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### Form 990

For the 2011 calendar year, or tax year beginning

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

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

2011, and ending

OMB No 1545-0047

2011

Open to Public Inspection

В	Check if	applicable	C Name of organizatio	n EQTX Equalit	у Теха	s Found	ation		D Employ	yer Identifi	cation Number		
	Add	dress change	Doing Business As				25695						
	Nar	me change	Number and street (	or P O. box if mail is not deliv	ered to street	addr)	Room/	suite	E Telepho	one numbe	er		
	Init	ial return	P.O. Box 234	40	_				(51	2) 47	4-5475		
	Ter	minated	City, town or country	<i>'</i>		State	ZIP code + 4	1					
	Am	ended return	Austin			TX	78768		G Gross r	eceipts \$	245,423		
	App	plication pending	F Name and address of	of principal officer				1	iis a group retui		ates? Yes	X No	
		<b>-</b>	Dennis Coleman P	O Box 2340	Austin	TX	78768		all affiliates inc o,' attach a list		uctions) Yes	∐ No	
<u> </u>	Tax-e	xempt status	<b>X</b> 501(c)(3) 50	)1(c) ( )◀ (ınseı	rt no )	4947(a)(1) or	527		o, 01.20.1 0 1.01	(5555.	,		
<u>J</u>	Web	site: ► ww		xasfoundation	.org			H(c) Grou	up exemption n	umber 🟲			
K		of organization	<del></del>	rust Association	Other >	L	ear of Forma	tion 19	90 Ms	State of le	gal domicile TX		
Pa	ırt I	Summar					_						
				s mission or most sign							Cexas Found	lation	
9				gage the publ									
Activities & Governance	-	on Texan	re or arr sea	<u>cual orientati</u>	ons_and	d gende:	r ident	:itle	s/expre	ssion			
Ver	2 (	Chack this be	T if the ergs	anization discontinued									
ဝိ	3 1	Number of vo	oting members of the	e governing body (Part	VI. line 1a	a) Mis or dispos	sea or mor	e man z	23 /0 01 115 111	3	5	13	
න් න				embers of the governing			b)			4		13	
iţi.	5	Total number	r of individuals empl	oyed in calendar year:	2011 (Part	(line 2a بر				5		4	
Ę			r of volunteers (estin			RECE	IVED			6		200	
•				from Part VIII, column	(0), 19	12 14 01	<u>-!                                    </u>	اں –		7a		0.	
	0 1	Net unrelated	business taxable in	ncome from Form 990-	141			78	Dulay Vasa	7 b	C		
	8 (	Contributions	and grants (Part VI	III line 1h)	15	MAY 1	4 2012	8	Prior Year 278,9	240	Current Ye	ear ,622.	
e			vice revenue (Part V	•	l'L				2/0/3	740.	212	, 622.	
Revenue		_	·	umn (A), lines 3, 4, ar	nd 7d)	OGDE	N LIT			371.		374.	
æ				(A), lines 5, 6d, 8c, 9d			., 01			364.	7	,830.	
				ugh 11 (must equal Pa			e 12)		280,6			,826.	
	13 (	Grants and s	ımılar amounts paıd	(Part IX, column (A),	lines 1-3)								
	14 (	Benefits paid	to or for members	(Part IX, column (A), Iı	ne 4)								
m	15	Salaries, othe	er compensation, en	nployee benefits (Part	IX, column	(A), lines 5	5-10)		157,2	289.	102	<u>,581.</u>	
3ê.	16a l	Professional	fundraising fees (Pa	art IX, column (A), line	11e)								
Expenses	Ь.	Total fundrais	sing expenses (Part	IX, column (D), line 25	5) >	7	7,069.					ŀ	
ű	17 (	Other expens	ses (Part IX, column	(A), lines 11a-11d, 11	f-24e)				99,0	16.	77	,950.	
	18	Total expense	es Add lines 13-17	(must equal Part IX, c	olumn (A),	line 25)			256,3	305.	180	,531.	
	19	Revenue less	s expenses. Subtrac	t line 18 from line 12					24,3	370.	40	,295.	
p 60								Begin	ning of Currer		End of Ye		
a eate Safan			(Part X, line 16)					ļ	114,0			,217.	
Net Aer Fund Br	1		es (Part X, line 26)					ļ	37,6	549.	11	<u>,535.</u>	
_				tract line 21 from line	20				76,3	387.	116	<u>,682.</u>	
	rt II	Signatur						<del></del>	_				
Unde	er penalti plete De	ies of perjury, I de claration of prepa	eclare that I have examine arer (other than officer) is	ed this return, including accombased on all information of wh	ipanying sched hich preparer h	dules and stater has any knowle	ments, and to dge	the best of	f my knowledge	and belie	f, it is true, correct	, and	
				1	<del> </del>				5	5/8	12012		
Sig	ın	Signatu	ure of officer	. 1 /2 //					Date	1 -			
He	re	Den	nis Coleman	Mym				Exe	cutive :	Direc	tor		
			r print name and title										
		Print/Type p	preparer's name	Prepar's signatu	ne V	11 000	Date		Check	ıf F	TIN		
Pa	id	Pamela	a Hill, CPA	Y YUM	ula H	nll WA	05/07/	/12	self-employ		00747765		
Pro	epare		n's name Montemayor Hill & Company, P.C.										
Us	e Onl	y Firm's addr	ess - 3001 Sou	th Lamar Boul	evard,	Suite 3	320		Firm's EIN	Firm's EIN ► 74 - 2902112			
			Austin		1	X 7870	4		Phone no	(512		30	
Ma	the IF	RS discuss th	is return with the pre	eparer shown above?	(see instru	ctions)					X Yes	No	

Form 990 (201

TEEA0101 07/05/11

Pa		14-23093		Fage 2
	rt.lll Statement of Program Service Accomplishments			
	Check if Schedule O contains a response to any question in this Part III		_	x
1	Briefly describe the organization's mission			
	The mission of EQTX: Equality Texas Foundation	. <b>_</b>		
	is to educate and engage the public about policies and their effe	ct		
	on Texans of all sexual orientations and gender identities/expres	sions.		
2	Did the organization undertake any significant program services during the year which were not listed on the	prior		
	Form 990 or 990-EZ?		Yes	X No
	If 'Yes,' describe these new services on Schedule O	_		_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s? 🗌	Yes	X No
	If 'Yes,' describe these changes on Schedule O.			_
4	Describe the organization's program service accomplishments for each of its three largest program services, Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amoun others, the total expenses, and revenue, if any, for each program service reported	as measured It of grants ar	by exp	enses. ations to
4 a	a (Code) (Expenses \$40,880. including grants of \$) (Revi			<u>0.</u> )
	Outreach - The Foundation seeks to educate and engage the public on iss			
	orientation and gender identity/expression. This includes public	_forums_		
	and events, as well as collaborataive efforts with local, regiona	<u>1,</u>		
	and national partners.			
41	<b>b</b> (Code) (Expenses \$9,227. including grants of \$0.) (Reve	enue \$		0.)
	Safe Schools Initiative - A multi-year program to secure adoption		a	
	public schools of model policies that address the prevention, int	erventic	~	
	and elimination of harassment and bullying in Texas public school	er verrero	<b></b> /	
		·		
40	c (Code:) (Expenses \$			
40	Equality is Good for Business - Equality is Good for Business was	formed		
40		formed		
40	Equality is Good for Business - Equality is Good for Business was	formed sive		
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	Equality is Good for Business - Equality is Good for Business was to spotlight major employers in Texas that have adopted comprehen non-discrimination policies and have demonstrated their commitmen valuing and proactively including all employees.  d Other program services (Describe in Schedule O)	formed sive t to		
40	Equality is Good for Business - Equality is Good for Business was to spotlight major employers in Texas that have adopted comprehen non-discrimination policies and have demonstrated their commitmen valuing and proactively including all employees.	formed sive t to		

Part IV	Checklist of	Peguired	Schodules
raitiv	I CHECKIISL O	i neuuireu	<b>SCHEUUIES</b>

			Yes	Na
1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete		ies	No
	Schedule A	1 2	x	
3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates		Α	
	for public office? If 'Yes,' complete Schedule C, Part I	3		<u> </u>
4	<b>Section 501(c)(3) organizations</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	4	х	
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_		_x_
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_		_x_
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III .	8_		<u>x</u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
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	SEPTEMBER 1	X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		х
	<b>b</b> Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VII	11 b		х
	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VIII	11 c		x
	<b>d</b> 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	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		x
	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	11 f		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	х	
	<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12 b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>x</u>
	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		х
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		х
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	x	
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		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		x
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		L

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 21 X 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 X Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 X Schedule J 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25 a X b is the organization aware that it engaged in an excess benefit transaction with a disgualified 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 Х 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 X 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 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 **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b х c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 280 X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If 'Yes,' complete Schedule M X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 х 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 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 34 X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 a Х **b** 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 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 X 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 х

BAA

Form 990 (2011)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197

Note. All Form 990 filers are required to complete Schedule O

	Check if Schedule O contains a response to any question in this Part V			
_	Officer in ochequie o contains a response to any question in this part v	I	Yes	No
1:	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	$\rightarrow$	163	110
	D Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
•	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	x	
2.	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
20	ments, filed for the calendar year ending with or within the year covered by this return  2a  4			
ŧ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	x	-
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	i	X
	of f 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3Ь		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	<u> </u>		
7.	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
Ł	olf 'Yes,' enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 8	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		x
	·	- "		
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
_	Did the ergenization receive a newmont in every of \$75 made northly as a contribution and months for mode and			
•	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
t	of Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7 c		X
C	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d		ļ	_
€	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
ç	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	_		
_	as required?	7 g	-	X
r	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	1	х
_		<del>- / !' </del>		Α.
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business	_	-	
	holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
t	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
ā	Initiation fees and capital contributions included on Part VIII, line 12			
t	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
t	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
ā	Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O.	1		
t	Enter the amount of reserves the organization is required to maintain by the states in			
	which the organization is licensed to issue qualified health plans  [13b]			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
Ŀ	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

Form 990 (2011) EQTX Equality Texas Foundation 74-2569542 Page 6 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI  $|\mathbf{x}|$ Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 13 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 13 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 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 Did the organization have members or stockholders? 6 X 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? 7 a X **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b х Is there any officer, director or 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 x Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? х 11 a 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 Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c X 13 Did the organization have a written whistleblower policy? 13 x 14 Did the organization have a written document retention and destruction policy? 14 x 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? a The organization's CEO, Executive Director, or top management official 15 a Х b Other officers of key employees of the organization 15<sub>b</sub> x 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? 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16<sub>b</sub> Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website |X| Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization Austin, TX 78768 (512) 474-5475 P.O. Box 2340

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

Check this box if neither the organization	nor any r	elated	org	anız	atio	n com	pen	sated any current office	er, director, or truste	9
	<b>(D)</b>			-	C) Ition					_
(A) Name and title	(B) Average hours	unles	Position do not check more tha unless person is both and a director/trus		n an offi	box, cer	( <b>D</b> )  Reportable  compensation from	(E)  Reportable compensation from	(F) Estimated amount of other	
	per week (describe hours for related organiza- tions in Schedule O)	adividud trussee or director		_	Key employee	High est compensated employee	- Grmei	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Grant Caplan Director	5.00	x						0.	0.	0.
(2) Gary Carter			$\Box$							
Director	5.00	х						٥.	0.	0.
(3) James Cowan										
Director	5.00	х						0.	0.	0.
(4) Troy Greenstreet										
Director	5.00	_ X						0.	0.	0.
_(5) Dave Guy Grainer								:		
Director	5.00	X						0.	0.	0.
(6) Joseph Hernandez										
Director	5.00	Х						0.	0.	0.
_(7)_Wade_Hyde										
Director	5.00	X						0.	0.	0.
_(8) Cordey Lash								_	_	
Director	5.00	Х	H					0.	0.	0.
(9) Tim McCabe										_
Director	5.00	<u> </u>	Н		-		_	0.	0.	0.
(10) Kayla Shell Director	5.00	v						0.		•
(11) Brian Thompson	3.00		Н					<u> </u>	0.	0.
Director	5.00	v						o.	0.	0.
(12) Ronnie Whitman	3.00							•		<u> </u>
Director	5.00	x						٥.	o.	0.
(13) Paul Boskind, Ph.D.	0.00									
Treasurer	10.00	x		x				0.	0.	0.
(14) Saul Reyes										· · · · ·
Secretary	10.00	х		х				0.	0.	0.

Part VII Section A. Officers, Directors, Trust	ees, k	(ey	Em	ıplo	ye	es,	anc	Highest Com	pensated Empl	oyees	(cor	nt)
				-	C)							
(A) Name and title	(B) Average hours	box offic	unle er an	heck ss pe	rson Irect	than is both or/trus	h an tee)	(D) Reportable compensation from	(E) Reportable compensation from related organizations	amo	(F) stimated unt of oth opensation	
	per week (describ e hours for related organi- zations	Individual or dire	Institutional trustee	Officer	Key e	Highest compensated employee	Forme	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	org	rom the panization and related	n
	hours for	dual tr	tional		employee	st con	¥				anızatıor	
	organi- zations	ustee	truste		ee	pens						
	Sch O)		ě			e e						
(15) Whitney Kelly Chair	10.00	v		x				0.	0.			0.
(16) Dennis Coleman	1			-				<u> </u>			<u></u>	
Executive Director	40.00			x		ļ		48,252.	39,748.		6,2	<u> 58.</u>
(17) Chuck Smith Deputy Executive Director	40.00			x				28,879.	35,135.		9.8	00.
(18)	140.00				<u> </u>			20,073.	33,133.			<del>, , , , , , , , , , , , , , , , , , , </del>
(19)												
<u>(20)</u>									·			
<u>(21)</u>												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total							<b>•</b>	77,131.	74,883.		16,0	58.
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	4			•			<b>&gt;</b>	77,131.	74,883.		16 0	VE 0
2 Total number of individuals (including but not limited	to thos	se lis	ted	abo	ve)	who	rece	•		e comp	16,0 ensati	
from the organization									· · · · · · · · · · · · · · · · · · ·		Yes	No
3 Did the organization list any <b>former</b> officer, director on line 1a? If 'Yes,' complete Schedule J for such in			кеу е	emp	loye	e, or	hıgl	hest compensated	employee	- 3		x
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the such individual	ortable an \$15	con 0,00	nper 0? /	satı f 'Ye	on a	and o	other <i>lete</i>	r compensation fro Schedule J for	om	4		
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co	mpens	atior	n fro	m a	ny ι for	inrela	ated	organization or in	dıvıdual	5		
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest compensate compensation from the organization. Report compen</li> </ol>										ax year		
(A)  Name and business address  (B)  Description of services  Compensation												
								<u> </u>				
										,		
2. Total number of independent contractors (including	out not	lımı*	od +-	, +h-		licto	1 ^ -	(NO) who reconst	more than			
2 Total number of independent contractors (including t \$100,000 in compensation from the organization ►	out not	มเกเเ	eu (	ט נח(	se	uste	ı abı	ove) who received	more than			1

`	tom otationers of revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s.	1a Federated campaigns 1a	27,855.		10101100		012, 010, 010,7
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b Membership dues 1b	211033.				
용질	c Fundraising events 1c					
T. A.	· · · · · · · · · · · · · · · · · · ·	<del></del>				
₹ق						
SIS	e Government grants (contributions) 1 e					
토튀	f All other contributions, gifts, grants, and					
윤히	similar amounts not included above 1 f	184,767.				İ
FS	g Noncash contributions included in lns 1a-1f \$_	2,510.				
3 4	h Total. Add lines 1a-1f	<b>&gt;</b>	212,622.			
Ž	_	Business Code				
E.	<sup>2a</sup>					
- ₹	b					
5	c					
SER	d					
ΑĀ	e					
8	f All other program service revenue		, "			
ě	g Total. Add lines 2a-2f	<b>&gt;</b>				
	3 Investment income (including dividends,	interest and				
	other similar amounts)	<b>&gt;</b>	374.	0.	0.	374.
	4 Income from investment of tax-exempt b	ond proceeds				
	5 Royalties	•				
	(i) Real	(ii) Personal				
	6a Gross rents					
	<b>b</b> Less rental expenses					
	c Rental income or (loss)		,			
	d Net rental income or (loss)	<b>•</b>				
	7a Gross amount from sales of assets other than inventory (i) Securities	(ii) Other				
	<b>b</b> Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	▶	-	-		-
핔	8a Gross income from fundraising events (not including \$					
OTHER REVENUE	of contributions reported on line 1c)					
#	See Part IV, line 18	32,427.				
	<b>b</b> Less direct expenses <b>b</b>					
6	c Net income or (loss) from fundraising ev		7,830.		0.	7,830.
	9a Gross income from gaming activities See Part IV, line 19					
	b Less direct expenses b					
	c Net income or (loss) from gaming activit	ies ►				1
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inven			-		1
	Miscellaneous Revenue	Business Code				
	11a					İ
	b					
	c					<del></del>
	d All other revenue				<u> </u>	<del></del>
	e Total. Add lines 11a-11d	•				<del></del>
	12 Total revenue. See instructions	▶	220,826.	0.	0.	8,204.
			,			L 0,2011

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a re	sponse to any question	in this Part IX	•	
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	and organizations in the United States. See Part IV, line 21				
	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	77,131.	35,696.	8,993.	32,442.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	10,770.	4,980.	1,255.	4,535.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	7,524.	3,482.	877.	3,165.
10	Payroll taxes	7,156.	3,312.	834.	3,010.
11	Fees for services (non-employees).	.,			<u> </u>
	a Management				
	b Legal				
	C Accounting	6,055.	3,053.	640.	2,362.
	d Lobbying	0,033.	3,033.	040.	2,302.
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other	3,000.	3,000.	0.	0.
	Advertising and promotion	1,552.	543.	521.	488.
	Office expenses	16,596.	6,822.	1,483.	8,291.
14	Information technology	7,524.	3,935.	765.	2,824.
15		7,341.	3,933.	705.	2,024.
16	Occupancy	17,227.	8,687.	1,821.	6 710
-	Travel	9,988.	7,177.	326.	6,719. 2,485.
	Payments of travel or entertainment expenses for any federal, state, or local public officials	3,300.	,,1,,	320.	2,105.
19	Conferences, conventions, and meetings	4,138.	2,973.	135.	1,030.
20	Interest	157.	55.	53.	49.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		997.	349.	335.	313.
24	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)				
	Other Fundraising expenses	9,179.	0.	0.	9,179.
	Membership dues	1,088.	1,088.	0.	0.
(	Other_miscellaneous	449.	140.	132.	177.
	±				
•	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	180,531.	85,292.	18,170.	77,069.
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				
	Check here ► ☐ If following SOP 98-2 (ASC 958-720)				
	30F 30.2 (M3C 330-720)				

**Balance Sheet** 

Part X

(B) End of year (A) Beginning of year Cash - non-interest-bearing 62,054 1 75,668. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 260 3 719. Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 251 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10 a **b** Less accumulated depreciation 10b 0 10 c 11 Investments - publicly traded securities 11 50,371 50,745. 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 1,100 15 1,085. 16 Total assets. Add lines 1 through 15 (must equal line 34) 114,036. 16 128,217. 17 Accounts payable and accrued expenses 4,149. 17 3,485. 18 Grants payable 18 19 Deferred revenue 19 1,000 8,050. 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 AB I L Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 Secured mortgages and notes payable to unrelated third parties 32,500 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 37,649 26 11,535. Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 76,387 27 111,682. 28 Temporarily restricted net assets 28 5,000. 29 Permanently restricted net assets 29 R Organizations that do not follow SFAS 117, check here lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 76,387 33 116,682. Total liabilities and net assets/fund balances 34 114,036. 34 128,217.

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Form **990** (2011)

		74-2569542		Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets	-			
	Check if Schedule O contains a response to any question in this Part XI				$\Box$
	<b>`</b>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	20,8	26.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	80,5	31.
3	Revenue less expenses Subtract line 2 from line 1	3		40,2	95.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>76,3</u>	87.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
_	column (B))	6	1	<u>16,6</u>	82.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				1
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	b Were the organization's financial statements audited by an independent accountant?		2b	х	
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight or review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
•	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is separate basis, consolidated basis, or both.	sued on a			ļ
	X Separate basis Consolidated basis Both consolidated and separate basis				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Audit Act and OMB Circular A-133?	ne Single	3a		x
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the re or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired audit	3 b		
BAA			Form	990 (	2011)

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TEEA0112 07/06/11

## SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

EQT	X :	Equa	ality Texa	s Foundation						74-25	69542	?		
Par	t I	Rea	ason for Pub	olic Charity Status	(All organizations	must c	omple	te this	part.)	See ir	nstructi	ions.		
The o	orga	nizatı	on is not a priva	ate foundation because	it is. (For lines 1 through	gh 11, ch	neck onl	y one bo	ox.)					
1		A ch	urch, conventio	n of churches or assoc	iation of churches descr	ibed in s	section '	170(b)(1	)(A)(i).					
2		A sc	hool described	ın <b>section 170(b)(1)(A)</b>	(ii). (Attach Schedule E	)								
3		A ho	spital or a coop	perative hospital service	e organization described	in sect	ion 170(	b)(1)(A)	(iii).					
4		A me	edical research	organization operated	in conjunction with a ho	spital de	scribed	ın secti	on 170(l	)(1)(A)	iii) Ente	r the hospi	tal's	
		nam	e, city, and stat	te										
5		An o	rganızatıon ope <b>b)(1)(A)(iv).</b> (C	erated for the benefit of omplete Part II)	a college or university	owned o	r operat	ed by a	governn	nental ui	nit descr	ibed in sec	tion	
6	Ш				vernmental unit describ									
7	X	in section 170(b)(1)(A)(vi). (Complete Part II )												
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )													
9	Ц	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
10		An o	rganization org	anized and operated ex	clusively to test for pub	lic safet	y See s	ection 5	09(a)(4)	).				
11	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.													
	a Type I b Type II c Type III — Functionally integrated d Type III — Other													
е	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)													
f			e organization rok this box	eceived a written deteri	mination from the IRS th	hat is a	Γype Ι, ٦	Гуре II о	r Type I	ll suppo	rtıng org	anızatıon,		
g		Sinc	e August 17, 20	006, has the organization	on accepted any gift or	contribu	tion fron	n any of	the follo	owing pe	ersons?			
													Yes	No
		(i)	A person who below, the gov	directly or indirectly co verning body of the sup	ntrols, either alone or to ported organization?	ogether v	with pers	sons des	scribed i	n (II) an	d (III)	11 g (i)		
		(ii)	A family mem	ber of a person describ	ed in (i) above?							11 g (ii)		
		(iii)		•	lescribed in (i) or (ii) ab							11 g (iii)		
<u>h</u>		Prov	ide the followin	g information about the	supported organization	n(s)					· .			
		(i) Na	me of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i	s the ation in ) listed in overning ment?	the organ	ou notify ization in n (i) of ipport?	(vi) li organiz colun organize U S	ation in nn (i) ed in the	(vii) Amoui	it of sup	port
						Yes	No	Yes	No	Yes	No			
(A)														
(B)														
<u>(C)</u>				<del> </del>								<u></u>		
<u>(D)</u>				_										
<u>(E)</u>									·					
Total														

# Schedule A (Form 990 or 990-EZ) 2011 EQTX Equality Texas Foundation 74-2569542 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support		····	<u> </u>					
	ndar year (or fiscal year nning in) ▶	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	236,611.	263,733.	270,421.	278,940.	212,622	. 1,262,327.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge		_			,			
4	Total. Add lines 1 through 3	236,611.	263,733.	270,421.	278,940.	. 212,622.	. 1,262,327.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						316,456.		
6	Public support. Subtract line 5						310,430.		
	from line 4						945,871.		
	tion B. Total Support	-		<del></del>	- <del></del>				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total		
7	Amounts from line 4	236,611.	263,733.	270,421.	278,940.	212,622	. 1,262,327.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				371.	374	. 745.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10	_					1,263,072.		
12	Gross receipts from related activi	ties, etc (see instr	uctions)			12	45,279.		
13	First five years. If the Form 990 organization, check this box and	s for the organizat	tion's first, second	, third, fourth, or f	ifth tax year as a	section 501(c)(	3) ▶ □		
Sec	tion C. Computation of Pu	blic Support P	ercentage						
	Public support percentage for 20	-	•	11, column (f))		14			
15	Public support percentage from 2	2010 Schedule A, F	Part II, line 14			15	73.67 %		
16 a	16 a 33-1/3% support test — 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
b	b 33-1/3% support test — 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17 a	17a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
	or more, and if the organization rorganization meets the 'facts-and	meets the 'facts-an I-circumstances' te	nd-circumstances' est. The organization	test, check this bo on qualifies as a j	ox and <b>stop here.</b> publicly supported	Explain in Part organization	IV how the ►		
	Private foundation. If the organiz	ation did not chec	k a box on line 13	, 16a, 16b, 17a, o			<del> </del>		
BAA					Sc	neaule 🗚 (Form	990 or 990-EZ) 2011		

74-2569542

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')					,,	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or						
	facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŧ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	т.	<del></del>	· · · · · · · · · · · · · · · · · · ·	
	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	(e) 2011	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	*					
13	Total support. (Add Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 organization, check this box and			d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support P	Percentage				
15	Public support percentage for 20	11 (line 8, column	(f) divided by line	e 13, column (f))		15	8
_	Public support percentage from 2					16	%
<u>Sec</u>	tion D. Computation of Inv	estment Incor	ne Percentage	e			
17	Investment income percentage for	or <b>2011</b> (line 10c, e	column (f) dıvıded	by line 13, colum	nn (f))	17	<u> </u>
18	Investment income percentage fr	om 2010 Schedule	e A, Part III, line 1	7		18	<u> </u>
	33-1/3% support tests — 2011. If is not more than 33-1/3%, check	this box and stop	here. The organiz	zation qualifies as	a publicly suppor	ted organization	▶ [
t	33-1/3% support tests - 2010. If line 18 is not more than 33-1/3%	the organization of the check this box as	did not check a bo nd <b>stop here.</b> The	ox on line 14 or lin organization qua	ne 19a, and line 16 lifies as a publicly	is more than 33-1/ supported organiza	3%, and tion ► □
	Private foundation. If the organiz						▶   →

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

► Complete if the organization is described below.

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

OMB No 1545 0047

2011

Open to Public Inspection

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C.

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

• Section 527 organizations: Complete Part I-A only.

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

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

		,' to Form 990, Part IV, line 5 (Proxy Tax) or organizations Complete Part III.	Form 990-EZ, Part V	, line 35a (Proxy Tax), tl	hen
	e of organization	rganizations Complete Part III.	· ·	Employer identific	ation number
EO.	TX Equality Texas I	Foundation		74-256954	
		rganization is exempt under section	on 501(c) or is a		
1		organization's direct and indirect political ca			
2	Political expenditures		paigii acaiiiaco iii i	Litti	•
3	Volunteer hours			•	·
Pa	rt I-B   Complete if the o	rganization is exempt under section	on 501(c)(3).	· · · · · · · · · · · · · · · · · · ·	
		ise tax incurred by the organization under s		<b>▶</b> \$	;
2	Enter the amount of any exci	ise tax incurred by organization managers ι	inder section 4955	<b>►</b> \$	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for t	his year?		Yes No
4:	a Was a correction made?				Yes No
	b If 'Yes,' describe in Part IV				
Pa	rt I-C   Complete if the o	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).	
1	Enter the amount directly exp	pended by the filing organization for section	527 exempt function	activities ► \$	
2	Enter the amount of the filing function activities	g organization's funds contributed to other o	rganizations for section	on 527 exempt	· · · · · ·
3	Total exempt function expendine 17b	ditures Add lines 1 and 2 Enter here and o	n Form 1120-POL,	►ŝ	<del></del>
4	Did the filing organization file	Form 1120-POL for this year?		,	Yes No
5	Enter the names, addresses organization made payments amount of political contribution segregated fund or a political	ing organization's funds	Also enter the		
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter-0-	(e) Amount of political confributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)					ii.
(3)					
(4)					

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

(5)

(6)

Schedule C (Form 990 or 990-EZ) 2011

Schedule <b>C</b> (Form 990 or 990-EZ) 201	EQTX Equal:	ity Texas Foundat	tion	74-2569	542 Page 2
Part II-A Complete if section 501(	the organizatio	n is exempt under se	ection 501(c)(3) and	d filed Form 5768 (ele	
A` Check ► If the filir	ng organization belo	ongs to an affiliated group (	and list in Part IV each	affiliated group member's	name.
		d share of excess lobbying		,	
<del></del>		cked box A and 'limited cor			
	Limits on Lobby	ring Expenditures ans amounts paid or incur		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence pul	blic opinion (grass roots lot	obying)	0.	
		egislative body (direct lobb)		0.	
c Total lobbying expenditu			•	0.	
d Other exempt purpose e	xpenditures	,		180,531.	. <del></del> .
e Total exempt purpose ex	penditures (add lin	es 1c and 1d)		180,531.	
f Lobbying nontaxable am both columns	ount Enter the am	ount from the following tab	le ın	36,106.	
If the amount on line 1e, colu	ımn (a) or (b) ıs	The lobbying nontaxable a	mount is:	30/1001	
Not over \$500,000	2 (47 6. (27 10	20% of the amount on line 1e	inodii(13.		
Over \$500,000 but not over \$1,	000 000	\$100,000 plus 15% of the excess	s over \$500 000		
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$	· · · · · · · · · · · · · · · · · · ·	\$225,000 plus 5% of the excess			
Over \$17,000,000	17,000,000	\$1,000,000.	0VEI \$1,000,000		
g Grassroots nontaxable a	mount (enter 25%			9,027.	<del></del>
h Subtract line 1g from line	•	•		0.	
i Subtract line 1f from line		•		0.	
				<del></del>	
j If there is an amount oth section 4911 tax for this	ner than zero on eit year?	her line 1h or line 1i, did th	e organization file Forn	n 4720 reporting	Yes No
(Som	ne organizations th colum	4-Year Averaging Period eat made a section 501(h) ens below. See the instructi	lection do not have to	complete all of the five h 2f.)	
	Lob	bying Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> Total
2a Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011 EQTX Equality Texas Foundation  Part II-B   Complete if the organization is exempt under section 501(c)(3) and has NO		<u>- 256</u> d Fori		Page :
(election under section 501(h)).				
For each West response to the second to the		a)	(b)	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total Add lines 1c through 1i		.		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912		<u> </u>		
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	_			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		<u> </u>		
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50 section 501(c)(6).	1(c)(5)	), or		_
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1	ļ
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	•		2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		3	ل
Part III-B   Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' (answered 'Yes.'	)(c)(5) OR (b)	), or s Part	ection III-A, line 3, i	s
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
a Current year		2a		
<b>b</b> Carryover from last year		2b		
c Total		2 c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politi expenditure next year?	cal	4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part Also, complete this part for any additional information	rt II-A, .	and Pa	rt II-B, line 1	
			<b></b>	

Schedule C (Form 990 or 990-EZ) 2011 EQTX Equality Texas Foundation  Part IV: Supplemental Information (continued)	74-2569542	Page 4
1 altitive   Supplemental information (continued)		<del></del>
, ~		
~		

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Copenico Qubits
Inspection

Name of the organization Employer identification number

EQTX Equality Texas Founda	tion	74-2569542
Part I Organizations Maintaining	Donor Advised Funds or Other Similar F	unds or Accounts. Complete if
the organization answered	'Yes' to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year	ar)	
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors funds are the organization's property,	and donor advisors in writing that the assets held in a subject to the organization's exclusive legal control?	donor advised Yes No
6 Did the organization inform all granted used only for charitable purposes and purpose conferring impermissible priv	es, donors, and donor advisors in writing that grant fur I not for the benefit of the donor or donor advisor, or fo ate benefit?	nds can be or any other Yes No
Rart II Conservation Easements.	. Complete if the organization answered 'Ye	es' to Form 990, Part IV, line 7.
1 Purpose(s) of conservation easement	s held by the organization (check all that apply)	
Preservation of land for public use	· · ·	on of an historically important land area
Protection of natural habitat	Preservation	on of a certified historic structure
Preservation of open space		
2 Complete lines 2a through 2d if the or last day of the tax year	rganization held a qualified conservation contribution i	n the form of a conservation easement on the
last day of the tax year		Held at the End of the Tax Year
a Total number of conservation easeme	ante	2a
<b>b</b> Total acreage restricted by conservati	···· <del>·</del>	2b
-	n a certified historic structure included in (a)	2c
		<del></del>
structure listed in the National Register	ncluded in (c) acquired after 8/17/06, and not on a hist er	2d
3 Number of conservation easements max year ►	nodified, transferred, released, extinguished, or termin	ated by the organization during the
4 Number of states where property subj	ect to conservation easement is located -	<u></u>
5 Does the organization have a written and enforcement of the conservation	policy regarding the periodic monitoring, inspection, heasements it holds?	andling of violations, Yes No
6 Staff and volunteer hours devoted to	monitoring, inspecting, and enforcing conservation eas	sements during the year
7 Amount of expenses incurred in moni	toring, inspecting, and enforcing conservation easeme	ents during the year
8 Does each conservation easement re 170(h)(4)(B)(i) and section 170(h)(4)(	ported on line 2(d) above satisfy the requirements of s $(B)(II)^7$	section Yes No
9 In Part XIV, describe how the organiz include, if applicable, the text of the forces of the forces of the forces of the forces of the force of	ation reports conservation easements in its revenue a ootnote to the organization's financial statements that	and expense statement, and balance sheet, and describes the organization's accounting for
	ng Collections of Art, Historical Treasures,	or Other Similar Assets.
Complete if the organizat	ion answered 'Yes' to Form 990, Part IV, Iii	ne 8.
art, historical treasures, or other simil	ted under SFAS 116 (ASC 958), not to report in its rev lar assets held for public exhibition, education, or rese bits financial statements that describes these items.	venue statement and balance sheet works of earch in furtherance of public service, provide,
b If the organization elected, as permitt historical treasures, or other similar a following amounts relating to these ite	ted under SFAS 116 (ASC 958), to report in its revenussets held for public exhibition, education, or researchems.	e statement and balance sheet works of art, h in furtherance of public service, provide the
(i) Revenues included in Form 990,		<b>&gt;</b> \$
(ii) Assets included in Form 990, Par	rt X	<b>&gt;</b> \$
2 If the organization received or held warmounts required to be reported under	orks of art, historical treasures, or other similar assets er SFAS 116 (ASC 958) relating to these items:	s for financial gain, provide the following
a Revenues included in Form 990, Part	VIII, line 1	<b>►</b> \$
<b>b</b> Assets included in Form 990, Part X		<b>►</b> \$

	Equality					74-25			Page 2
Part III Organizations Mainta	ining Collec	ctions o	f Art, Histo	orical	Treasures, or	Other Similar As	sets (	continu	ıed)
<ol> <li>Using the organization's acquisition (check all that apply)</li> </ol>	on, accession,	and other	records, che	ck any	of the following the	at are a significant us	e of its	collectio	n
a Public exhibition			<b>d</b> Loan	or exc	hange programs				
<b>b</b> Scholarly research			e 🗌 Other						
c Preservation for future general	ations								
4 Provide a description of the organ Part XIV				_	-		e in		
5 During the year, did the organizat assets to be sold to raise funds re	tion solicit or real	eceive don	ations of art,	histor	rical treasures, or o	ther similar	☐ Yes	. [	□No
Part IV Escrow and Custodia	Arrangem	ents. Co	mplete if	the o	rganization ans	wered 'Yes' to Fo			
line 9, or reported an								·, · ·	,
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian,	or other i	ntermediary	for cor	ntributions or other	assets not	☐ Yes	 ; [	□ No
b If 'Yes,' explain the arrangement	in Part XIV and	d complete	e the followin	g table	•				
							Amou	nt	
c Beginning balance						1 c			
<b>d</b> Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance						1f			
2a Did the organization include an a		1 990, Pari	t X, line 21?				∐ Yes	; [	No
b if 'Yes,' explain the arrangement									
Part V Endowment Funds. Co									
1. 0	(a) Current y	rear	(b) Prior yea	r	(c) Two years back	(d) Three years back	<u>(e)</u>	Four year	rs back
1 a Beginning of year balance		<del></del>					<u> </u>		
<b>b</b> Contributions				-					
c Net investment earnings, gains, and losses									
d Grants or scholarships									
<ul> <li>Other expenditures for facilities and programs</li> </ul>	<u></u>								
f Administrative expenses									
<b>g</b> End of year balance									
2 Provide the estimated percentage	of the current	year end	balance (line	1g, c	olumn (a)) held as				
a Board designated or quasi-endow	ment 🟲		%						
<b>b</b> Permanent endowment ►	%								
c Temporarily restricted endowmen		প	-						
The percentages in lines 2a, 2b, a	and 2c should e	equal 100°	%						
3a Are there endowment funds not in organization by	n the possessio	on of the o	rganızatıon ti	hat are	held and administ	ered for the			
(i) unrelated organizations							2-6	Yes	No
(ii) related organizations							3a(i)	<b></b>	<del>                                     </del>
<b>b</b> If 'Yes' to 3a(ii), are the related of	raanizatione lie	tod ac roc	uurad on Sch	odulo	מי		3a(ii) 3b	<del>                                     </del>	<del> </del>
4 Describe in Part XIV the intended							<u> </u>	L	
Part VI Land, Buildings, and						<del></del>			
Description of property			other basis		Cost or other	(c) Accumulated	(4)	Book va	alue
			stment)	<u> </u>	asis (other)	depreciation	(4)		
1 a Land	-	·							
<b>b</b> Buildings	-								
c Leasehold improvements	-	<del></del>							
d Equipment	-								
e Other						<del>.</del>	<u> </u>		
Total. Add lines 1a through 1e (Column	n (d) must equ	al Form 9	90, Part X, co	<u>olumn</u>	(B), line 10(c))	<u> </u>	<u> </u>		
BAA						Sche	dule <b>D</b> (	Form 99	90) 2011

TEEA3302 01/16/12

2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

(9) (10) (11)

Total. (Column (b) must equal Form 990, Part X, column (B) line 25)

	edule D (Form 990) 2011 EQTX Equality Texas Foundation	74-2569542	Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		·
	Total revenue (Form 990, Part VIII, column (A), line 12)		220,826.
2	Total expenses (Form 990, Part IX, column (A), line 25)		180,531.
3	Excess or (deficit) for the year Subtract line 2 from line 1		40,295.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
	Prior period adjustments		
8	Other (Describe in Part XIV)		_
	· · · · · · · · · · · · · · · · · · ·		
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		40,295.
	rt XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per		
	Total revenue, gains, and other support per audited financial statements	1	220,826.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	a Net unrealized gains on investments	<b></b>	
	b Donated services and use of facilities 2b	l	
	Recoveries of prior year grants		
	d Other (Describe in Part XIV.)		
	e Add lines 2a through 2d	2 e	
	Subtract line 2e from line 1	3	220,826.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	a Investment expenses not included on Form 990, Part VIII, line 7b		
	b Other (Describe in Part XIV )	<u> </u>	
	c Add lines 4a and 4b	4c	~
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	220,826.
	rt XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses		
	Total expenses and losses per audited financial statements	1	180,531.
	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
	a Donated services and use of facilities 2a		
	b Prior year adjustments		
	C Other losses 2c		
	d Other (Describe in Part XIV.)		
	e Add lines 2a through 2d	2e	100 531
	Subtract line 2e from line 1	3	180,531.
	Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b  4a		
	a Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV)  4b	<del></del>	
	c Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	180,531.
	rt XIV Supplemental Information		-
Com Part any	uplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also compladditional information	IV, lines 1b and 2b, ete this part to prov	ıde
·			
		·	

# SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Name o	of the organization						Employer identifica	tion number
EQTX Equality Texas Foundation						74-2569542		
Parl		ete if the organ	ization ans te this par	swered 'Ye	s' to Form 990, Part IV	, line 17		
1	Indicate whether the organization ra	aised funds thro	ough any o	of the follow	ving activities. Check al	I that ap	oply	
а	Mail solicitations			е	Solicitation of non-	governm	nent grants	
b	Internet and email solicitations			f	Solicitation of gove	rnment	grants	
С	Phone solicitations			g	Special fundraising	events		
d	In-person solicitations							
2a	Did the organization have a written employees listed in Form 990, Part	or oral agreem VII) or entity in	ient with a n connection	ny individu on with pro	al (including officers, d fessional fundraising se	rectors, ervices?	trustees or key	Yes No
	If 'Yes,' list the ten highest paid ind compensated at least \$5,000 by the	e organization.						
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	have custoo	fundraiser ly or control ibutions?	(iv) Gross receipts from activity	(or	mount paid to retained by) alser listed in	(vi) Amount paid to (or retained by) organization
			UI COIIG	ibulions.			column (i)	organization
			Yes	No	<del> </del>			
1								
2								
3							,	
4								-
5					· · · · · ·			
6								
7								
8								
9								
10								
Total		•		<b>&gt;</b>				
3	List all states in which the organiza or licensing	ition is registere	ed or licen	sed to solu	cit contributions or has	been no	otified it is exem	pt from registration
						<b></b>		
				<b>- -</b>	~			

гаі	+ 11	G (Form 990 or 990-EZ) 2011 EQTX Eq	quality Texas F	oundation	74-25	
	<u>( 11 </u>	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts gro	event contributions	s and gross income	on Form 990-EZ,	lines 1 and 6b.
		<u> </u>	(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
ь			Spirit of Texas	Merry Martini-Amari	NONE	(add column (a) through column (c))
Ë			(event type)	(event type)	(total number)	
mczm <m2< td=""><td>1</td><td>Gross receipts</td><td>19,344.</td><td>13,083.</td><td></td><td>32,427.</td></m2<>	1	Gross receipts	19,344.	13,083.		32,427.
Ě	2	Less Charitable contributions	0.			0.
	3	Gross income (line 1 minus line 2)	19,344.	13,083.		32,427.
		Cash prizes				
		Noncash prizes				
DIRECT		Rent/facility costs	400.	·		400.
E C T		Food and beverages	5,680.	7,133.		12,813.
E X P	8	Entertainment	1,200.			1,200.
EXPERSES	9	Other direct expenses	6,857.	3,327.		10,184.
S		·				
		Direct expense summary Add lines 4 thro	•		•	24,597
D	11	Net income summary Combine line 3, co				7,830
rar	& 111 I	C		-1 1- E 000 D		
	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye:	s' to Form 990, Par	t IV, line 19, or re	ported more than
	t III .	<b>Gaming.</b> Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Yes	s' to Form 990, Par  (b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
REVERUE		\$15,000 on Form 990-EZ, line 6a	<u>.</u> T	(b) Pull tabs/Instant bingo/progressive		(d) Total gaming (add column (a)
REVENUE	1	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a  Gross revenue  Cash prizes	<u>.</u> T	(b) Pull tabs/Instant bingo/progressive		(d) Total gaming (add column (a)
RE>EXDE EXP	1 2	\$15,000 on Form 990-EZ, line 6a  Gross revenue	<u>.</u> T	(b) Pull tabs/Instant bingo/progressive		(d) Total gaming (add column (a)
REVENUE	1 2	\$15,000 on Form 990-EZ, line 6a  Gross revenue  Cash prizes	<u>.</u> T	(b) Pull tabs/Instant bingo/progressive		(d) Total gaming (add column (a)
RE>EXDE EXP	1 2 3 4	\$15,000 on Form 990-EZ, line 6a  Gross revenue  Cash prizes  Non-cash prizes  Rent/facility costs	<u>.</u> T	(b) Pull tabs/Instant bingo/progressive		(d) Total gaming (add column (a)
RE>ENDE EXP	1 2 3 4	\$15,000 on Form 990-EZ, line 6a  Gross revenue  Cash prizes  Non-cash prizes  Rent/facility costs	<u>.</u> T	(b) Pull tabs/Instant bingo/progressive		(d) Total gaming (add column (a)
RE>ENDE EXP	1 2 3 4	\$15,000 on Form 990-EZ, line 6a  Gross revenue  Cash prizes  Non-cash prizes  Rent/facility costs	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a)
RE>ENDE EXP	1 2 3 4 5	S15,000 on Form 990-EZ, line 6a  Gross revenue  Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses	Yes%	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))

Enter the state(s) in which the organization operates gaming activities     a is the organization licensed to operate gaming activities in each of these states?      b if 'No,' explain	Yes	No
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  b If 'Yes,' explain	Yes	No

Sche	edule G (Form 990 or 990-EZ) 2011 EQTX Equality Texas Foundation	4-256	9542	Page 3
	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity for administer charitable gaming?	ned to	Yes	No
13	Indicate the percentage of gaming activity operated in	1		
	a The organization's facility	13a		%
ı	<b>b</b> An outside facility	13 b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	records.		
	Name •			
	Address ►			
15 a	a Does the organization have a contact with a third party from whom the organization receives gaming revenue	, -	Yes	∏No
	b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ and			
	of gaming revenue retained by the third party > \$			
•	c If 'Yes,' enter name and address of the third party			
	Name ►			
	Address ►			İ
16	Gaming manager information			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to reta state gaming license?		Yes	No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sorganization's own exempt activities during the tax year   \$	pent in th	ne	
Pai	<b>TIV</b> Supplemental Information. Complete this part to provide the explanations require columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as appliable this part to provide any additional information (see instructions).	d by Pa cable.	art I, line Also com	2b, plete
				·
				-
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# SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Name of the organization	mployer identification number
EOTX Equality Texas Foundation 7	4-2569542
Pt_VI, Line_11a Form 990 is reviewed by the Finance Committee and	the Board of Directors.
Pt_VI, Line_12c Every Board Member must update their conflict of	interest
statement each January.	
Pt_VI, Line 15 Compensation of the Executive Director was based	
retention of external executive search firm	
Documentation is maintained on the employee file	·
Pt_VI, Line 19 Governing documents, conflict of interest policy	
and financial statements are available to the pu	blic
upon request.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

201,

OMB No 1545-0047

11 Open to Public

Schedule **R** (Form 990) 2011 (g) Sec 512(b)(13) controlled entity? ŝ (f)
Direct controlling
entity × |Bartelly Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Yes **Employer identification number** (f)
Direct controlling
entity 74-2569542 (e) End-of-year assets od (e)
Public charity status
(if section 501(c)(3)) Part 對 Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) (d) Total income (d) Exempt Code section TEEA5001 09/08/11 501(c)(4) (c)
Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) (b) Primary activity eliminating discrimination TX Advocate & lobby for (b) Primary activity BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN of disregarded entity 1111111 (1) EQTX: Equality Texas 74-2550143 PO Box 2340, Austin TX 78768 (a) Name, address, and EIN of related organization EQTX Equality Texas Foundation i Name of the organization i

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Page 2

74-2569542

Schedule R (Form 990) 2011 EQTX Equality Texas Foundation

Schedule R (Form 990) 2011 (k) Percentage ownership Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Part IIV, line | Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line (i) General or managing partner? (g) Share of end-of-year assets ŝ Yes Code V-UBI amount in box | 20 of Schedule | (f) Share of total income Dispropor-tionate allocations? ŝ  $\varepsilon$ Yes (c) C corp, S corp, or trust) (g) Share of end-of-year assets because it had one or more related organizations treated as a partnership during the tax year.) (d)
Direct
controlling entity (f) Share of total income TEEA5002 05/24/11 (c)
Legal domicile
(state or foreign country) (e)
Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) Primary activity (d)
Direct
controlling entity (c)
Legal
domicile
(state or
foreign (a)
Name, address, and EIN of related organization (b) Primary activity (a)
Name, address, and EIN of related organization 11111 ١ 1 ١ 1 1 ١ 1 ļ ١ 1 1111 BAA 5 ı 8 ଫ୍ର 1 ଫ୍ର S 3

74-2569542

Schedule R (Form 990) 2011 EQTX Equality Texas Foundation 74-2569542

Date VI Transactions With Polated Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)

Fart V I ransactions with related Organizations (Complete II life Organization diswered Tes to	יטווו ששט, רמון וע,	10 FOILL 990, FALLY, IIITE 34, 33, 334, 01 30.)	20.)	•	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	ŝ
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?	ons listed in Parts II-IV				- 1
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			la		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1 b		×
c Gift, grant, or capital contribution from related organization(s)			၂င		×
d Loans or loan guarantees to or for related organization(s)			1 d		×
e Loans or loan guarantees by related organization(s)			1e		X
					7
f Sale of assets to related organization(s)			=	1	×
g Purchase of assets from related organization(s)			19	+	×
h Exchange of assets with related organization(s)			=		×
i Lease of facilities, equipment, or other assets to related organization(s)			:=		×
			· :-		` >
J Lease of facilities, equipment, of other assets from related organization(s)			- ;	+	;  }
<ul> <li>K Performance of services of membership or fundraising solicitations for felated organization(s)</li> <li>I Derformance of services or membership or fundraising solicitations by related organization(s)</li> </ul>			÷ ;	+	₄İ×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			E	×	
n Sharing of paid employees with related organization(s)			-1	×	
<ul> <li>Reimbursement paid to related organization(s) for expenses</li> </ul>			10	:	×
p Reimbursement paid by related organization(s) for expenses			1p		×
				1	,
<b>q</b> Other transfer of cash or property to related organization(s)			19		×
r Other transfer of cash or property from related organization(s)			1r		×
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	covered relationships	ind transaction threshold	ls		
<b>(a)</b> Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	) letermin involved	guir I
E	) }				
() byla: bquality lexas - Shared employees					
(2) EQTX: Equality Texas - Shared facilities	п				
(4)					
(5)					
(9)					
BAA TEEA5003 05/24/11		Sched	Schedule R (Form 990) 2011	2 (066 ر	ĮΞ

শুইদ্ধ্যাক Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to 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.

evenue) that was not a related organization. See instructions regarding exclusion to certain investment partners linbs	וווולמווטוו סבב ווואוו	uctions regarding e	velusion for certain	I III ACSUNCIUL	Jarillersillps					ŀ	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign		(e) Are all partners	Share of	(g) Share of	(h) Dispropor-		General or		(k) Percentage
		country)	(related, unrelated, excluded from tax under	501(c)(3) organizations?		assets	allocations?	20 of Schedule K-1 Form (1065)			
			section 512-514)	Yes No			Yes No	) ) )	Yes	ŝ	
(1)											
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ВАА			1EB	TEEA5004 05/24/11				Sched	dule R (	Form 99	Schedule R (Form 990) 2011

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

Describe the exempt purpose achievements for each of the organization's other program
services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to
report the amount of grants and allocations to others, the total expenses, and revenue, if any, for
each program service reported.

	Description:	Equality Project - A program providing public education on
Expenses _		policy issues and information on how to advocate
Grants Of _	0.	for policy change with elected officials.
Revenue _	0.	
Code	Description:	Hate Crimes Project - A public education program about
Expenses _	5,777.	the lack of enforcement on the James Byrd, Jr.
Grants Of _	0.	Hate Crimes Act.
Revenue _	0.	
Code:	Description:	All Texas Families - All Texas Families seeks to build
Expenses _		strong Texas families, including those with lesbian,
Grants Of		gay, bisexual, and transgender family members.
Revenue _	0.	
Code:	Description.	Member Services - In response to service requests
Expenses		and policy inquiries from across the state, this program
Grants Of		provides direct assistance with regard to education about
Revenue		policy matters, and provides referrals to direct
_		service providers.
Code:		Pride in Faith - A public education program providing
Expenses _		a forum for open discussions about the intersection
Grants Of _	—	of faith and sexual identity.
Revenue _	0.	
Code	Description.	Voter Registration - A collaborative effort to register
Expenses _	1,478.	Texans to vote.
Grants Of _	0.	
Revenue _	0.	