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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

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.

Part 1 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 X	Α	For t	ne 2014 calendar year, or tax year beginning , 2014, and ending	,		
TRAPAYERS ASSOCIATION OF OREGON 93-1281 39-1281770	₽		f applicable C	mployer identification number		
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Tax-exempt status (check only one)	G	Acco	unting Method: X Cash	if the organization is not		
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, life form 990-E22 \$111,122. Part 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	1	Webs				
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 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part I III, 122. Check if the organization used Schedule O to respond to any question in this Part I III, 122. 1 Contributions, girk, grarts, and similar amounts received I 111, 122. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 4 4 Investment income 4	J	Tax-ex	empt status (check only one) — 501(c)(3)	990-EZ, or 990-PF)		
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16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 24, 436.	Ň		(Icclinancy rent lituities and maintenance 197)			
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 24, 436.	E	15	Printing, publications, postage, and shipping			
17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 17 113,823. 18 -2,701. 19 27,137. 20 24,436.	5	16	Other expenses (describe in Schedule O)			
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 24, 436.		17				
N\$ 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 24, 436.		18				
21 Net assets or fund balances at end of year Combine lines 18 through 20 > 21 24, 436.	A NS E		Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year			
21 Net assets or fund balances at end of year Combine lines 18 through 20 > 21 24, 436.	TE	20				
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	BA			3171001		



Forn	990-EZ (2014) TAXPAYERS ASSOC	IATION OF OREGON		9;	3-128	37270 Page 2
[Par	Balance Sheets (see the inst Check if the organization used Sche	ructions for Part II) dule 0 to respond to any qu	estion in this Part II			
		<u></u>		(A) Beginning of ye	ear	(B) End of year
22	Cash, savings, and investments			27,13		24,436.
23 24	Land and buildings Other assets (describe in Schedule O)				23 24	
25	Total assets			27,13		24,436.
26	Total liabilities (describe in Schedule O)			27,13		24,430.
27	Net assets or fund balances (line 27 of	column (B) must agree with	line 21)	27,13	7 . 27	24,436.
Pai	t III Statement of Program Service Ac	complishments (see the inst	ructions for Part III)	III (X	,	Expenses
What	Check if the organization used Sci	R SCHEDITE O	juestion in this Part	<u> </u>	บ แรยน	uired for section 501) and 501(c)(4)
Desc	cribe the organization's program service a sured by expenses. In a clear and concise	ccomplishments for each of a	ts three largest pro-	gram services, as	orga	nizations, optional thers)
bene	stited, and other relevant information for e	ach program title			ļ.,	
28	NEWSLETTERS, INITIATIVES,				-	
	ABOUT TAXATION AND SPENDI OREGON	NG ISSUES AT ALL I	FAETS OF GOA	ERNMENT IN _	4	
		is amount includes foreign gi	rants, check here	·	∏ 28 a	87,247.
29						
]	
	(Grants \$) If th	is amount includes foreign gi	rants check here		1 29 a	
30	(Grants \$) It th	is amount includes loreign gi	ants, check here		230	
					1	
]	
24		is amount includes foreign gi	rants, check here	<u> </u>	30 a	
31	Other program services (describe in Sch (Grants \$) If th	edule O) is amount includes foreign gi	rants check here	▶ [31 a	
32	Total program service expenses (add lin		ants, check here		32	87,247.
Par	t IV List of Officers, Directors,		loyees (list each one	even if not compensated -		
	Check if the organization used Sc					, <u>U</u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensa (Forms W-2/1099-MISO (If not paid, enter -0-	benefit plans and d	oloyee eferred	(e) Estimated amount of other compensation
	1 BUTLER ESIDENT			0.	0.	0.
	AIG FLYNN				<u> </u>	<u> </u>
SEC	CRETARY	1		0.	0.	0.
	RBARA KANZ	_			_	
	RECTOR LL SCHAUB	1		0.	0.	0.
	RECTOR	1		0.	0.	0.
BRI	ENDEN O'SCANLOIN					
	EASURER	1		0.	0.	0.
	SON_WILLIAMSATE_DIRECTOR	20	47,55		0.	0.
	IC FRUITS	20	47,55	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>
	RECTOR	1		0	0.	0.
					-	
	-	<u> </u>				
		· · · · · · · · · · · · · · · · · · ·				
		·				 -
BAA		TEEA0812L 0	5/28/14			Form 990-EZ (2014)

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rorm 990-EZ	(2014)	TAXPAYERS	ASSOCTATION	() H	OREGON

Page 3

rar	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
22	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
33	If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		
h	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
		330	\dashv	
Ŭ	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		<u>X</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.			
	Did the organization file Form 1120-POL for this year?	37 b		<u>X</u>
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved . 38 b N/A			
39	Section 501(c)(7) organizations Enter:			ľ
	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	ı	1	
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: N/A		ŀ	
	section 4911 ► N/A, section 4912 ► N/A; section 4955 ► N/A			!
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess			
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	40 b	İ	Х
_	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	70.5		
·	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	- 1	ŀ	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
d	by the organization □ 0.			
		40 -		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
е		40 e		X
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
e 41	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed OR	40 e		X
e 41	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed OR The organization's books are in care of JASON WILLIAMS Telephone no (503)		-900	
e 41	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed OR The organization's	603		9
e 41 42 a	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed OR The organization's books are in care of JASON WILLIAMS Located at PO BOX 23573 TIGARD OR At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	<u>603</u> -	-900 Yes	9
e 41 42 a	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed OR The organization's books are in care of JASON WILLIAMS Located at PO BOX 23573 TIGARD OR 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)?	603		9
e 41 42 a	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed OR The organization's books are in care of JASON WILLIAMS Located at PO BOX 23573 TIGARD OR At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	<u>603</u> -		9
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e 41 42 a	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed OR The organization's books are in care of JASON WILLIAMS Located at PO BOX 23573 TIGARD OR 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)?	<u>603</u> -		9
e 41 42 a	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed OR The organization's books are in care of JASON WILLIAMS Located at PO BOX 23573 TIGARD OR 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)? If 'Yes,' enter the name of the foreign country:	<u>603</u> -		9
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e 41 42 a b	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed OR The organization's books are in care of JASON WILLIAMS Located at PO BOX 23573 TIGARD OR 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)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U S? If 'Yes,' enter the name of the foreign country If 'Yes,' enter the name of the foreign country If 'Yes,' enter the name of the foreign country If 'Yes,' enter the name of the foreign country If 'Yes,' enter the name of the foreign country If 'Yes,' enter the name of the foreign country If 'Yes,' enter the name of the foreign country If 'Yes,' enter the name of the foreign country If 'Yes,' enter the name of the foreign country If 'Yes,' enter the name of the foreign country If 'Yes,' enter the name of the foreign country If 'Yes,' enter the name of the foreign country If 'Yes,' enter the name of the foreign country If 'Yes,' enter the name of the foreign country If 'Yes,' enter the name of the foreign country If 'Yes,' enter the name of the foreign country If 'Yes,' enter the name of the foreign country If 'Yes,' enter the name of the foreign country If 'Yes,' enter the name of the foreign country If 'Yes,' enter the name of the foreign tax is the organization and interest in or a signature or other authority over a financial accountry If 'Yes,' enter the name of the foreign tax is the organization and interest in or a signature or other authority or a financial accountry in the ore	603- 42b	Yes	9 NoX
e 41 42 a b	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed. OR The organization's books are in care of JASON_WILLIAMS	603- 42b	Yes	9 No X X
e 41 42 a b c c	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed. OR The organization's books are in care of JASON_WILLIAMS	603- 42b	Yes	9 X X N/A N/A
e 41 42 a b c c	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. OR The organization's books are in care of JASON WILLIAMS Located at PO BOX 23573 TIGARD OR 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)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U S? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U S? If 'Yes,' enter the name of the foreign country 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 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	603- 42b 42c	Yes	9 No X N/A N/A No X
e 41 42a b c c	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed. OR The organization's books are in care of JASON WILLIAMS Located at PO BOX 23573 TIGARD OR 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)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U S? If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U S? If 'Yes,' enter the name of the foreign country. 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 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	603- 42b	Yes	9 No X X N/A N/A
e e 41 42a b c c	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. OR The organization's books are in care of JASON WILLIAMS	42b 42c 42c	Yes	9 No X N/A N/A No X
e 41 42a b c c	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed. OR The organization's books are in care of IASON WILLIAMS Telephone no (503) Located at PO BOX 23573 TIGARD OR 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)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country. 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	42b 42c 44a 44a	Yes	No X N/A N/A No X X
e e 41 42a b c c d 45a	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. OR The organization's books are in care of JASON WILLIAMS Located at PO BOX 23573 TIGARD OR 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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country. 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 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes, Form 990 must be completed instead of Form 990-EZ	42b 42c 42c 44a 44b 44c	Yes	9 No X N/A N/A No X

						Yes	No	
	he organization engage, directly or indire idates for public office? If 'Yes,' complete		gn activities on behalf o	of or in opposition to	46			
Part VI	Section 501(c)(3) organizations					L	<u> </u>	
	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 Schedu	e O to respond to any	question in this Part VI				Ш	
47 Did th	ne organization engage in lobbying activities	or have a section 501(h)	election in effect during	the tax year? If 'Yes.'		Yes	No	
	olete Schedule C, Part II			•	47			
	e organization a school as described in se			dule É	48		<u> </u>	
	he organization make any transfers to an		e related organization?		49 a 49 b			
	es,' was the related organization a section plete this table for the organization's five high	-	vees (other than officers	directors, trustees and ke	لنسا		L	
	oyees) who each received more than \$100,0				~,			
	(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 other com			
					· · · ·			
		00.000			L.,			
51 Comp	I number of other employees paid over \$1 olete this table for the organization's five high pensation. If there is	nest compensated indepe	endent contractors who ea	ach received more than \$	100,000 of			
	(a) Name and business address of each independent c		(b) Type	of service	(c) Comp	ensatio		
	 							
								
d Total	number of other independent contractors	s each receiving over \$	5100,000		L			
	he organization complete Schedule A? Nobleted Schedule A	ote. All section 501(c)(3) organizations must a	ttach a	► Yes	. [No	
Under penaltie true, correct, a	es of perjury, I deplare that I have examined this return, and complete Declaration of preparer (other than office	including accompanying sche	dules and statements, and to the of which preparer has any knowl	e best of my knowledge and be edge	lief, it is		· 	
		· · · · · · · · · · · · · · · · · · ·		6/9/15				
Sign	Signature of officer			Date				
Here	JASON WILLIAMS STATE DIRE							
	Print/Type preparer's name	Preparets signature	Date	T TE	TIN			
_		RAPHAEL'S ANT	~_ .d (Check Lif	°0040847	^		
Paid Preparer	RAPHAEL C ANTICO Firm's name ► ANTICO & FORBES		1 31/78/2	ots sevembloken t	0040047	<u> </u>		
Use Only	Firm's address > 8705 SW NIMBUS			Firm's ElN	Firm's EIN 20-0500304			
					Phone no (503) 646-5106			
May the IR	S discuss this return with the preparer sh	nown above? See instr	uctions .		► X Yes		No	
					Form 99	0-EZ	(2014)	

93-1287270

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Form 990-EZ (2014) TAXPAYERS ASSOCIATION OF OREGON

SCHEDULE 0 (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.

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

TAXPAYERS ASSOCIATION OF OREGON

Employer identification number 93-1287270

FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

CONFERENCES, CONVENTIONS, AND MEETINGS DUES AND SUBSCRIPTIONS OFFICE EXPENSES TRAVEL

2,047. \$ 1,043. 8,077. 1,575. 12,742. TOTAL \$

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROMOTE PUBLIC AWARENESS OF GOVERNMENT TAX AND SPENDING ISSUES

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Information about Form 8868 and its instructions is at www.irs.gov/form8868. • If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

X

Do not com	aplete Part II unless you have already been gra	inted an auton	natic 3-month extension on a previously	filed Form 8868.		
corporation request an e Associated	filing (e-file). You can electronically file Form 8 required to file Form 990-T), or an additional (extension of time to file any of the forms listed in FWith Certain Personal Benefit Contracts, which ling of this form, visit www.irs.gov/efile and cli	(not automatic Part I or Part II v h must be sent) 3-month extension of time. You can elo with the exception of Form 8870, Information to the IRS in paper format (see instruct	ectronically file Foi n Return for Transfe	m 8868 to rs	
Part I ***	Automatic 3-Month Extension of Tir	ne. Only su	bmit original (no copies needed)			
	on required to file Form 990-T and requesting a				nly ► ∏	
All other co	rporations (including 1120-C filers), partnershi	ps, REMICs, a	nd trusts must use Form 7004 to reques	t an extension of t	ıme to file	
ıncome tax	returns		Enter filer's ident	ifying number, see	instructions	
Name of exempt organization or other filer, see instructions Employer identification						
Type or						
print	TAXPAYERS ASSOCIATION OF OR	EGON		93-1287270		
File by the	Number, street, and room or suite number If a P O box, s	ee instructions		Social security number	r (SSN)	
due date for filing your	PO BOX 23573					
return See instructions	City, town or post office, state, and ZIP code For a foreign	address, see instru	uctions			
	TIGARD, OR 97281				<u> </u>	
Enter the R	eturn code for the return that this application is	s for (file a sei	parate application for each return)		01	
	ctarr code for the retarr that this approacher i	3 101 (1110 4 30)	parate application for each retain,		<u>O.L.</u>	
Application Is For		Return Code	Application Is For		Return Code	
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)		07	
Form 990-B	L	02	Form 1041-A		08	
Form 4720 (Individual)		03	Form 4720 (other than individual)		09	
Form 990-PF		04	Form 5227		10	
	(section 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990-T	(trust other than above)	06	Form 8870		12	
Telephor	the No (503) 603-9009 Transport to the care of Market No. (503) 603-9	Fax No	ne United States, check this box	f this is for the wh	► □	
check th	_					
	ension is for	p, oncon and a				
1 I reque	est an automatic 3-month (6 months for a corporat	tion required to	file Form 990-T) extension of time			
	8/15 , 20 15 , to file the exempt of the stems of the organization's return for:	organization re	eturn for the organization named above.			
► [<u>}</u>	calendar year 20 <u>14</u> or					
▶	tax year beginning, 20	, and endi	ng , 20			
	tax year entered in line 1 is for less than 12 m nange in accounting period			nal return		
3 a If this nonre	application is for Forms 990-BL, 990-PF, 990- fundable credits. See instructions.	T, 4720, or 600	69, enter the tentative tax, less any	3 a \$	0.	
b If this tax pa	application is for Forms 990-PF, 990-T, 4720, syments made Include any prior year overpayr	or 6069, enter ment allowed a	any refundable credits and estimated as a credit	3ь\$	0.	
c Balan EFTP:	ce due. Subtract line 3b from line 3a Include (S (Electronic Federal Tax Payment System)	your payment see instructions	with this form, if required, by using s	3 c \$	0.	
Caution. If	you are going to make an electronic funds with	ndrawal (direct	debit) with this Form 8868, see Form 8	453-EO and Form	8879-EO for	

payment instructions