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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

OMB No 1545-1150

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2009 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <b>Equality NC</b>		<b>D Employer identification number</b> <b>02-0662714</b>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>PO Box 28768</b>		<b>E Telephone number</b> <b>919-829-0343</b>
		City or town, state or country, and ZIP + 4 <b>Raleigh NC 27611</b>		<b>F Group Exemption Number</b> _____
		Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		<b>G Accounting method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____
<b>I Website:</b> ▶ <a href="http://www.equalitync.org/">http://www.equalitync.org/</a>			<b>H Check</b> <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
<b>J Tax-exempt status</b> (check only one) — <input checked="" type="checkbox"/> 501(c) ( <b>4</b> ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>K Check</b> <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.				
<b>L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ.</b>				<b>\$ 322,975</b>

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	134,157
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	266
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b	Less: direct expenses other than fundraising expenses	6b	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶ <b>See Statement 1</b> )	8	188,552
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	322,975
	Expenses	10	Grants and similar amounts paid (attach schedule)	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	200,031
13		Professional fees and other payments to independent contractors	13	42,198
14		Occupancy, rent, utilities, and maintenance	14	19,351
15		Printing, publications, postage, and shipping	15	5,779
16		Other expenses (describe ▶ <b>See Statement 2</b> )	16	27,557
17		<b>Total expenses.</b> Add lines 10 through 16	17	294,916
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	28,059
Net Assets		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	61,679

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	37,914	65,660
23 Land and buildings		
24 Other assets (describe ▶ <b>See Statement 3</b> )	750	750
25 <b>Total assets</b>	38,664	66,410
26 <b>Total liabilities</b> (describe ▶ <b>See Statement 4</b> )	5,044	4,731
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	33,620	61,679

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)		<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? <b>General education and outreach on LGBT issues</b>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
<b>28</b>	See Statement 5  (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>42,588</b>
<b>29</b>	See Statement 6  (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	<b>167,420</b>
<b>30</b>	  (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b>	Other program services (attach schedule) (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	<b>210,008</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Hunter Corn 213 Taylor St Apt G Raleigh NC 27607	Chair 5.00	0	0	0
Dan Gurley 444 S. Blount #314 Raleigh NC 27601	Vice Chair 3.00	0	0	0
Rod Goins 725 Cantiberry Dr Salisbury NC 28146	Treasurer 1.00	0	0	0
Jerri Goldberg 16 Greeley St Asheville NC 28806	Board Member 1.00	0	0	0
Mary Nations 3212 Byers Dr Raleigh NC 27607	Board Member 1.00	0	0	0
Addison Ore 1003 Twyckenham Dr. Greensboro NC 27408	Board Member 1.00	0	0	0
Kelvin Sanborn 2917 Chapel Hill Road Durham NC 27707	Board Member 1.00	0	0	0
Ken Wittenauer 725 E. 10th Street Charlotte NC 28202	Board Member 1.00	0	0	0
Shawn Long 111 Abercrombie Lane Wake Forest NC 27587	Admin Staff 30.00	21,992	0	0
Rebecca Mann 634 Colonial Drive High Point NC 27262	Commun Org 40.00	32,968	0	0
Kay Flaminio 2009 Englewood Ave Durham NC 27705	Dev Director 40.00	54,046	0	0
Ian Palmquist 550 E. Martin St Raleigh NC 27601	Exec Dir 40.00	56,698	0	0
Elaine Martin 3504 Bluestone Court Chapel Hill NC 27514	Board Member 1.00	0	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instr <span style="float:right">▶ <b>37a</b></span>		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">▶ <b>38b</b></span>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <span style="float:right">▶ <b>39a</b></span>		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">▶ <b>39b</b></span>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		<input checked="" type="checkbox"/>
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ _____</span>		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ _____</span>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶ <u>None</u>		
42a	The organization's books are in care of ▶ <u>Shawn Long</u> Telephone no ▶ <u>919-829-0343</u> <u>126-1/2 E. Hargett St, Suite 200</u> Located at ▶ <u>Raleigh, NC</u> ZIP + 4 ▶ <u>27601</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country. ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country. ▶ _____		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ <input type="checkbox"/> <b>43</b></span>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

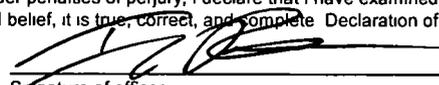
f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

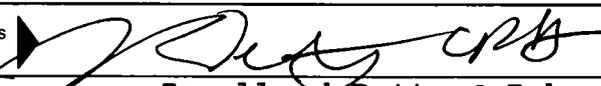
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

**Sign Here** 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.

 8/16/10  
 Signature of officer Date  
**Ian Palmquist** **Executive Director**  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature 	Date <b>08/16/10</b>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instr) <b>P00358779</b>
Firm's name (or yours if self-employed), address, and ZIP + 4 <b>Jewell, deButts &amp; Roberts, PLLC 262 W Millbrook Rd Raleigh, NC 27609</b>	EIN <b>20-1826059</b>	Phone no <b>919-235-0606</b>	

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

**Federal Statements**

**Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue**

<u>Description</u>	<u>Amount</u>
Staff serv paid by others	\$ 188,552
Total	\$ 188,552

**Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
Expenses	\$
Outside computer service	1,117
Travel	1,347
Conferences & meetings	3,534
Insurance	2,248
Dues and subscriptions	3,200
Bank charges	55
Credit card fee	3,072
Telecommunications	4,629
Supplies	2,734
Staff development	16
Books, subscriptions, ref	100
Misc	5,505
Total	\$ 27,557

**Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Security deposit	\$ 750	\$ 750
	750	750

**Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Payroll liabilities	\$ 5,044	\$ 4,731
	5,044	4,731

**Statement 5 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**

Description

Lobbying on LGBT issues, including securing passage of inclusive anti-bullying legislation and comprehensive sexuality education legislation. Blocked passage of discriminatory bills, including a marriage discrimination constitutional amendment and attempts to cut funding for HIV/AIDS prevention and care.

**Statement 6 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments**

Description

Community outreach and education, including town hall meetings, activist trainings and work with the media. Reached out at nine pride festivals and other community events. Had a prominent place in media coverage of LGBT issues in the state, including safe schools, employment discrimination, and relationship recognition

## Federal Statements

### BOY cash

<u>Description</u>	<u>Amount</u>
	\$ <u>37,914</u>
Total	\$ <u>37,914</u>

### Political expenses

<u>Description</u>	<u>Amount</u>
Lobbying	\$ <u>23,450</u>
Total	\$ <u>23,450</u>

### Assets, EOY

<u>Description</u>	<u>Amount</u>
Restricted	\$ 1,053
Centura	33,313
RBC	8,232
ENC Reserve Account	<u>23,062</u>
Total	\$ <u>65,660</u>