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Department of the Treasury Internal Revenue Service

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No 1545-0047

2014

Open to Public Inspection

Α	For th	e 2014 calend	dar year, o <u>r tax y</u>	/ear begii	nning		, 20	14, and	ending								
В	Check if	applicable	C Name of organiza	ation Tex	xas Acce	ss to J	ustice	Found	datio	n	D Employ	yer identificat	lon number				
	Add	dress change	Doing business a								74-2354575						
	H-1	me change			x if mail is not del	vered to street a	address)	,	Room/su	ite	E Telepho	one number					
	\vdash	ial retum	PO Box 128	86							(51	2) 320-	-0099				
	H	of return/terminated			, country, and ZIP	or foreign posta	l code		Щ		- \ <u>\</u>	_,					
	H		· ·	: •	,,	3.4.		70	711		G		041 7	20			
	H	ended return	Austin	- -				X 78	711	I/a) le this s		eceipts \$ 6 n for subordina			īvī		
	App	plication pending	F Name and address											'es 'es	× No		
			Richard L. Tate			Austi		TX 78	711	If 'No,'	attach a list (included? (see instruction	ns) LJ'	es	No		
<u> </u>	Tax-e	exempt status	X 501(c)(3)	501(c) () ◀ (i	nsert no)	4947(a)(*) or	527								
J_	Web	site: ► ww	w.teajf.or	g					 -	I(c) Group	exemption nu	ımber 🟲					
K	Form	of organization	X Corporation	Trust	Association	Other -		L Year of	f formation	1984	4 M s	State of legal of	iomicile ^r	ГΧ			
Pa	rt I	Summar	7				_	-	-								
	1		e the organization	n's missio	n or most sig	nificant activ	ities.	The Tex	xas Acc	ess to	Justice I	Foundation	n is a n	onpr	ofit		
d)		corporat	ion organi	zed as	a fundi	ng sour	ce for										
ဋ			Texans in									d by					
Ë			earned on														
¥e		Check this bo			n discontinue												
ප	3	Number of vo	ting members of t									3			12		
ა ბ	4	Number of inc	dependent voting	members	of the govern	ing body (Pa	art VI, line	1b)				4			12		
<u>ë</u>	5	Total number	of individuals em	ployed in	calendar year	2014 (Part	V, line 2a)					5			8		
Activities & Governance			of volunteers (es									6			12		
Ą			d business reven									7a			<u> </u>		
	b	Net unrelated	business taxable	income fi	rom Form 990)-T, line 34 .		· · · · <u> </u>				7b			0.		
											rior Year		Current				
ø	8	Contributions	and grants (Part	VIII, line 1	lh)					5	,927,3	361.	6,35	57,3	<u>355.</u>		
Revenue	1	-	ice revenue (Part								-						
eVe	10	Investment in	come (Part VIII, c	olumn (A)), lines 3, 4, ai	nd 7d)					104,6				842.		
Œ			e (Part VIII, colum								340,9				<u>533.</u>		
			- add lines 8 th								5,372,9			_	<u>730.</u>		
	13	Grants and si	milar amounts pa	ıd (Part IX	(, column (A),	lines 1-3) .				5	5,073,9	953.	5,86	50,3	<u>332.</u>		
	14	Benefits paid	to or for members	s (Part IX,	column (A), I	ıne 4)											
	15	Salaries, othe	er compensation,	employee	benefits (Par	t IX, column	(A), lines	5-10) .			722,8	331.	7.	16,0	013.		
Expenses	16a	Sa Professional fundraising fees (Part IX, column (A), line 11e)															
Je L			sing expenses (Pa							_							
虿							RECE	IVE	-0.		441	7.60		7.6	402		
			es (Part IX, colun						· · · · ·	<u> </u>	441,				<u>493.</u>		
			es. Add lines 13-1								5,238,				838.		
		Revenue less	expenses. Subtr	act line 18	3 from line 12		NOV 1	. @. 501	$5 \cdot G$		_ 134,3				<u> 108.</u>		
5 8							1407 -		ı d		ng of Curre		End of				
Net Assets of Fund Balance	20	,	Part X, line 16)] . !			i v		5,754,		17,0				
₹ P	21	Total liabilities	s (Part X, line 26)			• • • • • • •	OGDE). l	1 4	1,090,8	839.	4,68	37,	<u>732.</u>		
2,5	22	Net assets or	fund balances S	ubtract lin	ne 21 from line	20				12	2,663,	739.	12,32	25 ,	036.		
Pa	art II	Signatui	re Block														
			clare that I have examiner (other than officer) is	ned this return	n, including accom	panying schedu	les and stater	nents, and t	to the best	of my know	vledge and be	elief, it is true,	correct and				
com	plete De	claration of prepar	er (other than officer) is	s based on al	information of wh	nich preparer ha	s any knowled	ge.			121						
			7/1 /4	- / \	Dan	212	1			1	177/2	2015					
Sig	an	Signatu	ure of officer			Α-				Da	ate /						
He	re	L 6]	Joseph Bar	riento	s .	•		_			•						
		Type or	r print name and title		1,		1/1	/									
		Print/Type p	preparer's name		Preparers sig	nature	7/1//	Dat	te		Check	if PTI	N				
_		7 ~+	n Montoma	or TTT	IX	11/1/		1 1	1/03/	1.5	self-employ	 /ed ₽∩	13885	30			
Pa			o Montemay		1, 11 P.J.	· Nath	20ndar	PC	., 00,		1	1- 0					
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US	e On	Firm's addre															
			Austin			1		3746			Phone no	(512)		1380	$\overline{}$		
Ma	y the If	RS discuss thi	s return with the	preparer s	shown above?	(see instru	ctions)				<u>.</u>	<u> </u>	X Yes		No		

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 05/28/14

Partil Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Х 3 Х 4 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 Χ 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, Х 6 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 Χ 8 Х 8 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 Х 10 Х him If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, 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. Х 11 a Χ 11 b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х 11 c Χ 11 d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. 11 e 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. Χ 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х Schedule D, Parts XI, and XII. . . . 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and Χ if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional 12 b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. . . . 13 Χ Х 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 14a Χ 14h 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. Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV Х 16 Χ 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes, X 19 complete Schedule G, Part III. . . . Х 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20

20 b

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

Schedule N, Part II

BAA

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35a

35b

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Form 990 (2014)

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Χ

Χ

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Χ

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Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Х 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х 23 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Χ 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? Χ If 'Yes', complete Schedule L, Part II . . . 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV . . 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV Χ 28b Χ 28c Х 29

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete

Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . .

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Check if Schedule O contains a response or note to any line in this Part V	<u> </u>			.
			Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 7			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0	- }		
c Did the organization comply with backup withholding rules for reportable payments to ver (gambling) winnings to prize winners?	ndors and reportable garning	1 c	_ x	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Staments, filed for the calendar year ending with or within the year covered by this return	te-			_
	<u> </u>		- ₋ -	
b If at least one is reported on line 2a, did the organization file all required federal employm		2 b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see	,			v
3 a Did the organization have unrelated business gross income of \$1,000 or more during the	·	3 a		_X
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	 	3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other	ure or other authority over, a er financial account)?	4 a		Х
b If 'Yes,' enter the name of the foreign country. ►				
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and	, ,	_	_	
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the	tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax sh	<u> </u>	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,00 solicit any contributions that were not tax deductible as charitable contributions?	0, and did the organization	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such not tax deductible?	 	6 b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution an services provided to the payor?		7 a	- <u>X</u>	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provide	ed?	7 b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property form 8282?	or which it was required to file	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a persor	nal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal b	penefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organizas required?	zation file Form 8899	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did Form 1098-C?	the organization file a	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fu	nd maintained by the sponsoring			
organization have excess business holdings at any time during the year?		8		X
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9 a		Х
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related	person?	9 b		X
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12	10 a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10 b	i		
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders	11 a	-		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	116			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	<u> </u>	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	1 1 			-
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>			
a is the organization licensed to issue qualified health plans in more than one state?		13 a		
Note. See the instructions for additional information the organization must report on Sche	-			
b Enter the amount of reserves the organization is required to maintain by the states in		j	ļ	
which the organization is licensed to issue qualified health plans				
14a Did the organization receive any payments for indoor tanning services during the tax yea		14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation is		14 b		
Uni 165, mas it med a Form 720 to report these payments in 140, provide an explanation i	in Gonedale G		000 /	0044

74-2354575

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad 1 a 12 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 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . 3 Х Did the organization make any significant changes to its governing documents Х Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 h Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a X 8 b Х **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Yes 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11 a X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Х 13 X 14 Х 14 Did the organization have a written document retention and destruction policy? 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? Х 15 a 15 b Х 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 16 a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) Upon request Own website Another's website Х Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 20 78701 (512) 320-0099 1601 Rio Grande Suite 351 Tamea Byrd

Check if Schedule O contains a response of note to any line in this Part VII . . .

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

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

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

Check this box if neither the organization nor any re	lated organi	zatio	n com	nper	nsat	ted any	у сі	urrent officer, dire	ctor, or trustee	
			((C)						
(A) Name and Title	(B) Average hours per	Position (do not check than one box, unless pe is both an officer and director/trustee)				and a e)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Congressman Pete Gallego Director	1.00	х						0.	0.	0.
(2) Becky Baskin Ferguson Director	1.00	х		_				0.	0.	0.
(3) Roland Johnson Director	1.00	х						0.	0.	0.
	1.00	х						0.	0.	0.
(5) Terry O. Tottenham Director	1.00	х						0.	0.	0.
(6) Rose Wilson Director	1.00	Х			·			0.	0.	0.
	1.00	Х						0.	0.	0.
(8) Jon D. Levy Director	1.00	Х						0.	0.	0.
(9) Richard L. Tate Chair	3.00			x				0.	0.	0.
(10) Deborah G. Hankinson Vice Chair	2.00			x				0.	0.	0.
(11) Ray Farabee Secretary	2.00			x				0.	0.	0.
(12) G Joseph Barrientos Treasurer	2.00			x				0.	0.	0.
(13) Betty Balli Torres Executive Director	40.00			x				147,259.	0.	30,501.
(14) Jonathan Vickery Associate Director	40.00					Х		105,869.	0.	25,467.

Part VII Section A. Officers, Directors, Trus		Key	En			es,	and	d Highest Con	npensated Empl	oyees	(conti	nued)
(A) Name and title	Average hours per week	box	, unle cer a	Pos check ess pe and a c	erson direct	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	amou	(F) timated nt of other	
	(list any hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	fro orga and	om the inization related inization:	
<u>(15)</u>												
(16)												
(17)										···	-	
(18)	 										_	
(19)										-		
(20)												
(21)	 											
(22)								-				
(23)												
(24)									-			
(25)												
1 b Sub-total			٠.	• •	٠		•	253,128.	0.		55,9	€8.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							>	253,128.	0.	55,96		360
Total number of individuals (including but not limited)							eive			npensat		,00,
from the organization 2		_										1-4-
3 Did the organization list any former officer, director,	or tructor	, ka	, or	anlas	/00	or bu	ahor	et componented en	nnlovee		Yes	No
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such ind	lividual				• •			····		. 3		Х
4 For any individual listed on line 1a, is the sum of reporting organization and related organizations greater this such individual	an \$150,	0003	' <i>If '</i> '\	Yes'	com	plete	Sci	hedule J for		4	X	
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co	mpensat	ion fr	om	any	unre	elated	d org	ganization or indivi		. 5		X
Section B. Independent Contractors 1 Complete this table for your five highest compensate compensation from the organization Report compen	d indepe	nden	ıt co	ntra	ctors	s that	rec	eived more than \$	100,000 of			
(A) Name and business address		r the	Cale		ii ye	ar eri	iairiç	Description of)		C)	 on
2 Total number of independent contractors (including b	out not lin	nıted	to th	nose	e list	ed at	oove	e) who received mo	ore than			
\$100,000 of compensation from the organization												

		Check if Schedule O contains a response or note to any lin	e in this Part VIII			[]
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
its ts	1 a	Federated campaigns 1 a				
距퇴	þ	Membership dues 1 b				
اع ت	C	Fundraising events 1 c				
ir s		Related organizations 1 d				
5 [월]		Government grants (contributions) 1e 5,239,858.				
हु हु						
黄	f	All other contributions, gifts, grants, and similar amounts not included above . 1f 1 1 1 7 , 4 9 7				
윤티		similar amounts not included above				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f				
S e		Business Code	6,357,355.		_	
Program Service Revenue	2 a					
ě	2 a b					
ě		-	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
ķ	C			···		
୬	a					
ran	e	All of				
<u> </u>		All other program service revenue				
а.	<u>_</u> _	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest and other similar amounts)	122 042	0.	0	122 042
	4	Income from investment of tax-exempt bond proceeds	132,842.		0.	132,842.
	5	Royalties	-			
	5	(i) Real (ii) Personal				<u> </u>
	6 2	Gross rents				
		Less rental expenses				
		Rental income or (loss)				
		` ' \				
		Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory				
		assets other man inventory				
	b	Less cost or other basis and sales expenses				
	_	Gain or (loss)				
		` '				
		Net gain or (loss)		· · · · · -		
왘	8 a	Gross income from fundraising events				
en.		(not including. \$				
₹ev		· · · · · · · · · · · · · · · · · · ·				
٦٠	.	See Part IV, line 18				
Other Revenu		Net income or (loss) from fundraising events	251 450			251 450
Q			351,450.		0.	351,450.
	9 a	Gross income from gaming activities See Part IV, line 19				
		Less direct expenses b				
		Net income or (loss) from gaming activities				
		· · · · · · · · · · · · · · · · · · ·				
	10 a	Gross sales of inventory, less returns and allowances				
	h	Less cost of goods sold b				
		Net income or (loss) from sales of inventory				
	_ 6	Miscellaneous Revenue Business Code				
	11 ~		83.	0.	0.	83.
	i i a		<u></u>	<u> </u>		03.
	0	·				
	C ر	I All other revenue				
		Total. Add lines 11a-11d				
			83.			104 275
	12	Total revenue. See instructions	6,841,730.	0.	<u> </u>	484,375.

Part IX Statement of Functional Expenses

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,860,332.	5,860,332.		
Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,	062.002	105 020	157.004	
trustees, and key employees	263,923.	105,939.	157,984.	0.
7 Other salaries and wages	305,007.	175,906.	129,101.	0.
Demoion alon accomple and contributions	303,007.	<u> </u>	125/101.	<u></u>
(include section 401(k) and 403(b) employer contributions)	43,759.	17,565.	26,194.	0.
9 Other employee benefits	62,753.	25,189.	37,564.	0.
10 Payroll taxes	40,571.	16,285.	24,286.	0.
11 Fees for services (non-employees)		, ;		
a Management				
b Legal				
c Accounting	15,546.	4,766.	10,780.	0.
d Lobbying	107010.	.,	207.000	· · · · · · · · · · · · · · · · · · ·
e Professional fundraising services See Part IV, line 17				
f Investment management fees	18,428.	5,650.	12,778.	0.
g Other (If line 11g amt exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O)	122,805.	37,652.	85,153.	
12 Advertising and promotion	51,304.	1,924.	49,380.	0.
13 Office expenses	47,132.	3,853.	43,279.	0.
14 Information technology	54,628.	16,749.	37,879.	0.
15 Royalties				
16 Occupancy	65,768.	0.	65,768.	0.
17 Travel	79,539.	33,951.	45,588.	0.
Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,919.	0.	5,919.	0.
23 Insurance	8,117.	918.	7,199.	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)				
a Projects	53,502.	0.	53,502	0.
b Grant oversight	46,100.	14,134.	31,966.	0.
^c Miscellaneous	7,705	872.	6,833.	0.
d				
e All other expenses				
25 Total functional expenses Add lines 1 through 24e	7,152,838.	6,321,685.	831,153.	0 .
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 ► I if following				
SOP 98-2 (ASC 958-720)	<u> </u>			Form 990 (2014

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 233,480 227,637. 2 534,391 2 2,391,496. 3 3 4 4 568,977. 457,461 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 ĥ Assets 8 9 3,674 3,674. 10 a 682 10 b 9,050 14,627 10 c 12,632 15,493,923 11 13,782,423 Investments - other securities See Part IV, line 11 12 Investments – program-related See Part IV, line 11 13 13 14 14 15 15 17,022 <u>25,929.</u> 16 16 16,754,578 17,012,768. 17 17 249,104 173,442. 18 Grants payable......... 18 3,376,832 3,921,610. 19 19 20 20 Liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 22 23 23 24 24 Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . 25 464,903 592,680 26 Total liabilities. Add lines 17 through 25 4,090,839 26 687,732 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 12,663,739 12,325,036. 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. ᡖ 30 30 Net Assets 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 33 12,325,036. 12,663,739

BAA

34

17,012,768. Form **990** (2014)

34

16,754,578

Form	990 (2014) Texas Access to Justice Foundation 74-2	2354575		Pa	ge 12
Par	t XI Reconciliation of Net Assets		_		
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			· []
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,8	41,7	730.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,1	52,8	338.
3	Revenue less expenses Subtract line 2 from line 1	3	<u>-</u> 3	11,1	.08.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,6	63,7	39.
5	Net unrealized gains (losses) on investments	5			95.
6	Donated services and use of facilities	6			
7	Investment expenses	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 1	12,3	<u>25,0</u>	<u> 136.</u>
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\cdot \Box$
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		_		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both				
	Separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis				
			,	х	
b	Were the organization's financial statements audited by an independent accountant?		2 b		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
_	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit				
·	review, or compilation of its financial statements and selection of an independent accountant?		2 c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			,- 	
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au	dıt			
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		<u> </u>
RΔΔ			Form	990 (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Employer Identification number

Texa	s	Access to Justice	Foundation				74-235457	5				
Part	Π	Reason for Public Cha	rity Status (All or	ganizations must co	mplete	this p	art.) See instruction	S.				
The or	gan	ization is not a private foundati	on because it is: (For I	ines 1 through 11, check	only on	e box)		· · · · · · · · · · · · · · · · · · ·				
1		A church, convention of church	nes, or association of c	hurches described in se	ction 17	0(b)(1)(A)(i).					
2	П	A school described in section	170(b)(1)(A)(ii). (Attac	ch Schedule E.)								
3		A hospital or a cooperative hos			170(b)(1)(A)(iii)),					
4	_	A medical research organization						ne hospital's				
•	ш	name, city, and state:					\	•				
5		An organization operated for the 170(b)(1)(A)(iv). (Complete Page 170(b))	ne benefit of a college of	or university owned or op	perated b	y a gov	ernmental unit described	in section				
6		A federal, state, or local govern		I unit described in section	n 170(b)(1)(A)(\	/).					
7	X	An organization that normally r in section 170(b)(1)(A)(vi). (C	receives a substantial p Complete Part II)	part of its support from a	governn	nental ur	nit or from the general pu	iblic described				
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)										
9	<u></u>	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
10	_	An organization organized and										
11	_	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.										
а	ш	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.										
b	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.											
С		Type III functionally integrate organization(s) (see instruction	ed. A supporting organ	nization operated in conn te Part IV, Sections A,	ection w D, and E	ith, and	functionally integrated w	ith, its supported				
d	ш	Type III non-functionally inte functionally integrated The organistructions) You must comp	panization generally mi	ust satisfy a distribution i	connecti equirem	on with ent and	its supported organization an attentiveness require	n(s) that is not ment (see				
е		Check this box if the organization integrated, or Type III non-fund	ion received a written o ctionally integrated sup	determination from the IF porting organization	RS that is	з а Туре	I, Type II, Type III functi	onally				
f		ter the number of supported org										
g	Pro	ovide the following information a	about the supported or	ganızatıon(s).								
		(I) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is organizati in your go docun	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
(A)						•						
<u> </u>												
<u>(B)</u>												
(C)	_											
(D)												
(E)												
<u>/</u>												
Total								000 000 57) 5011				
BAA	For	Paperwork Reduction Act No	otice, see the Instruc	tions for Form 990 or 9	90-EZ.		Schedule A (For	n 990 or 990-EZ) 2014				

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support								
	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	7,733,888.	6,327,662.	7,395,056.	6,372,943.	6,357,355.	34,186,904.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3	7,733,888.	6,327,662.	7,395,056.	6,372,943.	6,357,355.	34,186,904.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4						34,186,904.		
Sec	tion B. Total Support			-					
	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
7	Amounts from line 4	7,733,888.	6,327,662.	7,395,056.	6,372,943.	6,357,355.	34,186,904.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	522,824.	320,976.	187,592.	104,617.	132,842.	1,268,851.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)			63.		83.	146.		
11	Total support. Add lines 7 through 10			_			35,455,901.		
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12	1,788,060.		
13	First five years. If the Form 990 is organization, check this box and s						▶ □		
	tion C. Computation of Pu								
	Public support percentage for 201						96.42 %		
	Public support percentage from 20						95.00%		
16 a	33-1/3% support test — 2014. If and stop here. The organization of	the organization di jualifies as a public	d not check the bo cly supported orga	x on line 13, and the nization	he line 14 is 33-1/3	3% or more, check	this box ▶ X		
	33-1/3% support test — 2013. If t and stop here. The organization of	qualifies as a publi	cly supported orga	nization			• 📋		
17 a	10%-facts-and-circumstances to or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and	-circumstances' tes	st, check this box a	and stop here. Ext	olain in Part VI how	·		
	b 10%-facts-and-circumstances test — 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organiz	ation did not checi	k a box on line 13,	16a, 16b, 17a, or	17b, check this box	c and see instruction	ons > [

Partill: Support Schedule for Organizations Described in Section 509(a)(2)

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

Sect	ion A. Public Support						
	lar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513					-	· · · ·
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sect	tion B. Total Support						
Calend	dar year (or fiscal yr beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
11	Add lines 10a and 10b						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11 and 12)	_					
14	First five years. If the Form 990 is organization, check this box and s	for the organization here	on's first, second,	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶
	tion C. Computation of Pu					- 121	
	Public support percentage for 201						
	Public support percentage from 20				<u> </u>	16	
Sec	tion D. Computation of Inv	estment Inco	me Percentag	<u>e</u>		1,21	
	Investment income percentage for						
18	Investment income percentage fro	m 2013 Schedule	A, Part III, line 17			18	8
	33-1/3% support tests - 2014. If is not more than 33-1/3%, check the	nis box and stop h	i ere. The organiza	tion qualifies as a p	oublicly supported	organization	· · · · · • 📙
	33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%,	the organization d check this box and	lid not check a box I stop here. The o	on line 14 or line f rganization qualifie	19a, and line 16 is is as a publicly sup	more than 33-1/3% ported organizatior	, and ▶ 🃮
20	Private foundation. If the organiz	ation did not checl	k a box on line 14,	19a, or 19b, check	this box and see i	nstructions	

Page 4

Supporting Organizations

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

, – (tion A. All Supporting Organizations			T
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a	-	
ł	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b	-	
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
1	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
,	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
١	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6	_	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	 7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8		
9 :	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a	-	. ~
ı	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9 b		
(c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9 c		
10	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	10a		
1	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

Pa	rt IV Supporting Organizations (continued)	<u> </u>	-	-3-
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	l I	:
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sec	ction B. Type I Supporting Organizations	·	L	·
		-	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applied to such powers during the tax year	1	<u> </u>	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees		100	
	of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	ction D. All Type III Supporting Organizations			
-			Yes	No
_				
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations	-		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
	The organization satisfied the Activities Test. Complete line 2 below			
1	The organization is the parent of each of its supported organizations. Complete line 3 below			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)	ons)		
		,		
2	Activities Test Answer (a) and (b) below.		Yes	No
•	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted		·	-
	substantially all of its activities	2a		_
ı	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	3a		
ı	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Par 1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N	lovemb	per 20, 1970 See instru	ıctions. All
Sec	□ other Type III non-functionally integrated supporting organizations must complete Section A — Adjusted Net Income	tions A	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		-
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_ -	Depreciation and depletion	5	· - ·	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		-
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1 a		
t	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
	l Total (add lines 1a, 1b, and 1c)	1 d		
€	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount	,.		Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		1
3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	 	
4	Enter greater of line 2 or line 3	4	<u> </u>	<u> </u>
5	Income tax imposed in prior year	5		Ł .
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		And a second
7	Check here if the current year is the organization's first as a non-functionally-integrate (see instructions)	d Type	III supporting organiza	tion
BAA	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Schedule A (F	orm 990 or 990-EZ) 201

Schedule A (Form 990 or 990-EZ) 2014

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

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Pt II Ln 10 Other Income Part II, Line 10 Description: Cash Subpoena 2012: 63. 2014: 83.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and it instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

• 5	Section 501(c)(4), (5), or (6) or	ganizations Complete Part III			
Name	of organization	- 1 - 1		Employer identifica	ition number
Тех	<u>kas Access to Justi</u>	ce Foundation		74-235457	5
Par	t I-A Complete if the c	organization is exempt under section	on 501(c) or is a	section 527 organia	zation.
1	Provide a description of the o	rganization's direct and indirect political camp	aign activities in Part I	V.	
2					
3					
Par	t I-B Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any excis	se tax incurred by the organization under secti	on 4955		
2	Enter the amount of any exce	se tax incurred by organization managers und	er section 4955		
3	_	section 4955 tax, did it file Form 4720 for this			
4 a	a Was a correction made?				Yes No
	If 'Yes,' describe in Part IV			<u> </u>	
Par		rganization is exempt under section			
1	Enter the amount directly exp	ended by the filing organization for section 52	7 exempt function acti	vities ▶ \$	
2	Enter the amount of the filing function activities	organization's funds contributed to other orga	nizations for section 5	27 exempt ▶ \$	
3	Total exempt function expendine 17b	ditures. Add lines 1 and 2. Enter here and on F	orm 1120-POL,		
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5	organization made payments	and employer identification number (EIN) of al For each organization listed, enter the amour ins received that were promptly and directly de action committee (PAC) If additional space is	nt paid from the filing of	organization's funds. Also political organization, suc	enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)			-		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2014

Schodula C (Form 000 or 000 E7) 7	114 <i>m</i> -			74.005	1575 Page 2
Schedule C (Form 990 or 990-EZ) 20 Part II-A Complete if section 501	the organizatio	n is exempt under se		74-235 nd filed Form 5768 (e	1373
		gs to an affiliated group (an	d list in Part IV each af	filiated group member's nan	ne,
		share of excess lobbying ex		J	
	•	red box A and 'limited contro			
	Limits on Lobby	ing Expenditures ans amounts paid or incur		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence publ	ic opinion (grass roots lobby	/ing)		
· -	•	islative body (direct lobbyin			
· ·	-	i 1b)	= :		
d Other exempt purpose e	xpenditures				
e Total exempt purpose ex	cpenditures (add line:	s 1c and 1d)			
		unt from the following table i			
If the amount on line 1e, col		The lobbying nontaxable			
Not over \$500,000	(a) (a) (a) (b) (b)	20% of the amount on line 1e	-		
Over \$500,000 but not over \$	1,000,000	\$100,000 plus 15% of the exces	s over \$500,000		
Over \$1,000,000 but not over	\$1,500,000	\$175,000 plus 10% of the exces	s over \$1,000,000		
Over \$1,500,000 but not over	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000		
Over \$17,000,000		\$1,000,000			
g Grassroots nontaxable a	mount (enter 25% of	line 1f)			
h Subtract line 1g from line	e 1a If zero or less, e	enter -0			
i Subtract line 1f from line	1c If zero or less, e	nter -0			
j If there is an amount oth section 4911 tax for this	er than zero on eithe	r line 1h or line 1i, did the or	rganization file Form 47	20 reporting	. Yes No
(Som	ne organizations tha	4-Year Averaging Period l It made a section 501(h) e ns below. See the instruct	lection do not have to	complete all of the five	
	Lobb	oying Expenditures During	4-Year Averaging Pe	eriod	
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					

BAA

f Grassroots lobbying expenditures . . .

Schedule C (Form 990 or 990-EZ) 2014

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes' response to lines 1a through 1, below, provide in Part IV a detailed description		1)	(b)		
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Am	ount	
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					
a Volunteers?	X				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х				
c Media advertisements?		Х			
d Mailings to members, legislators, or the public?		Х			
e Publications, or published or broadcast statements?		Х			
f Grants to other organizations for lobbying purposes?	Х			47,8	60.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		Х			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
i Other activities?	X			1,4	114.
j Total. Add lines 1c through 1i				49,2	74.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		_x [
b 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?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or			
		-	<u>-</u>	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
				1 7	

			Yes	
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
	a Current year	2 a	
i	carryover from last year	2 b	
	Total	2 c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

- Pt II-B Line 1 1a: The Foundation's Board Members voluntarily lobbied on issues affecting the Foundation.
- 1b: The Foundation's Executive Director lobbied on issues affecting the Pt II-B Line 1 Foundation.
- 1f: The Foundation awarded a grant for strategic advocacy to another Pt II-B Line 1 501(c)(3) organization, of which \$47,860 was spent on a contract lobbyist.
- 11: The Foundation spent \$1,414 on printed legislative fliers and awards Pt II-B Line 1 for legislators.

1 4 1

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,

Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

මාන රාජිත්වාන inspection ...

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Texas Access to Justice Foundation 74-2354575 Part 1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year . . . Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2 b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section $170(h)(4)(B)(II)^2 \dots \dots$ In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part ill Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included in Form 990, Part VIII, line 1......... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. ▶ \$

Cabadul	le D (Form 990) 2014 Texas		Tuet-ee Feu		74 225	. 4575	Page
Part II			to Justice Fou		74-235		Page 2
3 U:	sing the organization's acquisitioners (check all that apply)						eu)
a T	Public exhibition		d ∏Loan	or exchange programs			
b	Scholarly research		e Other				
- ⊢	Preservation for future general	tione	€ ☐ 54.161				
C [rovide a description of the organi		one and explain how th	ov further the erganizatio	n's avamnt nurnasa in		
Pa	art XIII.		,				
to	uring the year, did the organization be sold to raise funds rather that	n to be maıntaır	ned as part of the organ	ization's collection?			No
Part I	V Escrow and Custodia line 9, or reported an a	I Arrangem mount on Fo	ents. Complete if to orm 990, Part X, lin	he organization ans e 21.	wered 'Yes' to Form	1 990, Part IV	,
Or	the organization an agent, trusten Form 990, Part X?				sets not included	Yes	No
b If	'Yes,' explain the arrangement in	Part XIII and c	omplete the following to	able		Amount	
- 0					4.5	Amount	
	eginning balance				h		
	dditions during the year						
	istributions during the year				. 1 e		
	nding balance				1f		
	id the organization include an am						_ No
b If	'Yes,' explain the arrangement in	Part XIII. Chec	ck here if the explanatio	n has been provided in P	art XIII	L	_
Part V	/ Endowment Funds. C	omplete if the	ne organization ans				
		(a) Current ye	ear (b) Prior yea	r (c) Two years back	(d) Three years back	(e) Four years	s back
1 a B	eginning of year balance						
b C	ontributions						
	et investment earnings, gains, nd losses						
d G	rants or scholarships						
e O	ther expenditures for facilities						
f A	dministrative expenses						
a E	nd of year balance						
•	rovide the estimated percentage	of the current v	ear end balance (line 1	g. column (a)) held as			
	oard designated or quasi-endowi		9	3 (-,,			
	ermanent endowment	90					
	emporarily restricted endowment		96				
	he percentages in lines 2a, 2b, a						
	re there endowment funds not in	the possession	of the organization tha	t are held and administer	red for the	Yes	No
(i)) unrelated organizations						
(ii	i) related organizations					. 3a(ii)	
b If	'Yes' to 3a(II), are the related org	anizations liste	d as required on Sched	ule R?		. 3b	
	escribe in Part XIII the intended						
Part \	Land, Buildings, and Complete if the organization			990 Part IV line 11	a See Form 990 P	Part X line 10	
	Description of property	* 1	a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book va	
4 = 1 :			(investment)	basis (other)	depreciation	(-,	
1 a L		F				 	
_	uildings	F		 		 	
c L	easehold improvements			1		1	

. ► 12,632. Schedule **D** (Form 990) 2014

12,632.

9,050

Part VII Investments — Other Securities. Complete if the organization answered '	Yes' to Form 990 F	Part IV line 11b See Form 990 Part	X. line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
A)			
(B)			
(c)			
(D)			
(E)			
(F)			
(G)			
:			
(I)			
Total (Column (b) must equal Form 990, Part X, column (B) line 12) ▶			··· · · · · · · · · · · · · · · · · ·
Part VIII Investments — Program Related.	-		
Complete if the organization answered	Yes' to Form 990, F	Part IV, line 11c. See Form 990, Part	X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-ye	ar market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total (Column (b) must equal Form 990, Part X, column (B) line 13) . ▶			
Part IX Other Assets.			
Complete if the organization answered '			
	scription		(b) Book value
(1)			_
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B),	line 15)		
	mie 13 j		
Part X Other Liabilities. Complete if the organization answered 'Yes' to F	orm 990. Part IV. line 1	1e or 11f. See Form 990, Part X, line 25	
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) Student loan repayment plan payab	le 592,68	30.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	▶ 592,68	80.	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foot	note to the organization's fina	ancial statements that reports the organization's liability f	or uncertain
ax positions under FIN 48 (ASC 740) Check here if the text of the footnote	has been provided in Part XI	1	

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Part XIII | Supplemental Information.

SCHEDULE G (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2014

Open to Public Inspection

Name o	of the organization	•					Employer identific	ation number
Tex	as Access to Justice E	<u>Foundation</u>	1				74-235457	5
Parl	Fundraising Activities. Comp Form 990-EZ filers are not requ	lete if the organ uired to complet	ization ans te this part	wered 'Ye	s' to Form 990, Part IV,	line 17	-	
1	Indicate whether the organization ra	ised funds throu	igh any of t	the followin	ng activities Check all th	at apply		
а	Mail solicitations			е	Solicitation of non-g	governme	nt grants	
b	Internet and email solicitations			f	Solicitation of gover	rnment gr	ants	
С	Phone solicitations			g	Special fundraising	events		
d	In-person solicitations							
2 a	Did the organization have a written cemployees listed in Form 990, Part \	or oral agreeme VII) or entity in c	nt with any connection	individual with profes	(including officers, directional fundralsing services	tors, trust	ees or key	· · · Yes No
ь	If 'Yes,' list the ten highest paid indiv compensated at least \$5,000 by the	iduals or entities						o be
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did for have custod of contri	undraiser dy or control butions?	(iv) Gross receipts from activity	(or re	nount paid to etained by) ilser listed in olumn (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	·			
1								
2					-			
3								
4								
5								
6								
7		-						
8								
9								
10								
Total								
	List all states in which the organization or licensing	on is registered	or licensed	l to solicit o	contributions or has been	n notified	it is exempt from	m registration
								_
							- -	
-								
		-						
			_					
						_		
•								
				_ 				

R			(a) Event #1 Veterans Gala (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))			
REVEZUE	1	Gross receipts	351,450.			351,450.			
Ē	2	Less. Contributions							
	3	Gross income (line 1 minus line 2)	351,450.			351,450.			
	4	Cash prizes							
D	5	Noncash prizes							
RECT	6	Rent/facility costs			ļ				
	7	Food and beverages							
P	8	Entertainment							
EXPESSES	9	Other direct expenses							
3	10 11	Direct expense summary Add lines 4 through Net income summary Subtract line 10 from							
Par		Gaming. Complete if the organizati							
		\$15,000 on Form 990-EZ, line 6a.							
第62m~mと			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))			
E	1	Gross revenue							
E	2	Cash prizes							
DIRECT	3	Noncash prizes							
C S T E S	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes %	Yes %	Yes %				
	7	Direct expense summary. Add lines 2 throug	gh 5 in column (d)						
	8	Net gaming income summary Subtract line	7 from line 1, column (d))		<u> </u>			
	Is the	r the state(s) in which the organization conduct organization licensed to conduct gaming aco,' explain	ctivities in each of these						
	10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No b If 'Yes,' explain								

ocne	edule G (Form 990 or 990-EZ) 2014 Texas Access to Justice Foundation /4-23545/5		Page 3
11	Does the organization operate gaming activities with nonmembers? Ye	es	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	es [No
13	Indicate the percentage of gaming activity conducted in		
	a The organization's facility		ક
	b An outside facility		용
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15 a	a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	Yes	No
ь	b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party		
c	of 'Yes,' enter name and address of the third party		
	Name •		
	Address •		
16	Gaming manager information		
	Name •		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
		Yes [No
b	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
===	organization's own exempt activities during the tax year \$		
<u>Par</u>	TTIV.) Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	v),	

SCHEDULE I (Form 990)

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

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

OMB No 1545-0047	2014	
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Openito Public Employer identification numbe

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Department of the Treasury Internal Revenue Service	► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	odsulta.
Name of the organization		Employer identification number
Texas Access t	Texas Access to Justice Foundation	74-2354575
Part 🐚 General In	Part क्षि General Information on Grants and Assistance	
1 Does the organiza	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	X
2 Describe in Part IN	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	

Bartधा Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ys		l .					
Austin TX 78752	74-2578266	501(c)(3)	249,250.				legal services
(2) <u>Boat_People_SOS_Inc</u>							
	, , , , , , , , , , , , , , , , , , ,		L				
Houston TX //1/2	54-1563619	501 (c) (3)	85,659.				legal services
(3) Cabrini Center for Immigr							
Houston TX 77266	74-1109733	501 (c) (3)	505,162.				legal services
of Dal							1
5415_Maple_Avenue							
	74-2745221	501(c)(3)	375,181.				legal services
(5) Diocesan Migrant & Refuge							
1117_North_Stanton							
_	74-2723627	501 (c) (3)	300,923.			!	legal services
(6) Equal Justice Center							
510_S_Congress_Ave							
Austin TX 78704	74-3002521	501 (c) (3)	311,977.				legal services
(7) Family_Violence Preventio							
7 <u>911_Broadway</u>							
-	74-1994151	501 (c) (3)	25,000.				legal services
(8) Lone_Star_Legal_Aid							
1415_Fannin,_3rd_Floor							
-	75-1564061	501(c)(3)	.000,69				legal services
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government orga	anizations listed in the	line 1 table			•	27
3 Enter total number of other organizations listed in the line 1 table	ns listed in the line 1	table				A	0
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instruction	ns for Form 990.		TEEA3901	06/19/14	Schedu	Schedule I (Form 990) (2014)

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

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Continuation Page 1

egal services Schedule I Cont (Form 990) 2014 egal services egal services egal services egal services eqal services egal services services services services (h) Purpose of grant or assistance Employer identification number egal. egal eqal. 展義訓 Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) 74-2354575 (g) Description of non-cash assistance vaľuation (book, FMV, appraisal, other) (f) Method of non-cash assistance (e) Amount of .956. 85,924 10,504 408,418 536,925 24,500 250,732 121,307 105,251 (d) Amount of cash 860,631 536, grant (c) IRC section if applicable 501 (c) (3) 501(c)(3)501 (c) (3) 501(c)(3)501(c)(3) 501(c)(3)501(c)(3) 501(c)(3)501(c)(3)501 (c) (3) 74-2168895 71-0933434 74-1995879 36-6110299 74-1143128 74-2220750 74-1675230 74-6001399 76-0061208 74-2436920 (p) Texas Access to Justice Foundation Refugee & Immigrant Cente <u>_ Texas_RıoGrande_Legal_Aid</u> University of Houston Law Montgomery County Women's Probar -- ABA Fund for Jus <u> Texas Legal Services Cent</u> __St_Mary's_University_Clin _ One Camino_Santa Maria_ 100 Law Center, Room 56 Volunteer Legal Services Oficina Legal del Pueblo (a) Name and address of organization or government The Woodlands TX 77387 _ 815_Brazos__Ste_1100__ __1305_N_Flores______ San Antonio TX_78207 _301 E_Madison_Ave___ San Antonio TX 78228 1405 Montopolis Dr. TX 78550 Weslaco TX 78596 <u>816 Congress Ave</u> 300 S Texas Blvd __1117_Texas_Ave___ Houston TX 77024 Houston TX 77002 Austin TX 78701 Austin TX 78701 Austin TX 78741 <u>PO_Box_8669_</u> _The Beacon_ Harlingen Name of the organization

TEEA4001 06/19/14

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

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Continuation Page

2014

egal services services egal services egal services services egal services egal services (h) Purpose of grant or assistance Employer identification number egal egal Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule | (Form 990), Part II.) 74-2354575 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance ,000 500 22,000 000,09 22,000 52,500 22,000 (d) Amount of cash 22, 24. grant (c) IRC section if applicable 501(c)(3)501(c)(3) 501(c)(3)501(c)(3)501(c)(3)501(c)(3)501(c)(3)32-0092986 20-4370198 75-0782505 76-0556487 75-0856086 74-1159753 76-0029594 (b) EIN Texas Access to Justice Foundation _ <u>1001_ Fannin_</u> St_ Suite_1300_ __4<u>00_North_Beach_St_____</u> Community Justice Foundat _ Jefferson_County_Bar_Foun - Tarrant County Bar Assoca 100 Dolorosa, Surte 500 1114 S. University Parks - Houston Bar Association _ Fort_ Bend_ Lawyers_ Care_ Baylor University School (a) Name and address of organization or _1001_Pearl . Room 202_ Legal Aid of NW Texas San Antonio TX 78205 Fort Worth TX 76111 Fort Worth TX 76102 TX 77469 Beaumont TX 77701 1315 Calhoun St _ _ __1405_A_Main_St__ Houston TX 77002 government Waco TX 76707 Richmond Name of the organization

TEEA4001 06/19/14

Schedule I Cont (Form 990) 2014

Page 2

Schedule I (Form 990) (2014) Texas Access to Justice Foundation

14-2354575

| Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal other)	(f) Description of non-cash assistance
1 Fellowships	8	325,000.			
2					
6					
4					
ro.					
တ					
7					
Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	de the information	required in Part I, lir	ne 2, Part III, colum	n (b), and any other add	litional information.

Schedule I (Form 990) (2014)

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

74-2354575

Tex	as Access to Justice Foundation		[74-2354575			
Part						
					Yes	No
1 a	Check the appropriate box(es) if the organization provided any VII, Section A, line 1a Complete Part III to provide any releva	y of the nt infor	e following to or for a person listed in Form 990, Part rmation regarding these items			
	First-class or charter travel		Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Ī	Health or social club dues or initiation fees			
	Discretionary spending account		Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organizatio reimbursement or provision of all of the expenses described a	n follov bove?	w a written policy regarding payment or If 'No,' complete Part III to explain	1 b		
2	Did the organization require substantiation prior to reimbursing trustees, and officers, including the CEO/Executive Director, re	g or all egardıı	owing expenses incurred by all directors, ng the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization us CEO/Executive Director Check all that apply Do not check as establish compensation of the CEO/Executive Director, but ex	sed to ny box plain ii	establish the compensation of the organization's es for methods used by a related organization to n Part III			
	X Compensation committee		Written employment contract			
	Independent compensation consultant	X	Compensation survey or study			
	Form 990 of other organizations	X	Approval by the board or compensation committee			
а	During the year, did any person listed in Form 990, Part VII, S or a related organization Receive a severance payment or change-of-control payment?	٠		4 a		Х
	Participate in, or receive payment from, a supplemental nonqu					X
С	Participate in, or receive payment from, an equity-based comp			4 c		Х
	If 'Yes' to any of lines 4a-c, list the persons and provide the ap	plicab	le amounts for each item in Part III			
	Only section 501(c)(3) 501(c)(4), and 501(c)(29) organization	ons m	ust complete lines 5-9.			
	For persons listed in Form 990, Part VII, Section A, line 1a, discontingent on the revenues of					
а	The organization?			5 a		Х
b	Any related organization?			5 b		Х
	If 'Yes' to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, line 1a, discontingent on the net earnings of	d the o	organization pay or accrue any compensation		. <u>.</u>	
а	The organization?			6 a		Х
b	Any related organization?			6 b		X
	If 'Yes' to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line 1a, dipayments not described in lines 5 and 6? If 'Yes,' describe in l	d the c Part III	organization provide any non-fixed	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or acc to the initial contract exception described in Regulations section of Yes,' describe in Part III	nn 534	1958-4(a)(3)?	8		x
				—	<u> </u>	
9	If 'Yes' to line 8, did the organization also follow the rebuttable section 53.4958-6(c)?	presu	imption procedure described in Regulations	9		

Page 2

Schedule J (Form 990) 2014

Partill 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, row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

(F) Compensation in column (B) reported as deferred in prior Form 990 0 Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (E) Total of columns(B)(i)-(D) 159,694. 0 (D) Nontaxable benefits 0 12,435. (C) Retirement and other deferred compensation 1 0 (III) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation . i. o o (ii) Bonus and incentive compensation 147,259. (I) Base compensation ΞΞ \mathbf{E} € € \odot Ξ (ii) \equiv ≘≘ Ξ \equiv \equiv (A) Name and Title Betty Balli Torres 1 Executive Director ₽ B 5 4 15 2 œ 6 9 11 7 9 / 7 က

Schedule J (Form 990) 2014

TEEA4102 06/19/14

Page 3

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Parill Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization		Employer identification number
Texas Access to	Justice Foundation	74-2354575
Pt VI, Line 11b	The Foundation's Finance Committee reviews a dramakes any necessary updates, then the Finance Conthe draft Form 990 to the full Board of Directors Board of Directors, the Form 990 is approved for The Foundation requires the Board and all staff sign the conflict of interest policy. During each vote is on the floor for approval, the chair will	ommittee Chair presents s. Upon agreement of the final submission. to annually read and ch board meeting when a
Pt VI, Line 12c	conflict and if so that board member abstains for the Executive Director is evaluated annually by	com voting.
Pt VI, Line 15a	Comparability data and a written report are place. The Executive Director performs evaluations of other	ced in personnel file.
Pt VI, Line 15b	the evaluations are placed in the manager's personal The Foundation's governing documents, all policy financial statements are available upon request	y documents, and
Pt VI, Line 19	organization to the Foundation.	