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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 black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2010

Open to Public Inspection

			C Name of organization	ning 01-01-2010 and ending 12-31-20	10	D Employe	r identificat	tion number
	eck if ap dress ch	pplicable	Texans for Lawsuit Reform			76-043		
_	me char	_	Doing Business As			E Telephor		
_	tal retur	-	Number and short for D.O. have	f d d	D / t -			
_	mınated		1701 Brun	f mail is not delivered to street address)	Room/suite	(713) 9	63-9363	
✓ Am	ended r	return	City or town, state or country, an	nd ZIP + 4		<b>G</b> Gross rec	eipts \$ 2,584	,905
_		pending	Houston, TX 77019					
		,	<b>F</b> Name and address of p	rincipal officer	H(a) to the	s a group return for a	#I	
			Richard J Trabulsi Jr		in(a) is this	s a group return for a	milates / Fe	is I NO
						ill affiliates includ		☐ Yes 🔽 No
						No," attach a l oup exemption		structions)
Ta	x-exem	pt status	「 501(c)(3)	(Insert no ) 4947(a)(1) or 527	H(c) Gro	up exemption	number <b>F</b>	
w	ebsit e	· • ww	w tortreform com					
<b>⋌</b> For	m of org	ganızatıon	Corporation Trust Associa	ition Other ►	L Year of f	ormation 1994	M State of	legal domicile TX
	rt I		nmary					
Governance	T s	Texans	for Lawsuit Reform works to sh for a fair, competent, and hone	sion or most significant activities ape policy on the Texas Civil Justice S st judiciary TLR benefits all citizens by		•		
ē	-							
3	2 0	Check th	his box দ if the organization	discontinued its operations or disposed	d of more than	25% of its ne	t assets	
	3 1	Number	of voting members of the gove	rning body (Part VI, line 1a)		3	;	6
Activities &	4 1	Number	of independent voting member	s of the governing body (Part VI, line 1	b)	. 4	ļ.	4
CELTY.	5 1	Γotal nu	mber of individuals employed i	n calendar year 2010 (Part V, line 2a)		5	;	7
đ			mber of volunteers (estimate i			6		300
				Part VIII, column (C), line 12		7:		0
	Ь	vet unre	ilated business taxable income	e from Form 990-T, line 34	Dri	or Year		rent Year
	8	Contri	ibutions and grants (Part VIII	line 1h)	PIII	2,735,490		2,536,543
₫	9		am service revenue (Part VIII,	: -	2,733,430	<u> </u>	2,330,343	
Revenue	10		tment income (Part VIII, colur	178,636	5	48,362		
άŤ	11	Other	revenue (Part VIII, column (A			0		
	12			l 1 (must equal Part VIII, column (A), lı	ne	2,914,126	5	2,584,905
	13			ort IX, column (A), lines 1–3)		50,430		62,478
	14	Benefi	its paid to or for members (Par	t IX, column (A), line 4)		·		0
ø.	15		es, other compensation, emplo	; 5 <i>-</i>	FF2 701		600.061	
Expenses	16a	10)	scional fundraicing foos (Part I	X, column (A), line 11e)		552,783		115,597
क ⊖	b				111,/12	-	113,397	
Δ	17		indraising expenses (Part IX, column (A	(D), line 25) F	_	2,618,959	9	1,745,353
	18			nust equal Part IX, column (A), line 25)		3,333,884	_	2,604,389
	19			ne 18 from line 12		-419,758		-19,484
Net Assets or Fund Balances					_	ng of Current Year	Enc	d of Year
355 B.355	20					5,851,280		5,848,711
9 E	21					13,771	_	30,686
	22			ct line 21 from line 20		5,837,509	9	5,818,025
Jnde cnow		ties of p		nined this return, including accompanying te. Declaration of preparer (other than offic				
		****			2	2011-12-19		
Sigr Her		Richa	ature of officer ard Trabulsi Jr President e or print name and title			Date		
		Print/Type		Preparer's signature	Date	Check if self-	PTIN	
Paid	_	preparer's Fırm's naı	me Blazek & Vetterling	Jody Blazek		employed 🕨 🔽	Fırm's EII	
Prep		Fırm's add	dress 2900 Weslayan Suite 200					
Use (	Only	5 440	Houston TV 770375133				Phone no 5739	<b>(713) 439-</b>

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

ΓYes ΓNο

Form	990 (2010)				Page <b>2</b>
Par		ent of Program Service A Schedule O contains a response			F
hone	works to shape po st judiciary TLR		ystem through public educations, correct abuses in Texas tort law em in the state		
2	the prior Form 9	90 or 990-EZ?	ogram services during the year wh		es 🗸 No
3	Did the organizates services?	= -	e O significant changes in how it condi 		es 🗸 No
4	Describe the ex Section 501(c)(	empt purpose achievements for e (3) and 501(c)(4) organizations a	ach of the organization's three lar nd section 4947(a)(1) trusts are enue, if any, for each program ser	required to report the amount o	
4a	competent and ho		including grants of \$ olicy on the Texas Civil Justice System thi y working to correct abuses in Texas' tort te		
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program (Expenses \$	services (Describe in Schedule including	O ) grants of \$	) (Revenue \$	)
4e	Total program	service expenses►\$			

Part IV Checklist of Required Schedules
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			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		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 😼	2	Yes	
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		Νο
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		Νο
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	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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 1	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		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, 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		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		Νo
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		Νο
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		Νο
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.	11d		Νο
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Νο
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, XII, and XIII	12a		Νο
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, XII, and XIII 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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV.	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	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	Yes	
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 hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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, questions 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 Schedule J	23	Yes	
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	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		Νο
25a	Section 501(c)(3) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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 a grant selection committee member, or to a person related to such an individual? 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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	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		No
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? If "Yes," complete Schedule M	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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νο
а	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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	<b>1a</b> 32			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
·	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a				
	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	Yes	
_				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
ь	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		Νο
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		Νo
ь	,			110
	If "Yes," enter the name of the foreign country			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	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?	_		Νo
_	Describe an arrange have a more larger at the second secon	5c	.,	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	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	7g		
h	required?	79		
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. DId			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.	_		110
_	Did the organization make any taxable distributions under section 4966?	9a		Νο
	Did the organization make a distribution to a donor, donor advisor, or related person?	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			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
17-	· <u> </u>	17-		NI ~
	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
D	year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		Νo
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O	134		INU
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
-	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νο
Ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Νo

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 C							. 🗸

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			
Ia	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		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	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
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	
ь	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			NI -
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O ection B. Policies (This Section B requests information about policies not required by the Internal	9		Νο
	evenue Code.)			
	,		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		No
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
_		11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	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		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
Se	ection C. Disclosure	100		140
17	List the States with which a copy of this Form 990 is required to be filed.			
18	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 make these available. Check all that apply  Own website. Another's website. Upon request.			

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 Glenda Hovey

1701 Brun Suite 200 Houston, TX 77019

# 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, and **current** key employees 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

(A) Name and Title	(B) Average hours	Posi	((	<b>:)</b> (che	:kal			( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) Richard W Weekley Chairman & CEO	10 00	Х		х				0	0	0
(2) Rıchard Trabulsı Jr President	40 00	Х		х				293,333	0	0
(3) Mary Tipps Executive Direc	40 00					х		150,000	0	9,190
(4) Leo Linbeck Jr Senior Chairman	5 00	х						0	0	0
(5) Hugh Rice Kelly General Counsel	2 00	Х		х				17,000	0	0
(6) Frederick E Rowe Executive Direc	2 00	Х						0	0	0

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

	<b>(A)</b> Name and Title	(B) A verage hours per		tion that a	(che		II		( <b>[</b> Repor comper from	table nsation	<b>(E)</b> Reportable compensatio from related		(F) Estima amount o	ated fother
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiza 2/1099	tıon (W-	organizations (W- 2/1099- MISC)	;	from organizat relat organiza	the ion and ed
ē														
1b	Sub-Total							<u> </u>				_		
	Total from continuation sheets							•						
d								<b> -</b>		460,333				9,190
2	Total number of individuals (inc \$100,000 in reportable comper	•				ted	above	) who	received	more tha	n			
													Yes	No
3	On line 1a? If "Yes," complete Sc	· ·					mploy •	ee, o	r highest • • •	compens • •	ated employee • • •	3		No
4	For any individual listed on line organization and related organiz													
	ındıvıdual			•				•				4	Yes	
5	Did any person listed on line 1a services rendered to the organi										or individual for	5		No
Se	ection B. Independent Cor	ntractors												
1	Complete this table for your five \$100,000 of compensation from	e highest compe		ndep	ende	ent c	ontra	ctors	that rece	ived more	e than			
	Na	<b>(A)</b> me and business ad	dress							Descr	(B) option of services		( <b>C</b> Comper	
3900	ian LLC Essex Lane Ste 250 on, TX 77027								c	Consulting				115,700
21012	y Sylvester 2 Hickory Bend en Ridge, TX 78266								C	Consulting				139,963
221 V	lendricks & MacRae LLP V Sixth St Ste 2000 n, TX 787013407								L	egal				216,547
	Total number of independent con	tractors (ıncludı	ng but n	ot lın	nıted	d to	those	liste	d above) v	vho receiv	ed more than			

\$100,000 in compensation from the organization ▶3

	_	O10) Statement of Revenue					
		Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u>2</u> 1	la	Federated campaigns 1a					
and other similar amounts	b	Membership dues 1b					
Ĕl	c	Fundraising events 1c					
≅	d	Related organizations 1d					
Ĭ	e	Government grants (contributions) 1e					
5	f	All other contributions, gifts, grants, and 1f	2,536,543				! 
		similar amounts not included above  Noncash contributions included in lines 1a-1f \$					
3	g	Noticasii contributions included in lines 1a-1i \$					
	h	Total. Add lines 1a-1f	. ▶	2,536,543			
+			Business Code				
,	2a		Business code				
	b	<del></del>					
	c						
	d						
		<del></del>					
	e	All other programmes assume assumes					
	f	All other program service revenue					
$\perp$	g	Total. Add lines 2a-2f	►	0			
3	3	Investment income (including dividends, inte	rest				
		and other similar amounts)	•	48,362			48,362
4		Income from investment of tax-exempt bond proceeds		0			
5	•	Royalties	(v) D	0			
_		(ı) Real Gross Rents	(II) Personal				
"	b	Less rental					
	_	expenses Rental income					
		or (loss)		_			
F	d	Net rental income or (loss)		0			
,	7	(i) Securities Gross amount	(II) O ther				
′	a	from sales of assets other					
		than inventory					
	b	other basis and					
	_	sales expenses Gain or (loss)					
		Net gain or (loss)		0			
		Gross income from fundraising events					
		(not including					
		\$ of contributions reported on line 1c)					
		See Part IV, line 18					
		а					
		Less direct expenses <b>b</b>					
		Net income or (loss) from fundraising events	•	0			
9	<i>y</i> a	Gross income from gaming activities See Part IV, line 19 . <b>a</b>					
	b	Less direct					
		expenses					
	c	Net income or (loss) from gaming activities		0			
-		Gross sales of inventory, less					
		returns and allowances .					
	L	a					
- 1		Less cost of goods sold <b>b</b>	<b>-</b>	0			
$\vdash$	C	Net income or (loss) from sales of inventory  Miscellaneous Revenue	Business Code	0			
$\vdash$	l1a	miscendificus Revellue	Dusiliess Code				
1	_						
1							
1	ь						
1	c	All other revenue					
1	c d	All other revenue					
	c d	All other revenue  Total. Add lines 11a-11d		0			

	990 (2010)				Page <b>10</b>
Par	IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations mus			(D)	
	ll other organizations must complete column (A) but are not required to c		(B), (C), and	(D).	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $\!$	62,478			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	469,523			
6	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	164,783			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,138			
9	Other employee benefits	10,835			
10	Payroll taxes	32,682			
а	Fees for services (non-employees) Management	0			
ь	Legal	463,918			
c	Accounting	24,376			
d	Lobbying	24,570			
	Professional fundraising services See Part IV, line 17	115,597			
e •	Investment management fees	113,397			
f ~	· ·				
g 12	Other	470,190			
12	Advertising and promotion				
13	Office expenses	110,137			
14	Information technology	82,537			
15	Royalties	0			
16	Occupancy	142,427			
17 18	Payments of travel or entertainment expenses for any federal,	62,025			
10	state, or local public officials	142 526			
19 20	Interest	143,526			
		0			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,501			
23 24	Other expenses Itemize expenses not covered above (List	23,351			
	miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
_	Research	63,906			
b	Other expenses	2,977			
c	Lobbying	113,566			
d	Licenses & dues	16,125	<del> </del>		
е	- dark	12,791			
f	All other expenses	0			
25	<b>Total functional expenses.</b> Add lines 1 through 24f	2,604,389	0	0	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	compined educational campaign and idilutalstilly solicitation	<u> </u>	<u> </u>		

Part X Balance Sheet (A) (B) Beginning of year End of year 464,064 259,384 1 5,205,130 2 5.380.568 2 0 3 3 1.000 4 1,000 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 5 Schedule L . . . 6 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) Assets 0 150,000 7 150.000 8 8 0 Prepaid expenses and deferred charges . . . . 9 0 10a Land, buildings, and equipment cost or other basis Complete 198,173 10a Part VI of Schedule D 143.915 ь Less accumulated depreciation . . . . . 10b 27,586 **10c** 54.258 0 11 11 0 12 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 0 13 13 Investments—program-related See Part IV, line 11 . . 0 14 14 3.500 15 3,501 15 16 5,851,280 16 5,848,711 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 13.771 17 30.686 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability  $Complete\ Part\ IV\ of\ Schedule\ D$  . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 25 Other liabilities Complete Part X of Schedule D . . . . . 26 13.771 26 30.686 Total liabilities. Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 
☐ and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . Temporarily restricted net assets . . . . . 28 28 Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ 🔽 and complete lines 30 through 34. 5 30 5,837,509 30 5.818.025 Capital stock or trust principal, or current funds . . . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 5,837,509 33 5,818,025 33 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 5.851.280 5.848.711

Ра	Reconcilliation of Net Assets  Check if Schedule O contains a response to any question in this Part XI			.୮	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,5	584,90
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,6	504,38
3	Revenue less expenses Subtract line 2 from line 1	3			-19,48
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			37,50
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		5,8	318,02
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				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		No
b	Were the organization's financial statements audited by an independent accountant?		2b		Νο
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, 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		2c		Νo
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	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?	e	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r	equired	3b		Νo

DLN: 93493353002141

#### OMB No 1545-0047

# **SCHEDULE C**

(Form 990 or 990-EZ)

exempt funtion activities

3

Department of the Treasury

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public

Internal F	Revenue Service	· ·			Inspe	ction
If the then	organization a	nswered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Polit	ical Ca	am pai	gn Activiti	es),
	tion 501(c)(3) or	ganizations Complete Parts I-A and B Do not complete Part I-C				
	, ,, ,	r than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete I	Part I-B	,		
<ul><li>Sec</li></ul>	tion 527 organiza	ations Complete Part I-A only				
	•	nswered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lob				า
	, ,, ,	ganizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do				
		ganizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II				
	•	nswered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, I i), or (6) organizations  Complete Part III	ne 35	a (Pro	xy iax), tr	ien
	ne of the organiza	, , , ,	ver ide	ntıfıca	tion numbe	r
	ns for Lawsuit Refor	m '			cion namb	
		76-04				
Part	I-A Comple	ete if the organization is exempt under section 501(c) or is a section	n 52	7 org	anizatio	<u>n.</u>
1	Provide a descr	iption of the organization's direct and indirect political campaign activities in Part IV				
2	Political expend	itures	<b>F</b>	\$		
3	Volunteer hours					
Part	I-B Comple	ete if the organization is exempt under section 501(c)(3).				
1	Enter the amour	nt of any excise tax incurred by the organization under section 4955	•	\$ <u></u>		
2	Enter the amour	nt of any excise tax incurred by organization managers under section 4955	•	\$ <u></u>		
3	If the organizati	on incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	┌ No
4a	Was a correctio	n made?			☐ Yes	┌ No
b	If "Yes," describ	be in Part IV				
Part	I-C Comple	ete if the organization is exempt under section 501(c) except section	on 50	1(c)	(3).	
1	Enter the amour	nt directly expended by the filing organization for section 527 exempt function activities	; <b> -</b>	\$		

4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Enter the amount of the filing organization's funds contributed to other organizations for section 527

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

(a) Name	( <b>b)</b> Address	<b>(c)</b> EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Sc	hedule C (Form 990 or 990-EZ) 2010						Page <b>2</b>
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c	)(3) and fi	led Form 5768	
A B	Check   If the filing organization belongs to a Check   If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a			)		<b>(a)</b> Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has	NOT filed Fo	rm 5768
	(election under section 501(h)).		

	(election under section 501(ii)).			
		(a	1)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?			
ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i	•		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
Ь	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		l	

# Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		Νο
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		Νο
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	Yes	

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	2,536,543
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	422,020
b	Carryover from last year	2b	-143,385
С	Total	2c	278,635
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	380,481
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	-101,846
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

DLN: 93493353002141

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** Texans for Lawsuit Reform 76-0439129

Pa	rt I Organizations Maintaining Donor Acordanization answered "Yes" to Form 99		unds or Accounts. Complete if the
	organization anonorou ros to rorm 22	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi	sors in writing that the assets held in don	or advised
•	funds are the organization's property, subject to the		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		•
Pai	t III Conservation Easements. Complete	if the organization answered "Yes" to	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the or		
	Preservation of land for public use (e.g., recreati		historically importantly land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a quali easement on the last day of the tax year	fied conservation contribution in the form -	of a conservation
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified his	toric structure included in (a)	2c
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization during
	the taxable year ►		
4	Number of states where property subject to conserva	ation easement is located ►	_
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		lling of violations, and <b>Yes No</b>
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during the year 🗕
7	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easements	during the year 🟲 \$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial	
Par	Complete if the organization answered "		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	th in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		r financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$

**b** Assets included in Form 990, Part X

ar	<b>Till</b> Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tre</u>	asur	es, or O	the	<u>r Similar A</u>	<u>sse</u>	ts (co	ntınued
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	lowing th	at are	a sıgnıfıca	nt us	se of its collec	tion		
а	Public exhibition		d	Γ	Loan or	excha	ange progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
	Provide a description of the organization's co	ollections and expla	ıın hov	v the	y further	the or	ganızatıon	's ex	empt purpose	ın		
	During the year, did the organization solicity assets to be sold to raise funds rather than t			,					ılar	Γ,	'es	┌ No
aı	t IV Escrow and Custodial Arrang						answere	d "Y	es" to Form	990	,	
	Part IV, line 9, or reported an ar											
3	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ons or	other ass	ets r	not	Γ,	es (	┌ No
)	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ıng ta	able		г					
_							-	_	Α	mou	nt	
:	Beginning balance						-	1c				
1	Additions during the year						-	1d				
•	Distributions during the year						_	1e				
	Ending balance							1f				
)	Did the organization include an amount on Fe	orm 990, Part X, lın	e 21?							Γ,	es (	┌ No
	If "Yes," explain the arrangement in Part XIV											
•	rt V Endowment Funds. Complete											
	D	(a)Current Year	(b)	Prior \	Year	(c)Two	Years Back	(d)	Three Years Back	(e)	Four Ye	ears Bacl
	Beginning of year balance											
)	Contributions							$\vdash$				
	Investment earnings or losses											
	Grants or scholarships											
•	Other expenditures for facilities and programs											
	Administrative expenses											
1	End of year balance											
	Provide the estimated percentage of the yea	r end balance held	as							<u> </u>		
1	Board designated or quasi-endowment											
•	Permanent endowment											
;	Term endowment ►  Are there endowment funds not in the posse	ssion of the organiz	ation f	that s	aro bold :	and ad	ministoro	l for	tha			
	organization by	ssion of the organiz	ation	ciia c	are nera c	and ad	iiiiiiisteret	101	Lile	ſ	Yes	No
	(i) unrelated organizations								3a	(i)		
	(ii) related organizations								3a	(ii)		
)	If "Yes" to 3a(II), are the related organization							•		3b		
	Describe in Part XIV the intended uses of th											
1	t VI Investments—Land, Buildings	s, and Equipme	nt. S	<u>ee F</u>	orm 99	<u>0, Par</u>	t X, line	<u> 10.</u>	1			
	Description of investment				i) Cost or o		( <b>b)</b> Cost or basis (oth		(c) Accumulated depreciation		( <b>d)</b> Bo	ok value
	Land											
,	Buildings											
:	Leasehold improvements		•									
i	Equipment						15	4,821	113	,717		41,10
e	Other						4.	3,352	30	,198		13,15

54,258

Investments—Other Securities. See	roi ili 990, Pait X, ilile 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)2001111111	Cost or end-of-year market v	alue
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	: гогиг ээо, rait x, ime . T		
(a) Description of investment type	(b) Book value	(c) Method of valuation	ماليم
		Cost or end-of-year market v	aiue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
(a) Descrip	tion	(b) Book v	alue
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.		

'ali	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts
L	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
	Excess or (deficit) for the year Subtract line 2 from line 1	3
	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
,	Investment expenses	6
	Prior period adjustments	7
3		8
	Other (Describe in Part XIV)	
•	Total adjustments (net) Add lines 4 - 8	9
)	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	Reconciliation of Revenue per Audited Financial Statements With Revenue	
	Total revenue, gains, and other support per audited financial statements	1
	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
Ь	Donated services and use of facilities	-
C	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	_
e	Add lines 2a through 2d	2e
	Subtract line <b>2e</b> from line <b>1</b>	3
	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV)	
С	Add lines <b>4a</b> and <b>4b</b>	4c
	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return
	Total expenses and losses per audited financial statements	1 1
	Amounts included on line 1 but not on Form 990, Part IX, line 25	-
а	Donated services and use of facilities	
b b	Prior year adjustments	-
c	Other losses	-
d	Other (Describe in Part XIV)	1
e	Add lines 2a through 2d	_    2e
	Subtract line 2e from line 1	3
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b   4a	
a L	· · · · · · · · · · · · · · · · · · ·	-
b	,	- I
С	Add lines 4a and 4b	4c
	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5

Identifier Return Reference Explanation

additional information

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As Filed Data -

DLN: 93493353002141

OMB No 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. P See separate instructions.

**Open to Public** Inspection

Internal Revenue Service Name of the organization **Employer identification number** Texans for Lawsuit Reform 76-0439129 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply

✓ Mail solicitations e Solicitation of non-government grants ▼ Internet and e-mail solicitations Solicitation of government grants Phone solicitations Special fundraising events ▼ In-person solicitations

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
i		Yes	No			
Blakemore&Assoc 3405 Edloe Houston, TX 77027	Fdrsg		No	2,404,600	55,000	2,349,600
The McIntosh Co 5310 Harves Hil Dallas, TX 75230	Fdrsg		No	10,000	60,391	
Total			•	2,414,600	115,391	2,349,600

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1	(b) Event #2	(c) O ther Events (total number)	(d) Total Events (Add col (a) through col (c))
<u>Ф</u>					(**************************************	
Revenue	1 2	Gross receipts Less Charitable				
₩ Ф	-	contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ဟ	5	Non-cash prizes				
anse T	6	Rent/facility costs				
Expenses	7	Food and beverages				
Direct	8	Entertainment				
ā	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 ın columı	n (d)	🛌	
	11	Net income summary Combine II	nes 3 and 10 ın column	(d)		
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
			(a) Bingo	(b) Pull tabs/Instant	(c) O ther gaming	(d) Total gaming
Revenue				bingo/progressive bingo		(Add col (a) through col (c))
	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
ញ ថ្ល	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes % ┌ No	☐ Yes % ☐ No	┌ Yes %	_
	7	Direct expense summary Add lines	s 2 through 5 ın column	(d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)		
9	Ent	er the state(s) in which the organize	ation operates gaming ac	tivities		
а		the organization licensed to operate				· Fyes Fno
b	If"	No," Explain				
						1
10a		re any of the organization's gaming			the tax year?	· · Fyes Fno
b	If"	Yes," Explain				
						1

11	Does the organization operate ga	aming activities with nonmembers?		<b>Г</b> үе	s $\Gamma_{No}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity		
	formed to administer charitable (	jaming?		Г <sub>Yе</sub>	s $\Gamma_{No}$
13	Indicate the percentage of gamin	ng activity operated in			
а	The organization's facility			1	
b	An outside facility			,	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	d	
	Name 🟲				
	Address 🟲				
15a		ntract with a third party from whom th		_	_
					s No
ь		ning revenue received by the organizated by the third party 🟲 \$	ation <b>&gt;</b> \$ and the		
c	If "Yes," enter name and address	5			
	Name 🟲				
	Address 🟲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation l	<b>*</b> \$			
	Description of services provided	<b>&gt;</b>			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а		er state law to make charitable distrib		_	_
p.				·   Ye	s No
D		required under state law distributed activities during the tax year - \$	to other exempt organizations or spent		
Par		<u>-</u>	r responses to question on Schedul	e G (see	
	Identifier	ReturnReference	Explanation		

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493353002141 OMB No 1545-0047

# **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

**Inspection** 

Employer identification number

Texans for Lawsuit Reform						76-0439129	
Part I General Inform	nation on Grants	and Assistance				•	
<ul><li>Does the organization man the selection criteria used</li><li>Describe in Part IV the or</li></ul>	d to award the grants	or assistance?					<b>▽</b> Yes <b>┌</b>
Part II Grants and Oth Form 990, Part I	ner Assistance to V, line 21 for any	o Governments and received eded	Organizations in d more than \$5,000	the United States . Check this box if n	o one recipient rece	ived more than \$5,0	
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Texas Public Policy Fdn 900 Congress Ave St 400 Austin, TX 78701	74-2524057	501(c)(3)	30,000	0			Education on key policy issues
(2) Rio Grande Valley PartnershipP O Box 1499 Weslaco,TX 78599	74-2765624	501(c)(3)	10,000	0			2011 Legislative Tour
2 Enter total number of sect 3 Enter total number of othe							

	,
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Grantmaker's Description		TLR occasionally makes grants to organizations that are compatible with the goals of TLR and it's mission. We monitor the
of How Grants are Used		grantee organizations for that purpose

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DLN: 93493353002141

OMB No 1545-0047

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# Schedule J

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

Name of the organization Texans for Lawsuit Reform

**Employer identification number** 76-0439129 Part I Questions Regarding Compensation

		_		Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the fo				
	990, Part VII, Section A, line 1a Complete Part III to provide any re				
	- <u></u>	allowance or residence for personal use			
		s for business use of personal residence			
	<u> </u>	social club dues or initiation fees			
	Discretionary spending account Personal	services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a reimbursement orprovision of all the expenses described above? If "N		1b		l
2	Did the organization require substantiation prior to reimbursing or allo officers, directors, trustees, and the CEO/Executive Director, regarding	· · · · · · · · · · · · · · · · · · ·	2		
3	Indicate which, if any, of the following the organization uses to establi organization's CEO/Executive Director Check all that apply	sh the compensation of the			
	·	mployment contract			
		ation survey or study			
	Form 990 of other organizations	by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section or a related organization	A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment from the	organization or a related organization?	4a		Νo
ь	Participate in, or receive payment from, a supplemental nonqualified r	etirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation	n arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provide the applicab	le amounts for each item in Part III			
	Only $501(c)(3)$ and $501(c)(4)$ organizations only must complete lines	5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the or compensation contingent on the revenues of				
а	The organization?		5a		
ь	Any related organization?		5b		
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line 1a, did the or compensation contingent on the net earnings of	ganization pay or accrue any			
а	The organization?		6a		
ь	Any related organization?		6b		
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the o payments not described in lines 5 and 6? If "Yes," describe in Part II		7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pusubject to the initial contract exception described in Regs section 53 in Part III		8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presusection 53 $4958-6(c)$ ?	mption procedure described in Regulations	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) Richard Trabulsi Jr (i)	293,333					293,333	
(2) Mary Tipps (ii)	138,000	12,000			9,190	159,190	
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							

Schedule J (Form 990) 2010 Page **3** 

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

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DLN: 93493353002141

#### O MOT I ROCESS

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 lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047

2010

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Name of the organization Texans for Lawsuit Reform								<b>mployer i</b> 6-04391		ntion numbe	er
Part I Excess Benefit Tran							organı	zations d	only).	ıne 40h	
				111 2 2 0 , 1					r arc v , r		orrected?
1 (a) Name of disq	ualıfıed	person			<b>(b)</b> Desc	ription	of trans	action		Yes	No
<ul><li>2 Enter the amount of tax impos section 4958</li><li>3 Enter the amount of tax, if any</li></ul>	on line	 e 2, abo	ve, reimburs	ed by th				🕨	• \$		
Part II Loans to and/or I Complete if the organiz					), Part IV, line 26	, or For	m 990-l	≣Z, Part V	, line 38	a	
(a) Name of interested person and purpose	( <b>b</b> ) L	oan to om the zation?	to ne <b>(c)</b> O riginal		(d)Balance due	(e)	(f) Approved by board or committee?			(g)Written agreement?	
	То	From				Yes	No	Yes	No	Yes	No
Total	<del></del>	<u>.</u> .		<b>▶</b> s	ı				1		
Part III Grants or Assistar Complete if the orga	ice Be	enefitt	ing Inter	ested I		l line	7				
			<b>b)</b> Relationsh	nıp betwe	een interested per ganization			nount of g	rant or ty	ype of assis	tance
					3						

#### **Part IV** Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organizati	on answered tes on	ruilli 990, Pait IV, III	ie zoa, zob, ui zoc.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organi	aring of zation's nues?
	organization			Yes	No
(1) Zocalo Design	Son of Officer	44,945	Design work		Νο
(2) Rıchard J Trabulsı Jr	Officer & Dir	23,400	Office rent		Νο
					<u> </u>

#### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2010

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DLN: 93493353002141

**Employer identification number** 

76 0420120

OMB No 1545-0047

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**SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Explanation

Name of the organization Texans for Lawsuit Reform

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

_			76-0439129
	ldentifier	Return Reference	Explanation
	Amended		The 2010 Form 990 for Texans for Law suit Reform is being amended to properly reflect the

compensation paid to officers and amounts paid to contractors in Part VII

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Upon request

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	The conflicts of interest policy is montiored by the Board of Directors and management. Conflict of interest forms are filled out each year and reviewed by the President and the Board of Directors. The President reviews financial statements monthly and the persons doing the accounting for the organization know to bring to the attention of management and the board any financial transactions covered by our conflicts of interest policy.

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	The Form 990 is reviewed by the President, Administrative Director and the organization's outside accountant. A copy of the form is provided to all directors prior to filing with the IRS.

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DLN: 93493353002141

OMB No 1545-0047

2010

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# SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** Texans for Lawsuit Reform 76-0439129 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Part I (b) (d) (c) Name, address, and EIN of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity 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.) (a)
Name, address, and EIN of related organization (b) (c) Section 512(b)(13) Legal domicile (state Direct controlling Exempt Code section Public charity status Primary activity controlled or foreign country) (if section 501(c)(3)) organization Yes No (1) Texans for Lawsuit Reform Fdn 1701 Brun 100 ΤX PF N/A Educational research 501(c)(3) No Houston, TX 77019 20-1930752

<b>(a)</b> ame, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(g) Share of end-of-year assets		i) ortionate tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(j) General or managıng partner?		( <b>k)</b> Percentage ownership
								Yes	No			Yes	No	
				ble as a Corpora zations treated as a						nswered "Y	es" on	Form	990,	Part IV,
(a) Name, address, and EIN of related organization			<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	Direct cor	(d) (e) Direct controlling entity (C corp, S or trust		ntity Share of total income corp,		<b>(f)</b> f total income	(g) Share of end-of-year assets			<b>(h)</b> Percentage ownership
					1	I								

chedu	le R (Form 990) 2010				P	age <b>3</b>
Part	V Transactions With Related Organizations (Complete if the organization answered "Y	es" on Form 990, Pa	rt IV, line 34, 35, 35	5A, or 36.)		
N	ote. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
<b>1</b> Dur	ing the tax year, did the orgranization engage in any of the following transactions with one or more related org	anızatıons lısted ın Part	s II-IV?			
a F	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a	•	No
b (	Gift, grant, or capital contribution to other organization(s)			16	•	No
<b>c</b> (	ift, grant, or capital contribution from other organization(s)			10	:	No
d l	oans or loan guarantees to or for other organization(s)			1d	l Yes	
e l	oans or loan guarantees by other organization(s)			16	:	No
f S	ale of assets to other organization(s)			<b>1</b> f		No
g F	Purchase of assets from other organization(s)			<b>1</b> g	,	No
h E	xchange of assets			1h	١	No
i L	ease of facilities, equipment, or other assets to other organization(s)			11		No
j L	ease of facilities, equipment, or other assets from other organization(s)			<b>1</b> j		No
k F	Performance of services or membership or fundraising solicitations for other organization(s)			1k	(	No
I P	erformance of services or membership or fundraising solicitations by other organization(s)			11		No
m S	haring of facilities, equipment, mailing lists, or other assets			1n	n	No
n S	Sharing of paid employees			1n	1	No
o F	Reimbursement paid to other organization for expenses			10	,	No
рΕ	Reimbursement paid by other organization for expenses			1p	)	No
q (	Other transfer of cash or property to other organization(s)			10	1	No
r C	ther transfer of cash or property from other organization(s)			11		No
<b>2</b> I	f the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	including covered relat	ionships and transacti	on thresholds		
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determ Involve		nount
L) Texa	ans for Lawsuit Reform Fdn	d	150,000			
2)						

(a) Name of other organization	Transaction type(a-r)	(c) Amount involved	Method of determining amount involved
(1) Texans for Lawsuit Reform Fdn	d	150,000	
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI 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

(a) Name, address, and EIN of entity	(b) Primary activity Legal domicile (state or foreign partners section 501(c)(3) organizatio		ners ion :)(3) :ations?	(e) (f) Share of Disproprtice end-of-year allocation			tionate (g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(h) General or nanaging partner?	
			Yes	No		Yes	No		Yes	N
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### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

I Identifier I Return Reference I	er Return Reference Explanation
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Schedule R (Form 990) 2010