# 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

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

 $\blacktriangleright$  Information about Form 990 and its instructions is at  $\underline{www.IRS.gov/form990}$ 

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	$2014$ calendar year, or tax year beginning $01 ext{-}01 ext{-}2014$ $ ext{ , and ending }12 ext{-}31 ext{-}2014$				
	•	plicable C Name of organization Tea Party Inc		D Emplo	yer ide	entification number
	Iress cha			45-30	08934	5
	ne chan					
	ıal returi	Number and street (or P O box if mail is not delivered to street address) Room/suit	<u> </u>	E Teleph	one num	nber
┌ Fina	al urn/term		e	(714)	796-:	1776
☐ Am	ended re	City or town, state or province, country, and ZIP or foreign postal code Dover, DE 19901		•		+ 2 FF4 622
☐ App	lication	pending		G Gross	eceipts	\$ 2,554,632
		F Name and address of principal officer		Is this a group subordinates?		┌ Yes ┌ No
			п(в)	Are all subord included?		
<b>I</b> Tax	x-exem <sub>l</sub>	pt status		If "No," attach	ı a lıst	(see instructions)
J W	ebsite	:► N/A	H(c)	Group exempt	ion nu	mber ►
K Forn	n of org	anization	L Ye	ar of formation 20	)11 M	State of legal domicile DE
	rt I	Summary			<u> </u>	<u> </u>
nce	Т	Briefly describe the organization's mission or most significant activities TO EDUCATE THE AMERICAN PUBLIC ON ANY ISSUE WHICH AFFECTS THE TRANQUILITY OF THE US	Ξ SECU	JRITY, SOVER	EIGNT	TY OR DOMESTIC
Governance	<u>-</u>					
ş Q	<b>2</b> C	Check this box 🔭 if the organization discontinued its operations or disposed o	more	than 25% of its	net as	ssets
	3 1/1	lumber of voting members of the governing body (Part VI, line 1a)			з	1
<u> </u>	l	lumber of independent voting members of the governing body (Part VI, line 1b)			4	
Activities &	l	otal number of individuals employed in calendar year 2014 (Part V, line 2a)			5	
달 작	l	otal number of volunteers (estimate if necessary)			6	
	l	otal unrelated business revenue from Part VIII, column (C), line 12			7a	c
	ьN	let unrelated business taxable income from Form 990-T, line 34			7b	
				Prior Year		Current Year
a.	8	Contributions and grants (Part VIII, line 1h)		1,429,	578	2,554,632
Revenue	9	Program service revenue (Part VIII, line 2g)	<u> </u>			0
ş,Açç	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)				0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>			0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,429,	578	2,554,632
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		192,	686	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0
88	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$ )				0
家	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,218,	436	2,557,952
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,411,	122	2,557,952
	19	Revenue less expenses Subtract line 18 from line 12			456	-3,320
Not Assets or Fund Balances			Beg	ginning of Curre Year	nt	End of Year
988 888 888	20	Total assets (Part X, line 16)		19,	849	16,529
4 4 E	21	Total liabilities (Part X, line 26)				0
黑黑	22	Net assets or fund balances Subtract line 21 from line 20		19.	849	16,529

### Signature Block

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign	
Horo	

Signature of officer

Steve Eichler President Type or print name and title

Paid Preparer

**Use Only** 

Print/Type preparer's name Edgar Rodriguez CPA

Preparer's signature Edgar Rodriguez CPA

Firm's name 🕨 Bluestream Financial Advisors Inc

Firm's address > 250 E 17th St Ste 210

May the IRS discuss this return with the preparer shown above? (see instruction

Costa Mesa, CA 92627

For Paperwork Reduction Act Notice, see the separate instructions.

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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? <i>If "Yes," complete Schedule C, Part III</i>	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
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		No
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		No
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	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
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	11c		No
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

### Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			厂_
•	Entrolle number and a Day 2 of Francis 1000 Finter O of a street and a little of the l		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 3  Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0	-		
		-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		No
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		Νo
<b>4a</b>	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)?	4a		No
b	If "Yes," enter the name of the foreign country •  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a	Yes	
7	were not tax deductible?	6b	Yes	
	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?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
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?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
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?			NI -
Q <sub>2</sub>	Did the sponsoring organization make any taxable distributions under section 4966?	8 9a		No No
эа b		9b		No
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	-		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		No
-	year	]		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		Νo
	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	Į I		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
Ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		_

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

Check if Schedule O contains a response or note to any line in this Part VI							.[▽

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Νo
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	even	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶DE
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.
  - Own website Another's website V Upon request V 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 to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records
  - ►Edgar Rodriguez CPA
  - 250 E 17th St Ste 210
  - Costa Mesa, CA 92627 (949)645-1040

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot recto	not box h ar or/tr	o le ci e h unffite Highest compensated c , o us employee	ess er	( <b>D</b> ) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Steve Eichler President	10 00			х				0	60,000	0
(2) Tim Bueler Treasurer	10 00 30 00			х				0	80,000	0
(3) Dale Robertson Director	5 00 5 00			х				0	40,000	0

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t	han d n is	one l both	box, an d	officer	;	( <b>D</b> ) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		2/1099-MISC)	organization and related organizations

<b>1</b> b	Sub-Total	-		
C	Total from continuation sheets to Part VII, Section A	►		
d	Total (add lines 1b and 1c)	►	180,000	

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►0

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

Section	R	Ind	len	end	ent	Cor	itra	ctors	
Section	Ю.	THU	сь	CIIU	CIIL	CUI	ıu a	CLUIS	

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
- Total words and control of the con		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶0

Yes No

art VIII		line in this Dart VIII			_
12	Check if Schedule O contains a response or note to any  a Federated campaigns 1a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
		-			
B	<b>b</b> Membership dues <b>1b</b>	_			
֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	c Fundraising events 1c				
g is	<b>d</b> Related organizations <b>1d</b>				
ર≝  .	Government grants (contributions)	-			
Si Si J		-			
를 늘   '	f All other contributions, gifts, grants, and similar amounts not included above 2,554,632	-			
Contributions, Gins, Grants and Other Similar Amounts	g Noncash contributions included in lines 1a-1f \$			İ	İ
Cong and	h Total. Add lines 1a-1f	2,554,632			
<u> 9</u>		<b>-</b>			
e   .	Business Code				
9 2	a				
윤   '	b				
956	c				
(表   ·	d				
Program Service Revenue	e				
<u>₽</u>   1	f All other program service revenue				
ž   ž	g Total. Add lines 2a-2f	0			
3				1	
	and other similar amounts)	0			
4		0			
5		0			
	(I) Real (II) Personal	_			
6	a Gross rents b Less rental	_			
	expenses				
'	c Rental income or (loss)				
	d Net rental income or (loss)	0			
	(I) Securities (II) Other				
7	rom sales of				
	assets other than inventory				
	b Less cost or other basis and				
	sales expenses				
	c Gain or (loss)	-  <sub>0</sub>			
	d Net gain or (loss)	-			
omer nevenue	events (not including  \$ of contributions reported on line 1c)				
ř	See Part IV, line 18 a				
<u> </u>	b Less direct expenses b	╡			
5   6	c Net income or (loss) from fundraising events .	o			
9	Gross income from gaming activities See Part IV, line 19				
	<b>b</b> Less direct expenses <b>b</b>				
	c Net income or (loss) from gaming activities	0			
10	a Gross sales of inventory, less returns and allowances .				
	<b>b</b> Less cost of goods sold <b>b</b>	]			
<u></u> ,	c Net income or (loss) from sales of inventory 🕨	0			
	Miscellaneous Revenue Business Code				
11:	a				
	b				
•	c				
	d All other revenue				
•	Total. Add lines 11a-11d	0			
12	Total revenue. See Instructions	_			
1		2,554,632			1

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 ► following SOP 98-2 (ASC 958-720)

orm	990 (2014)				Page <b>1</b>
	IX Statement of Functional Expenses				
ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All				
	Check if Schedule O contains a response or note to any line in this	Part IX	(B)	   (c)	 (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
L	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
ı	Benefits paid to or for members	0			
;	Compensation of current officers, directors, trustees, and key employees	0			
5	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
3	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
)	Other employee benefits	0			
	Payroll taxes	0			
	Fees for services (non-employees)				
3	Management	0			
- )	Legal	13,755	11,985	1,770	
	Accounting	1,387	11,505	1,387	
1	Lobbying	0		1,307	
•	Professional fundraising services See Part IV, line 17	0			
	Investment management fees	0			
1	Other (If line 11g amount exceeds 10% of line 25, column (A)	- ·			
	amount, list line 11g expenses on Schedule O)	0			
	Advertising and promotion	521,355	521,355		
	Office expenses	16,310	5,510	10,800	
	Information technology	13,524	13,524		
	Royalties	0			
	Occupancy	0			
	Travel	104,721	104,721		
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
	Conferences, conventions, and meetings	60,921	60,921		
	Interest	0			
	Payments to affiliates	0			
	Depreciation, depletion, and amortization	0			
	Insurance	0			
	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	Grassroots Outreach	1,135,468	1,135,468		
b	Email Polling	225,509	225,509		
c	Media Consulting	170,409	170,409		
d	Website	138,329	138,329		
e	All other expenses	156,264	152,784	3,480	
5	Total functional expenses. Add lines 1 through 24e	2 557 952	2 540 515	17 437	

Form 990 (2014) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . . . . . . . . . . . . . . . . (A) (B) Beginning of year End of year Cash-non-interest-bearing . . . . . . . . . 19,849 16,529 1 1 2 0 2 Savings and temporary cash investments . . . . . . . 0 3 3 4 4 0 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 0 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 Assets 6 0 0 7 8 0 8 0 9 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation . . . . . 10b 10c 0 0 11 11 12 12 0 Investments—other securities See Part IV, line 11 . . . . . . 0 13 13 Investments—program-related See Part IV, line 11 . . . . . . 0 14 14 0 15 15 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . 19,849 16 16 16,529 17 17 Accounts payable and accrued expenses . . . . . 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . \_iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 26 0 0 **Total liabilities.** Add lines 17 through 25 . . . . . . 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🦵 and complete Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets . . . . . . . 27 27 28 28 Temporarily restricted net assets . . . . . . 29 Permanently restricted net assets . . . . . . 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ▼ and complete lines 30 through 34. ŏ 30 Capital stock or trust principal, or current funds . . . . . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 19.849 32 16,529 Retained earnings, endowment, accumulated income, or other funds Š 33 19.849 33 16,529

Total liabilities and net assets/fund balances . . . . . . . . . . .

34

16,529

19.849

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,5	554,632
2	Total expenses (must equal Part IX, column (A), line 25)	2		2 5	557,952
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			-3,320
5	Net unrealized gains (losses) on investments	4			19,849
6	Donated services and use of facilities	5			
7	Investment expenses	- 6 - 7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			16,529
Par	t XIII Financial Statements and Reporting				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed o	n		
	▼ Separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigl audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of tl	ne <b>2с</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

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DLN: 93493134089225

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the org Tea Party Inc	janization						E	mploy	er ident	ificatio	n numbe	er
rea raity inc							4	5-30	89345			
	ss Benefit Tra											
	lete if the organiza											
<b>1</b> (a) Name	e of disqualified pe	rson (b) F		ip between di: and organizati		(c) Desc	ription	of tra	nsaction	'	( <b>d)</b> Cor	
			- person e	and organizati	1011					-+	Yes	No
	mount of tax incur	red by organ	ızatıon ma	nagers or dıs	qualified per	sons during t	he year	- unde	r section	1		
4958 3 Enter the and Part II Loans to an Complete if the	d/or From Interpretation	erested F	<b>Persons.</b> on Form 99	90-EZ, Part V			Part IV	, line :	\$ \$ 26, or if	the org	anızatıo	1
4958 3 Enter the and Part II Loans to an Complete of the reported an am  (a) Name of	mount of tax, if any	erested F vered "Yes" Part X, line  (c) Purpose of	Persons. on Form 99 5, 6, or 22 (d) Loan	90-EZ, Part V 2 to he			Part IV	In	'	ved d or	anızatıo (i)Wr agreer	tten
4958 3 Enter the and Part II Loans to an Complete if the reported an am  (a) Name of Interested	d/or From Interpretation and on Form 990  (b) Relationship	erested F vered "Yes" Part X, line  (c) Purpose of	Persons. on Form 99 5, 6, or 22 (d) Loan or from t	90-EZ, Part V 2 to he	/, line 38a, c	or Form 990, I	(g)	In	(h) A pprov	ved d or	(i)Wr	tten

Complete if the organization	on answered "Yes" on	Form 990, Part IV, lır	ne 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?	
				Yes	No
(1) Steve Eıchler	President	761,602	Grassroots/Promotion		No
(2) Tım Bueler	Treasurer	801,103	Media Consulting		No
(3) Dale Robertson	Director	201,607	Grassroots Outreach		No

### Part V Supplemental Information

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

Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2014

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2014

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# Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

**SCHEDULE 0** 

(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.

Name of the organization Tea Party Inc	Employer identification number
,	45-3089345

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	Officers review Form 990 in detail
Form 990, Part VI, Line 18 Explanation of Other Means Forms Available For Public Inspection	Available Upon Request and approval by Officers
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Available Upon Request and approval by Officers