DLN: 93493029004230 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization D Employer identification number B Check if applicable Texans for Lawsuit Reform ☐ Address change 76-0439129 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending (713) 963-9363 City or town, state or province, country, and ZIP or foreign postal code Houston, TX  $\,$  77019 G Gross receipts \$ 3,349,738 Name and address of principal officer H(a) Is this a group return for Richard JTrabulsi Jr □Yes ☑No subordinates? 1701 Brun 200 H(b) Are all subordinates Houston, TX 77019 ☐ Yes ☑No included? Tax-exempt status 501(c)(3) ✓ 4947(a)(1) or If "No," attach a list (see instructions) 501(c) ( 6 ) **◄** (insert no ) **H(c)** Group exemption number ▶ Website: ▶ www tortreform com L Year of formation 1994 M State of legal domicile TX K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities Texans for Lawsuit Reform works to shape policy primarily on creating a fair, balanced and predictable Texas civil justice system and also on other critically important core governmental issues through public education, legislation and citizen support Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 7 4 Number of independent voting members of the governing body (Part VI, line 1b) 12 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 300 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** 3,250,976 3,307,701 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 41,213 42.037 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,349,738 3,292,189 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 199,675 133,100 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,173,959 1,425,682 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 155,008 150,008 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 2,325,882 1,116,523 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 3,854,524 2,825,313 19 Revenue less expenses Subtract line 18 from line 12 . -562,335 524,425 Net Assets or Fund Balances **Beginning of Current Year End of Year** 7,643,945 20 Total assets (Part X, line 16) . 8,164,840 50,604 21 Total liabilities (Part X, line 26) . 54,134 22 Net assets or fund balances Subtract line 21 from line 20 7,589,811 8,114,236 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-01-29 Signature of officer Sign Here Richard JTrabulsi Jr Chairman Type or print name and title Date Print/Type preparer's name Preparer's signature Check I If P01386215 Paid self-employed Firm's name Blazek & Vetterling Firm's EIN > 76-0269860 Preparer Use Only Firm's address ► 2900 Weslayan Suite 200 Phone no (713) 439-5739 Houston, TX 770275132 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

| Form           | 990 (2018)                                     |   |  |  | Page <b>2</b>         |
|----------------|--|---|--|--|-----------------------|
| Pa             | rt III Statemei                                | nt of Program Service Acc   | omplishments   |  |                       |
|                | Check If Sc                                    | hedule O contains a response or                                   | note to any line in this Part III  |  | 🗆                     |
| 1              | Briefly describe the                           | e organization's mission  |  |  |                       |
| publi<br>invol | c support for a fair,<br>ved in other public p | competent and honest judiciary policy issues related to core gove | stice and court system through public<br>as well as a fair, balanced and predict<br>ernmental functions TLR benefits all c<br>riculties, deficiencies or abuses in the | table dispute resolution system<br>itizens by working to bring pub | TLR is also sometimes |
| 2              | Did the organization                           | on undertake any significant pro-                                 | gram services during the year which v  | vere not listed on   |                       |
|                | the prior Form 990                             | or 990-EZ?  |  |  | ☐ Yes 🗹 No            |
|                | If "Yes," describe t                           | these new services on Schedule                                    | 0  |  |                       |
| 3              | Did the organization                           | on cease conducting, or make sig                                  | gnificant changes in how it conducts, a  | any program  |                       |
|                |  | these changes on Schedule O                                       |  |  | ☐ Yes ☑ No            |
| 4              | Section $501(c)(3)$                            |   | plishments for each of its three large<br>required to report the amount of grai<br>ervice reported   |  |                       |
| 4a             | (Code  | ) (Expenses \$  | including grants of \$   | ) (Revenue \$  | )                     |
|                | See Additional Data                            |   |  |  |                       |
|                | -  |   |  |  | _                     |
| 4b             | (Code  | ) (Expenses \$  | including grants of \$   | ) (Revenue \$  | )                     |
|                |  |   |  |  |                       |
|                |  |   |  |  |                       |
|                |  |   |  |  |                       |
|                |  |   |  |  |                       |
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|                |  |   |  |  |                       |
|                |  |   |  |  |                       |
|                |  |   |  |  |                       |
| 4c             | (Code  | ) (Expenses \$  | including grants of \$   | ) (Revenue \$  | )                     |
| 40             | (Code  | ) (Expenses \$  | including grants or \$   | ) (Nevertue \$   | ,                     |
|                |  |   |  |  |                       |
|                |  |   |  |  |                       |
|                | -  |   |  |  |                       |
|                | -  |   |  |  | _                     |
|                |  |   |  |  |                       |
|                |  |   |  |  |                       |
|                |  |   |  |  |                       |
|                |  |   |  |  |                       |
| 44             | Other program and                              | ruces (Describe in Schodule O.)                                   |  |  |                       |
| 4d             | (Expenses \$                                   | rvices (Describe in Schedule O )<br>including (                   | grants of \$   | (Revenue \$  | )                     |
| 4e             | Total program se                               | ervice expenses >   |  |  |                       |

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|-----|---|-----|-----|--------|
| Pai | t IV Checklist of Required Schedules  |     | Yes | No     |
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | 1   | 103 | No     |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🐕   | 2   | Yes |        |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 3   |     | No     |
| 4   | Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II  | 4   |     |        |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III  | 5   | Yes |        |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I   | 6   |     | No     |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7   |     | No     |
|     | Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III  | 8   |     | No     |
| 9   | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV             | 9   |     | No     |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10  |     | No     |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable   |     |     |        |
|     | Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI  | 11a | Yes |        |
|     | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b |     | No     |
|     | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2   | 11c |     | No     |
|     | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 💆  | 11d |     | No     |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏   | 11e |     | No     |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f |     | No     |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII   | 12a |     | No     |
|     | Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b |     | No     |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |     | No     |
|     | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |     | No     |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b |     | No     |
| 15  | foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  |     | No     |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and $IV$  | 16  |     | No     |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)  | 17  | Yes |        |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  |     | No     |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19  |     | No     |
|     | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |     | No     |
|     | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b |     |        |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic  | 21  | Yes |        |

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Nο

22

| Form | 990 (2018)  |     |     | Page 4 |
|------|---|-----|-----|--------|
| Par  | Checklist of Required Schedules (continued)   |     |     |        |
|      |   |     | Yes | No     |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>   | 23  | Yes |        |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a                             | 24a |     | No     |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     | No     |
| С    | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c |     | No     |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |     | No     |
| 25a  | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a |     |        |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I                                       | 25b |     |        |
| 26   | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II                                 | 26  |     | No     |
| 27   | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27  |     | No     |
| 28   | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  |     |     |        |
| a    | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV  | 28a |     | No     |
| b    | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b |     | No     |
| С    | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>   | 28c | Yes |        |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$  | 29  |     | No     |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 30  |     | No     |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .  | 31  |     | No     |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II   | 32  |     | No     |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  | 33  |     | No     |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  | 34  | Yes |        |
| 35a  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |     | No     |
| b    | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b |     |        |
| 36   | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>  | 36  |     |        |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37  |     | No     |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O   | 38  | Yes |        |
| Pa   | Statements Regarding Other IRS Filings and Tax Compliance   | ,I  |     |        |
|      | Check if Schedule O contains a response or note to any line in this Part V  |     |     |        |
|      |   |     | Yes | No     |

1a

1b

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

23

0

**1**c

Yes

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

**b** Gross income from other sources (Do not net amounts due or paid to other sources 

which the organization is licensed to issue qualified health plans . . . . Enter the amount of reserves on hand . . . . . . . . . . . . . . . .

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

8

9a

9h

12a

13a

14a

14b

15

10a

10b

11a

11b

13b

13c

No

Nο

Nο

Nο

Nο

No

No

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|     | against amounts due or received from them )   | 11b     |                  |
|-----|---|---------|------------------|
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 9    | 90 ın l | eu of Form 1041? |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b     |                  |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.                      |         |                  |
| а   | Is the organization licensed to issue qualified health plans in more than one state?  |         |                  |

| orm | 990 (2018)  |            |         | Page <b>6</b> |
|-----|---|------------|---------|---------------|
| Par | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI | " respo    | onse to | lınes<br>🗹    |
| Se  | ction A. Governing Body and Management  |            |         | 1             |
| _   |   |            | Yes     | No            |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year 1a 8  |            |         |               |
|     | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O  |            |         |               |
| b   | Enter the number of voting members included in line 1a, above, who are independent  1b  7   |            |         |               |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   | 2          |         | No            |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .   | 3          |         | No            |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .  | 4          |         | No            |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets? .  | 5          |         | No            |
| 6   | Did the organization have members or stockholders?  | 6          |         | No            |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  | 7a         |         | No            |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | 7b         |         | No            |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |            |         |               |
| а   | The governing body?   | 8a         | Yes     |               |
| b   | Each committee with authority to act on behalf of the governing body?   | <b>8</b> b | Yes     |               |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9          |         | No            |
| Se  | ction B. Policies (This Section B requests information about policies not required by the Internal Revenu   | e Code     | e.)     |               |
|     |   |            | Yes     | No            |
| 10a | Did the organization have local chapters, branches, or affiliates?  | 10a        |         | No            |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b        |         |               |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 11a        | Yes     |               |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990  |            |         |               |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a        | Yes     |               |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | 12b        | Yes     |               |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>   | 12c        | Yes     |               |
| 13  | Did the organization have a written whistleblower policy?   | 13         |         | No            |
| 14  | Did the organization have a written document retention and destruction policy?  | 14         |         | No            |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |            |         |               |
| а   | The organization's CEO, Executive Director, or top management official  | 15a        | Yes     |               |
| b   | Other officers or key employees of the organization   | 15b        |         | No            |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  |            |         |               |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?   | 16a        |         | No            |
| Ь   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  | 16b        |         |               |
| Se  | ction C. Disclosure   |            |         |               |
| 17  | List the States with which a copy of this Form 990 is required to be filed▶   |            |         |               |
| 18  | Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  |            |         |               |
|     | Own website  Another's website  Upon request  Other (explain in Schedule O)   |            |         |               |
| 19  | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  |            |         |               |
| 20  | State the name, address, and telephone number of the person who possesses the organization's books and records  •Glenda Hovey 1701 Brun Suite 200 Houston, TX 77019 (713) 963-9363  |            |         |               |

 $\overline{\mathbf{A}}$ 

Part VII

### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

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

10

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons Lack this box if neither the organization nor any related organization compensated any current officer, director, or trustee

/D\

| Name and Title                         | Average<br>hours per<br>week (list<br>any hours       |                                   | ne bo                 | ox, ι<br>n of | t ch<br>unle:<br>ficei | ss pers                      | son    | Reportable compensation from the organization | Reportable compensation from related organizations | Estimated<br>amount of other<br>compensation<br>from the |
|--|---|-----------------------------------|-----------------------|---------------|------------------------|------------------------------|--------|---|--|--|
|  | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trust⊬ë | Officer       | key employee           | Highest compensated employee | Former | (W- 2/1099-<br>MISC)                          | (W- 2/1099-<br>MISC)                               | organization and<br>related<br>organizations             |
| (1) Rıchard JTrabulsı Jr<br>Chaırman   | 40 00<br>5 00   | ×                                 |                       | x             |                        |                              |        | 276,000                                       | 24,000   | 0  |
| (2) Richard W Weekley<br>Sr Chairman   | 25 00   | х                                 |                       | х             |                        |                              |        | 0   | 0  | 0  |
| (3) Fred Heldenfels IV<br>Treasurer    | 1 00  | х                                 |                       | х             |                        |                              |        | 0   | 0  | 0  |
| (4) Alan Hassenflu<br>Director         | 1 00  | ×                                 |                       |               |                        |                              |        | 0   | 0  | 0  |
| (5) Hugh Rice Kelly<br>Gen Couns/Dir   | 2 00  | ×                                 |                       |               |                        |                              |        | 0   | 0  | 0  |
| (6) Frederick Rowe<br>Director         | 1 00  | х                                 |                       |               |                        |                              |        | 0   | 0  | 0  |
| (7) Marc Watts<br>Director             | 1 00  | х                                 |                       |               |                        |                              |        | 0   | 0  | 0  |
| (8) Michael Weekley<br>Director        | 1 00  | ×                                 |                       |               |                        |                              |        | 0   | 0  | 0  |
| (9) E Lee Parsley<br>General Counsel   | 45 00<br>2 00   |                                   |                       | х             |                        |                              |        | 240,000                                       | 0  | 22,875   |
| (10) Mary Tipps<br>Executive Dir       | 45 00<br>1 00   |                                   |                       | х             |                        |                              |        | 197,000                                       | 18,000   | 19,541   |
| (11) Lilyanne McClean<br>President     | 45 00<br>0 00   |                                   |                       | х             |                        |                              |        | 304,500                                       | 0  | 6,924  |
| (12) Lucy Nashed<br>Communications Dir | 35 00<br>10 00  |                                   |                       |               |                        | ×                            |        | 101,000                                       | 24,000   | 11,504   |
|  |   |                                   |                       |               |                        |                              |        |   |  |  |
|  |   |                                   |                       |               |                        |                              |        |   |  |  |
|  |   |                                   |                       |               |                        |                              |        |   |  |  |

| organizations             |  |  |  |
|---------------------------|--|--|--|
|                           |  |  |  |
|                           |  |  |  |
| ner                       |  |  |  |
| est compensated<br>lovee  |  |  |  |
| employee                  |  |  |  |
| titutional Trustee        |  |  |  |
| vidual trustee<br>Inector |  |  |  |
| line)                     |  |  |  |
|                           |  |  |  |

| Sub-Total                              |                          |   |  | <b>&gt;</b> |  |  |   |  |
|--|--------------------------|---|--|-------------|--|--|---|--|
| c Total from continuation sheets to Pa | art VII <b>, Section</b> | Α |  | ▶           |  |  |   |  |
|  |                          |   |  |             |  |  | • |  |

| 1b 9 | Sub-Total   |                          |          |         |      |      | ▶      | •      | •              |        |        |       |   |     |        |
|------|---|--------------------------|----------|---------|------|------|--------|--------|----------------|--------|--------|-------|---|-----|--------|
| c T  | Total from continuation sheets to Pa  | art VII <b>, Section</b> | Α.       |         |      |      | ▶      |        |                |        |        |       |   |     |        |
| d 7  | Total (add lines 1b and 1c)   |                          |          |         |      |      | •      |        | 1,118,50       | 0      |        | 66,00 | 0 |     | 60,844 |
| 2    | Total number of individuals (including of reportable compensation from the      |                          |          | se list | ed a | bove | e) who | o rece | eived more tha | n \$10 | 00,000 |       |   | Yes | No     |
|      |   |                          |          |         |      |      |        |        |                |        |        |       |   | res | NO     |
| 3    | Did the organization list any former of   | officer, director        | or trust | ee, k   | ey e | mple | oyee,  | or hi  | ghest compens  | ated   | employ | ee on |   |     |        |
|      | line 1a? If "Yes," complete Schedule J  | for such indivi          | dual .   | •       | •    | •    |        | ٠      |                | •      |        |       | 3 |     | No     |
| 4    | For any individual listed on line 1a, is organization and related organization: |                          |          |         |      |      |        |        |                |        | the    |       |   |     |        |

5

(B)

Description of services

Consulting

No

144,134

(C)

Compensation

Form 990 (2018)

| 1b 9       | Sub-Total   |                          |          |              |       |       | <b>&gt;</b> |        |          |        |       |      |       |   |       |        |
|------------|---|--------------------------|----------|--------------|-------|-------|-------------|--------|----------|--------|-------|------|-------|---|-------|--------|
| c 1        | Total from continuation sheets to Pa  | art VII <b>, Section</b> | Α.       |              |       |       | ▶ [         |        |          |        |       |      |       |   |       |        |
| <b>d</b> 7 | Total (add lines 1b and 1c)   |                          |          |              |       |       | ▶ 🗌         |        | 1,1      | 18,500 |       |      | 66,00 | 0 |       | 60,844 |
| 2          | Total number of individuals (including of reportable compensation from the                |                          |          | se liste     | ed ab | ove)  | who         | receiv | ed mor   | e than | \$100 | ,000 |       |   |       |        |
|            |   |                          |          |              |       |       |             |        |          |        |       |      |       |   | Yes   | No     |
| 3          | Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule 3</i> |                          |          |              |       |       |             | _      |          |        |       |      |       | 3 |       | No     |
| 4          | For any individual listed on line 1a, is organization and related organization individual | s greater than           | \$150,00 | 0? <i>If</i> | "Yes, | " con | nplet       | e Sche | dule J f |        |       | he   |       |   |       |        |
|            | ındıvıdual  |                          |          |              |       | •     |             | -      |          |        | •     | •    |       | 4 | V 2 c | l      |

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization  $^{7}$  If "Yes," complete Schedule J for such person . . . . . . . . . . . . . . .

from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

(A)

Name and business address

5

**Section B. Independent Contractors** 

compensation from the organization ▶ 3

Raconteur Media Company Inc

1 E Greenway Plaza Ste 225 Houston, TX 77046

1717 W 6th St Ste 215

| Austin, TX 78703                         |            |         |
|--|------------|---------|
| Drew Lanson                              | Consulting | 102,000 |
| 1407 Lost Creek Blvd<br>Austın, TX 78746 |            |         |
| Elizabeth Blakemore                      | Consulting | 100,008 |

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

| orm 9   | 90 (2018)   |   |  |  | Page <b>9</b>                                 |
|---|---|---|--|--|---|
| Part  | <del></del>   |   |  |  |   |
|   | Check if Schedule O contains a response or note to a  | ny line in this Part VIII  (A)  Total revenue | (B) Related or exempt function               | (C) Unrelated business revenue               | (D)  Revenue excluded from tax under sections |
|   |   |   | revenue                                      | revenue                                      | 512 - 514                                     |
| र र   | 1a Federated campaigns 1a   | _   |  |  |   |
| ant   | b Membership dues 1b  | _   |  |  |   |
| בַּ בַּ   | c Fundraising events 1c   | _   |  |  |   |
| πs,<br>FA   | d Related organizations 1d  | _   |  |  |   |
| 5 <u>₽</u>  | e Government grants (contributions)   | _   |  |  |   |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | f All other contributions, gifts, grants, and similar amounts not included above 1f 3,307,701 | 1   |  |  |   |
|   | g Noncash contributions included in lines 1a - 1f \$  |   |  |  |   |
|   | h Total. Add lines 1a-1f  | 2 207 704                                     |  |  |   |
|   |   | 3,307,701<br>ess Code                         | <u> </u>                                     |  |   |
| Program Service Revenue                                   | 2a  |   |  |  |   |
| 34  |   |   |  |  |   |
| э.<br>Н   | b   |   |  |  |   |
| ž   | d   |   |  |  |   |
| ď   | e   |   |  |  |   |
| Jran  | f All other program service revenue   |   |  |  |   |
| Š   | 9 Total. Add lines 2a-2f ▶  | 0   |  |  |   |
|   | 3 Investment income (including dividends, interest, and other                                 | ar l  | 1  | 1  |   |
|   | similar amounts)  | 42,03   | 7  |  | 42,037  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds                                   | · <u> </u>                                    | 0  |  |   |
|   | 5 Royalties   | <b>•</b>                                      | 0  |  |   |
|   | (I) Real (II) Personal  |   |  |  |   |
|   | 6a Gross rents  |   |  |  |   |
|   | <b>b</b> Less rental expenses   |   |  |  |   |
|   | c Rental income or  |   |  |  |   |
|   | (loss)  |   |  |  |   |
|   | d Net rental income or (loss)   | . ] '   | 0  |  |   |
|   | (ı) Securities (ii) Other   |   |  |  |   |
|   | <b>7a</b> Gross amount from sales of  |   |  |  |   |
|   | assets other<br>than inventory  |   |  |  |   |
|   | <b>b</b> Less cost or   |   |  |  |   |
|   | other basis and<br>sales expenses   |   |  |  |   |
|   | C Gain or (loss)  |   |  |  |   |
|   | d Net gain or (loss)  | '   | o  |  |   |
| _   | 8a Gross income from fundraising events   |   |  |  |   |
| ne  | (not including \$ of contributions reported on line 1c)                                       |   |  |  |   |
| ₹ .   | See Part IV, line 18 a  |   |  |  |   |
| æ   | <b>b</b> Less direct expenses <b>b</b>  |   |  |  |   |
| Other Revenue   | c Net income or (loss) from fundraising events  |   | 0  |  |   |
| õ   | 9a Gross income from gaming activities See Part IV, line 19                                   |   |  |  |   |
|   | a   |   |  |  |   |
|   | <b>b</b> Less direct expenses <b>b</b>  |   |  |  |   |
|   | $f{c}$ Net income or (loss) from gaming activities  |   | 0  |  |   |
|   | 10aGross sales of inventory, less returns and allowances                                      |   |  |  |   |
|   | a   |   |  |  |   |
|   | <b>b</b> Less cost of goods sold <b>b</b>   |   |  |  |   |
|   | C Net income or (loss) from sales of inventory  |   | o  |  |   |
|   | Miscellaneous Revenue Business Code   | 2   |  |  |   |
|   | 11a   |   |  | 1  |   |
|   |   |   | <u>                                     </u> | <u>                                     </u> |   |
|   | b   |   |  |  |   |
|   |   |   |  |  |   |
|   | с   |   |  |  |   |
|   |   |   |  | 1  |   |
|   | d All other revenue   |   | 1  | 1  | 1   |
|   | e Total. Add lines 11a-11d  |   | 0  |  |   |
|   | 12 Total revenue. See Instructions  |   |  | 1  |   |
|   | <u> </u>  | 3,349,73                                      | ଧ  |  | 42,037<br>Form <b>990</b> (2018)              |

|   | Part | IX      | State | ement | of Fun | ictional | Expenses |  |
|---|------|---------|-------|-------|--------|----------|----------|--|
| _ |      | = 0 1 / |       |       |        |          |          |  |

| orr | m 990 (2018)   |                        |                                    |   | Page <b>10</b>               |
|-----|--|------------------------|------------------------------------|---|------------------------------|
|     | art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co  | olumns All other orga  | anızatıons must com                | plete column (A)                          |                              |
|     | Check if Schedule O contains a response or note to any   | line in this Part IX . |                                    |   | <u> <math>\square</math></u> |
|     | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses  | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraisingexpenses   |
| 1   | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21  | 133,100                |                                    |   |                              |
| 2   | Grants and other assistance to domestic individuals See Part IV, line 22   | 0                      |                                    |   |                              |
| 3   | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16  | 0                      |                                    |   |                              |
| 4   | Benefits paid to or for members  | 0                      |                                    |   |                              |
| 5   | Compensation of current officers, directors, trustees, and key employees   | 1,066,840              |                                    |   |                              |
| 6   | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$   | 0                      |                                    |   |                              |
| 7   | Other salaries and wages   | 258,408                |                                    |   |                              |
| 8   | Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)  | 7,489                  |                                    |   |                              |
| 9   | Other employee benefits  | 22,903                 |                                    |   |                              |
| 10  | Payroll taxes  | 70,042                 |                                    |   |                              |
| 11  | Fees for services (non-employees)  |                        |                                    |   |                              |
| ā   | a Management   | 0                      |                                    |   |                              |
| ı   | Legal  | 24,617                 |                                    |   |                              |
|     | c Accounting   | 23,977                 |                                    |   |                              |
|     | il Lobbying  | 108,500                |                                    |   |                              |
|     | Professional fundraising services See Part IV, line 17   | 150,008                |                                    |   |                              |
|     | Investment management fees   | 0                      |                                    |   |                              |
|     | g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)   | 233,789                |                                    |   |                              |
| 12  | Advertising and promotion  | 22,452                 |                                    |   |                              |
| 13  | Office expenses  | 70,171                 |                                    |   |                              |
| 14  | Information technology   | 156,609                |                                    |   |                              |
| 15  | Royalties  | 0                      |                                    |   |                              |
| 16  | Occupancy  | 223,218                |                                    |   |                              |
| 17  | Travel   | 40,149                 |                                    |   |                              |
|     | Payments of travel or entertainment expenses for any federal, state, or local public officials .   | 0                      |                                    |   |                              |
| 19  | Conferences, conventions, and meetings   | 94,308                 |                                    |   |                              |
|     | Interest   | 0                      |                                    |   |                              |
| 21  | Payments to affiliates   | 0                      |                                    |   |                              |
|     | Depreciation, depletion, and amortization  | 10,163                 |                                    |   |                              |
|     | Insurance  | 29,635                 |                                    |   |                              |
|     | 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 Dues & subscriptions   | 46,657                 |                                    |   |                              |
|     | b Equipment rental & maintenance   | 29,098                 |                                    |   |                              |
|     | c Polling & public education   | 2,294                  |                                    |   |                              |
|     | d License & permits  | 886                    |                                    |   |                              |
|     | e All other expenses   | 0                      |                                    |   |                              |
| 25  | Total functional expenses. Add lines 1 through 24e   | 2,825,313              | 0                                  | 0   | 0                            |
| 26  | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation                                  |                        |                                    |   |                              |
|     | Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)   |                        |                                    |   |                              |

0

50.604

8,114,236

8,114,236

8,164,840

Form **990** (2018)

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23 24

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31 32

33

34

54.134

7,589,811

7,589,811

7,643,945

6 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

Secured mortgages and notes payable to unrelated third parties . . .

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

**Total liabilities.**Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

| 4                                     |  |
|---------------------------------------|--|
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |  |
|                                       |  |
|                                       |  |
|                                       |  |
|                                       |  |

|   | Vector          |  |
|---|-----------------|--|
| 4 | 000             |  |
|   | Accord Dalancoc |  |

| 7   | Part II of Schedule L  |             |               |           | 7           | 0         |
|-----|--|-------------|---------------|-----------|-------------|-----------|
| 8   | Inventories for sale or use  |             |               |           | 8           | 0         |
| 9   | Prepaid expenses and deferred charges  |             |               |           | 9           | 0         |
| 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D          | 10a         | 273,263       |           |             |           |
| Ь   | Less accumulated depreciation  | <b>10</b> b | 243,956       | 18,040    | <b>10</b> c | 29,307    |
| 11  | Investments—publicly traded securities .   |             |               |           | 11          | 0         |
| 12  | Investments—other securities See Part IV, line   | 11 .        | [             |           | 12          | 0         |
| 13  | Investments—program-related See Part IV, line  | 11 .        |               |           | 13          | 0         |
| 14  | Intangible assets  |             | [             |           | 14          | 0         |
| 15  | Other assets See Part IV, line 11  |             | [             | 3,500     | 15          | 3,500     |
| 16  | Total assets.Add lines 1 through 15 (must equ  | al line     | 34)           | 7,643,945 | 16          | 8,164,840 |
| 17  | Accounts payable and accrued expenses  |             |               | 54,134    | 17          | 50,604    |
| 18  | Grants payable   |             |               |           | 18          |           |
| 19  | Deferred revenue   |             |               |           | 19          |           |
| 20  | Tax-exempt bond liabilities  |             |               |           | 20          |           |
| 21  | Escrow or custodial account liability Complete F   | Part IV o   | of Schedule D |           | 21          |           |
| 22  | Loans and other payables to current and former key employees, highest compensated employee |             |               |           |             |           |
|     | persons Complete Part II of Schedule L $$ .  |             |               |           | 22          |           |
|     |  |             |               |           |             |           |

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Net

| Form | 990 (2018)  |        |    |     | Page <b>12</b> |
|------|---|--------|----|-----|----------------|
| Pai  | Reconcilliation of Net Assets   |        |    |     |                |
|      | Check if Schedule O contains a response or note to any line in this Part XI   |        |    |     |                |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1      |    | 3   | ,349,738       |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2      |    | 2   | ,825,313       |
| 3    | Revenue less expenses Subtract line 2 from line 1   | 3      |    |     | 524,425        |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))   | 4      |    | 7   | ,589,811       |
| 5    | Net unrealized gains (losses) on investments  | 5      |    |     |                |
| 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     |    | 8   | ,114,236       |
| Pa   | TXII Financial Statements and Reporting   | •      |    |     |                |
|      | Check if Schedule O contains a response or note to any line in this Part XII  |        |    |     |                |
|      |   |        |    | Yes | No             |
| 1    | Accounting method used to prepare the Form 990  |        |    |     |                |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?   |        | 2a |     | No             |
|      | If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both   | on a   |    |     |                |
|      | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  |        |    |     |                |
| b    | Were the organization's financial statements audited by an independent accountant?  |        | 2b |     | No             |
|      | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both  | basıs, |    |     |                |
|      | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  |        |    |     |                |
| С    | 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? |        | 2c |     |                |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Sche  | dule O |    |     |                |
| За   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?  | ngle   | 3a |     | No             |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits           | ıred   | 3b |     |                |

#### **Additional Data**

**Software ID:** 18007218

**Software Version:** 2018v3.1

Name: Texans for Lawsuit Reform

**EIN:** 76-0439129

Form 990 (2018)

implementation in Texas

#### Form 990, Part III, Line 4a:

Texans for Lawsuit Reform (TLR) engages in broad and persistent education of elected officials and the public about the Texas civil justice system, including dispute resolution processes and the judiciary, and engages in legislative advocacy to improve the Texas civil justice system and, sometimes, other core governmental issues, such as public education, regulations, criminal justice and administrative processes. Over the years, TLR has succeeded in increasing public awareness of key issues and of advocating for changes in legislation that benefit all citizens. Numerous legal reforms advocated by TLR have been enacted into law since TLR's formation in 1994 and TLR has engaged in public debate concerning legal issues, having gained recognition as an organization that is a major contributor to public policy discussion, formation and

**SCHEDULE C** 

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

### **Political Campaign and Lobbying Activities**

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

▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

DLN: 93493029004230

Schedule C (Form 990 or 990-EZ) 2018

Cat No 50084S

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

| • 8<br>• 8<br>f the<br>• 8<br>• 8<br>f the | Section 501(c) (other than section 5<br>Section 527 organizations Complet<br>e organization answered "Yes" or<br>Section 501(c)(3) organizations that<br>Section 501(c)(3) organizations that | n Form 990, Part IV, Line 4, or Form 9<br>thave filed Form 5768 (election under s<br>thave NOT filed Form 5768 (election un<br>n Form 990, Part IV, Line 5 (Proxy Tax<br>s), then | s I-A and C below<br>90-EZ, Part VI, Iin<br>ection 501(h)) Co<br>ider section 501(h | ne 47 (Lobbying Activities<br>mplete Part II-A Do not co<br>)) Complete Part II-B Do | omplete Part II-B<br>not complete Part II-A  |
|--|---|---|---|--|--|
|  | ne of the organization  | editorio complete i dit ili   |   | Employer ider  | ntification number   |
|  | ans for Lawsuit Reform  |   |   |  |  |
|  |   |   |   | 76-0439129   |  |
| Par  | I I-A Complete if the organ   | nization is exempt under sectio   | n 501(c) or is  | a section 527 organi   | zation.  |
| 1  | Provide a description of the organ "political campaign activities")   | ization's direct and indirect political can   | npaign activities in  | Part IV (see instructions f  | for definition of  |
| 2  | Political campaign activity expend  | itures (see instructions)   |   | <b>&gt;</b>  | \$   |
| 3  | Volunteer hours for political camp  | aign activities (see instructions)  |   |  |  |
| Par  | t I-B Complete if the organ   | nization is exempt under sectio   | n 501(c)(3).  |  |  |
| 1  | Enter the amount of any excise ta   | ax incurred by the organization under se  | ction 4955  | <b>&gt;</b>  | \$   |
| 2  | Enter the amount of any excise ta   | ax incurred by organization managers ur   | nder section 4955   | <b>&gt;</b>  | \$   |
| 3  | If the organization incurred a sect   | tion 4955 tax, did it file Form 4720 for t  | hıs year?   |  | ☐ Yes ☐ No   |
| 4a   | Was a correction made?  |   |   |  | ☐ Yes ☐ No   |
| b  | If "Yes," describe in Part IV   |   |   |  |  |
| Par  | t I-C Complete if the orga  | nization is exempt under sectio   | n 501(c), exce  | pt section 501(c)(3)   |  |
| 1  | Enter the amount directly expend  | ed by the filing organization for section   | 527 exempt funct  | ion activities   | \$   |
| 2  | Enter the amount of the filing org function activities  | anization's funds contributed to other or   | rganizations for se   | ection 527 exempt  | \$   |
| 3  | Total exempt function expenditure   | es Add lines 1 and 2 Enter here and or  | Form 1120-POL,  | line 17b ►   | \$   |
| 4  | Did the filing organization file For  | m 1120-POL for this year?   |   |  | ☐ Yes ☑ No   |
| 5  | organization made payments For of political contributions received  | employer identification number (EIN) of<br>each organization listed, enter the amo<br>that were promptly and directly delivere<br>ee (PAC) If additional space is needed,         | ount paid from the<br>ed to a separate p  | filing organization's funds<br>olitical organization, such a                         | Also enter the amount  |
|  | (a) Name  | (b) Address   | (c) EIN   | (d) Amount paid from<br>filing organization's<br>funds If none, enter<br>-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  |   |   |   |  |  |
|  |   |   | I   | i  |  |

Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) Lobbying nontaxable amount

Lobbying ceiling amount (150% of line 2a, column(e))

2a Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2018

activity

Part III-A

Part III-B

Part IV

1

2

(b)

Amount

Yes

1

2

1

2a

2b

2c

3

4 5

Schedule C (Form 990 or 990EZ) 2018

No

No

No

3,307,701

681,142

618.702

1,299,844

1,157,696

142,148

(a)

No

Yes

#### During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section

and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is

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

Explanation

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)

Mailings to members, legislators, or the public?

Publications, or published or broadcast statements?

Grants to other organizations for lobbying purposes?

If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Were substantially all (90% or more) dues received nondeductible by members?

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

Did the organization agree to carry over lobbying and political expenditures from the prior year?

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

Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

Other activities? Total Add lines 1c through 1i 2a

501(c)(6).

expenditure next year?

Return Reference

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912

answered "Yes." 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).

Current year

Carryover from last year

C Total 3

Supplemental Information

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

**SCHEDULE D** 

(Form 990)

Department of the Treasury

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

DLN: 93493029004230 OMB No 1545-0047

Open to Public

| Intern | al Revenue Service                                      | ► Go to <u>www.irs.q</u>   | ov/Form990 for the latest information.  | Inspection  |
|--------|---|--|---|---|
|        | me of the orgar   |  |   | Employer identification number                    |
| iex    | alls for Lawsuit Reio                                   | )IIII  |   | 76-0439129  |
| Pa     |   |  | sed Funds or Other Similar Funds o  | r Accounts.                                       |
|        | Comple  | ete if the organization answered "Ye   |   | (1)5  |
|        | Tatal number at   | and of year  | (a) Donor advised funds   | (b)Funds and other accounts                       |
| 1      | Total number at   | ,  |   |   |
| 2<br>3 |   | e of contributions to (during year) e of grants from (during year)   |   |   |
| 4      | Aggregate value   | ` , ,  |   |   |
|        | 33 3  | <i>'</i>   |   | Lucad Condo and No                                |
| 5      |   | property, subject to the organization's ex   | rs in writing that the assets held in donor ad<br>clusive legal control?  | Yes No  |
| 6      | Did the organize charitable purportion private benefit? | oses and not for the benefit of the donor  | nor advisors in writing that grant funds can<br>or donor advisor, or for any other purpose o  | be used only for conferring impermissible         |
| Pa     | rt III Consei   | rvation Easements. Complete if th  | ie organization answered "Yes" on Forr  | n 990, Part IV, line 7.                           |
| 1      | Purpose(s) of co  | conservation easements held by the organ   | nization (check all that apply)   |   |
|        | ☐ Preservati  | ion of land for public use (e g , recreation   | n or education) $\qed$ Preservation of an   | historically important land area                  |
|        | ☐ Protection  | n of natural habitat   | Preservation of a c   | certified historic structure                      |
|        | Preservati  | ion of open space  |   |   |
| 2      |   | 2a through 2d if the organization held a ne last day of the tax year   | qualified conservation contribution in the for  | rm of a conservation  Held at the End of the Year |
| а      | Total number of   | f conservation easements   |   | 2a  |
| b      | Total acreage re  | estricted by conservation easements  |   | 2b  |
| С      | Number of cons  | servation easements on a certified historic  | c structure included in (a)   | 2c  |
| d      |   | servation easements included in (c) acqui<br>in the National Register  | red after 7/25/06, and not on a historic  | 2d  |
| 3      | Number of cons<br>tax year ►                            | servation easements modified, transferre   | d, released, extinguished, or terminated by   | the organization during the                       |
| 4      | Number of state   | es where property subject to conservatio   | n easement is located <b>&gt;</b>   |   |
| 5      |   | nization have a written policy regarding th<br>nt of the conservation easements it holds   | ne periodic monitoring, inspection, handling of   | of violations,                                    |
| 6      | Staff and volun   | teer hours devoted to monitoring, inspec   | ting, handling of violations, and enforcing co  | onservation easements during the year             |
| 7      | Amount of expe  | enses incurred in monitoring, inspecting,  | handling of violations, and enforcing conser  | vation easements during the year                  |
| 8      | Does each cons<br>and section 170                       | servation easement reported on line $2(d)$ $3(h)(4)(B)(II)$ ?  | above satisfy the requirements of section ${\bf 1}^{\prime}$  | 70(h)(4)(B)(ı)                                    |
| 9      | balance sheet,  | scribe how the organization reports cons<br>and include, if applicable, the text of the<br>n's accounting for conservation easemen | ervation easements in its revenue and expei<br>footnote to the organization's financial state<br>ts   | nse statement, and<br>ements that describes       |
| Par    |   |  | of Art, Historical Treasures, or Oth  | er Similar Assets.                                |
|        |   | ete if the organization answered "Ye   | ·   |   |
| 1a     | art, historical tr                                      | reasures, or other similar assets held for   | 6 (ASC 958), not to report in its revenue sta<br>public exhibition, education, or research in f<br>cial statements that describes these items |   |
| b      | historical treasi                                       |  | 6 (ASC 958), to report in its revenue statem<br>ic exhibition, education, or research in furth  |   |
| (      | (i) Revenue includ                                      | ded on Form 990, Part VIII, line 1   |   | <b>▶</b> \$                                       |
| (i     | ii)Assets ıncluded                                      | d ın Form 990, Part X  |   | <b>▶</b> \$                                       |
| 2      |   | tion received or held works of art, historic<br>ints required to be reported under SFAS 1  | cal treasures, or other similar assets for fina<br>116 (ASC 958) relating to these items  | ncial gain, provide the                           |
| а      | _   | ed on Form 990, Part VIII, line 1  |   | <b>▶</b> \$                                       |

Cat No 52283D

Schedule D (Form 990) 2018

| Par        | t III            | Organizations Maintaining   | Collections                                    | of Art, Hist   | orical T            | reası     | ures, or C        | Other    | Similar As                | sets (     | continued,            | )  |
|------------|------------------|---|--|----------------|---------------------|-----------|-------------------|----------|---------------------------|------------|-----------------------|--|
| 3          |                  | the organization's acquisition, acc<br>(check all that apply)               | ession, and othe                               | r records, che | ck any of           | the fo    | ollowing tha      | nt are a | significant i             | ise of its | s collection          | ו  |
| а          |                  | Public exhibition   |  |                | d 🗌                 | Loan      | or exchan         | ge prog  | ırams                     |            |                       |  |
| b          |                  | Scholarly research  |  |                | е 🗌                 | Othe      | er                |          |                           |            |                       |  |
| С          |                  | Preservation for future generation  | ıs   |                |                     |           |                   |          |                           |            |                       |  |
| 4          | Provid<br>Part > | de a description of the organization<br>KIII                                | n's collections and                            | d explain how  | they furt           | her the   | e organızat       | ion's ex | kempt purpo               | se in      |                       |  |
| 5          |                  | g the year, did the organization so<br>s to be sold to raise funds rather t |  |                |                     |           |                   |          | ılar                      | □ Ye       | es 🗆                  | No   |
| Pa         | rt IV            | Escrow and Custodial Arra<br>Complete if the organization<br>X, line 21.    |  | " on Form !    | 990, Part           | IV, lı    | ine 9, or r       | eporte   | ed an amou                | ınt on I   | Form 990              | ), Part  |
| 1a         |                  | e organization an agent, trustee, co<br>ded on Form 990, Part X?            | ustodian or other                              | ıntermediary   | for contr           | ibution   | ns or other       | assets   | not                       | ☐ Y€       | es 🗆                  | No   |
| b          | If "Y∈           | es," explain the arrangement in Pai   | t XIII and compl                               | ete the follow | ıng table           |           |                   |          | A                         | mount      |                       |  |
| С          |                  | ining balance   | ,  |                | ,                   |           |                   | 1c       |                           |            |                       |  |
| d          | _                | ions during the year  |  |                |                     |           |                   | 1d       |                           |            |                       | _  |
| е          |                  | butions during the year   |  |                |                     |           |                   | 1e       |                           |            |                       |  |
| f          |                  | ig balance  |  |                |                     |           |                   | 1f       |                           |            |                       |  |
| 2a         |                  | ne organization include an amount   | on Form 990, Pa                                | rt X, line 21, | for escrov          | v or cu   | ∟<br>ustodial acc | ount lia | ability?                  |            | es 🗆                  | —<br>No  |
| b          |                  | es," explain the arrangement in Par   |  |                |                     |           |                   |          |                           | _          |                       |  |
|            | rt V             | Endowment Funds. Compl  |  |                |                     |           |                   |          |                           |            |                       |  |
|            |                  | <u>'</u>  | (a)Currei                                      |                | <b>b)</b> Prior yea |           |                   |          | (d)Three yea              |            | (e)Four ye            | ears back  |
| <b>1</b> a | Beginn           | ing of year balance   |  |                |                     |           |                   |          |                           |            |                       |  |
| b          | Contrib          | outions   |  |                |                     |           |                   |          |                           |            |                       |  |
| С          | Net inv          | estment earnings, gains, and loss   | es   |                |                     |           |                   |          |                           |            |                       |  |
|            |                  | or scholarships   |  |                |                     |           |                   |          |                           |            |                       |  |
| e          |                  | expenditures for facilities<br>ograms                                       |  |                |                     |           |                   |          |                           |            |                       |  |
| f          | Admını           | strative expenses   |  |                |                     |           |                   |          |                           |            |                       |  |
| g          | End of           | year balance  |  |                |                     |           |                   |          |                           |            |                       |  |
| 2<br>a     |                  | de the estimated percentage of the<br>d designated or quasi-endowment b     |  | d balance (lin | e 1g, colu          | ımn (a    | )) held as        |          |                           |            |                       |  |
| b          | Perm             | anent endowment 🟲   |  |                |                     |           |                   |          |                           |            |                       |  |
| С          | Temp             | orarily restricted endowment >  |  |                |                     |           |                   |          |                           |            |                       |  |
|            | The p            | percentages on lines 2a, 2b, and 2d   | should equal 10                                | 0%             |                     |           |                   |          |                           |            |                       |  |
| 3a         | organ            | here endowment funds not in the p<br>nization by                            | ossession of the                               | organızatıon   | that are h          | neld an   | nd administ       | ered fo  | r the                     | _          | Yes                   | No   |
|            |                  | nrelated organizations  |  |                |                     |           |                   |          |                           |            | a(i)                  |  |
| b          |                  | elated organizations<br>es" on 3a(ii), are the related organi               | zations listed as                              | required on S  | chedule F           | ۲۶.       | · · .             |          |                           | <u> </u>   | a(ii)<br>3b           | <del>                                     </del> |
| 4          | Descr            | ribe in Part XIII the intended uses   | of the organizatio                             | n's endowme    | ent funds           |           |                   |          |                           |            |                       |  |
| Pa         | rt VI            | Land, Buildings, and Equi   |  |                |                     |           |                   |          |                           |            |                       |  |
|            | Descri           |   | answered "Yes<br>t or other basis<br>vestment) | (b) Cost or o  |                     |           |                   |          | m 990, Pa<br>lepreciation |            | ne 10.<br>(d) Book va | lue  |
| 1-         | Land             |   |  | -              |                     |           |                   |          |                           |            |                       |  |
|            | Land             |   |  |                |                     |           |                   |          |                           |            |                       |  |
|            | Buildin          | •   |  |                |                     |           |                   |          |                           |            |                       |  |
|            |                  | old improvements  |  |                |                     | 00.55     |                   |          | 4== :                     |            |                       |  |
|            |                  | nent  |  |                |                     | 83,561    |                   |          | 175,436                   |            |                       | 8,125  |
|            | Other            |   |  |                |                     | 89,702    |                   |          | 68,520                    |            |                       | 21,182   |
| Tota       | ıı. Add          | lines 1a through 1e (Column (d) m   | nust equal Form 9                              | 990, Part X, c | olumn (B,           | ), line . | 10(c)) .          |          | ▶                         |            |                       | 29,307   |

|  | Saa Form duli Dart V lina 17  |             |                             |                  |                                    |                                    |
|--|---|-------------|-----------------------------|------------------|------------------------------------|------------------------------------|
|  | See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)  |             | <b>(b)</b><br>Book<br>value |                  | ) Method of val<br>r end-of-year m |                                    |
|  | al derivatives  |             |                             |                  |                                    |                                    |
|  | Tield equity interests  | <u> </u>    |                             |                  |                                    |                                    |
| (A)  |   |             |                             |                  |                                    |                                    |
| [B)  |   |             |                             |                  |                                    |                                    |
| (C)  |   |             |                             |                  |                                    |                                    |
| (D)  |   |             |                             |                  |                                    |                                    |
| (E)  |   |             |                             |                  |                                    |                                    |
| F)   |   |             |                             |                  |                                    |                                    |
| (G)  |   |             |                             |                  |                                    |                                    |
| (H)  |   |             |                             |                  |                                    |                                    |
| Fotal. (Colum  | nn (b) must equal Form 990, Part X, col (B) line 12 )   | •           |                             |                  |                                    |                                    |
| Part VIII  | Investments—Program Related. Complete if the organization answered 'Yes' on I   | Form 990. P | art IV. line                | 11c. See Forn    | n 990. Part X.                     | . line 13.                         |
|  | (a) Description of investment   |             | ook value                   | (c               | ) Method of val<br>r end-of-year m | uation                             |
| (1)  |   |             |                             | Cost o           | r end-or-year m                    | iarket value                       |
| (2)  |   |             |                             |                  |                                    |                                    |
| (3)  |   |             |                             |                  |                                    |                                    |
| 4)   |   |             |                             |                  |                                    |                                    |
| 5)   |   |             |                             |                  |                                    |                                    |
| 6)   |   |             |                             |                  |                                    |                                    |
| (7)  |   |             |                             |                  |                                    |                                    |
|  |   |             |                             |                  |                                    |                                    |
| (8)  |   |             |                             |                  |                                    |                                    |
| (8)  |   |             |                             |                  |                                    |                                    |
| (9)  | nn (b) must equal Form 990, Part X, col (B) line 13 )   | •           |                             |                  |                                    |                                    |
| (9)<br>Fotal. (Colum   | Other Assets. Complete if the organization answered   |             | m 990, Part                 | IV, line 11d See | e Form 990, Par                    |                                    |
| 9)  Fotal. (Column  Part IX  |   |             | m 990, Part                 | IV, line 11d See | e Form 990, Par                    | t X, line 15 <b>(b)</b> Book value |
| 9)  Fotal. (Column  Part IX  1)  | Other Assets. Complete if the organization answered   |             | m 990, Part                 | IV, line 11d See | e Form 990, Par                    |                                    |
| Fotal. (Column Part IX 1)  | Other Assets. Complete if the organization answered   |             | m 990, Part                 | IV, line 11d See | e Form 990, Par                    |                                    |
| Fotal. (Column Part IX 1) 2) 3)  | Other Assets. Complete if the organization answered   |             | m 990, Part                 | IV, line 11d See | e Form 990, Par                    |                                    |
| (9)  Fotal. (Column Part IX  1)  2)  3)  | Other Assets. Complete if the organization answered   |             | m 990, Part                 | IV, line 11d See | e Form 990, Par                    |                                    |
| (9)  Fotal. (Column Part IX  1)  2)  3)  4)  | Other Assets. Complete if the organization answered   |             | m 990, Part                 | IV, line 11d See | e Form 990, Par                    |                                    |
| Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6)  | Other Assets. Complete if the organization answered   |             | m 990, Part                 | IV, line 11d See | e Form 990, Par                    |                                    |
| Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7)   | Other Assets. Complete if the organization answered   |             | m 990, Part                 | IV, line 11d See | e Form 990, Par                    |                                    |
| 9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)   | Other Assets. Complete if the organization answered   |             | m 990, Part                 | IV, line 11d See | e Form 990, Par                    |                                    |
| 9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)   | Other Assets. Complete if the organization answered (a) Description   |             | m 990, Part                 | IV, line 11d See | e Form 990, Par                    |                                    |
| 9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)   | Other Assets. Complete if the organization answered  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization asserted.   | ·           |                             |                  |                                    | (b) Book value                     |
| 9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  | Other Assets. Complete if the organization answered (a) Description  (b) must equal Form 990, Part X, col (B) line 15   | ·           |                             |                  |                                    | (b) Book value                     |
| 9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  | Other Assets. Complete if the organization answered  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.                                   | ·           | es' on Forn                 |                  |                                    | (b) Book value                     |
| 9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1.  1) Federal (                      | Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability | ·           | es' on Forn                 |                  |                                    | (b) Book value                     |
| 9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1.  1) Federal (1)                    | Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability | ·           | es' on Forn                 |                  |                                    | (b) Book value                     |
| 9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  Part X  1) Federal (  2)  3)                                     | Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability | ·           | es' on Forn                 |                  |                                    | (b) Book value                     |
| 9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  Part X  1) Federal (  2)  3)                                     | Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability | ·           | es' on Forn                 |                  |                                    | (b) Book value                     |
| 9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (1)  2)  3)  4)            | Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability | ·           | es' on Forn                 |                  |                                    | (b) Book value                     |
| 9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (  2)  3)  4)  5)          | Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability | ·           | es' on Forn                 |                  |                                    | (b) Book value                     |
| 9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  Fotal. (Column Part X  1) Federal (  2)  3)  4)  5)  6)                  | Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability | ·           | es' on Forn                 |                  |                                    | (b) Book value                     |
| Fotal. (Colum Part IX 1) 1) 2) 3) 4) 5) 6) 7) Part X 1. 1) Federal (1) 2) 3) 4) 5) 6) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) | Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability | ·           | es' on Forn                 |                  |                                    | (b) Book value                     |
| Fotal. (Column Part IX 1) (2) (3) (4) (5) (6) (7) (8) (7) Fotal. (Column Part X 1) (1) (1) (1) (1) (1) (1) (1) (1) (1)       | Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability | ·           | es' on Forn                 |                  |                                    | (b) Book value                     |

1

Schedule D (Form 990) 2018

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990. Part VIII. line 12

1

Schedule D (Form 990) 2018

Page 4

| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12  |   |         |                         |
|------|---|---|---------|-------------------------|
| а    | Net unrealized gains (losses) on investments 2a   |   |         |                         |
| b    | Donated services and use of facilities  |   |         |                         |
| С    | Recoveries of prior year grants   |   | 1       |                         |
| d    | Other (Describe in Part XIII )  |   | 1       |                         |
| е    | Add lines <b>2a</b> through <b>2d</b>   |   | 2e      |                         |
| 3    | Subtract line <b>2e</b> from line <b>1</b>  |   | 3       |                         |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1   |   |         |                         |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b . 4a   |   |         |                         |
| b    | Other (Describe in Part XIII )  |   | 1       |                         |
| c    | Add lines <b>4a</b> and <b>4b</b>   |   | 4c      |                         |
| 5    | Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12 )  |   | 5       |                         |
| Par  | Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered 'Yes' on Form 990, Part IV, line                                  |   | Returi  | n.                      |
| 1    | Total expenses and losses per audited financial statements  |   | 1       |                         |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25  |   |         |                         |
| а    | Donated services and use of facilities 2a   |   |         |                         |
| b    | Prior year adjustments  |   | 1       |                         |
| c    | Other losses  |   | 1       |                         |
| d    | Other (Describe in Part XIII )  |   | 1       |                         |
| е    | Add lines <b>2a</b> through <b>2d</b>   |   | 2e      |                         |
| 3    | Subtract line <b>2e</b> from line <b>1</b>  |   | 3       |                         |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |   |         |                         |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b 4a   |   |         |                         |
| b    | Other (Describe in Part XIII )  |   | 1       |                         |
| С    | Add lines <b>4a</b> and <b>4b</b>   |   | 4c      |                         |
| 5    | Total expenses Add lines ${f 3}$ and ${f 4c.}$ (This must equal Form 990, Part I, line 18 )   |   | 5       |                         |
| Pai  | t XIII Supplemental Information   |   |         |                         |
| Prov | vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part $\mathbb N$ lines 2d and 4b. Also complete this part to provide any add | /, lines 1b and 2b, Part<br>itional information | V, line | 4, Part X, line 2, Part |
|      | Return Reference Explanation  |   |         |                         |

| Schedule D (Fo   | orm 990) 2018     | Page <b>5</b>              |                            |
|------------------|-------------------|----------------------------|----------------------------|
| Part XIII        | Supplemental Info | rmation <i>(continued)</i> |                            |
| Return Reference |                   | Explanation                |                            |
|                  |                   |                            | Schedule D (Form 990) 2018 |

**SCHEDULE G** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

DLN: 93493029004230

2018

OMB No 1545-0047

**Supplemental Information Regarding** Fundraising or Gaming Activities
Complete if the organization answered "Yes" on 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. ▶Go to www irs gov/Form990 for instructions and the latest information **Open to Public** Inspection

| exans for Lawsuit Reform   |   |   |                                      |                   | Employer ide   | ntification number                                      |
|--|---|---|--------------------------------------|-------------------|--|---|
| exams for Lawsuit Reform   |   |   |                                      |                   | 76-0439129   |   |
| <b>Part I</b> Fundraising Activities.Co  |   |   |                                      | rm 990,           | Part IV, line 1  | 7.  |
| 1 Indicate whether the organization rais   | ed funds through an                               | y of the fo   | ollowing activities Check            | all that ap       | ply  |   |
| a 🗹 Mail solicitations   |   | e   | Solicitation of non-                 | -governme         | ent grants   |   |
| <b>b</b> Internet and email solicitations  |   | f   | Solicitation of gove                 | ernment g         | rants  |   |
| c Phone solicitations  |   | g   | ✓ Special fundraising                | g events          |  |   |
| d 🗹 In-person solicitations  |   |   |                                      |                   |  |   |
| <ul> <li>Did the organization have a written or or key employees listed in Form 990,</li> <li>If "Yes," list the ten highest paid indiv to be compensated at least \$5,000 by</li> </ul> | Part VII) or entity in<br>iduals or entities (fui | connection  | on with professional fundr           | aising serv       | /ıces? ✓ Ye  | es 🗆 No<br>er Is  |
| i) Name and address of individual (ii) or entity (fundraiser)  | fundi ai<br>cust<br>con                           | ) Did<br>iser have<br>ody or<br>trol of<br>butions? | (iv) Gross receipts<br>from activity | (or re<br>fundrai | ount paid to<br>tained by)<br>ser listed in<br>ol <b>(i)</b> | (vi) Amount paid to<br>(or retained by)<br>organization |
| Fdrsg  | Yes   | No  |                                      |                   |  |   |
| Elizabeth Blakemore Fdrsg<br>GreenwayPlaza Ste 225   |   | No  | 2,844,250                            |                   | 100,008  | 2,744,242   |
| Houston, TX 77046 Fdrsg  |   |   |                                      |                   |  |   |
| The McIntosh Company<br>5310 Harvest Hill Rd 209   |   | No  | 467,050                              |                   | 45,000   | 422,050   |
| Dallas, TX 75230   |   |   |                                      |                   |  |   |
|  |   |   |                                      |                   |  |   |
|  |   |   |                                      |                   |  |   |
|  |   |   |                                      |                   |  |   |
|  |   |   |                                      |                   |  |   |
|  |   |   |                                      |                   |  |   |
|  |   |   |                                      |                   |  |   |
|  |   |   |                                      |                   |  |   |
|  |   |   |                                      |                   |  |   |
| otal   |   | •   | 3,311,300                            |                   | 145,008  | 3,166,292   |
| 3 List all states in which the organization i licensing  | s registered or licens                            | sed to sol  | cit contributions or has b           | een notifie       | d it is exempt f   | rom registration or                                     |

| che | dule G (Form 990 or 990-EZ) 2018  |                             |  |        |       | F   | Page <b>3</b> |
|-----|---|-----------------------------|--|--------|-------|-----|---------------|
| .1  | Does the organization conduct gaming  | activities with nonmember   | 5?   |        | ☐ Yes | □Ne |               |
| .2  | Is the organization a grantor, beneficia formed to administer charitable gaming             |                             | member of a partnership or other entity  |        | □Yes  |     |               |
| 3   | Indicate the percentage of gaming activ   | vity conducted in           |  |        |       |     |               |
| а   | The organization's facility   |                             |  | 13a    |       |     | %             |
| b   | An outside facility   |                             |  | 13b    |       |     | %             |
| 4   | Enter the name and address of the pers  | son who prepares the orga   | nization's gaming/special events books and ri  | ecords |       |     |               |
|     | Name ►  |                             |  |        |       |     |               |
|     | Address ►   |                             |  |        |       |     |               |
| 5a  | Does the organization have a contract virevenue?  | with a third party from who | om the organization receives gaming  |        | □Yes  | □No |               |
| b   | If "Yes," enter the amount of gaming re<br>amount of gaming revenue retained by             |                             | anization ▶ \$ and th  | ne     |       |     |               |
| С   | If "Yes," enter name and address of the   | e third party               |  |        |       |     |               |
|     | Name ►  |                             |  |        |       |     |               |
|     | Address ▶   |                             |  |        |       |     |               |
| 6   | Gaming manager information  |                             |  |        |       |     |               |
|     | Name ►  |                             |  |        |       |     |               |
|     | Gaming manager compensation ▶ \$  |                             |  |        |       |     |               |
|     | Description of services provided ▶  |                             |  |        |       |     |               |
|     | ☐ Director/officer  | ☐ Employee                  | ☐ Independent contractor   |        |       |     |               |
| 7   | Mandatory distributions   |                             |  |        |       |     |               |
| а   | Is the organization required under state retain the state gaming license?                   | e law to make charitable di | stributions from the gaming proceeds to  |        | Yes   | □No |               |
| b   | Enter the amount of distributions requirements in the organization's own exempt activities. |                             | ated to other exempt organizations or spent  |        | 53    |     |               |
| Pai | t IV Supplemental Informatio  | n. Provide the explanat     | rions required by Part I, line 2b, column<br>licable. Also provide any additional info |        |       |     | <br>S.        |
| _   | Return Reference  |                             | Explanation  |        |       |     |               |

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493029004230 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. **Open to Public** ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number Texans for Lawsuit Reform 76-0439129 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

| Schedule I (Form 990) 2018                         |             |                          |                          |                                  |   | Page <b>2</b>                                  |
|--|-------------|--------------------------|--------------------------|----------------------------------|---|--|
| Part III Grants and Other As                       |             |                          | als. Complete If the org | ganization answered "Yes         | " on Form 990, Part IV, line 22                       |  |
| (a) Type of grant or assist                        |             | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance          |
| (1)  |             |                          |                          |                                  |   |  |
| (2)  |             |                          |                          |                                  |   |  |
| (3)  |             |                          |                          |                                  |   |  |
| (4)  |             |                          |                          |                                  |   |  |
| (5)  |             |                          |                          |                                  |   |  |
| (6)  |             |                          |                          |                                  |   |  |
| (7)  |             |                          |                          |                                  |   |  |
| Part IV Supplemental                               | Information | on. Provide the info     | ormation required in     | Part I, line 2; Part III         | i, column (b); and any other ac                       | dditional information.                         |
| Return Reference                                   | Explanation | on                       |                          |                                  |   |  |
| Grantmaker's Description of How<br>Grants are Used | TLR occasio | nally makes grants to    | o organizations that are | compatible with the goa          | ls of TLR and its mission We monit                    | tor the grantee organizations for that purpose |

#### **Additional Data**

RGV Partnership

1322 S Missouri Ave Weslaco, TX 78596

Texas Business Hall of Fame

4550 Post Oak Place Ste 342 Houston, TX 77027

**Software ID:** 18007218 **Software Version:** 2018v3.1 **EIN:** 76-0439129 Name: Texans for Lawsuit Reform

| (a) Name and address of | (b) EIN | (c) IRC section | (d) Amount of cash | (e) Amount of non- | (f) Method of valuation | ı |
|-------------------------|---------|-----------------|--------------------|--------------------|-------------------------|---|
| organization            |         | ıf applıcable   | grant              | cash               | (book, FMV, appraisal,  | ı |
| or government           |         |                 |                    | assistance         | other)                  | ı |
|                         |         |                 |                    |                    |                         | ı |

501(c)(6)

501(c)(3)

74-1012454

75-1842638

| rganizations and | Domestic | Governm | ente |
|------------------|----------|---------|------|
|                  |          |         |      |
|                  |          |         |      |

10,000

20,000

### Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(h) Purpose of grant

(g) Description of non-cash assistance

or assistance

General support

General support

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Texas Business Leadership Coul 75-2580060 501(c)(3) 10.000 General support 515 Congress Ave Ste 2240 Austin, TX 78701

Inaugural

25,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Gov't

Texas Inaugural Committee

815 A-Brazos 216 Austin, TX 78701 47-2384829

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Tayras Danyikliaan Hayras 74 2770105 10 000 General support

| Caucus PO Box 13305 Austin, TX 78711 | 74-27/9105 | 10,000 | U |  | General support |
|--------------------------------------|------------|--------|---|--|-----------------|

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 2659 Austin, TX 78768

| efil  | e GRAPHIC pi  | int - DO NOT PROCESS  | As Filed Data               | a -   | DLN: 934                | 19302      | 29004           | 230      |
|-------|---|---|-----------------------------|---|-------------------------|------------|-----------------|----------|
| Sch   | edule J   | Co  | ompensati                   | ion Information   | 10                      | 1B No      | 1545-0          | 0047     |
| (Fori | n 990)  |   | Compensa<br>Janization answ | rustees, Key Employees, and Hig<br>ated Employees<br>vered "Yes" on Form 990, Part IV<br>ato Form 990.          | hest<br>, line 23.      | 20         | 18              | 3        |
| •     | tment of the Treasury<br>al Revenue Service   | ► Go to <u>www.irs.go</u>   |                             | instructions and the latest infor   | mation.                 | pen i      | to Pul<br>ectio |          |
| Nar   | ne of the organiz   |   |                             |   | Employer identificat    |            |                 |          |
| Tex   | ans for Lawsuit Refo  | rm  |                             |   | 76-0439129              |            |                 |          |
| Pa    | rt I Questi   | ons Regarding Compensa  | tion                        |   | 1                       |            |                 |          |
|       |   |   |                             |   |                         |            | Yes             | No       |
| 1a    |   |   |                             | the following to or for a person liste<br>y relevant information regarding the                                  |                         |            |                 |          |
|       | First-class   | s or charter travel   |                             | Housing allowance or residence for  | personal use            |            |                 |          |
|       |   | companions  | 님                           | Payments for business use of perso  |                         |            |                 |          |
|       | Tax idemnification and gross-up payments  Health or social club dues or initiation fees |   |                             |   |                         |            |                 |          |
|       | ☐ Discretion  | nary spending account   |                             | Personal services (e g , maid, chau   | rreur, cner)            |            |                 |          |
| b     |   | xes in line 1a are checked, did tl<br>all of the expenses described abo |                             | ollow a written policy regarding payn<br>iplete Part III to explain   | nent or reimbursement   | <b>1</b> b |                 |          |
| 2     |   |   |                             | or allowing expenses incurred by all<br>r, regarding the items checked in line                                  | 0.152                   | 2          |                 |          |
|       | directors, truste   | es, officers, including the CLO/L                                       | .xecutive Director          | r, regarding the items checked in in-   | c 1a.                   |            |                 |          |
| 3     | organization's C  | EO/Executive Director Check al  | I that apply Dor            | ed to establish the compensation of t<br>not check any boxes for methods<br>CEO/Executive Director, but explain |                         |            |                 |          |
|       | Compens   | ation committee   |                             | Written employment contract   |                         |            |                 |          |
|       |   | ent compensation consultant   | ✓                           | Compensation survey or study  |                         |            |                 |          |
|       | ☐ Form 990  | of other organizations  | $\checkmark$                | Approval by the board or compensa   | ation committee         |            |                 |          |
| 4     | During the year related organiza  |   | 990, Part VII, Se           | ction A, line 1a, with respect to the f   | iling organization or a |            |                 |          |
| а     | Receive a sever   | ance payment or change-of-con   | trol payment?               |   |                         | 4a         |                 | No       |
| b     |   | r receive payment from, a suppl   |                             | ified retirement plan?  |                         | 4b         |                 | No       |
| c     | Participate in, o   | r receive payment from, an equi   | ty-based comper             | nsation arrangement?  |                         | 4c         |                 | No       |
|       | If "Yes" to any o   | of lines 4a-c, list the persons and                                     | d provide the app           | plicable amounts for each item in Par   | t III                   |            |                 |          |
|       | Only 501(c)(3   | ), 501(c)(4), and 501(c)(29)  | organizations               | must complete lines 5-9.  |                         |            |                 |          |
| 5     | For persons liste   |   | n A, line 1a, did           | the organization pay or accrue any  |                         |            |                 |          |
| а     | The organization  | ٦ <sup>?</sup>  |                             |   |                         | 5a         |                 |          |
| b     | Any related orga  |   |                             |   |                         | 5b         |                 |          |
|       | If "Yes," on line   | 5a or 5b, describe in Part III  |                             |   |                         |            |                 |          |
| 6     |   | ed on Form 990, Part VII, Sectio<br>ontingent on the net earnings of    |                             | the organization pay or accrue any  |                         |            |                 |          |
| а     | The organization  | 1?  |                             |   |                         | 6a         |                 |          |
| b     | Any related orga  |   |                             |   |                         | 6b         |                 | <u> </u> |
| _     | •   | 6a or 6b, describe in Part III  |                             |   |                         |            |                 |          |
| 7     |   | ed on Form 990, Part VII, Section<br>escribed in lines 5 and 6? If "Yes |                             | the organization provide any nonfixe<br>rt III  | d                       | 7          |                 |          |
| 8     |   |   |                             | red pursuant to a contract that was<br>section 53 4958-4(a)(3)? If "Yes," d                                     | escribe                 | 8          |                 |          |
| 9     | If "Yes" on line 53 4958-6(c)?  | 8, did the organization also follo                                      | w the rebuttable            | presumption procedure described in  | Regulations section     | 9          |                 |          |
| For F | Panerwork Redu  | iction Act Notice, see the Ins  | tructions for Fo            | orm 990. Cat No   | 50053T Schedule J       | (Forn      | 1 990)          | 2018     |

|   |       |                              | y Employees, and Hig   |               |  |                                  |                                    |  |
|---|-------|------------------------------|--|---------------|--|----------------------------------|------------------------------------|--|
| instructions, on row (ii)                 | Do no | ot list any individuals that | orted on Schedule J, report<br>at are not listed on Form 99<br>ndividual must equal the to | 990, Part VII |  |                                  |                                    | at ındıvıdual  |
| (A) Name and Title                        |       |                              | n of W-2 and/or 1099-MISO (ii) Bonus & incentive compensation                              |               | (C) Retirement and other deferred compensation | ( <b>D</b> ) Nontaxable benefits | (E) Total of columns<br>(B)(ı)-(D) | (F) Compensation in column (B) reported as deferred on prior |
|   |       | ·                            |  | compensation  |  |                                  |                                    | Form 990   |
| 1 E Lee Parsley<br>General Counsel        | (i)   | 240,000                      |  |               | 7,200  | 15,675                           | 262,875                            | [  |
|   | (ii)  | l'                           | l!   |               | l!   | !                                |                                    |  |
| 2 Lilyanne McClean<br>President           | (i)   | 229,500                      | 75,000   |               |  | 6,924                            | 311,424                            |  |
|   | (ii)  |                              | <u> </u>   | !             | Í!   | !                                | ·                                  | ·  |
| 3 Mary Tipps<br>Executive Dir             | (i)   | 172,000                      | 25,000   |               | 5,160  | 14,381                           | 216,541                            |  |
|   | (ii)  | 18,000                       |  |               |  |                                  | 18,000                             |  |
| <b>4</b> Richard JTrabulsi Jr<br>Chairman | (i)   | 276,000                      |  |               |  |                                  | 276,000                            |  |
|   | (ii)  | 24,000                       | <del> </del> '   |               |  | <u> </u>                         | 24,000                             | ļ!   |
|   |       | <u> </u>                     | <u> </u>   |               |  |                                  |                                    | <u> </u>   |
|   |       |                              |  |               |  |                                  |                                    |  |
|   |       |                              |  |               |  |                                  |                                    |  |
|   |       |                              |  |               |  |                                  |                                    |  |
|   |       |                              |  |               |  |                                  |                                    |  |
|   |       |                              |  |               |  |                                  |                                    |  |
|   |       |                              |  |               |  |                                  |                                    |  |
|   |       |                              |  |               |  | 1                                |                                    |  |
|   |       |                              |  |               |  |                                  |                                    |  |
|   |       |                              |  |               |  | 1                                |                                    |  |
|   |       |                              |  |               |  |                                  |                                    |  |
|   |       |                              | 1  |               | ,  |                                  |                                    |  |

Schedule J (Form 990) 2018 Part III 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 J (Form 990) 2018

| efile GRAPHI                            | C print - DO I                 | NOT PROCES                               | S A          | s Filed Dat  | ta -               |                                |  |         |                                       | DI  | N: 93                            | 4930     | 2900                    | 04230       |
|---|--------------------------------|--|--------------|--|--------------------|--------------------------------|--|---------|---------------------------------------|---|----------------------------------|----------|-------------------------|-------------|
| Schedule L<br>Form 990 or 990           | -EZ) ► Comp                    | lete if the org                          | anizatio     | on answered  | d "Yes             | on Form 9                      | d Persor<br>90, Part IV, li<br>, line 38a or 4 | ines 2  | 25a, 2                                | 25b, 2  |                                  | MB No    |                         |             |
|   |                                |  | <b>►</b> A   | ttach to For   | m 990              | or Form 99                     | 0-EZ.  |         |                                       |   |                                  | 2(       | ) ] [                   | X           |
| epartment of the Trea                   | I                              | <b>⊳</b> Go t                            | o <u>www</u> | .irs.gov/For   | m990               | for the lates                  | st informatio                                  | n.      |                                       |   | (                                | Open     | to Pı                   | ıblic       |
| ternal Revenue Servi<br>Name of the org |                                |  |              |  |                    |                                |  | Er      | mplo                                  | ver ide                                       | entifica                         |          | oection umbe            |             |
| Texans for Lawsuit                      |                                |  |              |  |                    |                                |  |         | •                                     | •   |                                  |          |                         |             |
| Part I Exce                             | ss Benefit Tr                  | ansactions (                             | section      | 501(c)(3), se  | ction <sup>c</sup> | 501(c)(4), and                 | 1 501(c)(29) oi                                |         |                                       | 9129<br>s only)                               |                                  |          |                         |             |
|   | lete if the organi             |  |              |  |                    |                                |  |         |                                       |   | ne 40b                           |          |                         |             |
| 1 (a                                    | <b>)</b> Name of disqu         | alıfıed person                           |              | (b) Relations  |                    | tween disqual<br>organization  | lified person ar                               | nd      | . ,                                   | Descript<br>ansacti                           |                                  |          |                         | rected?     |
|   |                                |  |              |  |                    | Ji gainizacion                 |  |         |                                       | ansacti                                       |                                  | Y        | es                      | No          |
|   |                                |  |              |  |                    |                                |  |         |                                       |   |                                  |          |                         |             |
|   |                                |  |              |  |                    |                                |  |         |                                       |   |                                  |          |                         |             |
|   |                                |  |              |  |                    |                                |  | _       |                                       |   |                                  |          |                         |             |
|   |                                |  |              |  |                    |                                |  | +       |                                       |   |                                  |          |                         |             |
|   |                                |  |              |  |                    |                                |  |         |                                       |   |                                  | •        |                         |             |
|   | orted an amount (b) Relationsh | on Form 990, p (c) Purpose               | Part X, I    | , line 5, 6, or 22<br>Loan to or from the<br>organization? |                    | (e)Original principal amount   | principal due default?                         |         | · · · · · · · · · · · · · · · · · · · |   | h)<br>ved by<br>rd or<br>nittee? | <b>(</b> | <b>i)</b> Writ<br>greem | ten<br>ent? |
|   |                                |  | То           | Fro  | m                  |                                |  | Yes     | No                                    | Yes   | No                               | Yes      |                         | No          |
|   |                                |  |              |  |                    |                                |  |         |                                       |   |                                  |          |                         |             |
|   |                                |  |              |  |                    |                                |  |         |                                       |   |                                  |          |                         |             |
|   |                                |  |              |  |                    |                                |  |         |                                       |   | ļ                                |          |                         |             |
|   |                                |  |              |  |                    |                                |  |         |                                       |   |                                  |          |                         |             |
| otal                                    | <u> </u>                       |  |              |  | <b>—</b>           | <br>▶ \$                       |  |         | I                                     |   |                                  |          |                         |             |
|   |                                |  |              |  |                    |                                |  |         |                                       |   |                                  |          |                         |             |
|   |                                |  |              |  |                    |                                |  |         |                                       |   |                                  |          |                         |             |
|   | nts or Assist                  |  | _            |  |                    |                                | 1 27   |         |                                       |   |                                  |          |                         |             |
| Com<br>a) Name of Inter                 | nplete if the or               | ganization an<br>( <b>b)</b> Relationshi |              | 1  |                    | 990, Part IV,<br>of assistance | (d) Type (                                     | of acci | stano                                 | <u>.                                     </u> | <b>(e)</b> Pu                    | rnose    | of acci                 | stance      |
| a) Name of filter                       | '                              | nterested perso<br>organizat             | n and t      | 1 ` '  | iount (            | or assistance                  | (и) туре                                       | OI 6331 | Starit                                |   | (e) ru                           | i pose ( | JI 6551                 | starice     |
|   |                                |  |              |  |                    |                                |  |         |                                       | +   |                                  |          |                         |             |
|   |                                |  |              |  |                    |                                |  |         |                                       |   |                                  |          |                         |             |
|   |                                |  |              |  |                    |                                |  |         |                                       |   |                                  |          |                         |             |
|   |                                |  |              |  |                    |                                |  |         |                                       |   |                                  |          |                         |             |
| or Paperwork Red                        | uction Act Notice              | . see the Instru                         | ctions fo    | r Form 990 o   | r 990-F            | <b>Z.</b> Ca                   | l<br>at No 50056A                              |         | Sci                                   | hedule  | L (Form                          | 990 ~    | r 00n-                  | EZ) 20.     |

|                       | between interested<br>person and the<br>organization | transaction |                     | of<br>organization'<br>revenues? |    |  |
|-----------------------|--|-------------|---------------------|----------------------------------|----|--|
|                       |  |             |                     | Yes                              | No |  |
| (1) Zocalo Design     | Officer Son  | 25,964      | Design & print work |                                  | No |  |
| (2) RJT Office Ptnshp | Pres owned   | 45,800      | Rent                |                                  | No |  |
|                       |  |             |                     |                                  |    |  |
|                       |  |             |                     |                                  |    |  |
|                       |  |             |                     |                                  |    |  |

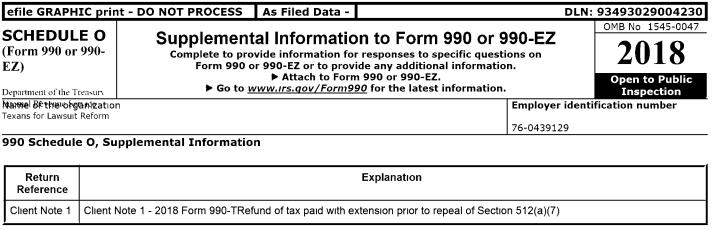
Part V **Supplemental Information** 

Explanation

Schedule L (Form 990 or 990-EZ) 2018

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

Return Reference



Return Explanation

Form 990,
Part VI, Line
11b Form
990 Review
Process

The Form 990 is reviewed by the Chairman, Administrative Director and the organization's o
utside accountant A copy of the form is provided to all directors prior to filing with th
e IRS

Process

of Conflicts

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

| Return<br>Reference | Explanation  |
|---------------------|--|
| Part VI, Line       | The Board of Directors reviews the President's compensation at the annual meeting. The Pre sident is not present for the discussion. The Board considers several factors including comparable data and the decision is contemporaneously documented. |

Return Reference
Form 990, Part VI, Line
Upon request

Part VI, Line
19 Other
Organization
Documents
Publicly
Available

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - SCHEDULE R | Related

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships** 

Related Organizations and Officiated Fathership

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

► Attach to Form 990.

 $\blacktriangleright$  Go to  $\underline{www.irs.gov/Form990}$  for instructions and the latest information.

2018

**Employer identification number** 

**DLN: 93493029004230**OMB No 1545-0047

Open to Public Inspection

| Texans for Lawsuit Reform  |                  |                      |                                |                                     |   |             | 76-04     | 439129                                |       |                                   |                      |          |
|--|------------------|----------------------|--------------------------------|-------------------------------------|---|-------------|-----------|---------------------------------------|-------|-----------------------------------|----------------------|----------|
| Part I Identification of Disregarded Entities Compl  | ete if the orgar | nization answe       | red "Yes                       | " on Form                           | 990, Part   | IV, line 33 | 3.        |                                       |       |                                   |                      |          |
| (a) Name, address, and EIN (If applicable) of disregarded entity                                       | arded entity     |                      | <b>(b)</b><br>Primary activity |                                     | (c)<br>Legal domicile (state<br>or foreign country) |             | ome       | (e)<br>End-of-year as:                |       | <b>(f)</b><br>Direct con<br>entil | )<br>itrolling<br>ty |          |
|  |                  |                      |                                |                                     |   |             |           |                                       |       |                                   |                      |          |
|  |                  |                      |                                |                                     |   |             |           |                                       |       |                                   |                      |          |
| Part II Identification of Related Tax-Exempt Organiz   |                  | ete if the orga      | nızatıon                       | answered                            | "Yes" on F  | orm 990,    | Part IV   | , line 34 be                          | cause | it had one or i                   | more                 |          |
| related tax-exempt organizations during the tax y  (a)  Name, address, and EIN of related organization |                  | (b)<br>nary activity | Legal do                       | (c)<br>micile (state<br>gn country) | (d<br>Exempt Cod                                    |             | Public cl | (e)<br>harity status<br>on 501(c)(3)) | Dı    | (f)<br>rect controlling<br>entity | Section<br>(13) co   |          |
| (1)Texans for Lawsuit Reform Fdn<br>1701 Brun 200  | Education        | al research          |                                | TX                                  | 501(c)(3)   |             | PF        |                                       | TLR   |                                   | Yes                  | No       |
| Houston, TX 77019<br>20-1930752  |                  |                      |                                |                                     |   |             |           |                                       |       |                                   |                      |          |
| (2)Texans for Lawsuit Reform PAC<br>1701 Brun 200  | Political A      | ction Committee      |                                | TX                                  | 527   |             |           |                                       | N/A   |                                   |                      | No       |
| Houston, TX 77019<br>76-0480591  |                  |                      |                                |                                     |   |             |           |                                       |       |                                   | _                    | $\vdash$ |
|  |                  |                      |                                |                                     |   |             |           |                                       |       |                                   |                      |          |
|  |                  |                      |                                |                                     |   |             |           |                                       |       |                                   |                      |          |
|  |                  |                      |                                |                                     |   |             |           |                                       |       |                                   |                      |          |
|  |                  |                      |                                |                                     |   |             |           |                                       |       |                                   |                      |          |
| For Paperwork Reduction Act Notice, see the Instructions for F   | orm 990.         |                      | Ca                             | t No 5013                           | 5Y  |             |           |                                       | Scho  | edule R (Form !                   | 990) 20              | 018      |

| (a)<br>Name, address, and EIN of<br>related organization   |  |                             | (c) Legal domicile (state or foreign country) | (d)<br>Direct<br>controlling<br>entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | total income                   |                                       |         |                         | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | ox managing<br>partner? |       | (k)<br>Percent<br>owners                |
|--|--|-----------------------------|---|--|---|--------------------------------|---------------------------------------|---------|-------------------------|--|-------------------------|-------|---|
|  |  |                             |   |  | 314)  |                                |                                       | Yes     | No                      |  | Yes                     | No    |   |
|  |  |                             |   |  |   |                                |                                       |         |                         |  |                         |       |   |
|  |  |                             |   |  |   |                                |                                       |         |                         |  |                         |       |   |
|  |  |                             |   |  |   |                                |                                       |         |                         |  |                         |       |   |
|  |  |                             |   |  |   |                                |                                       |         |                         |  |                         |       |   |
|  |  |                             |   |  |   |                                |                                       |         |                         |  |                         |       |   |
|  |  |                             |   |  |   |                                |                                       |         |                         |  |                         |       |   |
|  |  |                             |   |  | 1   |                                |                                       |         |                         |  |                         |       |   |
|  |  |                             |   |  |   |                                |                                       |         |                         |  |                         |       |   |
| Identification of Related Organiz<br>because it had one or more related of   | ations Taxable as a (  | Corporation s a corporation | or Trus                                       | <b>t</b> Complete<br>st during th      | ıf the organ  | ızatıon ansv                   | wered "Yes                            | " on Fo | orm 99                  | 90, Part IV  | , lıne                  | 34    |   |
| Identification of Related Organiz<br>because it had one or more related of<br>(a)<br>Name, address, and EIN of<br>related organization | ations Taxable as a Gorganizations treated as (b) Primary activity | L do (state                 | on or tru: (c) egal micile or foreign         | st during th                           | (d) controlling Tyentity  | (e)                            | vered "Yes  (f) Share of total income | Share   | (g) of end- year assets | of- Perce  | , line h) intage        | Se (1 | (I)<br>ection 51<br>.3) contr<br>entity |
| because it had one or more related (  (a)  Name, address, and EIN of   | organizations treated as   | L do (state                 | on or tru:<br>(c)<br>egal<br>micile           | st during th                           | (d) controlling Tyentity  | (e) pe of entity corp, S corp, | <b>(f)</b><br>Share of total          | Share   | (g)<br>of end-<br>year  | of- Perce  | h)<br>intage            | Se (1 | ection 51<br>.3) contr                  |
| because it had one or more related (  (a)  Name, address, and EIN of   | organizations treated as   | L do (state                 | on or tru: (c) egal micile or foreign         | st during th                           | (d) controlling Tyentity  | (e) pe of entity corp, S corp, | <b>(f)</b><br>Share of total          | Share   | (g)<br>of end-<br>year  | of- Perce  | h)<br>intage            | Se (1 | ection 51<br>3) contr<br>entity         |
| because it had one or more related (  (a)  Name, address, and EIN of   | organizations treated as   | L do (state                 | on or tru: (c) egal micile or foreign         | st during th                           | (d) controlling Tyentity  | (e) pe of entity corp, S corp, | <b>(f)</b><br>Share of total          | Share   | (g)<br>of end-<br>year  | of- Perce  | h)<br>intage            | Se (1 | ection 51<br>3) contr<br>entity         |
| because it had one or more related (  (a)  Name, address, and EIN of   | organizations treated as   | L do (state                 | on or tru: (c) egal micile or foreign         | st during th                           | (d) controlling Tyentity  | (e) pe of entity corp, S corp, | <b>(f)</b><br>Share of total          | Share   | (g)<br>of end-<br>year  | of- Perce  | h)<br>intage            | Se (1 | ection 51<br>3) contr<br>entity         |
| because it had one or more related (  (a)  Name, address, and EIN of   | organizations treated as   | L do (state                 | on or tru: (c) egal micile or foreign         | st during th                           | (d) controlling Tyentity  | (e) pe of entity corp, S corp, | <b>(f)</b><br>Share of total          | Share   | (g)<br>of end-<br>year  | of- Perce  | h)<br>intage            | Se (1 | ection 51<br>3) contr<br>entity         |

| Schedule R (Form 990) 2018  |      | P  | age <b>3</b> |
|---|------|--|--------------|
| Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.   |      |  |              |
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule  |      | Yes  | No           |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?                         |      | 1  | $\vdash$     |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity  | 18   | a  | No           |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)  | 11   | ,  | No           |
| c Gift, grant, or capital contribution from related organization(s)   | . 10 | s  | No           |
| d Loans or loan guarantees to or for related organization(s)  | 10   | 1  | No           |
| e Loans or loan guarantees by related organization(s)   | 16   | 2  | No           |
| f Dividends from related organization(s)  | 11   | f  | No           |
| g Sale of assets to related organization(s)   | 19   | <u>,                                    </u> | No           |
| h Purchase of assets from related organization(s)   | 11   | ı 📉  | No           |
| i Exchange of assets with related organization(s)   | 1    | i  | No           |
| j Lease of facilities, equipment, or other assets to related organization(s)  | 1    |  | No           |
| k Lease of facilities, equipment, or other assets from related organization(s)  | 11   | ĸ  | No           |
| l Performance of services or membership or fundraising solicitations for related organization(s)  | 1    | П  | No           |
| m Performance of services or membership or fundraising solicitations by related organization(s)   | 11   | m  | No           |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   | 1    | n Yes  |              |
| o Sharing of paid employees with related organization(s)  | 10   | Yes  | lacksquare   |
| p Reimbursement paid to related organization(s) for expenses  | 1,   | <u>,                                    </u> | No           |
| q Reimbursement paid by related organization(s) for expenses  | 10   | q Yes  |              |
| r Other transfer of cash or property to related organization(s)   | 11   | -<br>r                                       | No           |
| s Other transfer of cash or property from related organization(s)   | . 19 | s  | No           |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds |      |  |              |
| (a) (b) (c)   | (d)  |  |              |

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| (a)<br>Name, address, and EIN of entity | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- | 01  | (e)<br>e all partners<br>section<br>501(c)(3)<br>rganizations? | (f)<br>Share of<br>total<br>Income | (g)<br>Share of<br>end-of-year<br>assets | year allocations? |    | Code V-UBI<br>amount in box<br>20<br>of Schedule<br>K-1<br>(Form 1065) | managing<br>partner? |      | (k)<br>Percentage<br>ownership |  |
|---|--------------------------------|---|---|-----|--|------------------------------------|--|-------------------|----|--|----------------------|------|--------------------------------|--|
|   |                                |   | 514)  | Yes | No   |                                    |  | Yes               | No |  | Yes                  | No   |                                |  |
|   |                                |   |   |     |  |                                    |  |                   |    |  |                      |      |                                |  |
|   |                                |   |   |     |  |                                    |  |                   |    |  |                      |      |                                |  |
|   |                                |   |   |     |  |                                    |  |                   |    |  |                      |      |                                |  |
|   |                                |   |   |     |  |                                    |  |                   |    |  |                      |      |                                |  |
|   |                                |   |   |     |  |                                    |  |                   |    |  |                      |      |                                |  |
|   |                                |   |   |     |  |                                    |  |                   |    |  |                      |      |                                |  |
|   |                                |   |   |     |  |                                    |  |                   |    |  |                      |      |                                |  |
|   |                                |   |   |     |  |                                    |  |                   |    |  |                      |      |                                |  |
|   |                                |   |   |     |  |                                    |  |                   |    |  |                      |      |                                |  |
|   |                                |   |   |     |  |                                    |  |                   |    |  |                      |      |                                |  |
|   |                                |   |   |     |  |                                    |  |                   |    |  |                      |      |                                |  |
|   |                                |   |   |     |  |                                    |  |                   |    |  |                      |      |                                |  |
|   |                                |   |   |     |  |                                    |  |                   |    |  |                      |      |                                |  |
|   |                                |   |   |     |  |                                    |  |                   |    |  |                      |      |                                |  |
|   |                                |   |   |     |  |                                    |  |                   |    |  |                      |      |                                |  |
|   |                                |   |   |     |  |                                    |  |                   |    | Schedul  | e R (Forn            | 1 99 | 0) 2018                        |  |

