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| When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog. |
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** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

| 2019 | |
|------------------------------|--|
| Open to Public Inspection | |

| А | רטו נוופ | e 20 i9 calendar year, or tax year beginning and | a enaing | _ | |
|--------------------------------|---------------------|---|---------------|------------------------------|-------------------------------|
| В | Check if applicable | C Name of organization | | D Employer identific | cation number |
| | Addres | TAX FOUNDATION | |] | |
| | Name change | Doing business as | | 52-17030 | 65 |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | r |
| | Final return/ | 1325 G STREET, NW | 950 | 202-464- | |
| | termin ated | | | G Gross receipts \$ | 7,049,996. |
| | Ameno | | | H(a) Is this a group re | eturn |
| | Applic | | | for subordinates | |
| | pendir | SAME AS C ABOVE | | H(b) Are all subordinates in | |
| $\overline{\Gamma}$ | Tax-exe | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) | or 527 | 7 | list. (see instructions) |
| | | e: ► WWW.TAXFOUNDATION.ORG | , | H(c) Group exemption | |
| | | organization: X Corporation | I Year | 1 () | 1 State of legal domicile: DC |
| | | Summary | | | - otato or logal dollinolog |
| | | Briefly describe the organization's mission or most significant activities: THE | TAX FO | UNDATION IS | THE |
| Activities & Governance | ' : | NATION'S LEADING INDEPENDENT TAX POLICY | NONPRO | FIT. SINCE | 1937, OUR |
| naı | | Check this box if the organization discontinued its operations or disposit | | | |
| Ver | 1 | | | 1 1 | 11 |
| ၓ | | Number of independent voting members of the governing body (Part VI, line 1b) | | | 10 |
| ళ | | Total number of individuals employed in calendar year 2019 (Part V, line 2a) | | | 62 |
| ij | | | | | 10 |
| ξį | | Total number of volunteers (estimate if necessary) | | | 0. |
| Ā | 1 | Total unrelated business revenue from Part VIII, column (C), line 12 | | ···· | 0. |
| | 6 | Net unrelated business taxable income from Form 990-T, line 39 | | ' ' ' | Current Year |
| | | Contributions and grants (Dort VIII line 1b) | - | Prior Year 5,427,351. | 5,128,334. |
| ıne | | Contributions and grants (Part VIII, line 1h) | | 0. | 0. |
| Revenue | 1 | Program service revenue (Part VIII, line 2g) | | 63,256. | 439,524. |
| Re | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | -175,786. | -204,469. |
| | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 5,314,821. | 5,363,389. |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 35,439. | 9,452. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 33,439. | 9,452. |
| | 1 | Benefits paid to or for members (Part IX, column (A), line 4) | | 3,154,032. | 3,800,341. |
| Expenses | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 123,906. | |
| en | 16a | Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 1,193,0 | \ <u> </u> | 143,900. | 0. |
| 꼾 | b | | | 1 707 262 | 2 000 006 |
| _ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,787,262. | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 5,100,639. | 5,810,689. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 214,182. | -447,300. |
| Net Assets or Find Balances | | | В | eginning of Current Year | End of Year |
| Sset | 20 | Total assets (Part X, line 16) | | 4,251,615. | 3,940,918. |
| et A | 21 | Total liabilities (Part X, line 26) | | 1,089,293. | 1,053,669. |
| | | Net assets or fund balances. Subtract line 21 from line 20 | | 3,162,322. | 2,887,249. |
| | art II | Signature Block | | | |
| | | Ities of perjury, I declare that I have examined this return, including accompanying schedul | | | y knowledge and belief, it is |
| true | e, correc | t, and complete. Declaration of preparer (other than officer) is based on all information of v | vhich prepare | r has any knowledge. | |
| | | Signature of officer | | Data | |
| Sig | | • | | Date | |
| He | re | SCOTT HODGE, PRESIDENT/SECRETARY | | | |
| | | Type or print name and title | | Doto I - | T DTIN |
| _ | | Print/Type preparer's name Preparer's signature | | Date Check | PTIN |
| Pai | | DAVID JONES | (| 07/07/20 if self-employe | P01361002 |
| | parer | Firm's name JONES, MARESCA & MCQUADE, P.A. | ~ | | 52-1853933 |
| Use | Only | Firm's address 10500 LITTLE PATUXENT PARKWAY, | SUITE | 770 | |
| | | COLUMBIA, MD 21044 | | Phone no.41 | 0-884-0220 |
| Ма | y the IF | RS discuss this return with the preparer shown above? (see instructions) | | | X Yes No |

| Par | rt III Statement of Program Service Accomplishments | |
|-----|---|---|
| | Check if Schedule O contains a response or note to any line in this Part III | X |
| 1 | Briefly describe the organization's mission: | |
| | TO ACHIEVE SIMPLE, SENSIBLE TAX POLICY AT THE FEDERAL AND STATE L | EVELS |
| | BY PRODUCING AND DISSEMINATING BASIC INFORMATION AND ECONOMICALLY | |
| | PRINCIPLED ANALYSIS OF TAX POLICY ISSUES AND THE SIZE OF THE TAX | |
| | BURDEN BORNE BY AMERICANS AT ALL LEVELS OF GOVERNMENT. | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | ∕es X No |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | ∕es X No |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by exper | ises. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expens | es, and |
| | revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$1, 531, 342. including grants of \$) (Revenue \$ |) |
| | FEDERAL TAX POLICY PROGRAMS PROMOTES SOUND TAX POLICY IN WASHINGT | |
| | D.C. THE FOUNDATION PROVIDES OBJECTIVE DATA AND ANALYSIS ON TAX PO | |
| | USING SEVERAL TOOLS, INCLUDING DYNAMIC SCORING MODEL, RESEARCH AND | |
| | WRITING, CAPITOL HILL BRIEFINGS, AND CONGRESSIONAL TESTIMONY. THE | |
| | FOUNDATION ESTABLISHED ITSELF AS THE GO-TO RESOURCE ON FEDERAL TA | |
| | ISSUES FOR POLICYMAKERS. IN 2019, THE STAFF CONDUCTED MORE THAN 8 | |
| | CAPITOL HILL MEETINGS AND BRIEFINGS, AND PRODUCED DOZENS ON REPORT | |
| | BLOG POSTS ON A VARIETY OF ISSUES THAT RECEIVED NEARLY 4,000 CITA | rions |
| | IN LEADING MEDIA OUTLETS. | |
| | | |
| | | |
| | 1 060 027 | |
| 4b | (Code:) (Expenses \$1,069,027. including grants of \$) (Revenue \$) (Revenue \$) | NCT177 |
| | ANNUAL REPORTS, RESEARCH, POLICY ANALYSIS, AND IN-DEPTH STATE-SPE | |
| | STUDIES. IN 2019, THE FOUNDATION TESTIFIED OR PRESENTED TO OFFICE | |
| | 28 STATES AND THE DISTRICT OF COLUMBIA. THE FOUNDATION IS OFTEN LO | |
| | TO BY LEGISLATORS, TAXPAYERS, AND THE MEDIA TO RECOMMEND TAX REFO | |
| | OPTIONS OR PROVIDE ANALYSIS OF TAX PLANS. THE FOUNDATION'S ANALYS | |
| | AND STUDIES SUCH AS THE STATE BUSINESS TAX CLIMATE INDEX, INFORM | - |
| | TAX REFORM DEBATE ACROSS THE COUNTRY AND HAVE BEEN CRUCIAL TO MAJO | |
| | CHANGES IN MANY STATES. IN 2019, THE STATE BUSINESS TAX CLIMATE IN | |
| | WAS DOWNLOADED AND VIEWED NEARLY 200,000 TIMES. | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | |
| | | |
| 4c | (Code:) (Expenses \$ 648,327 • including grants of \$) (Revenue \$ | |
| | RESEARCH AND COMMUNICATION - THE FOUNDATION'S MARKETING TEAM MAKES | TAX |
| | POLICY ENGAGING AND ACCESSIBLE TO TAXPAYERS, LEGISLATORS, AND THE | |
| | THROUGH INNOVATIVE, MULTICHANNEL CAMPAIGNS. THE FOUNDATION'S TEAM | |
| | DELIVERS HIGH-QUALITY CONTENT TO THE RIGHT PEOPLE, AT THE RIGHT T | |
| | IN A FORMAT THAT PROMOTES DEEPER UNDERSTANDING USING TOOLS LIKE S | |
| | MEDIA, DIGITAL ADVERTISING, INTERACTIVE WEB EXPERIENCES, AND EMAIL | |
| | 2019, THE FOUNDATION EARNED 18,494 MEDIA CITATIONS IN THE WORLD'S | |
| | NEWS OUTLETS, INCLUDING THE WALL STREET JOURNAL, THE WASHINGTON PO | |
| | THE NEW YORK TIMES, NBC, FOX NEWS, AND NPR; ITS EXPERTS WERE MENT | |
| | ON TV AND RADIO 2,091 TIMES; TAXFOUNDATION.ORG WAS VISITED 16.4 M | |
| | TIMES; ITS SOCIAL MEDIA ACCOUNTS EARNED 19 MILLION IMPRESSIONS; I | rs |
| | DIGITAL ADVERTISING RESULTED IN 5.8 MILLION IMPRESSIONS; AND ITS | |
| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ 750,609 • including grants of \$ 9,452 •) (Revenue \$) | |
| 4e | | |
| | For | m 990 (2019) |

52-1703065 Page **3**

Form 990 (2019) 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)? If "Yes," complete Schedule A | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| Ū | public office? If "Yes," complete Schedule C, Part I | 3 | | x |
| 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 | | Х |
| 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 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | • | | |
| Ū | 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 | | | |
| | 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 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 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 | | | 3,7 |
| | 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 | | | l 🕶 |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| a | 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 |
| е | 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 | Х | |
| 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 | | X |
| 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 | | | _V |
| 4- | 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 foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | Х | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 13 | -25 | |
| 10 | 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, | 10 | | |
| ., | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | Х | |
| 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," | | | |
| | complete Schedule G, Part III | 19 | | Х |
| 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 |

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Form 990 (2019) TAX FOUNDATION Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|------|--|-----------|--------------|---------------|
| 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 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | ., | |
| 04 - | Schedule J | 23 | Х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | 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 | | | 7.7 |
| | Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) 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): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | l |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? | 00- | | X |
| 29 | "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 28c 29 | х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 23 | | |
| - | contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 24 | | X |
| 35.0 | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 558 | | - |
| ~ | 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? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | _~ | |
| Pa | Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance | 38 | X | |
| 1 4 | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Should contound a copondo or note to any into in that are v | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9 | | | 1.10 |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | _ | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Х | |

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52-1703065 Page 5

Form 990 (2019) TAX FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| 2a factor the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 5.2 b If all least one is reported on line 2a, did the organization file all required federal employment tax returner? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to 6-file ges instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, 'has it filed a Form 990-T for this year? If Ye's 10 line 2b, provide an explanation on Schedule 0 3c If Yes, 'has the filed a Form 990-T for this year? If Ye's 10 line 2b, provide an explanation on Schedule 0 3c If Yes, 'has the filed a Form 990-T for this year? If Ye's 10 line 2b, provide an explanation on Schedule 0 3c If Yes, 'has the filed a Form 990-T for this year? If Ye's 10 line 2b, provide an explanation on Schedule 0 3c If Yes, 'has the filed a Form 990-T for this year? If Ye's 10 line 2b, provide an explanation on Schedule 0 3c If Yes, 'has the filed a Form 990-T for this year? If Ye's 10 line 2b, provide an explanation on Schedule 0 3c If Yes, 'has the filed a Form 990-T for this year? If Ye's 10 line 2b, provide an explanation of the file and the provide and the transaction of the file and the provide and the transaction of the file and the provide and the transaction for the provide and the transaction for the provide and | | | | | Yes | No |
|--|--------|--|------------------------------|-----|-----|--------------|
| b If a least one is reported on line 2a, did the organization file all required footeral employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to 6-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A at my time during the calendary early differed present interest in, or a spentare or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a A tary time the name of the foreign country. 5b If 1'Yes, 'enter the name of the foreign country (such as a bank account, securities account, or other financial account)? 5a Was the organization aparty to a prohibited tax whether transaction at any time during the tax year? 5a Was the organization on the organization that it was or is a party to a prohibited tax shelter transaction? 5b If 1'Yes, 'incline San or Sh, did the organization the forem 8898-12. 6c If 'Yes' to line San or Sh, did the organization the forem 8898-17. 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If 'Yes', 'indicate the number of the value of the goods or services provided to the payor? 7b Organizations that may receive deductible contributions under section 170(c). 6c If If 'Yes', 'indicate the number of Forms 8822 filed during the year 6c 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? 7c Did to the Foreignization receive and property or otherwise provided? 7c Did the organization receive and property services provided? 7d Did the organization receive and property services provided? 7d Did the organization receive and property services provided? 7e Did the organization received a contribution of qualified mellectual property. did the | 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | |
| Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructione) 3a | | filed for the calendar year ending with or within the year covered by this return | 2a 62 | | | |
| 3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? b if 1''es', 'isa it filed a Form 990 Tro this year of 1''No' to file 3b, your owick an explanation on Schedule O b if 1''es', 'isa it filed a Form 990 Tro this year of 1''No' to file 3b, your owick an explanation on Schedule O b if 1''es', 'isa it filed a Form 990 Tro this year of 1''No' to file 3b, your owick an explanation on Schedule O b if 1''es', 'isa it filed a Form 990 Tro this year 1''No' to file 3b, your owick an explanation on Schedule O b if 1''es', 'isa it filed a Form 990 Tro this year 1''No' to file 3b, your owick and the special of the special part of the organization and the special part of the organization and the special part of the organization and the special part of the special part of the organization and the special part of the spe | b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | 2b | X | |
| b If Yes, 'has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest, in, or a signature or other authority over, a financial account? 4b If Yes, 'enter the name of the foreign country [such as a bank account, securities account, or other financial account? 5b If Yes, 'enter the name of the foreign country [such as a bank account, securities account, or other financial accounts (FBAR). 5ce instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce in Yes, 'do the organization at it was or is a party to a prohibition of the organization file form 8888-17. 6c | | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | |
| 4a A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 5b If 'Yes,' reter the name of the foreign country ▶ 5a Was the organization aparty to a prohibited for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAFs). 5b Was the organization to party to a prohibited tax shelter transaction at any time during the tax year? 5c If 'Yes's 10 ine Sa or 5b, did the organization file Form 888-17? 5c If 'Yes's 10 ine Sa or 5b, did the organization file Form 888-17? 5c If 'Yes's 10 ine Sa or 5b, did the organization file Form 888-17? 5c If 'Yes's 10 ine Sa or 5b, did the organization file Form 888-17? 5c If 'Yes's 10 ine Sa or 5b, did the organization include with every solicitation an express statement that such contributions solicit any contributions that were not tax deductible as charitable contributions? 6c Was 16 'Yes,' fide the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If 'Yes,' fide the organization motify the donor of the value of the goods or services provided? 7c If Yes's 10 if the organization notify the donor of the value of the goods or services provided? 7c X 7d If 'Yes,' findicate the number of Forms 8282 field during the year 9 If 'Yes,' findicate the number of Forms 8282 field during the year 9 If Yes, 'Yes,' findicate the number of Forms 8282 field during the year 9 If the organization received a contribution of ciusflied intellectual property, did the organization file of the year pay premiums, directly or indirectly, on a parenal benefit contract? 7d X 7d If the organization received a contribution of ciusflied intellectual property, did the organization file Form 8899 as required? 9 If the organization received a contribut | За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | За | | X |
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| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," enter the amount of reserves on hand 17 | a h | | | | | |
| to file Form 8282? d | C | | | 7.0 | | |
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| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g | e | - | | 7e | | х |
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| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10 | | | | | |
| 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. | а | F | | | | |
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| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 13b Interest the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13c 13c 14c 15c 15c 15c 15c 15c 15c 15c 15c 15c 15 | | | ī | | | |
| amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X | | | 11a | | | |
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| 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X | а | | | ısa | | |
| organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 "Yes," see instructions and file Form 4720, Schedule N. 18 the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X | h | | | | | |
| c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X | b | | 13h | | | |
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| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X | | | | | | |
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| If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X | | | | 15 | | X |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X | | | | | | |
| If "Yes," complete Form 4720, Schedule O. | 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | income? | 16 | | Х |
| | | If "Yes," complete Form 4720, Schedule O. | | | | |

Form **990** (2019)

Form 990 (2019) TAX FOUNDATION 52-1703065 Page

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | $\lfloor X \rfloor$ |
|-------|--|-----------|-----------------------|----------|---------|---------------------|
| Sec | tion A. Governing Body and Management | | | | | |
| | | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 11 | | | |
| | 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 on Schedule O. | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 10 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationshi | p with a | ny other | | | |
| | officer, director, trustee, or key employee? | | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | e direct | supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | 990 was | filed? | 4 | X | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | sets? | | 5 | | X |
| 6 | Did the organization have members or stockholders? | | | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or a | opoint c | ne or | | | |
| | more members of the governing body? | | | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, s | stockhol | ders, or | | | |
| | persons other than the governing body? | | | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | ar by the | following: | | | |
| а | The governing body? | | | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real | ched at | the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | evenue | Code.) | | | |
| | | | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such c | hapters | 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 bod | y before | e filing the form? | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | es," des | scribe | | | |
| | in Schedule O how this was done | | | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | Х | |
| 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 approve | - | lependent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | Х | 77 |
| 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 arrange | ment wi | th a | | | 37 |
| | taxable entity during the year? | | | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to evaluation follows a written policy or procedure requiring the organization to evaluation follows a written policy or procedure requiring the organization to evaluation follows a written policy or procedure requiring the organization to evaluation follows a written policy or procedure requiring the organization to evaluation follows a written policy or procedure requiring the organization to evaluation follows a written policy or procedure requiring the organization to evaluation follows a written policy or procedure requiring the organization to evaluation follows a written policy or procedure requiring the organization to evaluation follows a written policy or procedure requiring the organization follows a written policy or procedure requiring the organization follows as well as the procedure requirement of the procedu | - | • | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga | nization | 'S | , | | |
| 0 | exempt status with respect to such arrangements? | | | 16b | | |
| | tion C. Disclosure | 17 00 | יי זיי דיי | 77.0 | 7737 | T T |
| 17 | List the states with which a copy of this Form 990 is required to be filed DC, AL, AK, NV, C | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a | nd 990- | (Section 501(c)(3 | s)s only |) avail | able |
| | for public inspection. Indicate how you made these available. Check all that apply. | | -11-0 | | | |
| | X Own website Another's website X Upon request Other (explain | | , | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | ontlict o | r interest policy, ar | nd finai | ncial | |
| 00 | statements available to the public during the tax year. | -1- | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's bounded THE ORGANIZATION $-202-464-6200$ | oks and | records | | | |
| | | | | | | |
| | CHE COURDING O HOD HILL I TOW OR CHAMPO | | | F | 000 | (0040) |
| 93200 | SEE SCHEDULE O FOR FULL LIST OF STATES | | | rorm | 990 | (20 19) |

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

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

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

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

oxdet Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

| (A) Name and title | (B) Average hours per week | box | not c | Pos heck ss pe | more rson i | than is bot | h an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated 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, PRESIDENT | 40.00 | , . | | Ψ, | | | | 207 005 | 0 | 14 770 |
| AND BOARD SECRETARY | 1.00 | Х | | Х | | | | 297,085. | 0. | 14,770. |
| (2) DAVID P. LEWIS | 1.00 | X | | x | | | | 0. | 0. | 0. |
| CHAIRMAN (3) JAMES W. LINTOTT | 1.00 | Δ | | ^ | | | | 0. | 0. | <u> </u> |
| TREASURER | 1.00 | X | | x | | | | 0. | 0. | 0. |
| (4) DOUGLAS HOLTZ-EAKIN | 1.00 | | | | | | | | • | |
| DIRECTOR | 1100 | x | | | | | | 0. | 0. | 0. |
| (5) THE HONORABLE PHILIP ENGLISH | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (6) SARAH MCGILL | 1.00 | | | | | | | _ | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (7) STEPHEN KRANZ | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (8) DAVID NICHOLSON | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) TOM ROESSER | 1.00 | | | | | | | | | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) PAMELA OLSON | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (11) DENNIS GROTH | 1.00 | | | | | | | _ | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (12) JOSEPH HENCHMAN | 40.00 | | | | | | | 245 222 | | 10 010 |
| EXECUTIVE VICE PRESIDENT | 40.00 | | | | | Х | | 345,389. | 0. | 13,240. |
| (13) MICHAEL VOGLER, VICE PRESIDENT | 40.00 | | | | | | | 161 000 | 0 | 0 705 |
| OF CORPORATE GIVING | 40.00 | | | | | Х | | 161,820. | 0. | 8,795. |
| (14) NICOLE KAEDING | 40.00 | 1 | | | | ٠,, | | 140 500 | 0 | 12 504 |
| DIR. OF FEDERAL PROJECTS | 40.00 | _ | | | | Х | | 142,508. | 0. | 13,584. |
| (15) KYLE POMERLEAU, VICE PRESIDENT | 40.00 | - | | | | x | | 116 765 | 0. | 15 107 |
| FEDERAL TAX POLICY (16) MICHAEL LUCCI, VICE PRESIDENT | 40.00 | | | _ | _ | <u> ^</u> | | 116,765. | 0. | 15,187. |
| OF STATE PROJECTS | 40.00 | - | | | | x | | 118,769. | 0. | 1,614. |
| - STATE PRODUCTS | | | | | \vdash | 1 | \vdash | 110,709. | 0. | <u> </u> |
| | | 1 | | | | | | | | |
| 022007 01 00 00 | ı | | | | | | | <u> </u> | | Earm 990 (2010) |

Form **990** (2019)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per | box | not c | ss pe | ition more rson i | than is bot | h an | (D) Reportable compensation | (E) Reportable compensation | | | (F) timate | |
|--|--|-----------------|-----------------------|-----------|-------------------------|---------------------------------------|-------|--|---|-----------|----------------------------|---|------------------|
| | week (list any hours for related organizations below | tee or director | Institutional trustee | Officer B | | Highest compensated sulphase smployee | | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC |) | comp fro orga and | other pensa om th anizat d relat anizati | e ion ed |
| | line) | pul | lnsi | 0#i | Key | Hig | 윤 | | | \dashv | | | |
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| | | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 1,182,336. | | 0. | 6' | 7,1 | 90. |
| c Total from continuation sheets to Part V d Total (add lines 1b and 1c) | | | | | | | | 1,182,336. | | 0. 0. | 6 | 7.1 | <u>0.</u> 90. |
| Total number of individuals (including but r | | | | | | | | | | _ | | .,_ | |
| compensation from the organization | | | | | | | | | | | | Yes | 9 N o |
| 3 Did the organization list any former officer, | director, trust | ee. k | cev e | lame | love | e. or | r hic | nhest compensated emp | olovee on | ſ | | 162 | NO |
| line 1a? If "Yes," complete Schedule J for s | | | - | - | - | | _ | | - | [| 3 | | Х |
| 4 For any individual listed on line 1a, is the su and related organizations greater than \$15 | | | | | | | | • | • | | 4 | х | |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | | 4 | | |
| rendered to the organization? If "Yes," com | | | | | | | | | | <u> </u> | 5 | | Х |
| Section B. Independent Contractors 1 Complete this table for your five highest co | mponeated in | done | ndo | nt c | ontr | racto | ore t | that received more than | \$100,000 of comp | | ation f | rom | |
| the organization. Report compensation for | | | | | | | | | | CHO | 200111 | 10111 | |
| (A) Name and business | | | | | | | | (B) Description of s | | C | (Comper | | n |
| V! STUDIOS, 8229 BOONE BI VIENNA, VA 22182 | LVD., St | JIT | ľE | 42 | 20 | , | | COMPUTER PRO SUPPORT | GRAMMING | | 10 | 3 N | 64. |
| VILIMIT, VII ZZIOZ | | | | | | | - | 5011011 | | | | 5 , 0 | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractors (| including but n | ot li | mite | d to | tho | se lis | stec | d above) who received m | nore than | | | | |

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| | | | e a roenoneo | or note to any lin | o in this Dart VIII | | | |
|---|----------|---|---------------------------------------|--------------------|---------------------|-------------------|------------------|--------------------|
| | | Check if Schedule O contains | s a response | or note to any iin | (A) | (B) | (C) | (D) |
| | | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded |
| | | | | | | function revenue | business revenue | |
| 40 | | | | | | | | sections 512 - 514 |
| nts | 1 a | Federated campaigns | 1a | | | | | |
| e e | b | Membership dues | 1b | | | | | |
| Am, (| С | Fundraising events | 1c | 645,378. | | | | |
| 불制 | | Related organizations | | | | | | |
| S,E | | Government grants (contribution | | | | | | |
| Sign | | All other contributions, gifts, grants, a | | | | | | |
| 를 | • | similar amounts not included above | | 4,482,956. | | | | |
| 등등 | | | | 54,786. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | _ | Noncash contributions included in lines 1a- | | | F 100 224 | | | |
| a C | h | Total. Add lines 1a-1f | | | 5,128,334. | | | |
| | | | | Business Code | | | | |
| e e | 2 a | | | | | | | |
| او ∑َ | b | · | | | | | | |
| S I | С | | | | | | | |
| eve | d | | | | | | | |
| Program Service Revenue | е | | | | | | | |
| P. | f | All other program service revenue | <u> </u> | | | | | |
| | | Total. Add lines 2a-2f | | | | | | |
| $\overline{}$ | 3 | Investment income (including div | | | | | | |
| | 3 | | | | 62 210 | | | 62 210 |
| | | other similar amounts) | | | 62,219. | | | 62,219. |
| | 4 | Income from investment of tax-ex | | | | | | |
| | 5 | Royalties | | | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents6a | | | | | | |
| | b | Less: rental expenses 6b | | | | | | |
| | | Rental income or (loss) 6c | | | | | | |
| | | Not worth in come on (loca) | | ▶ | | | | |
| | | ` ' | i) Securities | (ii) Other | | | | |
| | | | 1,690,848. | | | | | |
| | h | Less: cost or other basis | _,000,010. | | | | | |
| ø | b | | 1 212 5/2 | | | | | |
| Ĭ. | | | 1,313,543. | | | | | |
| ě | | Gain or (loss) 7c | 377,305. | | | | | 2 22- |
| her Revenue | | Net gain or (loss) | | | 377,305. | | | 377,305. |
| | 8 a | Gross income from fundraising event | ` | | | | | |
| δ | | including \$ 645,37 | 78. of | | | | | |
| | | contributions reported on line 1c |). See | | | | | |
| | | Part IV, line 18 | 8a | 149,261. | | | | |
| | b | Less: direct expenses | | 373,064. | | | | |
| | | Net income or (loss) from fundrai | · · · · · · · · · · · · · · · · · · · | | -223,803. | | | -223,803. |
| | | Gross income from gaming activi | • — | | | | | |
| | | Part IV, line 19 | | | | | | |
| | h | Less: direct expenses | | | | | | |
| | | | | | | | | |
| | | Net income or (loss) from gaming | | | | | | |
| | 10 a | Gross sales of inventory, less ret | | | | | | |
| | | and allowances | | | | | | |
| | | Less: cost of goods sold | | | | | | |
| \blacksquare | С | Net income or (loss) from sales of | f inventory | > | | | | |
| <u>ω</u> | | | | Business Code | | | | |
| e gon | 11 a | HONORARIA & REIMBURSEMENT | rs | 900099 | 19,334. | | | 19,334. |
| ang | b | | | | | | | |
| E š | С | | | | | | | |
| Miscellaneous Revenue | d | All other revenue | | | | | | |
| 2 | | Total. Add lines 11a-11d | | b | 19,334. | | | |
| | 12 | Total revenue. See instructions | | | 5,363,389. | 0. | 0. | 235,055. |

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52-1703065 Page **10**

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).

| D- | • 1 | (A) | this Part IX(B) | (C) | (D) |
|-----------------|---|----------------|--------------------------|---------------------------------|----------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| • | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | 9,452. | 9,452. | | |
| | individuals. See Part IV, lines 15 and 16 | 9,432. | 9,432• | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, | | | | |
| 3 | trustees, and key employees | 314,770. | 234,071. | 32,697. | 48,002 |
| 6 | Compensation not included above to disqualified | 311,7700 | 234,071. | 32,037. | 10,002 |
| U | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 2,980,912. | 2,216,683. | 309,643. | 454,586 |
| 8 | Pension plan accruals and contributions (include | , , | , ==,,,,,,,, | , | |
| - | section 401(k) and 403(b) employer contributions) | 85,315. | 63,442. | 8,863. | 13,010 |
| 9 | Other employee benefits | 182,466. | 135,685. | 18,955. | 27,826 |
| 10 | Payroll taxes | 236,878. | 176,149. | 24,605. | 36,124 |
| 11 | Fees for services (nonemployees): | | - | - | · |
| а | | | | | |
| b | Legal | 13,192. | | 13,192. | |
| С | | 106,471. | | 106,471. | |
| d | Lobbying | | | | |
| е | D (' 1(1 ' ' ' O D ' N' I' 47 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch 0.) | 353,346. | 224,818. | 301. | 128,227 |
| 12 | Advertising and promotion | 26,086. | 24,756. | 1,330. | |
| 13 | Office expenses | 105,898. | 76,347. | 16,379. | 13,172 |
| 14 | Information technology | 43,049. | 31,791. | 4,440. | 6,818 |
| 15 | Royalties | 262 244 | 0.54 5.55 | | 56 200 |
| 16 | Occupancy | 369,241. | 274,577. | 38,355. | 56,309 |
| 17 | Travel | 224,657. | 188,237. | 3,912. | 32,508 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 101 140 | 105 122 | 15 546 | 4.60 |
| 19 | Conferences, conventions, and meetings | 121,142. | 105,133. | 15,546. | 463 |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 137,854. | 102,511. | 14,320. | 21,023 |
| 22 | Depreciation, depletion, and amortization | 20,506. | 15,249. | 2,130. | 3,127 |
| 23 | Other expanses, Itamiza expanses not covered | 20,300. | 13,443. | 2,130. | J, 141 |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If | | | | |
| | line 24è amount exceeds 10% of line 25, column (A) | | | | |
| _ | amount, list line 24e expenses on Schedule 0.) DIRECT MAIL EXPENSES | 327,081. | | | 327,081 |
| a b | DUES & SUBSCRIPTIONS | 103,539. | 85,027. | 4,821. | 13,691 |
| C | STAFF DEVELOPMENT | 31,410. | 20,183. | 1,510. | 9,717 |
| d | CHARITABLE REGISTRATION | 10,356. | 10,356. | | 2 1 = 1 |
| | All other expenses | 7,068. | 4,838. | 904. | 1,326 |
| 25 | Total functional expenses. Add lines 1 through 24e | 5,810,689. | 3,999,305. | 618,374. | 1,193,010 |
| <u>25</u> 26 | Joint costs. Complete this line only if the organization | 3,023,003 | 2,222,000 | | _, |
| _0 | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | | | | | |

Form **990** (2019)

52-1703065 Page **11** Form 990 (2019)
Part X Balance Sheet TAX FOUNDATION

| Га | ILΛ | Balance Sheet | | | | | |
|-----------------------------|-----|--|-------------|-----------------------|---------------------------------|----------|---------------------------|
| | | Check if Schedule O contains a response or n | ote to any | y line in this Part X | | ······ | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 323,277. | 1 | 463,264. |
| | 2 | Savings and temporary cash investments | 298,302. | 2 | 50,890. | | |
| | 3 | Pledges and grants receivable, net | | | 304,871. | 3 | 214,198. |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any current | | | | | |
| | | trustee, key employee, creator or founder, sub | | | | | |
| | | controlled entity or family member of any of th | | 5 | | | |
| | 6 | Loans and other receivables from other disqui | alified per | sons (as defined | | | |
| | | under section 4958(f)(1)), and persons describ | ed in sec | tion 4958(c)(3)(B) | | 6 | |
| ţ | 7 | Notes and loans receivable, net | | Г | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| Ä | 9 | Prepaid expenses and deferred charges | | | 79,449. | 9 | 87,684. |
| | 10a | Land, buildings, and equipment: cost or other | · 1 1 | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 1,126,792. | | | |
| | b | Less: accumulated depreciation | 10b | 644,810. | 615,720. | 10c | 481,982. |
| | 11 | Investments - publicly traded securities | | | 2,553,988. | 11 | 2,563,902. |
| | 12 | Investments - other securities. See Part IV, line | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, lin | | | | 13 | |
| | 14 | Intangible assets | | _ | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 76,008. | 15 | 78,998. | |
| | 16 | Total assets. Add lines 1 through 15 (must ed | | | 4,251,615. | 16 | 3,940,918. |
| | 17 | Accounts payable and accrued expenses | | 156,369. | 17 | 195,302. | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complet | | | | 21 | |
| S | 22 | Loans and other payables to any current or fo | | | | | |
| Liabilities | | trustee, key employee, creator or founder, sub | | | | | |
| abi | | controlled entity or family member of any of th | | 22 | | | |
| | 23 | Secured mortgages and notes payable to unre | | 23 | | | |
| | 24 | Unsecured notes and loans payable to unrela | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, | | _ | | | |
| | | parties, and other liabilities not included on lin | | | | | |
| | | of Schedule D | | | 932,924. | 25 | 858,367. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 1,089,293. | 26 | 1,053,669. |
| | | Organizations that follow FASB ASC 958, c | | | | | |
| Ses | | and complete lines 27, 28, 32, and 33. | | | | | |
| <u>a</u> | 27 | Net assets without donor restrictions | | | 2,963,313. | 27 | 2,546,078. |
| Ba | 28 | Net assets with donor restrictions | | | 199,009. | 28 | 341,171. |
| ဋ | | Organizations that do not follow FASB ASC | | | | | |
| Ę | | and complete lines 29 through 33. | | | | | |
| S O | 29 | Capital stock or trust principal, or current fund | ds | | | 29 | |
| Net Assets or Fund Balances | 30 | Paid-in or capital surplus, or land, building, or | | | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated | | | | 31 | |
| Net | 32 | Total net assets or fund balances | | | 3,162,322. | 32 | 2,887,249. |
| - | 33 | Total liabilities and net assets/fund balances | | | 4,251,615. | 33 | 3,940,918. |

Form **990** (2019)

Form 990 (2019) TAX FOUNDATION 52-1703065 Page 12

| 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) | 1 | 5,36 | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 5,81 | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -44 | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 3,16 | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 17 | 2,2 | 27. | |
| 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 on Schedule O) | 9 | | | 0. | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| | column (B)) | 10 | 2,88 | 7,2 | 49. | |
| Pa | rt XII Financial Statements and Reporting | • | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X | |
| | | | | Yes | No | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Ο. | | | | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | | | | | |
| | consolidated basis, or both: | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| С | 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 on Sci | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | | | | | |
| | Act and OMB Circular A-133? | • | 3a | | Х | |
| 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 on Schedule O and describe any steps taken to undergo such audits | | . 3b | | | |
| | , | | | 990 | (2019) | |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization TAX FOUNDATION 52-1703065 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total | |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 3577743. | 4274002. | 5115594. | 5222497. | 4904531. | 23094367. | |
| 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 | 3577743. | 4274002. | 5115594. | 5222497. | 4904531. | 23094367. | |
| 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) | | | | | | 4982528. | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 18111839. | |
| Sec | ction B. Total Support | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total | |
| 7 | Amounts from line 4 | 3577743. | 4274002. | 5115594. | 5222497. | 4904531. | 23094367. | |
| 8 | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | |
| | and income from similar sources | 138,044. | 97,294. | 56,570. | 63,256. | 62,219. | 417,383. | |
| 9 | Net income from unrelated business | | | | | | | |
| | activities, whether or not the | | | | | | | |
| | business is regularly carried on | | | | | | | |
| 10 | Other income. Do not include gain | | | | | | | |
| | or loss from the sale of capital | | | | | | | |
| | assets (Explain in Part VI.) | 10,082. | 56,245. | 19,128. | 29,068. | 19,334. | 133,857. | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 23645607. | |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | | |
| 13 | First five years. If the Form 990 is for | the organization's | first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) | | |
| | organization, check this box and stop | | | | | | > | |
| | ction C. Computation of Publ | | | | | | | |
| 14 | Public support percentage for 2019 (I | | | | | 14 | 76.60 % | |
| 15 | Public support percentage from 2018 | Schedule A, Part | II, line 14 | | | 15 | 77.76 % | |
| 16a | 33 1/3% support test - 2019. If the o | • | | • | | • | | |
| | stop here. The organization qualifies as a publicly supported organization | | | | | | | |
| b | 33 1/3% support test - 2018. If the o | | | | | | | |
| | and stop here. The organization qual | | | | | | | |
| 17a | 10% -facts-and-circumstances tes | - | | | | | | |
| | and if the organization meets the "fac | | | | - | - | | |
| | meets the "facts-and-circumstances" | | | | | | | |
| b | 10% -facts-and-circumstances tes | ū | | | | • | | |
| | more, and if the organization meets the | | • | | | | | |
| | organization meets the "facts-and-circ | | | | | | | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16a | a, 16b, 17a, or 17b | o, check this box a | nd see instruction | ıs ▶∟ | |

Schedule A (Form 990 or 990-EZ) 2019

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

(Complete only if you checked the box on line 10 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 | clow, picase com | piete i dit ii.) | | | | |
|--------------|--|-------------------|----------------------|------------------------|--------------------|----------------------|-----------|
| | endar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Gifts, grants, contributions, and | , , | ` , | , , | , , | 1 | `` |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | 1 | |
| J | are not an unrelated trade or bus- iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| 4 | 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 | | | | | + | |
| | Total. Add lines 1 through 5 | | | - | | | |
| / 6 | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| ŀ | 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 | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Se | ction B. Total Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| ŀ | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for | the organization' | s first, second, thi | rd, fourth, or fifth t | ax year as a secti | on 501(c)(3) organiz | zation, |
| - | check this box and stop here | | | | | | <u></u> |
| | ction C. Computation of Publ | | | | | | |
| | Public support percentage for 2019 (I | | | | | 15 | % |
| | Public support percentage from 2018 | | | | | 16 | % |
| | ction D. Computation of Inves | | | | | 14-1 | |
| 17 | Investment income percentage for 20 | | | | | 17 | % |
| 18 | Investment income percentage from 2 | | | | | 18 | % |
| 19 | a 33 1/3% support tests - 2019. If the | | | | | | 17 is not |
| ŀ | more than 33 1/3%, check this box at 33 1/3% support tests - 2018. If the | | | | | | ▶Ш and |
| | 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (as 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 |
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| 10b | | |

| Pai | t IV Supporting Organizations (continued) | | | |
|-----|---|--------|-----|----|
| | (SSIMILARY) | | 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) | | | |
| | | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | | 11c | | |
| | 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 | | |
| 2 | 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 | | |
| Sec | tion C. Type II Supporting Organizations | | ' | |
| | | | Yes | No |
| 1 | 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 | | |
| Sec | tion D. All Type III 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 | | | |
| | 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 | | |
| 2 | 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 | | |
| Sec | 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 instructions). | | | |
| 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 instruc | ctions |). | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | 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 | | |
| b | 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 | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard | 3h | - 1 | |

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supportin | g Orgai | nizations | | | | | | |
|------|--|-------------|----------------------------|--------------------------------|--|--|--|--|--|
| 1 | 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instruction | | | | | | | | |
| | other Type III non-functionally integrated supporting organizations must co | mplete Se | 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): | | | | | | | | |
| a | Average monthly value of securities | 1a | | | | | | | |
| b | Average monthly cash balances | 1b | | | | | | | |
| c | Fair market value of other non-exempt-use assets | 1c | | | | | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | | | | | |
| е | Discount claimed for blockage or other | | | | | | | | |
| | 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) 2019

| Par | ↑ V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations _(continued) | |
|-------|--|-------------------------------|--|---|
| Secti | ion D - Distributions | | <u> </u> | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | | | |
| 2 | Amounts paid to perform activity that directly furthers exemple | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | 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 t | he organization is responsive | Э | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Secti | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| а | From 2014 | | | |
| b | From 2015 | | | |
| С | From 2016 | | | |
| d | From 2017 | | | |
| е | From 2018 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2019 distributable amount | | | |
| i | Carryover from 2014 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2019 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2015 | | | |
| b | Excess from 2016 | | | |
| С | Excess from 2017 | | | |
| d | Excess from 2018 | | | |
| е | Excess from 2019 | | | |

Schedule A (Form 990 or 990-EZ) 2019

| | line 1; Part | IV, Section Ines 5, 6 | on D, lin | es 2 and 3 | ; Part IV | , Section E, lii | nes 1c, 2a, | 2b, 3a, a | and 3b; Part | ection B, lines 1 and 2; Part IV, Section C, V, line 1; Part V, Section B, line 1e; Part V, for any additional information. |
|------|--------------|-----------------------|-----------|------------|-----------|------------------|-------------|-----------|--------------|---|
| SCHE | DULE A, | PART | II, | LINE | 10, | EXPLAN | ATION | FOR | OTHER | INCOME: |
| OTHE | R INCOME | | | | | | | | | |
| 2015 | AMOUNT: | \$ | 10, | 082. | | | | | | |
| 2016 | AMOUNT: | \$ | 56,2 | 245. | | | | | | |
| 2017 | AMOUNT: | \$ | 4,1 | 12. | | | | | | |
| HONO | RARIA | | | | | | | | | |
| 2017 | AMOUNT: | \$ | 15, | 016. | | | | | | |
| 2018 | AMOUNT: | \$ | 29, | 068. | | | | | | |
| 2019 | AMOUNT: | \$ | 19, | 334. | | | | | | |
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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.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization Employer identification number TAX FOUNDATION 52-1703065

| Organization type (check one): | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Filers of: | Section: | | | | | | | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | | | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | | |
| | 527 political organization | | | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | | |
| | 501(c)(3) taxable private foundation | | | | | | | |
| • • | Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | | | | |
| General Rule | | | | | | | | |
| | n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | | | | |
| Special Rules | | | | | | | | |
| sections 509(a)(1) any one contributo | 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. | | | | | | | | |
| For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year | | | | | | | | |
| but it must answer "No" on | at isn't covered by the General Rule and/or the Special Rules doesn't 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 he 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) (2019)

Name of organization Employer identification number TAX FOUNDATION 52-1703065

| Part I | Contributors (see instructions). Use duplicate copies of Part I if add | itional space is needed. |
|------------|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 1 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 2 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 3 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) | (c) (d) Total contributions Type of contribution |
| 4 | Name, address, and ZIP + 4 | Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 5 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 6 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization Employer identification number TAX FOUNDATION 52-1703065

| Part I | Contributors (see instructions). Use duplicate copies of Part I if | additional space is needed. | |
|------------|---|-----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | | \$\$\$ | 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 |
| 9 | | \$\$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | Name, audiess, and ZiF + 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 |
| | | \$ | 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 Par | t 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 or | rganization | | Employer identification number |
|---------------------------|--|--|---|
| TAX F(| OUNDATION | | 52-1703065 |
| Part III | Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional |) through (e) and the following line of charitable, etc., contributions of \$1,000 c | n section 501(c)(7), (8), or (10) that total more than \$1,000 for the yearntry. For organizations or less for the year. (Enter this info. once.) |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | (e) Transfer of g | ift |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| _ | Transferee's name, address, a | (e) Transfer of g | ift Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | (e) Transfer of g | ift |
| | Transferee's name, address, a | | Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | Transferee's name, address, a | (e) Transfer of g | ift 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

TAX FOUNDATION

Employer identification number 52-1703065

| Pai | t 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 | | 2 2004 |
| | , , | (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 | | d 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 | | |
| | | | |
| Pai | | | |
| 1 | Purpose(s) of conservation easements held by the organizati | ion (check all that apply). | |
| | Preservation of land for public use (for example, recrea | ation or education) Preservation of a | historically important land area |
| | Protection of natural habitat | Preservation of a | certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualit | fied conservation contribution in the form o | f 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 | ructure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired | after 7/25/06, and not on a historic structur | re |
| | listed in the National Register | | 2d |
| 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 i | t holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing conse | ervation easements during the year |
| | > | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conservati | on easements during the year |
| | ▶ \$ | | |
| 8 | Does each conservation easement reported on line 2(d) above | ve satisfy the requirements of section 170(h | n)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | ion easements in its revenue and expense | statement and |
| | balance sheet, and include, if applicable, the text of the footr | note to the organization's financial stateme | nts that describes the |
| | organization's accounting for conservation easements. | (4) 11: 1 : 1 - 2 | |
| Pai | | - | ner Similar Assets. |
| | Complete if the organization answered "Yes" on Form | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | , , | |
| | of art, historical treasures, or other similar assets held for pul | , | • |
| | service, provide in Part XIII the text of the footnote to its final | | |
| b | If the organization elected, as permitted under FASB ASC 95 | | |
| | art, historical treasures, or other similar assets held for public | e exhibition, education, or research in furthe | erance of public 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 | , | gain, provide |
| | the following amounts required to be reported under FASB A | _ | . . |
| | Revenue included on Form 990, Part VIII, line 1 | | |
| b | Assets included in Form 990, Part X | | > \$ |

932051 10-02-19

Schedule D (Form 990) 2019

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

| Par | t III Organizations Maintaining Coll | lections of A | rt, Hist | torical Tr | easures, d | or Other | Similar As | sets(continued) |
|-----|--|---------------------------------------|--------------|----------------|----------------|----------------|------------------|-------------------------|
| 3 | 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its | | | | | | | |
| | collection items (check all that apply): | | | | | | | |
| а | Public exhibition | d | | Loan or exc | hange progra | am | | |
| b | Scholarly research | е | | | | | | |
| С | Preservation for future generations | | | | | | | |
| 4 | 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. | | | | | | | |
| 5 | 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets | | | | | | | |
| | to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No | | | | | | | |
| Par | t IV Escrow and Custodial Arrange | ments. Comple | ete if the | organizatio | n answered ' | 'Yes" on F | orm 990, Part | IV, line 9, or |
| | reported an amount on Form 990, Part X | | | | | | | |
| 1a | Is the organization an agent, trustee, custodian | or other intermed | diary for | contribution | ns or other as | sets not in | cluded | |
| | on Form 990, Part X? | | | | | | | Yes No |
| b | If "Yes," explain the arrangement in Part XIII and | | | | | | | |
| | | · | · · | | | | | Amount |
| С | Beginning balance | | | | | | 1c | |
| | Additions during the year | | | | | | 1d | |
| | Distributions during the year | | | | | | 1e | |
| f | Ending balance | | | | | | 1f | |
| 2a | Did the organization include an amount on Form | | | | | | /? | Yes No |
| | If "Yes," explain the arrangement in Part XIII. Ch | | | | | - | | |
| Par | | | | | | | | |
| | (a | a) Current year | (b) P | rior year | (c) Two year | s back (d |) Three years ba | ick (e) Four years back |
| 1a | Beginning of year balance | , | . , | | | , | • | ,,,, |
| b | 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 current | t vear end balanc | e (line 1 | a. column (a | a)) held as: | | | |
| a | Board designated or quasi-endowment | a your orra bararro | % | 9, | a)) | | | |
| b | Permanent endowment | % | | | | | | |
| | Term endowment > % | — ^- | | | | | | |
| | The percentages on lines 2a, 2b, and 2c should | egual 100%. | | | | | | |
| За | Are there endowment funds not in the possession | | ation tha | at are held a | and administe | red for the | organization | |
| | by: | 3 | | | | | 3 | Yes No |
| | (i) Unrelated organizations | | | | | | | 3a(i) |
| | (ii) Related organizations | | | | | | | ···· |
| b | If "Yes" on line 3a(ii), are the related organization | | | | | | | |
| 4 | Describe in Part XIII the intended uses of the org | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Par | t VI Land, Buildings, and Equipmen | | | | | | | |
| | Complete if the organization answered "\ | Yes" on Form 990 |), Part IV | /, line 11a. S | See Form 990 |), Part X, lir | ne 10. | |
| | Description of property | (a) Cost or o | | | or other | | umulated | (d) Book value |
| | a south war at brakery | basis (investn | | ٠, | (other) | | eciation | (-, |
| 1a | Land | , | | | | <u> </u> | | |
| | Buildings | | | | | | | |
| | Leasehold improvements | | | 64 | 5,581. | 2 | 71,042. | 374,539. |
| | Equipment | | | | 1,211. | | 73,768. | 107,443. |
| | Other | | | | • | | , | , |
| | Add lines 1a through 1e (Column (d) must equa | | X colun | nn (R) line 1 | 10c) | | | 481,982. |

Schedule D (Form 990) 2019

| Schedule D (Form 990) 2019 TAX FOUNDATI | ON | 52- | -1703065 Page |
|---|--|--|----------------------|
| Part VII Investments - Other Securities. | 5 000 D . W. W | | |
| Complete if the organization answered "Yes" of (a) Description of security or category (including name of security) | n Form 990, Part IV, line (b) Book value | (c) Method of valuation: Cost or end- | of vear market value |
| | (b) Book value | (c) Wethod of Valuation. Gost of end- | Oi-year market value |
| 1) Financial derivatives | | + | |
| 2) Closely held equity interests | | | |
| 3) Other | | | |
| (A) (B) | | | |
| (C) | | | |
| (D) | | <u> </u> | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" o | n Form 990, Part IV, line | 11c. See Form 990, Part X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end- | of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" of | | 11d. See Form 990, Part X, line 15. | |
| (a) D | escription | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | 15.) | ▶ <u> </u> | |
| | 5 000 B 1 N/ I | 44 446 E 200 B 1V II 25 | |
| Complete if the organization answered "Yes" of a Description of liability | n Form 990, Part IV, line | o Tie or 11f. See Form 990, Part X, line 25. | (b) Pook volus |
| (, , , | | | (b) Book value |
| (1) Federal income taxes (2) DEFERRED RENT & LEASE INCE | יאיי דיידי | | 848,52 |
| CARTELL FRACE FEARITHME | 71/ T T A E | | 9,84 |
| (3) CAPITAL LEASE LIABILITY | | | 9,04 |
| | | | |

(5) (6) (7) (8) 858,367.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2019

| Par | T XI Reconciliation of Revenue per Audited Financia | i Statements with Revenue per | Return | l. |
|------|--|---|-------------|---------------------|
| | Complete if the organization answered "Yes" on Form 990, Part | IV, line 12a. | | E E2E 616 |
| 1 | Total revenue, gains, and other support per audited financial statemen | ts | 1 | 5,535,616. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 | , | |
| | Net unrealized gains (losses) on investments | | <u>/ •</u> | |
| b | Donated services and use of facilities | | | |
| С | Recoveries of prior year grants | | | |
| d | Other (Describe in Part XIII.) | ' - | | 150 005 |
| е | Add lines 2a through 2d | | | 172,227. |
| 3 | Subtract line 2e from line 1 | | 3 | 5,363,389. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 1 | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | | | |
| | Other (Describe in Part XIII.) | • | | 0 |
| С | Add lines 4a and 4b | | | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin | ne 12.) | <u>. 5 </u> | 5,363,389. |
| Par | rt XII Reconciliation of Expenses per Audited Financia | • | er Retu | rn. |
| | Complete if the organization answered "Yes" on Form 990, Part | | | E 010 600 |
| 1 | Total expenses and losses per audited financial statements | | . 1 | 5,810,689. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1.1 | | |
| а | Donated services and use of facilities | | | |
| b | Prior year adjustments | | | |
| С | Other losses | | | |
| | Other (Describe in Part XIII.) | | | 0 |
| | Add lines 2a through 2d | | | 0. 5,810,689. |
| 3 | Subtract line 2e from line 1 | | 3 | 3,010,009 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1.1 | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | | | |
| | Other (Describe in Part XIII.) | - | | 0. |
| | Add lines 4a and 4b | | - | 5,810,689 |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. | iine 18.) | 5 | 3,010,003 |
| | | and 4. Doubly lines the and Ob. Doubly li | - 4. David | V. line O. Dort VI |
| | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a | | ne 4; Part | X, line 2; Part XI, |
| ines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove | nde any additional information. | | |
| | | | | |
| PAF | RT X, LINE 2: | | | |
| | 11, 11111 21 | | | |
| тне | E FOUNDATION BELIEVES THAT IT HAS AP | PROPRIATE SUPPORT FOR | RANY | TAX |
| | | | | |
| POS | SITIONS TAKEN, AND AS SUCH, DOES NOT | HAVE ANY UNCERTAIN | rax Po | OSITIONS |
| | | | | |
| THA | AT ARE MATERIAL TO THE FINANCIAL STA | TEMENTS OR THAT WOULI | O HAV | E AN EFFECT |
| | | | | |
| ON | ITS TAX-EXEMPT STATUS. THERE ARE NO | UNRECOGNIZED TAX BEN | NEFIT | S OR |
| | | | | <u> </u> |
| LIA | ABILITIES THAT NEED TO BE RECORDED. | | | |
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SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

Name of the organization

Employer identification number

| ΓA | X FOUNDATION | | | | | 52-17030 | 55 |
|-----|--|-------------------------------------|---|---|-----------------------|--|--|
| | | rmation on A | ctivities Ou | tside the United States. Comple | te if the organ | | |
| | Form 990, Part I\ | | | | | | |
| 1 | | | | ds to substantiate the amount of its gra | | | 1 52 |
| | the grantees' eligibility for | or the grants or a | assistance, and | the selection criteria used to award the | grants or assi | stance? L | Yes X No |
| 2 | For grantmakers. Desc | ribe in Part V the | organization's | procedures for monitoring the use of its | grants and of | ther assistance out | tside the |
| | United States. | | | | | | |
| 3 | | | | an be duplicated if additional space is n | | | 1 (n= |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region) | is a prog describe | vity listed in (d) gram service, e specific type (s) in the region | (f) Total expenditures for and investments in the region |
| | | | | | | | |
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| | | | | | | | |
| 3 a | Subtotal | 0 | 0 | | | | 0. |
| | Total from continuation sheets to Part I | 0 | 0 | | | | 0. |
| С | Totals (add lines 3a and 3b) | 0 | 0 | | | | 0. |

932071 10-12-19

Schedule F (Form 990) 2019

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

Schedule F (Form 990) 2019 TAX FOUNDATION 52-1703065 Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------------------------|---|-------------------|-----------------------------------|--------------------------|---------------------------------|----------------------------------|---|---|
| | | EUROPE (INCLUDING | | | | | | |
| | | 1 | RESEARCH, | | | | | |
| | | | PREPARATION, AND | | | | | |
| | | ALBANIA, ANDORRA, | PUBLICATION OF THE | 6,000. | | 0. | | |
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| 0 - 1 1 1 1 1 1 | | | | | <u> </u> | | | |
| | | | recognized as charities by the | | | | | |
| 3 Enter total number of | | | ction 501(c)(3) equivalency lette | | | | | |

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Page 3

| | <u> </u> | | |
|---|---|-----|------|
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | X No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) | Yes | X No |

Schedule F (Form 990) 2019

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

TAX FOUNDATION

Employer identification number

| TAX FUL | MDATION | | | | 52-1703 | 065 |
|--|---|--|--|--|--|---|
| Part I Fundraising Activities required to complete this pa | 5. Complete if the organization answ rt. | ered "Y | es" o | n Form 990, Part IV, | line 17. Form 990-EZ | filers are not |
| Indicate whether the organization rate in the image is a | ised funds through any of the follow e X Solicita | ation of | non-g | Check all that apply overnment grants nment grants | | |
| c X Phone solicitations d In-person solicitations | g X Specia | | | | | |
| 2 a Did the organization have a written | Part VII) or entity in connection with part VII) or entities (fundraisers) purs | profess | ional f | undraising services? | X Yes | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have con contribution | Did aiser ustody trol of utions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| DAVIDSON & CO. DONOR | ASSIST WITH DIRECT MAIL | Yes | No | | | |
| ACQUISITION & DEV. | CAMPAIGN & FOUNDATION | | Х | 570,407. | 84,000. | 486,407. |
| A.C. FITZGERALD & ASSOCIATES, | ASSIST WITH FUNDRAISING | | | , | , | , |
| LLC - 300 N. WASHINGTON ST., | CAMPAIGNS | | Х | 0. | 29,770. | -29,770. |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| Total 3 List all states in which the organizati | on is registered or licensed to solicit | contrib | L | 570,407. | 113,770. | 456,637. |
| or licensing. AL, AK, AR, CA, CO, CT, DC, | _ | | | | · | |
| ND,OH,OK,OR,PA,RI,SC, | | , MC , | , Си | MA,MI,MN,M | 5,NV,NH,NU | , NM , NI , NC |
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932081 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

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

SEE PART IV FOR CONTINUATIONS

| Pa | ırt I | Fundraising Events. Complete if the | ne organization answered | l "Yes" on Form 990, Par | t IV, line 18, or reported | more than \$15,000 |
|-----------------|-------|---|----------------------------|--|----------------------------|--|
| | | of fundraising event contributions and gr | oss income on Form 990 | EZ, lines 1 and 6b. List | events with gross receip | ots greater than \$5,000. |
| | | | (a) Event #1 ANNUAL DINNER | (b) Event #2 | (c) Other events NONE | (d) Total events (add col. (a) through col. (c)) |
| Φ | | | (event type) | (event type) | (total number) | COI. (CJ) |
| Revenue | 1 | Gross receipts | 794,639. | | | 794,639. |
| | 2 | Less: Contributions | 645,378. | | | 645,378. |
| | 3 | Gross income (line 1 minus line 2) | 149,261. | | | 149,261. |
| | 4 | Cash prizes | | | | |
| es | 5 | Noncash prizes | | | | |
| Direct Expenses | 6 | Rent/facility costs | 28,500. | | | 28,500. |
| Direct F | 7 | Food and beverages | 119,794. | | | 119,794. |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | | | 224,770. |
| | 10 | Direct expense summary. Add lines 4 throug | | | > | 373,064. |
| _ | | Net income summary. Subtract line 10 from | | | | -223,803. |
| Pa | ırt I | | answered "Yes" on Form | n 990, Part IV, line 19, or | reported more than | |
| une — | | \$15,000 on Form 990-EZ, line 6a. | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Revenue | 1 | Gross revenue | | | | |
| | 2 | Cash prizes | | | | |
| pense | 3 | Noncash prizes | | | | |
| Direct Expenses | | Rent/facility costs | | | | |
| ՝□ | 5 | Other direct expenses | | | | |
| | | Volunteer labor | Yes % | Yes % | Yes % | |
| | 7 | Direct expense summary. Add lines 2 throug | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | | | | |
| | • | , | , | | Í | • |
| a | ls t | ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain: | ctivities in each of these | states? | | Yes No |
| | | | | | | |
| | | | | | | |
| | | ere any of the organization's gaming licenses r | evoked, suspended, or to | erminated during the tax | year? | Yes No |
| | | ere any of the organization's gaming licenses r Yes," explain: | | | year? | Yes No |

Schedule G (Form 990 or 990-EZ) 2019

| Sch | edule G (Form 990 or 990-EZ) 2019 TAX FOUNDATION 52-1 | 7030 | 065 | Page 3 |
|-----------|---|---------------|---------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Y | es | No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | | |
| | to administer charitable gaming? | □ 1 | es/ | └── No |
| | Indicate the percentage of gaming activity conducted in: | | | |
| | The organization's facility | 13a | | <u>%</u> |
| | An outside facility | 13b | | <u>%</u> |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | Name | | | |
| | Address ► | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | . 🔲 ነ | es/ | ☐ No |
| b | If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount | | | |
| | of gaming revenue retained by the third party >\$ | | | |
| С | 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: | | | |
| | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| | retain the state gaming license? | , LJ ነ | es (| ☐ No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | | |
| Da | organization's own exempt activities during the tax year > \$ | .d. 111 1:.a | 0 (|)b 10b |
| Ра | TIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | rτ III, IIn | es 9, s | 9D, 1UD, |
| a c | DEDITE C DADM T I THE 2D I TOM OF MEN DICUEOM DATA FINIDATORE | . c | | |
| <u>sc</u> | HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISEF | .s: | | |
| | \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | |
| <u>(I</u> |) NAME OF FUNDRAISER: | | | |
| DA | VIDSON & CO. DONOR ACQUISITION & DEV. STRATEGIES, LLC | | | |
| <u>(I</u> |) ADDRESS OF FUNDRAISER: | | | |
| 21 | 27 CALIFORNIA ST., NW, #104, WASHINGTON, DC 20008 | | | |
| <u>(I</u> | I) ACTIVITY: ASSIST WITH DIRECT MAIL CAMPAIGN & FOUNDATION GRA | NT I | PROI | POSAL |
| | | | | |
| (I |) NAME OF FUNDRAISER: A.C. FITZGERALD & ASSOCIATES, LLC | | | |

17685__1

Schedule G (Form 990 or 990-EZ)

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

TAX FOUNDATION

Part I Questions Regarding Compensation

Employer identification number 52-1703065

| | | | Yes | No |
|----|--|----|-----|----|
| 1a | 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 (such as 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 on line 1a? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the 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 | | X |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
| | 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: | | | 37 |
| a | The organization? | 5a | | X |
| b | Any related organization? | 5b | | Λ |
| _ | If "Yes" on 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: | | | v |
| а | The organization? | 6a | | X |
| b | Any related organization? | 6b | | |
| _ | 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 nonfixed payments | - | Х | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | Λ | |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | Х |
| 0 | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | Λ |
| 9 | If "Yes" on 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.

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 aren't listed on Form 990, Part VII.

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

| | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|------------------------------------|--------------------------|---|---|-----------------|-----------------------------------|-------------------------|---|--------------------------------|
| (A) Name and Title | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | benefits | | reported as deferred on prior Form 990 | |
| (1) SCOTT HODGE, PRESIDENT | (i) | 297,085. | 0. | 0. | 14,000. | 770. | 311,855. | 0. |
| AND BOARD SECRETARY | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) JOSEPH HENCHMAN | (i) | 125,389. | 0. | 220,000. | 6,540. | 6,700. | 358,629. | 0. |
| EXECUTIVE VICE PRESIDENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) MICHAEL VOGLER, VICE PRESIDENT | (i) | 161,820. | 0. | 0. | 8,025. | 770. | 170,615. | 0. |
| OF CORPORATE GIVING | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) NICOLE KAEDING | (i) | 75,008. | 0. | 67,500. | 4,084. | 9,500. | 156,092. | 0. |
| DIR. OF FEDERAL PROJECTS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) (ii) | | | | | | | |
| | ` ' | | | | | | | |
| | (i) (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | ייי | | | | | | <u> </u> | <u> </u> |

Page 2

Schedule J (Form 990) 2019 TAX FOUNDATION 52-1703065 Page 3

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 4A:

JOE HENCHMAN, EXECUTIVE VICE PRESIDENT, IS NO LONGER EMPLOYED BY THE TAX

FOUNDATION AND RECEIVED A SEVERANCE PACKAGE TOTALING \$220,000. NICOLE

KEADING, DIR. OF FEDERAL PROJECTS, IS NO LONGER EMPLOYED BY THE TAX

FOUNDATION AND RECEIVED A SEVERANCE PACKAGE TOTALING \$67,500.

PART I, LINE 7:

THE TAX FOUNDATION AWARDED PERFORMANCE BASED BONUSES TO SEVERAL EMPLOYEES,

Page 3

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization TAX FOUNDATION Employer identification number 52-1703065

| Par | ti Types | of Property | | | | | | | |
|-----------|----------------------------|----------------------------|---------------------|-------------------------|---|-------------------------------|---------------|----------------|----|
| | | | (a) | (b) Number of | (c) Noncash contribution | (d) | torminir | ~~ | |
| | | | Check if applicable | contributions or | amounts reported on | Method of de noncash contribu | | • | 3 |
| | | | арричаны | items contributed | Form 990, Part VIII, line 1 | 9 | | | |
| 1 | | t | | | | | | | |
| 2 | Art - Historical tr | easures | | | | | | | |
| 3 | Art - Fractional in | nterests | | | | | | | |
| 4 | Books and publi | ications | | | | | | | |
| 5 | | usehold goods | | | | | | | |
| 6 | Cars and other | vehicles | | | | | | | |
| 7 | Boats and plane | es | | | | | | | |
| 8 | | erty | | | | | | | |
| 9 | Securities - Publ | licly traded | Х | 3 | 39,404 | .SALE PRICE | | | |
| 10 | Securities - Clos | ely held stock | | | | | | | |
| 11 | Securities - Part | nership, LLC, or | | | | | | | |
| | | | | | | | | | |
| 12 | Securities - Misc | cellaneous | | | | | | | |
| 13 | Qualified conser | vation contribution - | | | | | | | |
| | Historic structur | es | | | | | | | |
| 14 | | vation contribution - Othe | *** | | | | | | |
| 15 | | sidential | | | | | | | |
| 16 | | mmercial | | | | | | | |
| 17 | Real estate - Oth | ner | | | | | | | |
| 18 | Collectibles | | | | | | | | |
| 19 | | | | | | | | | |
| 20 | | cal supplies | | | | | | | |
| 21 | | | | | | | | | |
| 22 | | ts | | | | | | | |
| 23 | | nens | | | | | | | |
| 24 | | tifacts | | | F 200 | 77.57.7 | | | |
| 25 | ` | WINE FOR ANNU | . / | 2 | 5,382 | | | | |
| 26 | | 30 CASES LIQU | | <u> </u> | 4,000 | | | | |
| 27 | | 20 CASES OF B | | <u></u> | 3,000 | | | | |
| 28 | | RIDE SHARE CR | | | 3,000 | • h.m. | | | |
| 29 | | ns 8283 received by the or | • | | | | | | |
| | for which the org | ganization completed Forr | n 8283, Part IV, I | Jonee Acknowled | gement 29 | | , | , T | |
| 20- | Description at the extreme | | | | antadia Dart I liana 1 thus | | | Yes | No |
| 30a | | | | | oorted in Part I, lines 1 thro | | | | |
| | | • | | • | l which isn't required to be | | 20- | | Х |
| L | | | | | | | 30a | | |
| | • | e the arrangement in Part | | aujree the review | of any nonstandard contri | outions? | 24 | | X |
| 31 322 | - | · · | • | · · | or any nonstandard contri cit, process, or sell noncas | | 31 | \dashv | |
| JZd | contributions? | • | | | | DI I | 32a | | Х |
| h | If "Yes," describ | e in Part II | | | | | OZ.a | | |
| 33 | | | t in column (c) fo | r a type of propert | y for which column (a) is cl | necked | | | |
| 55 | describe in Part | · · | 55.61111 (6) 10 | a type of propert | , 10. WINOTI ODIGITITI (a) 13 OI | | | | |
| | | | | | | | | | |

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

| TAX FOUNDATION REPORTS THE NUMBER OF CONTRIBUTIONS. | CHEDUL | <u>Ε Μ</u> , | PAI | RT : | I, | COI | LUMN | (B): | | | |
|---|--------|--------------|-----|------|-----|-----|------|-------|------|----------------|--|
| | AX FOU | NDAT | NOI | RE | POR | RTS | THE | NUMBE | R OF | CONTRIBUTIONS. | |
| | | | | | | | | | | | |
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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.

► Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2019 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 52-1703065

Name of the organization

TAX FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PRINCIPLED RESEARCH, INSIGHTFUL ANALYSIS, AND ENGAGED EXPERTS HAVE

INFORMED SMARTER TAX POLICY AT THE FEDERAL, STATE, AND GLOBAL LEVELS.

FOR OVER 80 YEARS, OUR GOAL HAS REMAINED THE SAME: TO IMPROVE LIVES

THROUGH TAX POLICIES THAT LEAD TO GREATER ECONOMIC GROWTH AND

OPPORTUNITY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: REPORTS WERE DOWNLOADED 538,637 TIMES.

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

GLOBAL TAX REFORM PROGRAM WAS LAUNCHED IN 2018 IN ORDER TO PROMOTE

PRO-GROWTH TAX POLICIES THROUGHOUT THE WORLD WITH A PRIMARY FOCUS ON

EUROPE. THE GLOBAL PROGRAM PRODUCES IN-DEPTH STUDIES OF ECONOMIC DATA

AND USES A VARIETY OF MEASURES, SUCH AS THE INTERNATIONAL TAX

COMPETITIVENESS INDEX, TO COMPARE TAX SYSTEMS. THE FOUNDATION'S EXPERTS

HAVE PROVIDED BRIEFINGS IN COUNTRIES THROUGHOUT EUROPE AND ARE RELIED

UPON BY MEDIA, POLICY MAKERS, AND OTHER POLICY GROUPS TO PROVIDE

ANALYSIS OF TAX PROPOSALS THROUGHOUT THE WORLD. THE TAX FOUNDATION'S

WORK WAS CITED IN 93 COUNTRIES.

LEGAL PROGRAM CULTIVATES, EXPLAINS, AND ADVOCATES FOR TAX LEGAL REFORM.

WE DEVELOP INNOVATIVE PRO-GROWTH IDEAS IN TAX LAW WITH LEADING EXPERTS,

EDUCATE THE LEGAL COMMUNITY AND THE PUBLIC ABOUT ECONOMICS AND TAXPAYER

PROTECTIONS, AND ADVOCATE THAT JUDICIAL AND POLICY DECISIONS ON TAX LAW

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

INCLUDING GRANTS OF \$ 9,452.

932211 09-06-19

EXPENSES \$ 548,061.

REVENUE \$ 0.

Name of the organization TAX FOUNDATION **Employer identification number** 52-1703065

PROMOTE SIMPLE, NEUTRAL, TRANSPARENT, AND STABLE TAX POLICIES.

EXPENSES \$ 202,548. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4:

THE FOUNDATION AMENDED ITS BY-LAWS AT THE END OF 2019. SIGNIFICANT CHANGES WERE MADE TO THE NUMBER OF BOARD OF DIRECTORS FROM 11 TO 13, AND INCREASING BOARD TERMS FROM 1 YEAR TO 3 YEARS, WITH UP TO 2 CONSECUTIVE TERMS, WITH STAGGERED TERMS BEGINNING IN 2020.

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

THE FEDERAL FORM 990 IS REVIEWED BY THE ACCOUNTING PERSONNEL AND THE PRESIDENT OF THE TAX FOUNDATION BEFORE BEING SIGNED BY THE PRESIDENT. 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. BIANNUALLY, ALL OFFICERS AND MEMBERS OF THE BOARD OF DIRECTORS MUST REVIEW AND SIGN A CONFLICT OF INTEREST POLICY STATEMENT. THE MONITORING OF COMPLIANCE IS HANDLED INFORMALLY AT REGULARLY SCHEDULED BOARD MEETINGS. FOR EMPLOYEES, THE CONFLICT OF INTEREST POLICY IS CONTAINED WITHIN THEIR EMPLOYEE MANUAL. THEY SIGN THE MANUAL WHEN THEY ARE HIRED OR WHEN CHANGES ARE MADE TO THE MANUAL.

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

THE TAX FOUNDATION PARTICIPATES IN THE ANNUAL THINK TANK COMPENSATION STUDY Schedule O (Form 990 or 990-EZ) (2019)

46

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization **Employer identification number** TAX FOUNDATION 52-1703065 WHICH COLLECTS COMPENSATION AND BENEFITS DATA RELEVANT TO THINK TANKS AND OTHER RESEARCH ORGANIZATIONS IN THE U.S. 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 TO DETERMINE THE APPROPRIATE SALARY LEVEL FOR THE PRESIDENT AND ALL STAFF MEMBERS. THE ORGANIZATION CURRENTLY HAS NO OTHER PAID OFFICERS OR STAFF MEMBERS CLASSIFIED AS "KEY EMPLOYEES" AS DEFINED BY THE IRS. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: DC,AL,AK,NV,CA,CO,CT,FL,AR,KS,KY,IL,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,OH,OK OR, RI, SC, TN, VA, WV, WI, PA, ND, UT, HI, GA, WA FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION PROVIDES GOVERNING DOCUMENTS, THE FEDERAL FORM 990 AND APPLICATION FOR EXEMPTION (FEDERAL FORM 1023) TO INTERESTED PARTIES UPON REQUEST. COPIES OF THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON THE WEBSITE. THE ORGANIZATION HAS NOT BEEN ASKED TO AND CURRENTLY DOES NOT HAVE A POLICY OF PROVIDING A COPY OF THE CONFLICT OF

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION OF AN INDEPENDENT AUDITOR PROCESS DURING THE YEAR.

INTEREST POLICY.