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Form 990-EZ

Short Form

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 1545-1150

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: Texas Association of Interior Design
Number and street (or P O box, if mail is not delivered to street address): 11418 Hylander Dr
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Houston, TX 77070

D Employer identification number: 74-2369624
E Telephone number: (281) 257-3523
F Group Exemption Number:

G Accounting Method: [x] Cash [] Accrual Other (specify):

H Check [x] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: supporttaid.org

J Tax-exempt status (check only one): [] 501(c)(3) [x] 501(c)(6) (insert no) [] 4947(a)(1) or [] 527

K Form of organization: [x] Corporation [] Trust [] Association [] Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 106,341

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [x]

Table with 21 rows and 3 columns. Rows are categorized into Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Includes sub-rows for gaming and fundraising events (6a-c) and inventory sales (7a-c).

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	68,204	22	110,261
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	68,204	25	110,261
26 Total liabilities (describe in Schedule O)	530	26	6,119
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	67,674	27	104,142

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

TAID is a trade association representing the business and legislative aspects of the Interior Design Industry in Texas. Mission: To promote the common interest of the industry, communicate concerns to government, provide information and education to members, and protect the health, safety and welfare of the public.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 Training/Workshops-Training and workshops for Continuing Professional Education Units for member Architects (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29 Lobbying-TAID is a trade association representing all the business and legislative aspects of the Interior Design Industry in Texas and contracts with a lobbyist to protect the Interior Design Industry (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input checked="" type="checkbox"/>	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Donna Vining Executive Director	10 00	33,442	0	0
Pat McLaughlin Secretary	0 00	0	0	0
Stephanie Burnitt President Elect	0 00	0	0	0
Harmony Edwards Canfield President	0 00	0	0	0
Rosa Salazar Past President	0 00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41, 42a.

42a The organization's books are in care of Donna Vining Telephone no (281) 257-3523 Located at 11418 Hylander Dr Houston, TX ZIP +4 77030

Table with columns for question number, question text, and Yes/No columns. Rows include 42b, 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	Yes	No
46		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47		
48		
49a		
49b		

47 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here *****
 Signature of officer _____ Date 2015-05-11
 Harmony Edwards Canfield President
 Type or print name and title _____

Paid Preparer Use Only
 Print/Type preparer's name: Del C Morgan CPA Preparer's signature: _____ Date: 2015-05-04
 Check if self-employed PTIN: P00361952
 Firm's name: PMB Helin Donovan LLP Firm's EIN: 74-3001153
 Firm's address: 5918 W Courtyard Dr Ste 500 Phone no: (512) 335-1181
 Austin, TX 78730

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Texas Association of Interior Design

Employer identification number

74-2369624

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 4 - Other Investment Income	Description Dividends Amount 799 Description Capital Gains Distributions Amount 1,346 Total Included on Form 990-EZ, line 4 2,145
Form 990-EZ, Part I, Line 7 - Sales of Inventory	Income Gross Receipts 947 Returns and Allowances 0 Less Cost of Goods Sold 0 Gross Profit 947
Form 990-EZ, Part I, Line 16 - Other Expenses	Description Awards and Gifts Amount 100 Description Media Campaign Amount 231 Description Bank Service Charges Amount 658 Description Board Meeting Amount 466 Description Miscellaneous Expense Amount 152 Description Supplies Amount 465 Description Phone and FAX Amount 457 Description Payroll Taxes Amount 2,648 Description Management Fee Amount 14,500 Description Legislative Expenses Amount 1,602 Description Foreign Tax Paid on Investments Amount 22 Description Website Amount 1,900 Description Travel Amount 5,209 Description Dues and Subscriptions Amount 500 Description Postage Amount 124 Description Brokerage Fees for Lincoln Financial Amount 50 Description Tax Amount 582 Description Contract Labor Amount 5,655 Total to Form 990-EZ, line 16 35,321
Form 990-EZ, Part II, Line 26 - Other Liabilities	Description Payroll Beg of Year Amount 530 End of Year Amount 6,119

TY 2014 Transfers Personal Benefits Contracts Declaration

Name: Texas Association of Interior Design

EIN: 74-2369624

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.