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Ш	specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and
Ш	uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat
Ш	6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.
	o.x and later products versions, select. Notice in the rage Scaling selection box in the Adobe 1 lint dialog.
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** PUBLIC DISCLOSURE COPY **

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

OMB No. 1545-0047

and ending A For the 2015 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change TAX FOUNDATION Name 52-1703065 Doing business as Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number 950 Final return/ 202-464-6200 1325 G STREET, NW City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 3,818,608. Amended return WASHINGTON, DC 20005 H(a) Is this a group return Applica-Yes X No F Name and address of principal officer: SCOTT HODGE for subordinates? pendina H(b) Are all subordinates included? Yes SAME AS C ABOVE I Tax-exempt status: X 501(c)(3) 501(c) (If "No," attach a list. (see instructions)) ◀ (insert no.) 4947(a)(1) or L J Website: ► WWW.TAXFOUNDATION.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1937 M State of legal domicile: DC Trust Part I Summary Briefly describe the organization's mission or most significant activities: TO EDUCATE TAXPAYERS, Activities & Governance POLICYMAKERS, AND JOURNALISTS ABOUT SMARTER TAX POLICY. if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box 10 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 53 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 -57,947. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 3,832,403 3,577,743. Contributions and grants (Part VIII, line 1h) Revenue 0. Program service revenue (Part VIII, line 2g) 0. 33,927. 14,326. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -171,597-53,989. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,557,681. 3,675,132 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0 Benefits paid to or for members (Part IX, column (A), line 4) 1,901,907 2,353,342. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 19,000. b Total fundraising expenses (Part IX, column (D), line 25)

642,517. 1,069,871. 1,349,929. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,971,778 3,722,271. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 703,354 -164,590.Revenue less expenses, Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year** End of Year 3,306,998. 3,654,739 Total assets (Part X, line 16) 20 1,342,394 1,212,556. Total liabilities (Part X, line 26) 312,345 2,094,442 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Signature of officer Sign SCOTT HODGE, PRESIDENT Here Type or print name and title Date PTIN Check X Preparer's signature Print/Type preparer's name 08/03/16 "self-employed P01203311 ROBERT COCCHIARO Paid 21-2949387 Firm's name COCCHIARO & ASSOCIATES, LLC Firm's EIN Preparer Firm's address 10800 GREENE DRIVE, 1ST FLOOR Use Only Phone no. 703-519-1226 LORTON, VA 22079 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

532002 12-16-15

52-1703065 Page **3**

Form 990 (2015) TAX FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
2	If "Yes," complete Schedule A	2	X	
2			21	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a 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 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	14b		X
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			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
4-7	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	Х	
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	- 1	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
ıIJ	complete Schedule G, Part III	19		Х
	complete concedire a, r are m	13	000	

Form **990** (2015)

Form 990 (2015) TAX FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21		Х
22	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	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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	26		X
27	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	27		Х
28	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):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			7,7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	 		. v
00	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		Х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04		Х
250	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the magning of section 513/b)(13)? If "Yes " complete Schedule R. Part V. line ?	2Eh		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		Х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		<u> </u>
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	Note: All 1 of the 250 file is a required to complete Schedule O	30	22	

Form **990** (2015)

TAX FOUNDATION 52-1703065 Page 5

Form 990 (2015) TAX FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this part v				Щ					
				Yes	No					
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 8								
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable									
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r									
	(gambling) winnings to prize winners?	 I I	1c	X						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return			77						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b	X						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			37					
			3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	•								
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X					
р	If "Yes," enter the name of the foreign country:									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c							
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to any contributions that were not tax deductible as charitable contributions?		6a		Х					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions.	tions or aifts	- Oa							
	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).									
	a 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?									
	and the second of the second o									
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?									
d	d If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	ract?	7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file February	orm 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	I by the								
			8							
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b							
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	100								
	Gross income from members or shareholders	11a								
	Gross income from other sources (Do not net amounts due or paid to other sources against	· · · ·								
-	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a							
		12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand	13c								
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b	990	(00.15)					
			Lorm	uun	いいれた					

52-1703065 TAX FOUNDATION Form 990 (2015)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line oa, ob, or fob below, describe the circumstances, processes, or changes in schedule of see instructions.										
	Check if Schedule O contains a response or note to any line in this Part VI			X							
<u>Sec</u>	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										
	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			77							
	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 6		X							
6											
/a	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							
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7h		Х							
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		21							
8		0.	Х								
	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	X								
ь 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	- 21								
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3									
	Hori Di i diloto (Tillo decitori di requesto information about politoco not required by the internal rievenue dede.)		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
	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	Х								
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a											
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
	The organization's CEO, Executive Director, or top management official	15a	X								
b	Other officers or key employees of the organization	15b	X								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			7.7							
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
<u> </u>	exempt status with respect to such arrangements?	16b									
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶DC , AL , AK , AZ , CA , CO , CT , FL , AR	КC	κv	T.7							
17				, ш							
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) a	ıvanac	ile								
	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	LX Own website LX Another's website LX Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial								
19	statements available to the public during the tax year.	mian	ual								
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										
532006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2015							

Form 990 (2015) TAX FOUNDATION 52-1703065 Page 7

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

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

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

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

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

(A) Name and Title	(B) Average	(-1	(C) Position (do not check more than one					(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	, unle	ss pe	rson	tnan is bot or/trus	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SCOTT HODGE	50.00	x						206,460.	0.	0 227
PRESIDENT & SECRETARY (2) DAVID P. LEWIS	1.00	^		Х				200,400.	0.	8,237
CHAIRMAN	1.00	X		x				0.	0.	0
(3) JAMES W. LINTOTT	1.00	122						0.	0.	0
TREASURER	1.00	x		x				0.	0.	0
(4) HONORABLE BILL ARCHER	1.00									
DIRECTOR		Х						0.	0.	0
(5) DOUGLAS HOLTZ-EAKIN	1.00	l								
DIRECTOR		Х						0.	0.	0
(6) SARAH MCGILL	1.00	١,,							0	
DIRECTOR	1 00	Х						0.	0.	0
(7) PAMELA OLSON DIRECTOR	1.00	x						0.	0.	0
(8) HONORABLE PHIL ENGLISH	1.00	^						0.	0.	0
DIRECTOR	1.00	x						0.	0.	0
(9) STEPHEN KRANZ	1.00									
DIRECTOR		Х						0.	0.	0
(10) TOM ROESSER	1.00									
DIRECTOR		Х						0.	0.	0
(11) JOSEPH HENCHMAN	50.00							400 00-		
GENERAL COUNSEL AND COO						Х		128,895.	0.	7,966
(12) MICHAEL VOGLER	50.00	4				37		105 700	0	4 052
VP DEVELOPMENT						Х		125,720.	0.	4,953
		1								
		1								
		1								

Form **990** (2015)

Form 990 (2015) TAX FOUNDATION 52-1703065 Page 8

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d H	ighe	st (Compensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do	not c	Pos heck	itior more	ገ e than	one	Reportable	Reportable		Es	stimate	ed
		hours per	box	, unle	ss pe	erson	is bot or/trus	h an		compensatio			nount	of
		week	\vdash	T a	lu a c	I) i i us	1	from	from related			other	
		(list any hours for	· director						the	organization:			pensa	
		related	or d	88			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	ا (C		om th	
		organizations	rustee	trust		e e	ubeu		(44-2/1099-141130)				anizat d relat	
		below	dualt	ıtiona	L	nploy	st col	 					anizati	
		line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
						1								
			1											
						-								
			1											
						-					\longrightarrow			
			1											
							-							
			1											
1h	Sub-total			<u> </u>					461,075.		0.	2	1,1	56.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								461,075.		0.	21,156		56.
2	Total number of individuals (including but n								received more than \$100	,000 of reportab	le			
	compensation from the organization													3
											r		Yes	No
3	Did the organization list any former officer,											_		37
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	•							-	•		4	Х	
5	Did any person listed on line 1a receive or a											4	21	
3	rendered to the organization? If "Yes," com	•				•	•		•			5		Х
Sec	tion B. Independent Contractors	prote correage		0. 0.		<i>p</i> 0. 0								
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	cont	racto	ors t	that received more than	\$100,000 of com	npens	ation 1	from	
	the organization. Report compensation for													
	(A)								(B)			(0		
	Name and business								Description of s		C	ompe	nsatio	n
	B, : 2818 FALLFAX DRIV	E, FALLS	5 (СН	JR	CH	,	- 1	PRINTING AND	MAIL				
VA	22042-2804								SERVICES				8,3	99.
								-						
2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li: 1	stec	d above) who received m	ore than				

Form **990** (2015)

Form 990 (2015) TAX FOUR Part VIII Statement of Revenue

		Check if Schedule O contai	ns a response	or note to any lin	ne in this Part VIII			
			·	,	(A)	(B)	(C)	(D) Revenue excluded
					Total revenue	Related or exempt function	Unrelated business	from tax under
						revenue	revenue	sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
e a	b	Membership dues	1b					
s, (Fundraising events		431,001.				
ar,		Related organizations						
s, (Government grants (contributio						
rigi	f	All other contributions, gifts, grants	, and					
the later		similar amounts not included above		146,742.				
	g	Noncash contributions included in lines 1a						
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f		>	3,577,743.			
				Business Code				
e l	2 a		•					
ا ﴿ خَ	b							
Se	С							
am	d							
Program Service Revenue	e		_					
P.	f	All other program service reven	ue					
		Total. Add lines 2a-2f						
	3	Investment income (including d						
		other similar amounts)			33,927.			33,927.
	4	Income from investment of tax-						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents 1 Less: rental expenses 1	LOĂ,117.	()				
	b	Less: rental expenses	110,241.					
	С	Rental income or (loss)	-6,124.					
	d	Net rental income or (loss)			-6,124.			-6,124.
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	15,039.	()				
	b	Less: cost or other basis	-					
		and sales expenses	15,039.					
	С	Gain or (loss)						
		Net gain or (loss)			0.			
ne		Gross income from fundraising	events (not					
Other Reven		including \$ 431,00						
Be		contributions reported on line 1	*	77 700				
ē		Part IV, line 18		77,700. 135,647.				
₹		Less: direct expenses		133,047.	57 047		57 Q <i>1</i> 7	
		Net income or (loss) from fundra			-57,947.		-57,947.	
	9 a	Gross income from gaming acti						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gamin		>				
	то а	Gross sales of inventory, less re						
		and allowances						
		Less: cost of goods sold						
- 1	С	Net income or (loss) from sales						
ł	44	Miscellaneous Revenue OTHER INCOME		Business Code 900099	10,082.	10,082.		
		OTHER THOUSE		300033	10,002.	10,002.		
	b							
	q	All other revenue						
	u	All other revenue Total. Add lines 11a-11d		.	10,082.			
	12	Total revenue. See instructions.			3,557,681.		-57,947.	27,803.
	14	. J. a. I J. J. III J.			- , , - •	, , , , ,	, •	,

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 214,696. 179,332. 13,934. 21,430. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,838,663. 1,313,715. 254,045. 270,903. 7 Other salaries and wages Pension plan accruals and contributions (include 47,282. 7,108. 33,458 6,716. section 401(k) and 403(b) employer contributions) 63,188. 87,040. 11,421. 12,431. Other employee benefits 9 120,379. 165,661. 21,666. 23,616. Payroll taxes 10 Fees for services (non-employees): a Management 637. 637. Legal 16,941. 16,941. Accounting Lobbying 19,000. 19,000. Professional fundraising services. See Part IV, line 17 Investment management fees _____ Other, (If line 11g amount exceeds 10% of line 25, 30,151. 76,817. 11,895. 118,863 column (A) amount, list line 11g expenses on Sch O.) 1,194. 2,469. 3,663. Advertising and promotion 12 300,549. 228,048. 63,003. 9,498. 13 Office expenses 14 Information technology 15 Royalties 360,790. 360,790. 16 Occupancy 176,202. 150,183. 2,950. 23,069. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 64,934. 50,372. 14,101. 461. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 124,634. 124,634. Depreciation, depletion, and amortization 22 12,958. 12,958. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) ____ FUNDRAISING PRINTING, 124,498. 124,498. 2,183. OTHER 45,260 9,277. 33,800 ALLOCATED G&A COSTS 593,445. -709,870. 116,425. С d All other expenses е 3,722,271. 2,820,683. 259,071. 642,517. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Check here

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

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Form 990 (2015)
Part X Balance Sheet

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			76,107.	1	41,787.
	2	Savings and temporary cash investments			499,847.	2	570,583
	3	Pledges and grants receivable, net			131,477.	3	183,000
	4	Accounts receivable, net			13,500.	4	2,800
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	1(c)(9) voluntary				
2		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		[7	
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			139,205.	9	129,025
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,025,568.			
	b	Less: accumulated depreciation	10b	1,025,568.	798,552.	10c	818,475
	11	Investments - publicly traded securities			1,502,093.	11	818,475 1,479,620
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		493,958.	15	81,708	
	16	Total assets. Add lines 1 through 15 (must equ	3,654,739.	16	3,306,998		
	17	Accounts payable and accrued expenses			556,362.	17	115,945
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
က္က	22	Loans and other payables to current and former	officer	s, directors, trustees,			
Ě		key employees, highest compensated employee	s, and	disqualified persons.			
		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D			786,032.	25	1,096,611
	26	Total liabilities. Add lines 17 through 25			1,342,394.	26	1,212,556
		Organizations that follow SFAS 117 (ASC 958), chec	k here 🕨 🐰 and			
es		complete lines 27 through 29, and lines 33 an					
anc	27	Unrestricted net assets		2,067,444.	27	1,951,898	
g	28	Temporarily restricted net assets	244,901.	28	142,544		
<u> </u>	29	Permanently restricted net assets		29			
ב		Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 📖			
<u> </u>		and complete lines 30 through 34.					
ا <u>و</u>	30	Capital stock or trust principal, or current funds				30	
ž	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets of Fund balances	32	Retained earnings, endowment, accumulated in			0 040 045	32	0 004 440
-	33	Total net assets or fund balances			2,312,345.	33	2,094,442
	34	Total liabilities and net assets/fund balances			3,654,739.	34	3,306,998.

Form **990** (2015)

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Pa	rt XI Reconciliation of Net Assets			•				
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)		3,55					
2	Total expenses (must equal Part IX, column (A), line 25)		3,722,271 -164,590					
3	Revenue less expenses. Subtract line 2 from line 1	3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		2,312,345 -53,313					
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))							
Pa	rt XII Financial Statements and Reporting		-	-				
	Check if Schedule O contains a response or note to any line in this Part XII				X			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a						
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
С	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.						
_	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch							
3а	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits							

Form **990** (2015)

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.

OMB No. 1545-0047

Employer identification number 52-1703065

Open to Public Inspection

Name of the organization

TAX FOUNDATION

Pa	Reason for Public Charity Status (All organizations must complete this part.) See instructions.											
he o	organ	ization is not a private found	ation because it is: (For lines 1 through 11, o	heck only	one box.)						
1		A church, convention of ch										
2		A school described in secti										
3		A hospital or a cooperative					ii).					
4		A medical research organiz						the hospital's name.				
		city, and state:		. ,				,				
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a g	overnmental unit describ	ned in				
•		section 170(b)(1)(A)(iv). (C		lings of difficulty owner	и ог ороги	tou by a g	overnmental and accord	,od 111				
6		A federal, state, or local gov	•	nental unit described in	section 17	70/h)/1)/A)	(v)					
	X	An organization that norma	_					public described in				
'			•	intial part of its support i	Torri a gov	emmema	unit of from the general	public described in				
8		section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
	H					رافر رجال في المارية						
9		An organization that norma										
		activities related to its exen										
		income and unrelated busin		(less section 511 tax) tr	om busine	sses acqu	lired by the organization	aπer June 30, 1975.				
40		See section 509(a)(2). (Cor		tarah dan	· · · · · · · · · · · · · · · · · · ·		20(-)(4)					
10		An organization organized a	•	*	-							
11		An organization organized a	•	•	•		•					
		more publicly supported or						neck the box in				
		lines 11a through 11d that	* -			•						
а	L	Type I. A supporting orga	•	•				•				
		the supported organization	., .	• ,	a majority (of the dire	ctors or trustees of the s	supporting				
		organization. You must c	•									
b		■ Type II. A supporting organization	•					-				
		control or management o			ame perso	ons that co	ontrol or manage the sup	ported				
		organization(s). You mus										
С			-				• •	ed with,				
		its supported organization		•								
d		☐ Type III non-functionally	=									
		that is not functionally int	-	• •	-		-	iveness				
		requirement (see instructi	•	-								
е		☐ Check this box if the orga					a Type I, Type II, Type III					
	_	functionally integrated, or										
f		er the number of supported of										
g		vide the following information			(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	listed i	n your	support (see	other support (see				
		organization		above (see instructions))		document?	instructions)	instructions)				
					Yes	No	-					
[∩ta												

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,885,601.	2,195,470.	2,986,819.	3,839,683.	3,577,743.	14,485,316.
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	1,885,601.	2,195,470.	2,986,819.	3,839,683.	3,577,743.	14,485,316.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2,814,366.
6	Public support. Subtract line 5 from line 4.						11,670,950.
	ction B. Total Support						, , ,
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	1,885,601.	2,195,470.	2,986,819.	3,839,683.	3,577,743.	14,485,316.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	6,070.	7,820.	8,771.	32,342.	33,927.	88,930.
a	Net income from unrelated business	, , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	,	
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	11,296.	13.944.	12,014.	12,864.	10,082.	60,200.
11	Total support. Add lines 7 through 10		20,7221		22,0021	20,0021	14,634,446.
12	Gross receipts from related activities,	etc (see instruction	one)			12	234,700.
13	First five years. If the Form 990 is for			I fourth or fifth tax			
.0	organization, check this box and stop	•	mot, scoona, triic	i, ioditii, oi iiitii ta	k year as a seeme	11 30 1(0)(0)	
Sec	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2015 (I	ine 6, column (f) di	vided by line 11. co	olumn (f))		14	79.75 %
15	Public support percentage from 2014					15	80.36 %
16a	33 1/3% support test - 2015. If the c					nore, check this bo	x and
	stop here. The organization qualifies						\triangleright X
b	33 1/3% support test - 2014. If the o						is box
	and stop here. The organization qual	•		•		•	ightharpoonup
17a	10% -facts-and-circumstances tes						or more.
	and if the organization meets the "fac	•					•
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ		•				
12	Private foundation. If the organization			•	,		
	i invate iounidation. Il tile organizatio	ii ala noi diledi a l	55 OF 1116 15, 10a	, 100, 17a, 01 17b	, or look if its box a	ina see manuentina	,

Schedule A (Form 990 or 990-EZ) 2015

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

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

Se	ction A. Public Support	olow, please com	proto r urt m.j				
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and	` ,	, ,	. ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services 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-						
	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						
	the organization without charge						
6	Total. Add lines 1 through 5						
7:	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ı	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						
•	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
<u>Se</u>	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6						
10:	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital				1		
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	<u> </u>	1		L
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
	check this box and stop here	o Cunnort Da					<u> </u>
	ction C. Computation of Publ			1 (6)		145	
	Public support percentage for 2015 (I					15	<u>%</u>
	Public support percentage from 2014 ction D. Computation of Inves					16	<u>%</u>
17						17	%
	Investment income percentage from 2					18	——————————————————————————————————————
	a 33 1/3% support tests - 2015. If the						
130	more than 33 1/3%, check this box a						
	33 1/3% support tests - 2014. If the						
'	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•		•	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on 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) purposes.
- 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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 9a) 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 9a) 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 Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
ıu		
4b		
4c		
_		
5a		
5b		
5c		
00		
6		
0		
_		
7		
8		
9a		
9b		
9с		
50		
10a		
10b		

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization.	2		
sect	tion C. Type II Supporting Organizations		· ·	. .
_	Managamatanth, af the conscious at a street and a street and a street at a street at a street at a street at a		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
	tion D. All Type III Supporting Organizations			
000	uon B. An Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions).	
	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	26		
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All				
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.		
Sect	ion 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				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	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				
	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			
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			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functional	ly-integrat	ed Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2015

ı aı	Type in Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
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	ne organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
i dit vi	Dat IV Section A linear 1 2 th A Fee S 0 th On 11a 11b and 11a 12b
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	(See instructions.)
-	
_	

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

Name of the organization

Employer identification number

TAX FOUNDATION 52-1703065

Organization type (check one):						
Filers o	f:	Section:				
Form 99	00 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	00-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)(s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules					
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	year, contributions is checked, enter h purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., emplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{\bigsim}{\bigsim} \big				
but it m	ust answer "No" on	part is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization Employer identification number

TAX FOUNDATION 52-1703065

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	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
3		\$110,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 250,000.	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
5		\$\$	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
6		\$ 225,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

TAX FOUNDATION 52-1703065

Parti	Contributors (see instructions). Use duplicate copies of Part I if ac	daltional space is needed.	
(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 X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIP + 4	\$	Person Payroll 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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Tane, addition, und Ell 1 1	\$	Person Payroll Noncash Complete Part II for noncash contributions

Name of organization Employer identification number

TAX FOUNDATION

52-1703065

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		. \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		· · \$	
(-)			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization Employer identification number 52-1703065 TAX FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on 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 Open to Public Inspection

Name of the organization

TAX FOUNDATION

Employer identification number 52-1703065

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
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 advis	ed funds
	are the organization's property, subject to the organization's	•	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on 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 tre		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990. Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15

Schedule D (Form 990) 2015

	t III Organizations Maintaining C		t. Historical T	reasures. or C		sets(continued)
	Using the organization's acquisition, accession		-	-		· /
Ū	(check all that apply):	on, and other record	o, oncor any or an	o ronowing that are	o a oigrimoarit acc oi	no concentrations
а	Public exhibition	d	L oan or ex	change programs		
b	Scholarly research	e		change programs		
C	Preservation for future generations	E				
4	Provide a description of the organization's co	llootions and ovalai	a have those further	the organization's	overnt nurness in	Dort VIII
						rail Aiii.
5	During the year, did the organization solicit or to be sold to raise funds rather than to be ma					Yes No
Pai	t IV Escrow and Custodial Arrang					
ı aı	reported an amount on Form 990, Par		ete ii trie organizat	on answered res	on Form 990, Part	TV, lifte 9, or
10	Is the organization an agent, trustee, custodi		lian, for contribution	and or other accets	not included	
ıa						Yes No
	on Form 990, Part X?					☐ Yes ☐ NO
D	If "Yes," explain the arrangement in Part XIII a	and complete the to	llowing table:			A
	Desired as below as				4-	Amount
	Beginning balance					
	Additions during the year					
	Distributions during the year					
f	Ending balance					
	Did the organization include an amount on Fo				•	Yes No
	If "Yes," explain the arrangement in Part XIII.					
Pai	t V Endowment Funds. Complete if					
		(a) Current year	(b) Prior year	(c) Two years ba	ck (d) Three years b	ack (e) Four years back
	Beginning of year balance					
	Contributions					
С	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column	(a)) held as:		
а	Board designated or quasi-endowment		_%			
b	Permanent endowment >	%				
С	Temporarily restricted endowment ▶	%				
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.				
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are held	and administered	for the organization	
	by:					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" on line 3a(ii), are the related organiza					3b
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.			
Pai	t VI Land, Buildings, and Equipm	ent.				_
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11a.	See Form 990, Pa	rt X, line 10.	
	Description of property	(a) Cost or o	ther (b) Cos	st or other (c) Accumulated	(d) Book value
		basis (investr	nent) basis	s (other)	depreciation	
1a	Land					_
	Buildings					_
	Leasehold improvements		6	29,790.	53,429.	576,361.
d	Equipment			52,303.	110,189.	242,114.
	Other			43,475.	43,475.	0.
	. Add lines 1a through 1e. (Column (d) must ed				, ,	818,475.

Schedule D (Form 990) 2015

Part VII	Investments -	Other	Securities
. a. c vii	III V C C C I I I C I I C C	Othiol	Occur itico

Part VII	Investments - Other Securities.	on Form 000 Port IV lin	o 11h Coo Form 000	Dort V line 10	
(a) Descrip	Complete if the organization answered "Yes" tion of security or category (including name of security)	(b) Book value			d-of-year market value
	al derivatives	(-,	(-,		,
	held equity interests				
(3) Other	Tiold oquity intorosts				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)				
	Investments - Program Related.	l			
	Complete if the organization answered "Yes"	on Form 990 Part IV lin	e 11c. See Form 990	Part X line 13	
	(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value
(1)		. ,	. ,		<u> </u>
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answered "Yes"	on Form 990. Part IV. lin	e 11d. See Form 990.	Part X. line 15.	
		Description		,	(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	ımn (b) must equal Form 990, Part X, col. (B) lin	e 15.)		>	
Part X	Other Liabilities.	,		,	
	Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f. See Forn	n 990, Part X, line 25	5.
1.	(a) Description of liability		(b) Book value		
-	leral income taxes				
	FERRED RENT AND LEASE I	NCENTIVE	1,047,190.		
	POSIT HELD		9,302.		
	CRUED LOSS ON SUBLEASE		40,119.		
(5)			·		
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col. (B) lin	e 25.)	1,096,611.		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. 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 X

Schedule D (Form 990) 2015

	rt XI Reconciliation of Revenue per Audited Financial State	taments With	Revenue ner R		1703003 Fage 4
Гаі	·		nevellue per n	eturri	l .
	Complete if the organization answered "Yes" on Form 990, Part IV, line			1	3,614,609.
1				1	3,014,009
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	-53,313.		
a	· · · · · · · · · · · · · · · · · · ·		33,313.		
b					
c	1 7 3		110,241.		
d				20	56,928.
e	• • • • • • • • • • • • • • • • • • • •			2e 3	3,557,681
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	3,337,001
+ a		4a			
a b					
				4c	0.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	3,557,681.
	rt XII Reconciliation of Expenses per Audited Financial Sta				
ı u	Complete if the organization answered "Yes" on Form 990, Part IV, line		i Experises per	rictu	1111
1	Total expenses and losses per audited financial statements			1	3,832,512.
				'	3,032,312
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مو ا			
a					
b	, , , , , , , , , , , , , , , , , , , ,				
c			110,241.		
	Other (Describe in Part XIII.)			0-	110,241.
_	• • • • • • • • • • • • • • • • • • • •			2e 3	3,722,271.
3	Subtract line 2e from line 1			3	5,122,211.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	اءا			
a	, , , ,				
	Other (Describe in Part XIII.)			4-	0.
	Add lines 4a and 4b			4c 5	3,722,271.
5 D ai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information.	.)		5	5,122,211.
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	· Dort IV lines 1h	and Oh: Dort V. line	1. Dort	V line 0: Dort VI
				+, Part	A, IIIIe 2, Part AI,
ines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	iy additional infor	nation.		
DΔI	RT X, LINE 2:				
1 71	KI A, DINE 2.				
TTNT	DER SECTION 501(C)(3) OF THE INTERNAL R	EVENUE CO	חב שאד דר	מואדו	ATTON TS
0111	DER BEGLION SUIVE, (S) OL THE INTERNAL RE	DVINOI CO	DD, 1111 10	01102	111011 10
EXI	EMPT FROM THE PAYMENT OF TAXES ON INCOM	е Отнев т	HAN NET IIN	RELA	ΛŒĐ
17771	EMIT FROM THE TAIMENT OF TAXED ON INCOM	E OTHER I	IIAN NEI ON	1/11/11/2	7160
BIIS	SINESS INCOME. FOR THE YEARS ENDED DEC	EMBER 31	2015 AND	2014	1 THE
	DINERD INCOME: TOK THE TENKO ENDED DEC	DEED DIE SI,	ZUIJ MID	201	·, · · · · · · · · · · · · · · · · · ·
FOI	UNDATION HAD NO NET UNRELATED BUSINESS	TNCOME AN	D ACCORDIN	GT.V	NO
	ONDATION THE NO NET CHARLEST DOCTORED .	INCOME AN	D ACCORDIN	ОПТ	, 110
PR	OVISION FOR INCOME TAXES WAS REQUIRED.				
	OVIDION FOR INCOME TAXED WAD REQUIRED:				
ודם	NANCIAL ACCOUNTING STANDARDS BOARD (FAS	B) ASC 7/	0-10 TNCO	мъг	ΓλΥFC
I. T.I	MANCIAL ACCOUNTING BIANDANDS BOARD (FASI	b/ Abc /4	U-IU, INCO	M15 .	IAAED,
DD/	OVIDES GUIDANCE FOR REPORTING UNCERTAIN	דע דאז דאי	ОМЕ ФУУБС	Tr (OR THE
T IV	OVIDED GOIDANCE FOR REPORTING UNCERTAIN.		OME INNED.	1.(\(\cdot\)
VE.	ARS ENDED DECEMBER 31, 2015 AND 2014, T	ик коллоч	ת מגא אטדש	OCIT	אבאייבט דייפ
1112	THE DICERDIN SI, ZOIS AND ZOI4, II	TOUIDA	IIIOI IIAO D	<u> </u>	TENTED IID
COI	NSIDERATION OF FASB ASC 740-10 AND DETE	RMINED TH	AT NO MATE	RTAI	L UNCERTAIN
-01					

TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE

TAXING AUTHORITIES.

Part XIII Supplemental Information (continued)

SCHEDULE G

Internal Revenue Service

Part I

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

► 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/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

TAX FOUNDATION 52-1703065

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not

required to complete this par	··										
1 Indicate whether the organization rais											
a X Mail solicitationsb X Internet and email solicitations				overnment grants							
b X Internet and email solicitations f Solicitation of government grants c X Phone solicitations g X Special fundraising events											
d X In-person solicitations											
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or											
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be											
b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the		suant to	agre	ements under which	the fundraiser is to	be					
compensated at least \$5,000 by the	rorganization.			1		-					
(i) Name and address of individual	(ii) Activity	(iii) fundr have ci	Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)					
or entity (fundraiser)	(ii) Activity		trol of itions?	from activity	fundraiser listed in col. (i)	organization					
CLEARWORD COMMUNICATIONS -		Yes	No								
.0302 BRISTOW CENTER DRIVE	DIRECT MAIL CONSULTING		Х	0.	14,000.	-14,000.					
A.C. FITZGERALD AND											
ASSOCIATES - PO BOX 321012,	FOUNDATION GRANT PROPOSAL		X	0.	5,000.	-5,000.					
otal			•		19,000.	-19,000.					
3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	or has been notified	d it is exempt from re	egistration					
or licensing.	ET CA UT TI VC VV	ME	MTD	MA MAT MO AT	LI NIT NIM NIV	TTM 147 1477					
AL,AK,AZ,AR,CA,CO,CT, NA,VA,TN,SC,RI,OR,OK,		MC,	м,	MA, MN, MO, N	n,NU,NM,N1	,OT,WI,WV					
11, 111, 111, 50, 111, 011, 011,	011/11/0/111										

532081 09-14-15 Schedule G (Form 990 or 990-EZ) 2015

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2015 TAX FOUNDATION 52-1703065 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events ANNUAL NONE (add col. (a) through DINNER col. (c)) (event type) (total number) (event type) 508,701. 508,701. 1 Gross receipts 431,001 431,001. 2 Less: Contributions 77,700. 77,700. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 11,767. 11,767. 6 Rent/facility costs 113,855. 113,855. 7 Food and beverages 8 Entertainment 9 Other direct expenses 10,025. 10,025. 135,647. **10** Direct expense summary. Add lines 4 through 9 in column (d) -57,947. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

Schedule G (Form 990 or 990-EZ) 2015

b If "Yes," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Sch	nedule G (Form 990 or 990-EZ) 2015 TAX FOUNDATION 52-1	703	065	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	□ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		Yes	□ No
13	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:		163	NO
	a The organization's facility	13a		%
	on outside facility		+	
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		1	
	Name			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲	Yes	☐ No
ı	of "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			
	Address			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	🗀	Yes	☐ No
ı	no Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	ines 9	9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).			
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISEF	≀S:_		
(1) NAME OF FUNDRAISER: CLEARWORD COMMUNICATIONS			
(1	ADDRESS OF FUNDRAISER:			
10	302 BRISTOW CENTER DRIVE #51, BRISTOW, VA 20136			
	·\ NAME OF FUNDDATORD. A O REPORTATION AND ACCOUNTED			
(1				
(1) ADDRESS OF FUNDRAISER: PO BOX 321012, ALEXANDRIA, VA 22320,	VΑ	22	320

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

TAX FOUNDATION

Part I Questions Regarding Compensation

Employer identification number 52-1703065

	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	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		
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 items checked in line 1a?	2		
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			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on 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	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015 TAX FOUNDATION 52-1703065

Part II 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 on 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation				(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) SCOTT HODGE	(i)	196,460.	10,000.	0.	7,692.	545.	214,697.	0.
PRESIDENT & SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii) (i)							
	(ii)							
-	(i)							
	(ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

Part III Supplemental Information

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. THE
BOARD OF DIRECTORS UTILIZES ITS EXPERIENCE AND EXPERTISE IN CONJUNCTION
WITH THE STUDY RESULTS IN DETERMINING THE APPROPRIATE SALARY LEVEL
ANNUALLY. THE CHAIRPERSON OF THE BOARD OF DIRECTORS COMMUNICATES IN
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

ONE OF THE HIGHEST COMPENSATED EMPLOYEES LISTED ON FORM 990, PART VII. THE

AGGREGATE AMOUNT OF BONUSES PAID TO OFFICERS AND HIGHEST COMPENSATED

EMPLOYEES IN 2015 TOTALLED \$16,000. THESE BONUSES ARE INCLUDED IN THE

COMPENSATION REPORTED IN PART VII, SECTION, COLUMN D.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2015 Open to Public

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

Open to Public Inspection

Name of the organization

TAX FOUNDATION

Employer identification number 52-1703065

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS

EXPENSES \$ 90,787. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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) (2015)

TAX FOUNDATION	52-1703065
BOARD OF DIRECTORS UTILIZES ITS EXPERIENCE AND EXPERTISE	IN CONJUNCTION
WITH THE STUDY RESULTS IN DETERMINING THE APPROPRIATE SAL	ARY LEVEL
ANNUALLY. THE CHAIRPERSON OF THE BOARD OF DIRECTORS COM	MUNICATES IN
WRITING THE SALARY APPROVED BY THE BOARD TO THE APPROPRIA	TE ACCOUNTING
PERSONNEL.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
DC, AL, AK, AZ, CA, CO, CT, FL, AR, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH,	NJ,NM,NY,NC,OH,OK
OR, RI, SC, TN, VA, WA, WV, WI, MO, ND, UT, HI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION PROVIDES GOVERNING DOCUMENTS, THE FEDERA	L FORM 990 AND
APPLICATION FOR EXEMPTION (FEDERAL FORM 1023) TO INTEREST	ED PARTIES UPON
REQUEST. COPIES OF THE AUDITED FINANCIAL STATEMENTS AND	FORM 990 ARE
AVAILABLE ON THE WEBSITE. WE HAVE NOT BEEN ASKED TO AND C	URRENTLY DO NOT
HAVE A POLICY OF PROVIDING A COPY OF THE CONFLICT OF INTE	REST POLICY.
PART XII, LINE 2C RESPONSE	
NO CHANGE TO THE PRIOR YEAR	

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			$ ightharpoonup \left[X \right]$
	re filing for an Additional (Not Automatic) 3-Month Ex					
,	mplete Part II unless you have already been granted a	,		,		
	c filing (e-file). You can electronically file Form 8868 if y		•	•		ornoration
	o file Form 990-T), or an additional (not automatic) 3-mo			•		•
•	,		•		·	
	file any of the forms listed in Part I or Part II with the exc	-				
	Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details	on the elec	ctronic filing of tr	ils form,
	irs.gov/efile and click on e-file for Charities & Nonprofits		1 '1 ' 1 '	1 1		
Part I	Automatic 3-Month Extension of Time		* '			
	tion required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		. —
Part I only	'					
	corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time	
to file inco	ome tax returns.			Enter file	er's identifying r	number
Type or	Name of exempt organization or other filer, see instru	ctions.		Employer	r identification nu	ımber (EIN) or
print						
	TAX FOUNDATION				52-1703	065
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity number (S	SN)
iling your	1325 G STREET, NW, NO. 950				, ·	,
eturn. See nstructions.	City, town or post office, state, and ZIP code. For a fo	reign add	tress see instructions	•		
	WASHINGTON, DC 20005	or orgin ada				
Entor the	Return code for the return that this application is for (file	o o o o o o o ro	to application for each return)			0 1
Enter the	Return code for the return that this application is for the	e a separa	tte application for each return)			0 1 -
		.	I			
Applicati	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	·BL	02	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990	PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
	THE ORGANIZATION					
• The bo	oks are in the care of > 1325 G STREET,	NW, I	NO. 950 - WASHINGT	ON, D	C 20005	
	one No. ► 202-464-6200		Fax No. ▶			
-	rganization does not have an office or place of business	s in the Ur	nited States, check this box			
	s for a Group Return, enter the organization's four digit					n check this
oox ▶ [. If it is for part of the group, check this box	1				•
	quest an automatic 3-month (6 months for a corporation				ers the extension	113 101.
1 116			tion return for the organization nam		The extension	
:- 6		t organiza	tion return for the organization ham	eu above.	THE EXTENSION	
_	or the organization's return for:					
P L	X calendar year 2015 or					
►L	tax year beginning	, an	id ending		<u> </u>	
2 If th	e tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n	
	Change in accounting period					
3a If th	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			_
non	refundable credits. See instructions.			3a	\$	0.
b If th	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			
esti	mated tax payments made. Include any prior year overp	ayment a	llowed as a credit.	3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa					
	using EFTPS (Electronic Federal Tax Payment System).			3с	\$	0.
	If you are going to make an electronic funds withdrawal					
	, see all going to make an olookonlo lands withdrawar	, 3 551 40	2, 1 7 5 0000, 000 7 01111		L	paymont

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. 523841_

Form 8868 (Rev. 1-2014)