3	Number of conservation easements modified, transferred, ref	leased, extinguished, or terminated by the	e organization	on during the tax	
4	year >	8			
5	Number of states where property subject to conservation eas				
3	Does the organization have a written policy regarding the per				
6	violations, and enforcement of the conservation easements it			Yes	☐ No
7	Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, and of the staff and volunteer hours devoted to monitoring, inspecting, and of the staff and volunteer hours devoted to monitoring, inspecting, and of the staff and volunteer hours devoted to monitoring, inspecting, and of the staff and volunteer hours devoted to monitoring, inspecting, and of the staff and volunteer hours devoted to monitoring, inspecting, and of the staff and volunteer hours devoted to monitoring, inspecting, and of the staff and volunteer hours devoted to monitoring, inspecting, and of the staff and volunteer hours devoted to monitoring.	and enforcing conservation easements d	uring the ye	ear -	
8	Does each conservation easement reported on line 2(d) above	enforcing conservation easements during	tne year	\$	-
	and section 170(h)(4)(B)(ii)?	e satisfy the requirements of section 170	(П)(4)(В)(I)		П.,
9	In Part XIII, describe how the organization reports conservation	On easements in its roughly and evenes	otatoment	Yes	∐ No
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the ergenia	and balance sneet,	ang -
	conservation easements.	ion a maneral statements that describes	une organiza	ation's accounting to	r
Pai	Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Simi	lar Assets	
	Complete if the organization answered "Yes" to Form	990. Part IV. line 8.		iai rioocio.	
1a	If the organization elected, as permitted under SFAS 116 (AS		nent and ha	lance sheet works of	art
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthera	nce of public	c service, provide in	Dart YIII
	the text of the footnote to its financial statements that descrit	pes these items.	ioo oi publi	o ocivioc, piovide, ili	i ait Aii,
b	If the organization elected, as permitted under SFAS 116 (AS		and balanc	e sheet works of art	historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of put	olic service	provide the following	amounts
	relating to these items:				
	(i) Revenue included in Form 990, Part VIII, line 1			\$	
	(ii) Assets included in Form 990, Part X			\$	
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial	gain, provid	de	
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	S , F 111		
а	Revenue included in Form 990, Part VIII, line 1			\$	
b	Assets included in Form 990, Part X			\$	
		E			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2014

432052

Schedule D (Form 990) 2014

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 786,032.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC-740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

(6) (7) (8) (9)

٠.	dule D (Form 990) 2014 TAX FOUNDATION		703065 Page 4
Sche	dule D (Form 990) 2014 TAX FOUNDATION Reconciliation of Revenue per Audited Financial Statements With Revenue	e per Return.	
H.	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
4	Total revenue, gains, and other support per audited financial statements	1	3,705,324.
1	A records included on lice 1 but not on Form 990. Part VIII, line 12:		
	Net unrealized gains (losses) on investments 2a 30	,192.	
a	Donated services and use of facilities 2b		
b	Recoveries of prior year grants 2c		
C	Other (Describe in Part XIII.)	Travel	
d	Add lines 2a through 2d	2e	30,192.
e	Subtract line 2e from line 1	3	3,675,132.
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	1 11	
a b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	0.
_	This must equal Form 990 Part I, line 12.)	5	3,675,132.
Pa	Total revenue. Add lines 3 and 4c. (This must equal to the beginning of the statements with Expen	ses per Retur	n.
SPI HAR	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,971,778.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments2b		
c	Other losses 2c		
d	Other (Describe in Part XIII.)	44690	0
	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,971,778.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
٦,	Investment expenses not included on Form 990, Part VIII, line 7b		72 1
b	Other (Describe in Part XIII.)	14,000	•
	Add lines 42 and 4h	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,971,778.
aD a	HWIII Supplemental Information		
Provi	ide the descriptions required for Part II. lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P	art V, line 4; Part)	(, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
100	manufacture and desired the second se		
		+	
PAT	RT X LINE 2:		

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE FOUNDATION IS EXEMPT FROM THE PAYMENT OF TAXES ON INCOME OTHER THAN NET UNRELATED BUSINESS INCOME. FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013, THE FOUNDATION HAD NO NET UNRELATED BUSINESS INCOME AND ACCORDINGLY, NO PROVISION FOR INCOME TAXES WAS REQUIRED.

FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740-10, INCOME TAXES, PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012, THE FOUNDATION HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10 AND DETERMINED THAT NO MATERIAL UNCERTAIN

TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE

Schedule D (Form 990) 2014

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number

Open to Public Inspection

Name	of the	organization

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a	Name of the organization	AD A MT ON				52-1703	
Indicate whether the organization raised funds through any of the following activities. Check all that apply. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Indicate whether the organization shall be a solicitation of government grants Solici	Fundraising Activities	Complete if the organization answe	red "Y	es" to	Form 990, Part IV, li		
a Mail solicitations e Solicitation of government grants b Interest and email solicitations f Solicitation of government grants c Phone solicitations g Special fundralising events d Interest on solicitations g Special fundralising services? Yes No lt "Yes," list the ten highest paid individuals or entities (fundralisers) pursuant to agreements under which the fundraliser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraliser) (ii) Activity (iii) Did fundraliser from activity (iv) Gross receipts from activity fundraliser listed in col. (i) (v) Amount paid to (or retained by fundraliser first entity fi	required to complete this part.						
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iv) Gross receipts from activity (v) Amount paid to (or retained by fundraiser listed in col. (i) (vi) Amount paid to (or retained by fundraiser listed in col. (i) (vi) Amount paid to (or retained by fundraiser listed in col. (i) (vi) Amount paid to (or retained by fundraiser listed in col. (i) (vi) Amount paid to (or retained by fundraiser listed in col. (ii) (vi) Amount paid to (or retained by fundraiser listed in col. (ii) (vi) Amount paid to (or retained by fundraiser listed in col. (ii) (vi) Amount paid to (or retained by fundraiser listed in col. (ii) (vi) Amount paid to (or retained by fundraiser listed in col. (ii) (vi) Amount paid to (or retained by fundraiser listed in col. (ii) (vi) Amount paid to (or retained by fundraiser listed in col. (ii) (vi) Amount paid to (or retained by fundraiser listed in col. (ii) (vi) Amount paid to (or retained by fundraiser listed in col. (ii) (vi) Amount paid to (or retained by fundraiser listed in col. (ii) (vi) Amount paid to (or retained by fundraiser listed in col. (ii) (vi) Amount paid to (or retained by fundraiser listed in col. (ii) (vi) Amount paid to (or retained by fundraiser listed in col. (ii) (vi) Amount paid to (or retained by fundraiser listed in col. (ii) (vi) Amount paid to (or retained by fundraiser listed in col. (ii) (vi) Amount paid to (or retained by fundraiser listed in col. (ii) (vi) Amount paid to (or retained by fundraiser listed in col. (ii) (vi) Amount paid to (or retained by fundraiser listed in col. (ii) (vi) Amount paid to (or retained by fundraiser listed in col. (ii) (vi) Amount paid to (or retained by fundraiser listed in col. (ii) (vi) Amount paid to (or retained by fundraiser listed in col. (ii) (vi) Amount paid to (or retained by fundraiser listed in col. (ii) (vi) Amount paid to (or retained by fundraiser listed in col. (ii) (vii) Amount paid to (or retained by fundraiser listed in col. (ii) Amount paid to (or ret	a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, Pa b If "Yes," list the ten highest paid indiv	e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purs	ion of g fundra (includerofessi	governising of	nment grants events fficers, directors, true undraising services?	stees or Yes	
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration	(i) Name and address of individual		(iii) fundr have co or con contribu	Did alser istody trol of itions?	(iv) Gross receipts from activity	to (or retained by) fundraiser	(vi) Amount paid to (or retained by) organization
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.			Yes	No		1	
Total 3 List ali states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.							
Total Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.							
Total Solicit contributions or has been notified it is exempt from registration or licensing.		2					
Total Solicit contributions or has been notified it is exempt from registration or licensing.		* 5 Eq.			34715-2		
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.							
Total 1 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.			\vdash				
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.			-			<u> </u>	
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.							
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.							
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.							om i e
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.							
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.			ا	1			
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.	Total			>		d it is exempt from t	egietration
	 List all states in which the organizatio or licensing. 	n is registered or licensed to solicit	contril	oution	s or has been notine	ed it is exempt from t	
							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			-				
		,					

Schedule G (Form 990 or 990-EZ) 2014

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

Scl	nedi art	ule G (Form 990 or 990 EZ) 2014 TAX FOT	UNDATION	d "Voo" to Form 000 De	52	-1703065 Page 2
15.0	de in	of fundraising event contributions and g	ross income on Form 00	0 Yes to Form 990, Pai	t IV, line 18, or reported	more than \$15,000
		g o o k continuations and g	(a) Event #1 ANNUAL DINNER	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	478,930.		3	478,930.
	2	Less: Contributions	420,050.			420,050.
	3	Gross income (line 1 minus line 2)	58,880.			58,880.
	4	Cash prizes		I	_	
ဟ	5				7	
Direct Expenses	6	Rent/facility costs			*	·
Direct E	7	Food and beverages	122,881.		-	122,881.
u	8	Entertainment		- 4	24	
	9	Other direct expenses	104.			104.
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		>	122,985.
R	11	Net income summary. Subtract line 10 from I	line 3, column (d)			-64,105.
No.	min a	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" to Form	1990, Part IV, line 19, or	reported more than	3
Revenue		715,555 St.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
å	1	Gross revenue				
- sə	2	Cash prizes				
Expenses	3	Noncash prizes				1
Direct E	4	Rent/facility costs				
a nerven	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes% No	☐ Yes % ☐ No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		ter the state(s) in which the organization condu he organization licensed to conduct gaming ac		states?		Yes No

b if "No," explain:			
10a Were any of the organization's gaming licenses revoked, suspended or terminb if "Yes," explain:	nated during the tax year?	Yes L	No
432082 08-28-14	Schedule G (Form 990	or 990-E	7) 2014

Schedule G (Form 990 or 990-EZ) 2014

MAN HOLINDAULON	52-170306	5 Page 3
Schedule G (Form 990 or 990 EZ) 2014 TAX FOUNDATION	Yes	No.
11 Does the organization conduct gaming activities with nonmembers?	arthership or other entity formed	
Does the organization conduct garning activities with normalises.Is the organization a grantor, beneficiary or trustee of a trust or a member of a page 1.	Yes	☐ No
to administer charitable gaming?		
13 Indicate the percentage of gaming activity conducted in:	13a	%
a The organization's facility	13b	%
b An outside facility 14 Enter the name and address of the person who prepares the organization's game	ning/special events books and records:	
14 Enter the name and address of the person who prepares the organization's game	migrapoolal eversia	
Name		
Address >		
15a Does the organization have a contract with a third party from whom the organization	ation receives gaming revenue? Yes	□ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the amount	
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party:		
Name ►		
Name		
Address >		
Addiess		
16 Gaming manager information:		
Odming manager mornate		
Name >		
The state of the s		
Gaming manager compensation > \$		
9		
Description of services provided		
Director/officer Employee Independer	nt contractor	
17 Mandatory distributions:	m the geming proceeds to	2 V
 Mandatory distributions. a Is the organization required under state law to make charitable distributions fro 	Tele garning proceeds to	s 🔲 No
retain the state gaming license?	other exempt organizations or spent in the	
b Enter the amount of distributions required under state law to be distributed to	other exempt organizations of spanish	
organization's own exempt activities during the tax year \(\subseteq \\$ PairtilV Supplemental Information. Provide the explanations required by Par	t Lline 2b, columns (iii) and (v), and Part III, lines 9, 9b	10b, 15b,
Supplemental Information. Provide the explanations required by race 15c, 16, and 17b, as applicable. Also provide any additional information.	on (see instructions).	
15c, 16, and 17b, as applicable. Also provide any additional information		
*		
and the second s	4	
	*	
	3	
	Cabadula C/Form 990 or	200 E71 0044
	Calcadula C /Form 990 or 9	est-E7.120.14

432083 08-28-14

Schedule G (Form 990 or 990-EZ) TAX FOUNDATION Part IV Supplemental Information (continued)	52-1703065 Page 4
Supplemental Information (continued)	
\	<u> </u>
\	
•	
	
	2

Schedule G (Form 990 or 990-EZ)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

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

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number TAX FOUNDATION

52-1703065

OMB No. 1545-0047

Open to Public

Inspection

A Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 890, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel	P	Questions Regarding Compensation	T,	V 1	No
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel			1. 1. 12. 12.	res	NO
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel	1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
Travel for companions Payments for business use of personal residence Health or social club duse or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If *No,* complete Part III to explain b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If *No,* complete Part III to explain b If any of the boxes on line 1a are checked, did the organization selection, and officers, including the CEO/Executive Director, regarding expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply, Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Compensation committee Written employment contract Compensation committee Mritten employment contract Approvat by the board or compensation committee Independent compensation or a related organization: Approvat by the board or compensation committee Participate in, or receive payment from, an equity-based compensation arrangement? 4e X Approvat by the board or compensation contingent on the revenues of: Approvat by the board or contingent on the revenues of: Approvat by the part III. Approvat		Part VII. Section A. line 1a. Complete Part III to provide any relevant information regarding these items.			
Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Part of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain or part III to explain or part III to explain in Part III. 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply, Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III. 3 Occupensation committee Written employment contract Written employment contract Written employment committee Written employment committee Part of the board or compensation committee Part of the part of the part of the part of the participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a X X 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization? 4b X X 5 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a X X 6 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a X X 7 Yes* to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 5 Yes* or line 5a of 5b,		First-class or charter travel Housing allowance or residence for personal use			
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the litems checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Form 990 of other organizations 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment from, a supplemental nonquelified retirement plan? 4 Participate in, or receive payment from, a supplemental nonquelified retirement plan? 5 Participate in, or receive payment from, a supplemental policy in a regulation or a related organization: 6 Participate in, or receive payment from, a supplemental policy in a receive payment from a requiry based compensation arrangement? 6 Participate in, or receive payment from, a nequiry based compensation arrangement? 7 The reparticipate in, or receive payment from, a nequiry based compensation pay or accrue any compensation contingent on the nevenues of: 8 The organization? 8 The organization? 8 The organization?					1 3
Discretionary spending account		Tax indefinition and grood up payments		24	
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a The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		contingent on the revenues of:	52	(United	X
b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	а	The organization?	-	-	
For persons listed In Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	b		SECTION A	次計量	SHEET,
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a The organization? b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		contingent on the net earnings of:	ELINEN I	2.534	X messen
b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	а	The organization?			
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7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		If "Yes" to line 6a or 6b, describe in Part III.			纏
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8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		not described in lines 5 and 62 If "Yes." describe in Part III			19820824
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		-	A
Regulations section 53.4958-6(c)?	9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		新加州	出的
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2014	-	Pagulations section 53 4958.6(c)?			-
	LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule	J (Form	990) 2	2014

Parting Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns		
(A) Name and Title	390	(i) Base compensation	(ii) Bonus & incentive compensation	(ili) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990	
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Page 3

Part III Supplemental Information

TAX FOUNDATION

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE TAX FOUNDATION PARTICIPATES IN THE ANNUAL THINK TANK COMPENSATION STUDY WHICH COLLECTS COMPENSATION AND BENEFITS DATA RELEVANT TO THINK TANKS AND OTHER RESEARCH ORGANIZATIONS IN THE UNITED STATES THAT CONDUCT RESEARCH IN THE PUBLIC POLICY, FOREIGN POLICY, AND INTERNATIONAL RELATIONS ARENAS. THEBOARD OF DIRECTORS UTILIZES ITS EXPERIENCE AND EXPERTISE IN CONJUNCTION WITH THE STUDY RESULTS IN DETERMINING THE APPROPRIATE SALARY LEVEL THE CHAIRPERSON OF THE BOARD OF DIRECTORS COMMUNICATES IN ANNUALLY. WRITING THE SALARY APPROVED BY THE BOARD TO THE APPROPRIATE ACCOUNTING PERSONNEL.

PART I, LINE 7:

THE TAX FOUNDATION AWARDED PERFORMANCE BASED BONUSES TO THE PRESIDENT AND THE TWO HIGHEST COMPENSATED EMPLOYEES LISTED ON FORM 990, PART VII. THESE BONUSES ARE INCLUDED IN THE COMPENSATION REPORTED IN PART VII, SECTION, COLUMN D.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

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.

2014 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

TAX FOUNDATION

Employer identification number 52-1703065

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF DIRECTORS OF THE TAX FOUNDATION IS ELECTED BY VOTE OF THE EXISTING GOVERNING BOARD.

FORM 990, PART VI, SECTION B, LINE 11:

THE TAX FOUNDATION UTILIZES A THIRD PARTY CPA FIRM TO PREPARE THE RETURN.

THE FEDERAL FORM 990 IS REVIEWED BY THE ACCOUNTING PERSONNEL OF THE TAX

FOUNDATION AND THE PRESIDENT OF THE TAX FOUNDATION PRIOR TO BEING SIGNED. A

COPY OF THE 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS

ELECTRONICALLY PRIOR TO BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

AS A GENERAL POLICY MATTER THE TAX FOUNDATION DOES NOT PERMIT MEMBERS OF THE BOARD OF DIRECTORS TO ENTER INTO FINANCIAL ARRANGEMENTS, PROVIDE SERVICES, OR OTHERWISE BE COMPENSATED IN ANY MANNER, INCLUDING ANY COMPANY WITH WHICH SUCH BOARD MEMBER MAY BE ASSOCIATED. BECAUSE THERE ARE TEN MEMBERS OF THE BOARD OF DIRECTORS, THE MONITORING OF COMPLIANCE WITH THESE REQUIREMENTS IS HANDLED INFORMALLY AT REGULARLY SCHEDULED BOARD MEETINGS. IN ADDITION, BIANNUALLY, ALL MEMBERS OF THE BOARD OF DIRECTORS MUST REVIEW AND RESIGN THE CONFLICT OF INTEREST POLICY STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15:

THE TAX FOUNDATION PARTICIPATES IN THE ANNUAL THINK TANK COMPENSATION STUDY
WHICH COLLECTS COMPENSATION AND BENEFITS DATA RELEVANT TO THINK TANKS AND
OTHER RESEARCH ORGANIZATIONS IN THE UNITED STATES THAT CONDUCT RESEARCH IN

THE PUBLIC POLICY, FOREIGN POLICY, AND INTERNATIONAL RELATIONS ARENAS. THE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014)

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