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Form **990**

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)

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

OMB No 1545-0047 2014

Open to Public Inspection

Form 990 (2014)

TEEA0101 05/28/14

For the 2014 calendar year, or tax year beginning . 2014, and ending D Employer Identification number Name of organization Check if applicable The Freedom of Information Supporting Foundation Address change 31-1756658 Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Name change Initial return 302 (512) 377-1575 3001 N. Lamar Blvd. City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return TX78705 **G** Gross receipts \$ 160,939 Austin H(a) Is this a group return for subordinates? F Name and address of principal officer Application pending Yes H(b) Are all subordinates included?
If 'No,' attach a list (see instructions) No TX 78705 Dale Leach 3001 N. Lamar Blvd. Austin X 501(c)(3) 527 Tax-exempt status 501(c) 4947(a)(1) or (insert no) Website: ▶ H(c) Group exemption number M State of legal domicile Form of organization X Corporation Other > 2000 Trust Association L Year of formation TX Part I Summary Briefly describe the organization's mission or most significant activities. The Freedom of Information Supporting Foundation is organized to support the activities of The Freedom of Information Foundation of Texas Governance and in doing so, to educate about First Amendment and freedom of information issues. Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... જ Number of independent voting members of the governing body (Part VI, line 1b) 4 6 Activities Total number of individuals employed in calendar year 2014 (Part V. line 2a) . . 5 0 Total number of volunteers (estimate if necessary) 6 9 0<u>.</u> Total unrelated business revenue from Part VIII, column (C), line 12. 7a b Net unrelated business taxable income from Form 990-Trime: ō. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h). S 126,247. Program service revenue (Part VIII, line 2g) . . Investment income (Part VIII, column (A), lines 3, 4, and 7d) 13,462 34,692. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). Total revenue - add lines 8 through 11 (must equal Par VIII coumn (A) line 12) 13,462 160,939. 45,500 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 1,521. Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . 16a Professional fundraising fees (Part IX, column (A), line 11e) . . b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). . . . 0 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 45,500. 1,521. 19 Revenue less expenses Subtract line 18 from line 12 -32,038159,418. **End of Year Beginning of Current Year** 20 Total assets (Part X line 16) . . . 1,043,951 1,268,537. 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 1,043,951 1,268,537 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) abased on all information of which preparer has any knowledge. 08/03/15 Signature of officer Sign Here Dale Leach President Type or print name and title Print/Type preparer's name 08/03/15 self-employed P01388530 **Paid** Arturo Montemayor III Montemayor Hill Preparer Use Only Suite 74-2902112 Firm's address 2525 Wallingwood Dri 8746 Phone no (512)442-0380 May the IRS discuss this return with the preparer shown above? (see instructions) Yes

BAA For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2014)	The Freedom of I			tion	31-1756	658 P age 2
	ement of Program S		•			
	of Schedule O contains a		o any line in this Part	<u> </u>		
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	ized_to_support					
and in d	loing_so,_to_edu	<u>icate about </u>	First Amendme	ent and freedom	<u>of informat</u>	ion issues.
2 Did the organ	ization undertake any sig	nificant program sei	nuces during the year	which were not listed on	the prior	
	990-EZ?					Yes X No
	ibe these new services of					
	ization cease conducting		t changes in how it co	nducts, any program sen	vices?	Yes X No
	be these changes on Scl	-		, , , , , , , , , , , , , , , ,	L	
	organization's program se (3) and 501(c)(4) organi		ents for each of its thr	ee largest program servi	ces, as measured b	y expenses
Section 501(c	:)(3) and 501(c)(4) organi if any, for each program	zations are required service reported	I to report the amount	of grants and allocations	to others, the total	expenses,
and roveride,	in arry, for each program.	sortios reportos.				
4 a (Code) (Expenses \$	1.521	including grants of	\$ 1,521.) (Revenue \$	0.)
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4 d Other program	services. (Describe in S	chedule O.)				- · · · · · · · · · · · · · · · · · · ·
(Expenses	\$	including grants	of \$) (Revenue	\$)
4 e Total program	service expenses	1,	521.			
BAA			TEEA0102 05/28/14			Form 990 (2014)

TEEA0102 05/28/14

			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 (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			_
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b	Х	_
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c	_	Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	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
12	a 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	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 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 or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
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
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV Checklist of Required Schedules (continued) Yes No 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 Х 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Х column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х 24 a 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 Х 24b **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d Χ 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Х Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I....... 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Χ 32 Χ 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Х 35a 35b Х Х 36 Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Х 38

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Form **990** (2014)

Form 990 (2014) The Freedom of Information Supporting Foundation 31-1756658 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance | 1a| 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

•	a Little the humber reported in Box 3 of Form 1090. Little 1-0-11 not applicable 1.1.1.1.1.1		l	1
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	L	Х
	b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		х
	b If 'Yes,' enter the name of the foreign country		İ	ł
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)		-	Ū
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	<u> </u>	X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	<u> </u>	├ ^
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		<u> </u>
	a 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?	6 a		х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	6.0		
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	-	x x
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	-	<u> </u>
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	- 0		
	Form 8282?	7 c		X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		Х
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.	_	~	
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		L
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		<u> </u>
10	Section 501(c)(7) organizations. Enter		1	
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter.	İ		ĺ
	a Gross income from members or shareholders	-		1
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		~	
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		Ì	
13	γ-γ γ-γ			
	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	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	.		.,
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

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Pa	rt VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below	w, ar	d for	•
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.	in		
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	ction A. Governing Body and Management			
	Alon A. Governing Body and management		Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year			
	b Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	-	. <u></u> .
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7 :	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	_		
	members of the governing body?	7 a		X
l	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	a The governing body?	8 a	Х	
1	b Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		X
I	old 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 · · · · · · · · · · · · · · · · · ·	12 a		Х
I	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b		
(Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c		
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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
á	The organization's CEO, Executive Director, or top management official	15a		X
ŀ	Other officers or key employees of the organization	15 b		X
16:	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16 a		Х
	olf 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
	tion C. Disclosure			
17				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply	vailab	le	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year	to		
20				
			377-1	
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hig Independent Contractors	hest Compensated Employees, and
	Check if Schedule O contains a response or note to any line in this Part VII	<u>.</u> <u>.</u> <u>.</u>

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) Position (do not check more than one box, unless person is both an officer and a (B) (F) (A) Name and Title Reportable Reportable Estimated Average compensation from related organizations (W-2/1099-MISC) hours director/trustee) pensation from amount of other the organization (W-2/1099-MISC) compensation Officer Individual trustee nstitutional trustee Key employee from the ormer lighest compensated (list any hours for related organization and related organizations rganıza-tions below (1) Joel R. White h.oo Х 0. 0. 0. Director (2) Wanda G. Cash 1.00 Χ Director 0. 0. 0. (3) Ralph Langer 1.00 Х 0. 0. 0. Director _(4) Keith Elkins Þ.00 Χ Х Secretary Jan-Nov 0. 0. 0. ٤.٥٥ (5) Kelley Shannon Х Χ 0. Secretary Dec 0. 0 (6) Scott Burns 1.00 Х Х Treasurer Jan-Nov 0 0. 0. <u>(7) Tim Kelly</u> Х Х 0. 0. 0. Treasurer Dec (8) Vicky Teherani 1.00 Х Х 0. 0. 0. Vice-President (9) Timothy M. Kelly 1.00 Х Х 0. 0. 0. President Jan-Nov (10) Dale Leach 1.00 Χ 0. 0. 0. President Dec (11)(12)(13)(14)

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Form 990 (2014)

Form	990 (2	2014) The F	reedom of	Informat	ion S	uppor	ting	F	ound	dat	ıon			31-175665			age 8
Par	t·VII	Section A	. Officers	, Directors	, Trus	tees,	Key │	Er		oye C)	es,	an	d Highest Con	npensated Emp	oloyee	S (con	tinued)
	(A) Name and title		Average hours per week (list any hours for related organiza	box	, unle	Pos check ess pe ind a d	ition more irson i	than or thighest co	an ee)	Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	ami co: or a	(F) Estimated ount of oth opensation from the ganization of related ganization	her on n d			
						- tions below dotted line)	r trustee	nstitutional trustee		oyee	Highest compensated employee						
<u>(15)</u>						-									:		
(16)																	
(17)															-		
(18)																	
(19)																	
(20)																	
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(23)_						 - -											
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(25)_																	
		otal										▶	0.	0.			0.
		add lines 1b										•	0.	0.			0.
		number of indivine organization	,	iding but not l	imited to	those I	listed	abo	ove)	who	rece	ivec	d more than \$100,0	000 of reportable co	mpensa	ition	
													t compensated em			Yes	No
4	For any	y ındıvıdual lis	ted on line 1	a, is the sum	of repor	table co	mpei	nsat	ion a	and (other	cor	mpensation from		. 3		X
;	such in	janızatıon and ndıvidual v person listed						٠.		• •		٠.			. 4		Х
1	or ser		d to the orga	nization? If 'Y											. 5		X
1 (Comple	ete this table f	or your five	nighest comp	ensated ompens	indeper	ndent	cor	ntrac ndar	tors	that r	rece	eived more than \$1 with or within the c	00,000 of organization's tax ye	ar.		
				(A) and business						-		Ĭ	(B) Description of			(C) ensatio	n
					-												
2 -	Fotal n	umber of inde	nendent con	tractors (incli	ıdına bu	t not lim	uted t	o th	OSE	liste	d abo	Ve)	who received mor	e than			
		00 of compen	•	•	•	- not mil	mou t		JJ6			,,,,,		o didii			
BAA						1	EEA0	108	05/28	/14					Form	990 (2	2014)

Pa	rt VIII Statement of Revenue Check if Schedule O contains a response or note to any li	ne in this Part VIII			Γ
	Grook is concedure of containing a recipionize of rictio to drifty in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
9 9	1a Federated campaigns 1a		Tevende		312-314
ant	b Membership dues 1b	1			
ج ق	c Fundraising events 1c	1			
ifts	d Related organizations 1 d	†			
<u>@</u>	e Government grants (contributions) 1 e	1			
S. S.	B Government grants (continuations)	-			
iğ ja	f All other contributions, gifts, grants, and similar amounts not included above . 1f 126.247				
Contributions, Gifts, Grants and Other Similar Amounts	similar amounts not included above				
5 5	g Noncash contributions included in lines 1a-1f \$		ĺ		
<u>0</u>	h Total. Add lines 1a-1f	126,247.			
Program Service Revenue	2 a b				
<u>8</u>	c				
ēZ.	d				
Ϋ́					
Ta	f All other program service revenue				
ဋိ	g Total. Add lines 2a-2f				
	· · · · · · · · · · · · · · · · · · ·				
	3 Investment income (including dividends, interest and other similar amounts)	18,540.	0.	0.	10 540
	4 Income from investment of tax-exempt bond proceeds >	10,540.			18,540
	5 Royalties				
	(i) Real (ii) Personal				
	6 a Gross rents				
	b Less: rental expenses	İ			
	c Rental income or (loss)				
	d Net rental income or (loss)				-
	(i) Securities (ii) Other			·	
	7 a Gross amount from sales of assets other than inventory 16, 152.				
	b Less cost or other basis			•	
	and sales expenses				Ì
	c Gain or (loss) 16,152.				
	d Net gain or (loss)	16,152.	0.	0.	16,152.
Other Revenue	8 a Gross income from fundraising events (not including\$ of contributions reported on line 1c).				
ě					
<u> </u>	See Part IV, line 18 a				
₹	b Less direct expenses b				
0	c Net income or (loss) from fundraising events > 9 a Gross income from gaming activities See Part IV, line 19 a				
			+		
	b Less. direct expenses b c Net income or (loss) from gaming activities		+		-
					<u> </u>
	10 a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory ▶				
	Miscellaneous Revenue Business Code				
	11a				
	b				
,	C				
	d All other revenue				
	e Total. Add lines 11a-11d				

12 Total revenue. See instructions

160,939

34,692.

Form 990 (2014) The Freedom of Information Supporting Foundation Part IX Statement of Functional Expenses

Sec	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX								
	Check if Schedule O contains a re	<u> </u>							
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,521.	1,521.						
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 individuals. See Part IV, lines 15 and 16		· · · · · · · · · · · · · · · · · · ·						
4 5	Benefits paid to or for members								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).								
7	Other salaries and wages								
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees):								
	Management								
	Legal				-				
	: Accounting								
	_								
-	Lobbying								
	Professional fundraising services See Part IV, line 17								
-	Investment management fees								
·	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)								
	Advertising and promotion								
13	Office expenses								
14	Information technology								
15	Royalties								
16	Occupancy								
17									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization		<u>-</u>						
23	Insurance								
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)								
а	,								
b	'								
_									
-	` 								
C	' 								
	All other expenses	1	1 501						
25	Total functional expenses Add lines 1 through 24e	1,521.	1,521.						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following								
	SOP 98-2 (ASC 958-720)	I		l	·				

Part X Balance Sheet (A) (B) Beginning of year End of year 1 2 2 1,520 0. 3 3 4 5 Loans and other receivables from current and former officers, directors, 5 126. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 8 9 10 a 10 b 10 c 11 Investments – other securities. See Part IV, line 11 12 12 1,042,431 1,142,290 Investments - program-related. See Part IV, line 11 13 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,043,951 268,537 16 17 17 18 18 19 19 20 20 Escrow or custodial account liability Complete Part IV of Schedule D Liabilities 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 23 24 Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . 25 26 0 26 Total liabilities. Add lines 17 through 25...... \cap Organizations that follow SFAS 117 (ASC 958), check here ► X and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 28 28 1,268,537 1,043,951 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30

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32

33

34

1,268,537. Form 990 (2014)

1,268,537

31

32

33

34

,043,951

1,043,951

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

2 Total expenses (must equal Part IX, column (A), line 25)	 0,939. 1,521. 9,418.
1 Total revenue (must equal Part VIII, column (A), line 12) 1 1 1 1 6 2 Total expenses (must equal Part IX, column (A), line 25) 2 2	1,521. 9,418.
2 Total expenses (must equal Part IX, column (A), line 25)	1,521. 9,418.
	9,418.
3 Revenue less expenses Subtract line 2 from line 1	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3 <u>,951.</u>
5 Net unrealized gains (losses) on investments	5,168.
6 Donated services and use of facilities	
7 Investment expenses	
8 Prior period adjustments	
9 Other changes in net assets or fund balances (explain in Schedule O)	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	0 507
Part XII Financial Statements and Reporting	8,537 <u>.</u>
	
Check if Schedule O contains a response or note to any line in this Part XII	···
	es No
1 Accounting method used to prepare the Form 990: X Cash Other	
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O	-
2 a Were the organization's financial statements compiled or reviewed by an independent accountant? 2 a	x
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	
separate basis, consolidated basis, or both	<u> </u>
Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	
basis, consolidated basis, or both	- }
Separate basis Donsolidated basis Both consolidated and separate basis	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	
	90 (2014)

TEEA0112 05/28/14

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Open to Public

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

The	e Freedom of Informat	ion Supportin	g Foundation			31-175665	8
Pa	rt 🔛 Reason for Public Ch	arity Status (All o	organizations must c	omplet	e this p	oart.) See instruction	ıs.
The	organization is not a private founda	ition because it is (Fo	r lines 1 through 11, chec	k only o	ne box)		
1	A church, convention of church	ches, or association of	f churches described in s e	ection 1	70(b)(1)((A)(i).	
2	A school described in section	n 170(b)(1)(A)(ii). (Att	ach Schedule E)				
3	A hospital or a cooperative ho	ospital service organiz	ation described in section	n 170(b)	(1)(A)(iii).	
4	A medical research organizati	ion operated in conjur	nction with a hospital desc	cribed in	section	170(b)(1)(A)(iii) Enter th	ne hospital's
_	name, city, and state				5.7.7.7		
5	An organization operated for the 170(b)(1)(A)(iv). (Complete F	Part II)	•				In Section
6 7	A federal, state, or local gover						iblio doggribod
'	in section 170(b)(1)(A)(vi).	Complete Part II)	i part of its support from a	a governi	nentai u	int or from the general po	ibiic described
8	A community trust described i	n section 170(b)(1)(A	A)(vi). (Complete Part II)				
9	An organization that normally from activities related to its ex investment income and unrela June 30, 1975 See section 5	empt functions — sub ated business taxable	ject to certain exceptions income (less section 511	, and (2)	no more	than 33-1/3% of its supr	ort from gross
10	An organization organized and	d operated exclusively	y to test for public safety	See sec	tion 509	(a)(4).	
11	X An organization organized and or more publicly supported organized lines 11a through 11d that des	ganizations described	in section 509(a)(1) or s	ection 5	09(a)(2)	. See section 509(a)(3).	irposes of one Check the box in
ā	Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	egularly appoint or ele	ised, or controlled by its sect a majority of the direct	upported ors or tru	d organiz istees of	ation(s), typically by givir the supporting organizat	ng the supported alon. You must
ł	Type II. A supporting organiza management of the supporting must complete Part IV, Sect	g organization vested	ntrolled in connection with in the same persons that	n its supp control o	orted or or manaç	ganization(s), by having ge the supported organiza	control or ation(s) You
(Type III functionally integrate organization(s) (see instruction	ted. A supporting orga	anization operated in conf	nection w	uth, and	functionally integrated wi	th, its supported
(Type III non-functionally integrated The or	egrated. A supporting	organization operated in	connect	ion with	its supported organizatio	n(s) that is not
	instructions) You must comp	plete Part IV, Section	is A and D, and Part V.	requireir	ieni anu	an attentiveness require	ment (see
•	Check this box if the organiza integrated, or Type III non-fun	tion received a writter ectionally integrated su	n determination from the lipporting organization	RS that i	s a Type	I, Type II, Type III functe	onally
f	Enter the number of supported or	-					
_ (Provide the following information	about the supported of	organization(s)				
	(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) la organizati in your g docur	on listed	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
							
<u>(A)</u>	Freedom of Information Foundation	75-2170856	7	Х		1,521.	
/D\		ĺ			}		
(B)			-		<u> </u>		
(C)							
(C)			 	 			
(D)							
<u> </u>					_		
<u>(E)</u>							
			· · · · · · · · · · · · · · · · · · ·	iria.			
Tota	<u> </u>	्रा ११० व्यक्तिकार्	1 好好我们一般影响之后也	E PE	4.4	1,521.	·

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	·····					
	endar year (or fiscal year inning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization'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						
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)						
6	Public support. Subtract line 5 from line 4					 	
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						<u> </u>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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.)	-					
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12	
	First five years. If the Form 990 is organization, check this box and s	top here		third, fourth, or fifth	tax year as a sect	on 501(c)(3)	▶ 🗍
	tion C. Computation of Pu						
	Public support percentage for 2014		•				
15	Public support percentage from 20	13 Schedule A, Pa	art II, line 14				<u>%_</u>
16 a	33-1/3% support test — 2014. If the and stop here. The organization q	the organization di ualifies as a public	d not check the bo ly supported organ	x on line 13, and the nization	ne line 14 is 33-1/3	% or more, check t	his box
b	33-1/3% support test — 2013. If the and stop here. The organization of	ne organization did jualifies as a public	I not check a box only cly supported orga	on line 13 or 16a, a nization	nd line 15 is 33-1/3	3% or more, check	this box
17 a	10%-facts-and-circumstances te or more, and if the organization meets the facts-a	ets the 'facts-and-	circumstances' tes	st, check this box a	nd stop here. Exp	lain in Part VI how	
	10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-c	eets the 'facts-and- circumstances' test	circumstances' tes The organization	st, check this box a i qualifies as a pub	nd stop here. Exp licly supported orga	lain in Part VI how anization	the ▶ □
18	Private foundation. If the organization	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instruction	ıs ▶ [
RAA					Sah	edule A (Form 990	or 000 EZ\ 2014

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

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

Section A. Public Support							
Calendar year (or fiscal yr beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 20°	14	(f) Total
Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')							
2 Gross receipts from admis-							
sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3 Gross receipts from activities that are not an unrelated trade or business under section 513.							
 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 							
6 Total. Add lines 1 through 5							
7 a Amounts included on lines 1, 2, and 3 received from disqualified persons					<u></u>		
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c Add lines 7a and 7b		•					
8 Public support (Subtract line 7c from line 6)							
Section B. Total Support							
Calendar year (or fiscal yr beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
9 Amounts from line 6							
 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
c Add lines 10a and 10b							
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
13 Total support. (Add lines 9, 10c, 11 and 12.)	. ,						
14 First five years. If the Form 990 organization, check this box and	stop here		hird, fourth, or fifth	tax year as a secti	on 501(c)(3)	▶ 🗍
Section C. Computation of Pu							
15 Public support percentage for 201		•				15	응
16 Public support percentage from 2	013 Schedule A, Pa	ırt III, line 15				16	ફ
Section D. Computation of Inv		- -					
17 Investment income percentage fo	r 2014 (line 10c, col	lumn (f) dıvıded by	line 13, column (f))		17	용
18 Investment income percentage from	om 2013 Schedule /	A, Part III, line 17	.			18	ક
19 a 33-1/3% support tests — 2014. I is not more than 33-1/3%, check to b 33-1/3% support tests — 2013. I	this box and stop he	ere. The organizat	on qualifies as a p	ublicly supported o	organization		▶ ∐
line 18 is not more than 33-1/3%,							
20 Private foundation. If the organiz		•		, , , , ,	_		

Part IV Supporting Organizations

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

	ection A. All Supporting Organizations		Yes	No
	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	1	- X	
	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)	2		X
	3 a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		X
	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	3b		
	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	3с		-
	4 a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		X
	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	- 4b		
	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	4c		
	5 a 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)	5a		х
	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?	5b		_
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		 X
	7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		X
	B 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)	8		X
	9 a 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	9a		Х
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
1	0 a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	10a		X
	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)	- 10b		

	medule A (Form 990 or 990-EZ) 2014 The Freedom of Information Supporting Foundation 31-175665	8	- 1	Page 5
Pa	art IV Supporting Organizations (continued)		Tvaa	T No
11	Has the organization accepted a gift or contribution from any of the following persons?	Γ	Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		i
	b A family member of a person described in (a) above?	11b		X
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		X
_	ction B. Type I Supporting Organizations	·	1	<u> </u>
		,	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	X	
	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	- -	X
Sec	ction 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	· :=	X
Sec	ction D. All Type III Supporting Organizations			<u> </u>
		\Box	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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		 X	
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	x	
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	. .	X
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 year (see instructions):			
	The organization satisfied the Activities Test Complete line 2 below			
ı	The organization is the parent of each of its supported organizations. Complete line 3 below			
•	c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructi	ons)		
2	Activities Test Answer (a) and (b) below.	Γ	Yes	No
á	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		
Ł	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		
t	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	3b		

Sch	edule A (Form 990 or 990-EZ) 2014 The Freedom of Information Supportin	ig Fou	indation 31-17	756658 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Sec	Novemb	per 20, 1970 See instru through E	uctions. All
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion 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).			
e	Average monthly value of securities	1 a		
t	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
	I Total (add lines 1a, 1b, and 1c)	1 d		
E	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		
Sec	tion 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	Mınımum 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-functionally-integrated (see instructions)	d Type	III supporting organizat	ion

Schedule A (Form 990 or 990-EZ) 2014

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Schedule A (Form 990 or 990-EZ) 20)14
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Page 7

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiz	ations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	es		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	rted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	<u> </u>		
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6		<u> </u>	
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6	, ,		
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)	. "		
3	Excess distributions carryover, if any, to 2014			
a				
b	•			
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	*		
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7			
a				· · · · · · · · · · · · · · · · · · ·
b	•			
С	_	 		
d	Excess from 2013			
	Eyeass from 2014			

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Schedule A (Form 990 or 990-EZ) 2014

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Employer identification number

	The Freedom of Information Supporting Founda	ation	31-1756658
Par	Organizations Maintaining Donor Advised Funds or O	ther Similar Fu	
	Complete if the organization answered 'Yes' to Form 990,	Part IV, line 6.	
	(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the as are the organization's property, subject to the organization's exclusive legal co	ssets held in donor a	advised funds
6	Did the organization inform all grantees, donors, and donor advisors in writing for charitable purposes and not for the benefit of the donor or donor advisor, of impermissible private benefit?	or for any other purp	ose conferring
Par	Conservation Easements. Complete if the organization answered 'Yes' to Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all tha		
	Preservation of land for public use (e.g., recreation 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 qualified conservation	contribution in the f	orm of a conservation easement on the
	last day of the tax year		Held at the End of the Tax Year
_	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic structure included in	, ,	20
C	Number of conservation easements included in (c) acquired after 8/17/06, and structure listed in the National Register		
3	Number of conservation easements modified, transferred, released, extinguist tax year ▶	hed, or terminated b	y the organization during the
4	Number of states where property subject to conservation easement is located	•	_
5	Does the organization have a written policy regarding the periodic monitoring,	inspection, handling	g of violations,
	and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing cor	nservation easemen	ts during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conserve ▶ \$	ration easements du	iring the year
8	Does each conservation easement reported on line 2(d) above satisfy the regiand section 170(h)(4)(B)(ii)?	uirements of section	1 170(h)(4)(B)(ı)
9	In Part XIII, describe how the organization reports conservation easements in include, if applicable, the text of the footnote to the organization's financial sta conservation easements	its revenue and exp tements that describ	ense statement, and balance sheet, and bes the organization's accounting for
Par	Organizations Maintaining Collections of Art, Historic Complete if the organization answered 'Yes' to Form 990,	al Treasures, o Part IV, line 8.	r Other Similar Assets.
1 8	If the organization elected, as permitted under SFAS 116 (ASC 958), not to re art, historical treasures, or other similar assets held for public exhibition, educin Part XIII, the text of the footnote to its financial statements that describes the	ation, or research in	tatement and balance sheet works of furtherance of public service, provide,
t	If the organization elected, as permitted under SFAS 116 (ASC 958), to report historical treasures, or other similar assets held for public exhibition, education following amounts relating to these items.	n, or research in furt	herance of public service, provide the
	(i) Revenue included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other samounts required to be reported under SFAS 116 (ASC 958) relating to these	items	
	Revenue included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ \$

.					
	reedom of Inform				
Part Organizations Mainta 3 Using the organization's acquisition					
items (check all that apply)		. 🗀 .			
a Public exhibition		H	r exchange programs		
b Scholarly research		e Other			
c Preservation for future general					
4 Provide a description of the organia Part XIII					
5 During the year, did the organization to be sold to raise funds rather than	n to be maintained as p	part of the organiz	zation's collection?		Yes No
Part IV Escrow and Custodia line 9, or reported an ar	mount on Form 99	Omplete if the 10, Part X, line	e organization and 21.	swered Yes to Form	1990, Paπ IV,
1 a Is the organization an agent, truste on Form 990, Part X?			• • • • • • • • •	ssets not included	Yes No
b If 'Yes,' explain the arrangement in	Part XIII and complete	the following tab	le		
					Amount
c Beginning balance					
d Additions during the year					
e Distributions during the year					
f Ending balance					
2 a Did the organization include an am	ount on Form 990, Par	t X, line 21, for es	scrow or custodial acco	ount liability?	Yes No
b If 'Yes,' explain the arrangement in	Part XIII Check here i	f the explanation	has been provided in I	Part XIII	
Part V Endowment Funds. C	omplete if the orga	anization ansv	vered 'Yes' to Forr	n 990, Part IV, line 1	0.
	(a) Current year	(b) Prior year	(c) Two years bad	k (d) Three years back	(e) Four years back
1 a Beginning of year balance	1,043,951.	929,22	25. 881,82	848,322	. 808,860.
b Contributions	126,247.				
c Net investment earnings, gains, and losses	99,860.	160,22	26. 92,40	33,505	76,962.
d Grants or scholarships	—— —	· · · · · · · · · · · · · · · · · · ·			
e Other expenditures for facilities					
and programs	1,521.	45,50	00. 45,00	0. 0.	. 37,500.
f Administrative expenses			1	.0.	
g End of year balance	1,268,537.	1,043,95		881,827	. 848,322.
2 Provide the estimated percentage of	of the current year end	balance (line 1g,	column (a)) held as		
a Board designated or quasi-endown	nent ►	8			
b Permanent endowment ►	90				
c Temporarily restricted endowment	>	%			
The percentages in lines 2a, 2b, an		- %.			
3 a Are there endowment funds not in t organization by:					Yes No
(i) unrelated organizations					. 3a(i) X
(ii) related organizations					. 3a(ii) X
b If 'Yes' to 3a(II), are the related orga	anizations listed as req	uired on Schedul	e R?		. 3b
4 Describe in Part XIII the intended u	ses of the organization	's endowment fur	nds		
Part: VI Land, Buildings, and I Complete if the organization	• •	es' to Form 90	0 Part IV line 11	a See Form 990 Pa	ert X line 10
<u>-</u>					
Description of property		or other basis estment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		<u>J</u>	<u> </u>	5. 38 44 Table 1	
b Buildings				a control of N. Math. op. page, and delight, a	
c Leasehold improvements					

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2014

Part VII Investments — Other Securities.	Vasita Farm 000 F	Next IV line 44h See Ferry 000 Part V	line 10
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year m	
(1) Financial derivatives	(b) book value	(C) Welfied of Valuation Cost of end-of-year in	arker value
(2) Closely-held equity interests			
(3) Other			
(A) Stock Index Fund	315,430.	EMV	
(B) Growth & Income Fund	274,213.		
(C) AC International Bond Fund	142,667.		-
(D) Value Index Fund	225,429.	 	
(E) Vanguard GNMA Fund	95,825.		
(F) Inflation-Protected Sec. Fund	85,589.		
(G) Endowment Holding Fund	3,137.	 	-
(H)			
(I)			
Total (Column (b) must equal Form 990, Part X, column (B) line 12) >	1,142,290.		
Part VIII Investments - Program Related.	· · · · · · · · · · ·	187 E 141 O 5 1000 B 147	Ľ 40
Complete if the organization answered " (a) Description of investment type	Yes' to Form 990, P	art IV, line 11c. See Form 990, Part X, (c) Method of valuation Cost or end-of-year	
	(b) Book value	(c) Method of Valuation Cost of end-of-year	market value
(1)			
(2)			
(3)			
(4)			
(5)			
(7)			
(8)			
(9)			
(10)	-		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13).			
Part IX Other Assets.			
Complete if the organization answered "	 		
	scription	(D)	Book value
(1)			
(3)			
(4)	•		
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B), I	ine 15)		
Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo	orm 990 Part IV line 11	e or 11f See Form 990 Part X line 25	
(a) Description of liability	(b) Book value	0 01 111 000 1 01111 770,1 dit 77 iii 0 20	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(10)			
(11)			
Fotal (Column (b) must equal Form 990, Part X, column (B) line 25)	>		
2. Liability for uncertain tax positions In Part XIII, provide the text of the footn		icial statements that reports the organization's liability for u	ncertain
ax positions under FIN 48 (ASC 740) Check here if the text of the footnote h	-	· · · · · · · · · · · · · · · · · · ·	

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	turn.	
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants	1 1	
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII)		
c Add lines 4a and 4b	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
d Other (Describe in Part XIII.)	1 /6	
e Add lines 2a through 2d	2 e	
e Add lines 2a through 2d	3	
e Add lines 2a through 2d	——————————————————————————————————————	
e Add lines 2a through 2d	3	
e Add lines 2a through 2d	——————————————————————————————————————	
e Add lines 2a through 2d	3 4c	

The organization's Endowment Funds generate investment income; from these funds, the organization provides support to Freedom of Information Foundation of Texas, a supported organization.

Pt V, Line 4

Schedule **D** (Form 990) 2014

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization		Employer identification number
The Freedom of In	formation Supporting Foundation	31-1756658
	The Form 990 is reviewed by the Executive Commithe IRS. The approved Form 990, as filed with t	
Pt VI, Line 11b	to all voting members of the governing body. The organization does not compensate officers of	•
Pt VI, Line 15a	have any employees.	
Pt VI, Line 19	Governing documents, conflict of interest poli statements are made available upon request.	cy and financial

TEEA4901 08/18/14

(g) Sec 512(b)(13) controlled entity? Schedule R (Form 990) 2014 Ŷ (f)
Direct controlling
entity × Open to Public Inspection OMB No 1545-0047 2014 Yes Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Employer identification number (f)
Direct controlling
entity 31-1756658 (e) End-of-year assets (e)
Public chanty status
(if section 501(c)(3)) Part I Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 Attach to Form 990. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. (d) Total income Related Organizations and Unrelated Partnerships 7 (d) Exempt Code section TEEA5001 08/22/14 501 (c) (3) (c)
Legal domicile (state or foreign country) (c)
Legal domicile (state or foreign country) (b)
Primary activity Statement I (b) Primary activity BAA For Paperwork Reduction Act Notice, see the instructions for Form 990. The Freedom of Information Supporting Foundation 11111 See (a) Name, address, and EIN (if applicable) of disregarded entity (1) Freedom of Information Foundation 111111 11111 (a)
Name, address, and EIN of related organization --3001 N. Lamar_Blyd. --Austin, TX 78705. 75-2170856 1 1 1 Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990) ල <u></u> 2 Ξ **⊗**| <u>®</u>

31-1756658

The Freedom of Information Supporting Foundation Schedule R (Form 990) 2014

(i) Sec 512(b)(13) controlled entity? (k) Percentage ownership 8 Part.IV. | Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Yes Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. (j) General or managing partner? ŝ (h) Percentage ownership Yes (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-ofyear assets (h)
Disproportonate
allocations? ŝ Yes (f) Share of total income (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total Income (d) Direct controlling entity (e)
Predominant income (related, unrelated, excluded from tax under sections 512-514) (c)
Legal domicile
(state or foreign
country) (d)
Direct
controlling
entity (b)
Primary activity (c) Legal domicile (state or foreign country) (a) Name, address, and EIN of related organization (b) Pnmary activity (a)
Name, address, and EIN of related organization ļ Part III Ξ 2 <u>e</u> $\mathbf{\Xi}_{\mathbf{I}}^{\mathbf{I}}$ 2¹ ල Schedule R (Form 990) 2014

TEEA5002 08/22/14

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Schedule R (Form 990) 2014 The Freedom of Information Supporting Foundation

Part.V. Transactions With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Page 3

31-1756658

Schedule R (Form 990) 2014 (d) Method of determining Yes | No amount involved ~~ 138 E - WE Ξ _ 0 م **1** 70 - ا 7 _ о **1**0 두 Ξ = Cash l Performance of services or membership or fundraising solicitations for related organization(s) 1,541. (c) Amount involved If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Transaction type (a-s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) TEEA5003 08/22/14 k Lease of facilities, equipment, or other assets from related organization(s) Texas Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity (1) Contribution to Freedom of Information Foundation of Other transfer of cash or property from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Name of related organization c Gift, grant, or capital contribution from related organization(s) . . Exchange of assets with related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) . e Loans or loan guarantees by related organization(s) . . . Dividends from related organization(s) BAA 7 3 9 3 3 <u>ල</u>

Schedule R (Form 990) 2014 The Freedom of Information Supporting Foundation

PartVI য়া Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

TOTO DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANI		See See See See See See See See See See		The second second	September 1						
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant income (related, unre-	(e) Are all partners section 501(c)(3)	Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule	(j) General or managing partner?		(k) Percentage ownership
			from tax under				-	Form (1065)			
			section 512-514)	Yes No			Yes No		Yes	°	
	-,-						_				
# # # # # # # # # # # # # # # # # # #	_						_				
										-	
; () () () () () () () () () (_				
(3)											
							_				
(4)							-				
				-							
(5)											
						-					
(9)											
							_				
(7)											
				-							
(8)											
ВАА			TEE	TEEA5004 08/22/14	4		_	Schedu	le R (F	Schedule R (Form 990) 2014) 2014

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Part II, Line 1 Freedom of Information Foundation of Texas (FOIFT) provides leadership to ensure that the public's business is conducted in the public and protects individual liberties guaranteed by the First Amendment.