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**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)

2012

OMB No 1545-0047

Open to Public Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements Inspection For the 2012 calendar year, or tax year beginning . 2012, and ending D Employer Identification Number Check if applicable C Name of organization EQTX Equality Texas Foundation Address change Doing Business As 74-2569542 Number and street (or P.O. box if mail is not delivered to street addr) Telephone number Name change Initial return P.O. Box 2340 (512) 474-5475 ZIP code + 4 City, town or country State Terminated Amended return G Gross receipts \$ 338,408. Austin TX 78768 H(a) Is this a group return for affiliates? F Name and address of principal officer Application pending X No Yes H(b) Are all affiliates included?
If 'No,' attach a list (see instructions) Chuck Smith PO Box 2340 TX 78768 Tax-exempt status **X** |501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527 Website: ▶ H(c) Group exemption number www.equalitytexasfoundation.org Form of organization X Corporation Trust Association L Year of Formation 1990 M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities The mission of EQTX: Equality Texas Foundation is to educate and engage the public about policies and their effect Governance on Texans of all sexual orientations and gender identities/expressions. Check this box ► I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) વ્ય Number of independent voting members of the governing body (Part VI, line 1b) 4 11 Total number of individuals employed in calendar year 2012 (Part V. line 2a) 5 5 Total number of volunteers (estimate if necessary) 6 220 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T. line 34 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 212,622. 322,334. 9 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 199. 374 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,830 -10,136. 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 312,397. 220,826. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 102,581 191,703. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 92,805. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 77,950. 118,486. Total expenses Add lines 13-17 (must equal Part IX, reolumn (A), line 25) 180,531 310,189. Revenue less expenses. Subtract line 18 from line 12 40,295. 2,208. End of Year Beginning of Current Year Total assets (Part X, line 16) 128,217 132,953. SSO 21 Total liabilities (Part X, line 26) 11,535. 14,063. Net assets or fund balances Subtract line 21 from line 2 116,682 118,890. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedule complete Declaration of preparer (other than office) is based on all information of which preparer has and to the best of my knowledge and belief, it is true, correct, and Sign Here Chuck Smith **Executive Director** Type or print name and title Print/Type preparer's name Date Paid self-employed P00747765 Pamela Hill, CPA 08/06/13

Firm's EIN -74-2902112

(512)

Nο

442-0380

Yes

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

Austin

Montemayor Hill & Company, P.C.

3001 South Lamar Boulevard

SEP

**Preparer** 

Use Only

Firm's address

Suite 320

78704

ТX

Form	990 (2012) EQTX Equality Texas Foundation	74-256	9542	Page	2
Par		-			_
_`_	Check if Schedule O contains a response to any question in this Part III		<del></del>	,	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 eff				
	on Texans of all sexual orientations and gender identities/expre	ssions.			
	Did the organization undertake any significant program services during the year which were not listed on ti	O Drior			—
-	Form 990 or 990-EZ?	ie biloi	Yes	x No	
	If 'Yes,' describe these new services on Schedule O			<u>k</u> ] ""	'
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	coc2	Yes	x No	
•	If 'Yes,' describe these changes on Schedule O.	·c2.	☐ 163	K 140	
Δ	,	oc ac mooci	rod by ov	oonses	
7	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount others, the total expenses, and revenue, if any, for each program service reported	unt of grants	s and alloc	ations to	
4 a	(Code) (Expenses \$ 69,543. including grants of \$ 0.) (R	evenue \$_		0.	)
	Outreach - The Foundation seeks to educate and engage the public on is	sues re	lated t	o sexu	<u>1</u>
	orientation and gender identity/expression. This includes public	c forum	s		
	and events, as well as collaborataive efforts with local, region	al,			
	and national partners.				_
					_
					_
					_
4 b	(Code:) (Expenses \$ 6,771. including grants of \$ 0.) (R	evenue \$_		0.	<u> </u>
	Safe Schools Initiative - An ongoing program to secure adoption	by Texa	<u>s</u>		
	public schools of model policies that address the prevention, in	tervent	ion,		
	and elimination of harassment and bullying in Texas public school	ols.			
4 0	(Code ) (Expenses \$ 33,735. including grants of \$ 0.) (R	evenue \$			
	Equality is Good for Business - Equality is Good for Business wa	_			_
	to spotlight major employers in Texas that have adopted comprehe		=		
	non-discrimination policies and have demonstrated their commitme				
	valuing and proactively including all employees.				
	variating and productively including all employees.				
				· <del>-</del>	
		·			
40	Other program services (Describe in Schedule O)				
	(Expenses \$ 76,255. including grants of \$ 0.) (Revenue \$		0.	)	
4 e	Total program service expenses ► 186,304.				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	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		х
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		х
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		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		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		х
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.	, , ,	を表	
á	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
ŧ	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		х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	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
	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
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	х	
	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 and XII is optional	12 b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u> </u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
t	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	х	
	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
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
ŀ	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2012) EQTX Equality Texas Foundation

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		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
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		x
24 a	a 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		х
t	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 any tax-exempt bonds?	24c		
C	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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	25a		х
ł	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i>	27		х
	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 current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	of Control	X
		204		
1	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	-	x
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	x	
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
i	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990	(2012)

	1 990 (2012) EQTX Equality Texas Foundation	74-256954	2	F	age
Ρą	rt V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response to any question in this Part V		•		
				Ýes	No
1	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a			
	<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
	c Did the organization comply with backup withholding rules for reportable payments to vendors	<del>-</del>			
	(gambling) winnings to prize winners?	and reportable garning	1 c	X	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-				_
_	ments, filed for the calendar year ending with or within the year covered by this return	2 a 5			
	b If at least one is reported on line 2a, did the organization file all required federal employment		2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins				
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year		3 a		x
	<b>b</b> If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>		3 b		<del>                                     </del>
	·		30		_
4	a At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other fin	r other authority over, a	4 a		x
	<b>b</b> If 'Yes,' enter the name of the foreign country	anciai account):	+ 4	-	
			-		ļ
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Fir				- <u>-</u>
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5 a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	transaction?	5 b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, an	d did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	a ala trie organization	6 a		x
	b If 'Yes,' did the organization include with every solicitation an express statement that such con	tributions or aifts were			
	not tax deductible?	and the state of t	6 b		
7	Organizations that may receive deductible contributions under section 170(c).				
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and pai	eller for mondo and			
	services provided to the payor?	thy for goods and	7 a		Х
	b If '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 white	ch it was required to file			
	Form 8282?	crit was required to me	7 с		х
1	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b	enefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benef		7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization		<del>- ' '</del>		
	as required?	i ille Form 8899	7 q		х
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the o	raanization file a	1 3		
	Form 1098-C?	rganization life a	7 h		х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	D. d th			
Ŭ	supporting organization, or a donor advised fund maintained by a sponsoring organization, have	e 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		
	Did the organization make a distribution to a donor, donor advisor, or related person?		9 b		
	Section 501(c)(7) organizations. Enter				
	Initiation fees and capital contributions included on Part VIII, line 12	10 a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter	100			
	Gross income from members or shareholders	اماما			
		11 a			
ı	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11 ь			
12	· · · · · · · · · · · · · · · · · · ·		ا مَد ا		
	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of		12 a		
	of if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	a Is the organization licensed to issue qualified health plans in more than one state?		13 a		
	Note. See the instructions for additional information the organization must report on Schedule	0			
ı	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	1			
		13b			
	Enter the amount of reserves on hand	13c			
	a Did the organization receive any payments for indoor tanning services during the tax year?	· · · · · · · · · · · · · · · · · · ·	14a		X
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Sci	hedule O	14b		

Form 990 (2012) 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 x Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 11 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 11 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 3 of officers, directors or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 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 7 a 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? X 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 a X b Each committee with authority to act on behalf of the governing body? X 8 b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a X 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a X 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 х 12 a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done X 12 c X 13 Did the organization have a written whistleblower policy? 13 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 X 15 b **b** Other officers of key employees of the organization X If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) 16 a 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 Х 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 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Other (explain in Schedule O) 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:

# 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 offic	er, director, or trustee	<b>;</b>
				(0	;)					
(A) Name and Title	(B) Average hours per week (list any hours	one box offic	x, uni er an	ess p	erson	more the state of	an	(D)  Reportable compensation from	(E)  Reportable compensation from	<b>(F)</b> Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Grant Caplan	5.00									<del> </del>
Director		х						0.	o.	0.
(2) Wendi Hollenbeck	5.00									
Director		x						0.	_ 0.	0.
(3) Tim McCabe	5.00								- 111	
Director		X					\	0.	0.	0.
(4) Jenifer Pool	5.00							7.7.		
Director		X						0.	0.	0.
(5) Saul Reyes	5.00									
Director		х						0.	0.	0.
(6) Kayla Shell	5.00								· ••••	
Director		x						0.	0.	0.
(7) Brian Thompson	5.00									<del></del>
Director	_			X				0.	0.	0.
(8) Ronnie Whitman	5.00									
Secretary				Х				0.	0.	0.
(9) Lisa Thomas	10.00									
Treasurer				х				0.	0.	0.
(10) Robert Brown	5.00									
Vice-Chair				X				0.	0.	<u> </u>
(11) Whitney Kelly	10.00									
Chair				X				0.	0.	0.
(12) Dennis Coleman	40.00									
Executive Director thru 08/12				Х				50,441.	22,444.	4,967.
(13) Chuck Smith	40.00									
Executive Director Eff 09/12				х				51,843.	19,166.	11,560.
(14)										

Part VII   Section A. Officers, Directors, Tru	stees, l	<u>Ķey</u>	Em	1plo	oye	es, a	anc	d Highest Com	pensated Emp	loyees (cont)
	(B)			•	C)					ļ · .
(A) Name and title	Average hours per per officer and a director/trustee)		(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other					
	week (list any hours	or d	Inst	Officer	<u>\$</u>	en et	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099 MISC)	compensation from the organization
	for related	or director	nstitutional trustee	cer	Key employee	loyee	ner Ter			and related organizations
	organiza - tions below	y trus	IBI To		oyee	ompe				:
	dotted line)	l ee	stee			Highest compensated employee				
<u>(15)</u>										
(16)				-			-			
(17)		_							<u> </u>	
(18)										
(19)		<del> </del>	<u> </u>							
(20)						<u> </u>				
(21)		_								
(22)		_				ļ				
(23)		-				_	_			
(24)										
(25)										
		-								
1 b Sub-total c Total from continuation sheets to Part VII, Sectio	n A						<b>►</b>	102,284.	41,610.	16,527.
d Total (add lines 1b and 1c)	" ^						<b>•</b>	102,284.	41,610.	16,527.
2 Total number of individuals (including but not limit from the organization ►	ted to tho	se lis	sted	abo	ve)	who i	rece			
									·	Yes No
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for such	or or trust individua	tee, k n/	кеу б	emp	loye	e, or	hıg	hest compensated	l employee	3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greater such individual	reportable than \$15	con 0,00	nper 0? <i>I</i>	nsati If 'Ye	ion a	and o	thei lete	r compensation fro Schedule J for	om	4 X X
<ul> <li>5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,</li> </ul>	compens	sation	n fro	m a	ny u	ınrela	ated	l organization or ir	ndıvıdual	5 X
Section B. Independent Contractors									<del></del>	
Complete this table for your five highest compens compensation from the organization Report comp	ated inde ensation	pend for tl	ent he c	coni aler	tract idar	ors tl year	hat end	received more that ling with or within	n \$100,000 of the organization's f	ax year
<b>(A)</b> Name and business addr	ess							Description of		<b>(C)</b> Compensation
										· · · · · · · · · · · · · · · · · · ·
										· .
										· <del>• • • • • • • • • • • • • • • • • • •</del>
Total number of independent contractors (includin \$100,000 in compensation from the organization.)	-	lımıt	ed to	o the	ose	listed	ab	ove) who received	[•" "	
DAA									1 7	

	Check if Schedule O contains a response to any question	on in this Part VIII			,
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
VENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lns la-lf. h Total. Add lines la-lf  Business Code				
PROGRAM SERVICE REVENUE	b c d e f All other program service revenue g Total. Add lines 2a-2f				
	Investment income (including dividends, interest and other similar amounts)  Income from investment of tax-exempt bond proceeds  Royalties  (i) Real  (ii) Personal  6 a Gross rents  b Less: rental expenses c Rental income or (loss)  d Net rental income or (loss)		0.	0.	199.
	7 a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)				
OTHER REVENUE	8 a Gross income from fundraising events (not including \$ 59,752. of contributions reported on line 1c)  See Part IV, line 18  b Less direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  c Net income or (loss) from gaming activities	-10,136.		0.	-10,136.
	10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory C Miscellaneous Revenue Business Code  11 a				
	d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions	312,397.	0.	0.	-9,937.

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) Check if Schedule O contains a response to any question in this Part IX **(D)** Fundraising (A) Total expenses (C) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Management and Program service general expenses expenses expenses Grants and other assistance to governments 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 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 102,284 63,058 9,553 29,673. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 60,844 37,510. 5,683. 17,651. Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 13,348 8,229 1,247 3,872. 10 Payroll taxes 15,227. 9,388 1,422 4,417. 11 Fees for services (non-employees) a Management **b** Legal c Accounting 5,536 4,032 640 864. d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees 9 Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O) Advertising and promotion 6,706 <u>5,0</u>67 376 1,263. 13 Office expenses 21,566. 9,617 3,055 8,894. Information technology 14 9,641 6,434 935 2,272. 15 Royalties 16 Occupancy 25,832 18,188 3,010 4,634. 17 Travel 19,885 14,629 3,192 2,064. Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 5,375 3,954 863 558. 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 1,554 1,119 155 280. Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a Other Fundraising expenses 2,761 16,044 0 13,283. b Membership dues \_\_\_\_ 0 728. 2,691 1,963 C Bad debt\_\_\_\_\_ 2,130 0 0 2,130. d Miscellaneous\_ 1,526 354 950 222. e All other expenses 25 Total functional expenses Add lines 1 through 24e 310,189 186,303 31,081 92,805. **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response to any guestion in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 75,668 78,671. Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 719 1,910. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a b Less accumulated depreciation 10 b 10 0 11 Investments - publicly traded securities 11 50,745 50,944. Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 1,085 1,428. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 128,217 132,953. Accounts payable and accrued expenses 17 17 3,485 7,442. Grants payable 18 18 Deferred revenue 19 19 8,050 6,621. 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 ABILITIES 22 Loans and other payables to current and former officers, directors, trustees. key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 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 25 Total liabilities. Add lines 17 through 25 26 14,063. 11,535 Organizations that follow SFAS 117 (ASC 958), check here 🔭 🔣 and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 <u>111,682</u> 114,596. 28 Temporarily restricted net assets 5,000 28 4,294. 29 Permanently restricted net assets 29 P Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. FUZD 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 BALANCE 32 Retained earnings, endowment, accumulated income, or other funds 32

BAA

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form 990 (2012)

<u>118,890.</u>

132,953.

33

34

<u>116,682</u>

128,217

Forn	1990 (2012) EQTX Equality Texas Foundation	<u>74-2569542</u>	<u> </u>	Pa	age 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	31	12,3	397.
2	Total expenses (must equal Part IX, column (A), line 25)	2	31	10,:	189.
3	Revenue less expenses Subtract line 2 from line 1	3		2,2	208.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11	.6,6	682.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11	ו או	890.
Pai	t XII Financial Statements and Reporting	<del></del>			<del>,,,,,</del>
	Check if Schedule O contains a response to any question in this Part XII				
	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			163	110
•			1 1		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		x
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewseparate basis, consolidated basis, or both:	wed on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
1	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep	arate			
	basis, consolidated basis, or both		1		,
	X Separate basis Consolidated basis Both consolidated and separate basis				
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3 :	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Audit Act and OMB Circular A-133?	he Single	3 a		х
1	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the ror audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired audit	3 b		
ВАА			Form	990	(2012)

### **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.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

OMB No 1545-0047

		Equa	lity Te	xas	Foundation						74-25	6954	2
Pai	tΙ	Rea	son for P	ubli	c Charity Status	(All organizations	must c	comple	te this	part.)	See ir	nstruct	ions.
The	orga	inizatio	on is not a pr	ıvate	foundation because	e it is (For lines 1 through	gh 11, ch	neck onl	y one bo	) ( xc			
1	Γ	A chi	urch, conven	tion c	of churches or assoc	ciation of churches descr	ıbed ın s	section	170(b)(1	)(A)(i).			
2		A sch	nool describe	d in	section 170(b)(1)(A)	(ii). (Attach Schedule E	)						
3	Г	A ho	spital or a co	oper	ative hospital servic	e organization described	ın secti	ion 170(	b)(1)(A)	(iii).			
4		A me	edical researc	ch or	ganization operated	in conjunction with a ho	spital de	escribed	ın <b>secti</b>	on 170(	b)(1)(A)(	iii). Ente	er the hospital's
	_	name	e, city, and s	tate	-								
5		An or <b>170(l</b>	rganization o	perat (Com	ted for the benefit of	a college or university	owned o	r operat	ed by a	governr	nental u	nit desci	ribed in <b>section</b>
6						overnmental unit describ	ed in <b>se</b> e	ction 17	0(b)(1)(/	4)(v).			
7	X	¦ın se	ction 170(b)(	(1)(A)	<b>(vi).</b> (Complete Par			_	ernment	al unit d	or from ti	he gene	ral public described
8	L	A co	mmunity trus	t des	cribed in section 17	' <b>0(b)(1)(A)(vi).</b> (Complete	e Part II	)					
9	L	relate unrel	ganization tha ed to its exem ated business aplete Part III	pt fui taxa	mally receives (1) mo nctions — subject to o ble income (less sect	ore than 33-1/3% of its sup certain exceptions, and (2 ion 511 tax) from business	port from ?) no mor ses acquii	contribute than 3 red by th	itions, m 3-1/3% d e organiz	embersh of its sup zation af	nip fees, a port fron ter June :	and gross n gross i 30, 1975	receipts from activities nvestment income and See section 509(a)(2).
10	L	4	3	3 -		xclusively to test for pub					•		
11		J supp	orted organiz	ation	ed and operated excl is described in section in and complete line	usively for the benefit of, t in 509(a)(1) or section 50 s 11e through 11h.	o perforn 19(a)(2)	n the fun See <b>sec</b>	ctions of <b>tion 509</b>	, or carry <b>(a)(3).</b> C	out the pheck the	urposes box tha	of one or more publicly t describes the type of
		а	Туре І	b	Type II c	: Type III - Function	ally inte	grated	C	<b>1</b> 🗍 7	Гуре III -	– Non-fu	inctionally integrated
•	; [	J other	hecking this I than founda on 509(a)(2)	box, ition	Tertify that the organization of their managers and other	anization is not controlle than one or more public	d directly	y or indi orted or	rectly by ganization	y one or ons desc	more di cribed in	squalifie section	ed persons 509(a)(1) or
1		If the		n rece	eived a written detei	rmination from the IRS tl	hat is a	Type I, T	Гуре II о	r Type I	II suppo	rtıng org	janization,
9	)	Since	e August 17,	2006	, has the organizati	on accepted any gift or	contribu	ition fror	n any of	the foll	owing pe	ersons?	[ <del>]</del>
		(i)	A person will below, the g	ho dı gover	rectly or indirectly coning body of the sup	ontrols, either alone or to oported organization?	ogether	with per	sons de:	scribed	ın (II) an	d (III)	11 g (i) Yes No
		(ii)	A family me	embe	r of a person descri	bed in (i) above?							11 g (iı)
		• •	-		•	described in (i) or (ii) ab	ove?						
1	1	• •			•	e supported organization							11 g (III)
		(ı) Na	me of supported organization		(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is organiza column (i) your good docum	ation in ) listed in verning	(v) Did yo the organi column (i) supp	zation in of your	(vi) ls organiza colum organized U S	ation in	(vii) Amount of monetary support
							Yes	No	Yes	No	Yes	No	
											<u> </u>		
(A)												,	
(B)				_			ļ	ļ	<u> </u>				
(C)													
(D)													
(E)													
Tota	I			)		I	1	1	1	ı	1	l	

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						
begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	263,733.	270,421.	278,940.	212,622.	322,334.	1,348,050.
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	263,733.	270,421.	278,940.	212,622.	322,334.	1,348,050.
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)						216,780.
6	Public support. Subtract line 5 from line 4		_			_	1,131,270.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
7	Amounts from line 4	263,733.	270,421.	278,940.	212,622.	322,334.	1,348,050.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			371.	374.	199.	944.
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						1,348,994.
12	Gross receipts from related activi	ities, etc (see insti	ructions)			12	20,753.
13	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	tion's first, second	l, third, fourth, or	fifth 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	83.86%
15	Public support percentage from 2	2011 Schedule A, F	Part II, line 14			15	74.89%
16 a	33-1/3% support test - 2012. If and stop here. The organization				the line 14 is 33-	1/3% or more, ch	eck this box
t	33-1/3% support test — 2011. If t and stop here. The organization	he organization di qualifies as a pub	d not check a box licly supported org	on line 13 or 16a janization	, and line 15 is 33	-1/3% or more, ch	neck this box ►
17 a	10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts	meets the 'facts-ar	nd-circumstances'	test, check this b	ox and stop here.	Explain in Part IV	10% / how ►
	10%-facts-and-circumstances te organization meets the 'facts-and	meets the 'facts-ar d-circumstances' te	nd-circumstances' est The organizat	test, check this b ion qualifies as a	ox and <b>stop here.</b> publicly supported	Explain in Part IV I organization	/ how the
	Private foundation. If the organiz	zation did not chec	к a box on line 13	s, 16a, 16b, 1/a, c			
BAA					Sch	nedule <b>A</b> (Form 99	0 or 990-F7) 2012

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)

Caa	to quality under the tests is	sted below, piease	complete rait ii	) 			
	tion A. Public Support	(2) 2002	(b) 2000	(c) 2010	(d) 2011	(a) 2012	(f) Total
	dar year (or fiscal yr beginning in)  Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(i) Total
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						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	: Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				THE PROPERTY OF	A CONTRACTOR OF THE CONTRACTOR
	tion B. Total Support	4 > 0000	4 > 0000		( N 0011	() 0010	40 T-1-1
	dar year (or fiscal yr beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	<b>(e)</b> 2012	(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)						
	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)
	tion C. Computation of Pu			10 1		1 -	-
15	3.	•	•	e 13, column (f))			15 %
			· · · · · · · · · · · · · · · · · · ·			1	8
	tion D. Computation of Inv					Т.	<u> </u>
17	Investment income percentage for			-	nn (f))	<u> </u>	17 %
18	Investment income percentage fr					L	8
19 a	33-1/3% support tests — 2012. If is not more than 33-1/3%, check	the organization of this box and <b>stop</b>	did not check the here. The organi	box on line 14, an zation qualifies as	nd line 15 is more s a publicly suppor	than 33-1/3%, ted organizatio	and line 17 on ► ☐
		· .		•		_	
20	33-1/3% support tests — 2011. If line 18 is not more than 33-1/3% Private foundation. If the organia	, check this box a	ind <b>stop here.</b> The	organization qua	lifies as a publicly	supported org	anization

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

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

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

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

Name	of organ	nization		Employer identific	ation number	
		quality Texas F			74-256954	
Pại	rt I-A	Complete if the or	rganization is exempt under section	on 501(c) or is a s	section 527 organi	zation.
1		,	organization's direct and indirect political ca	mpaign activities in P		
2		cal expenditures			<b>►</b> \$	
3		nteer hours				
Pai	rt I-B	Complete if the or	rganization is exempt under secti	on 501(c)(3).		·
1			se tax incurred by the organization under s		► \$	
2	Enter	the amount of any exci	se tax incurred by organization managers u	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
	· · · · · · · · · · · · · · · · · · ·	s,' describe in Part IV				
Pai	rt I-C	Complete if the or	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 funct	the amount of the filing ton activities	organization's funds contributed to other o	rganizations for section	on 527 exempt ► \$	i
3	Total line 1	exempt function expend 7b	ditures Add lines 1 and 2 Enter here and c	n Form 1120-POL,	<b>►</b> \$	
4	Did th	ne filing organization file	Form 1120-POL for this year?			Yes No
5	orgar	nization made payments int of political contribution	and employer identification number (EIN) o For each organization listed, enter the amons received that were promptly and directly action committee (PAC) If additional space	iount paid from the fili v delivered to a senar	ng organization's funds ate political organization	Also enter the
		(a) Name	<b>(b)</b> Address	(c) EIN	( <b>d)</b> Amount paid from filing organization's funds if none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 201	<sup>2</sup> FOTY Familie	Tours Boundate		74 2550	542 Page 2
Part II-A Complete if section 501(	the organization	is exempt under se	ction 501(c)(3) a	74-2569 nd filed Form 5768 (el	J14
<u></u>	<del></del>	rs to an affiliated group (	and list in Dart IV as	ch affiliated group member's	
ــا		share of excess lobbying		ch anniated group member s	name,
		ed box A and 'limited con	•		
	Limits on Lobbyin			(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	· · · · · · · · · · · · · · · · · · ·			<del></del>	
<b>b</b> Total lobbying expenditu				0.	·· <del>··</del>
c Total lobbying expenditu		-	9)	0.	
d Other exempt purpose e.	•	-,		217,384.	
e Total exempt purpose ex	•	: 1c and 1d)		217,384.	
f Lobbying nontaxable am both columns	ount Enter the amou	int from the following table	e in	43,477.	
If the amount on line 1e, colu	ımn (a) or (b) ıs	he lobbying nontaxable	amount is:		
Not over \$500,000		0% of the amount on line 1e			
Over \$500,000 but not over \$1,		100,000 plus 15% of the excess			
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 of	over \$1,500,000		
Over \$17,000,000		1,000,000	<u> </u>		
g Grassroots nontaxable a		•		10,869.	
h Subtract line 1g from line	•			0.	
i Subtract line 1f from line	lc If zero or less, e	nter -0-		0.	
j If there is an amount oth section 4911 tax for this	er than zero on eithe year?	r line 1h or line 1i, did the	e organization file Foi	rm 4720 reporting	Yes No
(Som	e organizations that	Year Averaging Period U made a section 501(h) el below. See the instruction	ection do not have to	complete all of the five	
	Lobby	ng Expenditures During	4-Year Averaging Pe	riod	
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	( <b>d)</b> 2012	(e) Total
2 a Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					

f Grassroots lobbying expenditures

**d** Grassroots nontaxable amount

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

Schedule C (Form 990 or 990-EZ) 2012

(b)

**Amount** 

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

(a)

Yes

No

Part <u>II-</u> B	Complete if the or	ganization is exe	mpt under se	ection 501(c)(	3) and has NOT	filed Form	5768
	(election under se	ction 501(h)).	•		•		•

<ol> <li>During the year, did legislation, including through the use of</li> </ol>	the filing organization attempt to influence foreign, national, state or local g any attempt to influence public opinion on a legislative matter or referendum,				
a Volunteers?					1
<b>b</b> Paid staff or manag	ement (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisemen	its?		_		
<b>d</b> Mailings to member	s, legislators, or the public?				
e Publications, or pub	olished or broadcast statements?				
f Grants to other orga	anizations for lobbying purposes?				
g Direct contact with I	egislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrati	ions, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?					
j Total Add lines 1c i	through 1:	L			
2 a 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 ar	mount of any tax incurred under section 4912		_		
c If 'Yes,' enter the ar	mount of any tax incurred by organization managers under section 4912	i [			
	ation incurred a section 4912 tax, did it file Form 4720 for this year?				:
Part III-A Complete section 5	e if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6).	, or			
				Yes	No
<ol> <li>Were substantially a</li> </ol>	all (90% or more) dues received nondeductible by members?		1	<u></u>	
<ol><li>Did the organization</li></ol>	n make only in-house lobbying expenditures of \$2,000 or less?		2		
	agree to carry over lobbying and political expenditures from the prior year?		3		
Part III-B   Complete (6) and if answere	e if the organization is exempt under section 501(c)(4), section 501(c)(5) f either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part II d 'Yes.'	, or se I-A, li	ection 5 ne 3, is	01(c)	
1 Dues, assessments	and similar amounts from members .	1			
	deductible lobbying and political expenditures (do not include amounts of political in the section 527(f) tax was paid).				
a Current year		2 a			
<b>b</b> Carryover from last	year	2 b			
c Total		2 c			
3 Aggregate amount r	reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
4 If notices were sent does the organization expenditure next ye	and the amount on line 2c exceeds the amount on line 3, what portion of the excess on agree to carryover to the reasonable estimate of nondeductible lobbying and political ear?	ã -			
5 Taxable amount of	lobbying and political expenditures (see instructions)	5			
	ntal Information				
Part II-A, line 2, and Part	vide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Part II-A (at II-B, line 1 Also, complete this part for any additional information	·		t),	· ·
BAA	Schedule	C (Forn	n 990 or 9	90-EZ`	2012

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### **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

2012

Open to Public Inspection

Employer identification number

EQTX Equality Texas Foundation 74-2569542 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6, (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2 a **b** Total acreage restricted by conservation easements 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2 d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **-**\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? No Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 ► s b Assets included in Form 990, Part X

Scriedule D (Form 990) 2012 EQTX	Equality Tex	cas Foundatio	on	74-256	9542	Page 2
Part III Organizations Mainta	ining Collection	s of Art, Histori	cal Treasures, o	r Other Similar Ass	ets (contu	nued)
3 Using the organization's acquisiting (check all that apply)	on, accession, and c	ther records, check	any of the following	that are a significant use	of its collec	tion
a Public exhibition		<b>d</b> Loan or o	exchange programs			
<b>b</b> Scholarly research		e Other				
<b>c</b> Preservation for future gener	ations	_				
Provide a description of the organ Part XIII	nization's collections	and explain how the	ey further the organiz	zation's exempt purpose	ın	
5 During the year, did the organiza to be sold to raise funds rather th	nan to be maintained	as part of the organ	ization's collection?		Yes	No
Part IV Escrow and Custodial reported an amount o	<b>Arrangements.</b> Con Form 990, Par	omplete if the org t X, line 21.	anization answer	ed 'Yes' to Form 990	, Part IV, Iir	ne 9, or
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian, or ot	her intermediary for	contributions or othe	er assets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIII and com	plete the following ta	able.			
					Amount	
c Beginning balance				1 c		
<b>d</b> Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				1 f	<del> </del>	<del>.,,</del>
2 a Did the organization include an a					Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII Check h	ere if the explantion	has been provided i	n Part XIII		Ц
Part V Endowment Funds. C	complete if the o	rganization ansv	vered 'Yes' to Fo	orm 990, Part IV, Iir	ne 10.	
	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four y	ears ears
1 a Beginning of year balance						
<b>b</b> Contributions				<u>.</u>		
c Net investment earnings, gains, and losses						
d Grants or scholarships						
<ul> <li>Other expenditures for facilities and programs</li> </ul>						
f Administrative expenses						
<b>g</b> End of year balance						
2 Provide the estimated percentage	e of the current year	end balance (line 1g	, column (a)) held a	s.		
a Board designated or quasi-endov	vment ►	%				
<b>b</b> Permanent endowment ►	%					
c Temporarily restricted endowmer	nt ►	%				
The percentages in lines 2a, 2b,	and 2c should equal	100%				
3 a Are there endowment funds not un organization by	n the possession of t	he organization that	are held and admin	stered for the	Yes	5 No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
<b>b</b> If 'Yes' to 3a(II), are the related of	rganizations listed a	s required on Sched	ule R?		3b	
4 Describe in Part XIII the intended	uses of the organiza	ation's endowment fi	unds.			
Part VI   Land, Buildings, and	Equipment. See	Form 990, Part	X, line 10.			
Description of property		st or other basis investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land				Same for the start		
<b>b</b> Buildings						
c Leasehold improvements						
<b>d</b> Equipment						
e Other						
Total. Add lines 1a through 1e (Colum	n (d) must equal For	m 990, Part X, colui	mn (B), line 10(c) )	<u> </u>		
BAA				Sched	lule <b>D</b> (Form	990) 2012

Part VII	Investments - Other Securities. See	Form 990, Part X,	line 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cos end-of-year market value	t or
(1) Financ	ial derivatives			
	r-held equity interests			
(3) Other				_
(A)				
(A) (B)				
(C)				<del></del>
(D) (E)				
<u>(E)</u>				
(F)			· · · · · · · · · · · · · · · · · · ·	
(G)				
(H)				_
_(I)				
	nn (b) must equal Form 990, Part X, column (B) line 12)			
Part VIII	Investments - Program Related. See			
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cos end-of-year market value	t or <del></del>
(1)				<del>_</del>
(2)				
(3)				····
(4)				
(5)				
(6)			<u> </u>	
(7)		ļ		<u></u>
(8)				
(9)	<del></del>			
	nn (b) must equal Form 990, Part X, column (B) line 13 )		<del></del>	
Part IX	Other Assets. See Form 990, Part X,	<del></del>	<u> </u>	
I dit ix		escription		(b) Book value
(1)				
(2)	· · · · · · · · · · · · · · · · · · ·	·		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Co	lumn (b) must equal Form 990, Part X, column (E	3), line 15 )	, P	
Part X	Other Liabilities. See Form 990, Part			
	(a) Description of liability	(b) Book value		
	ral income taxes			
(2)				
(3)				
	<u> </u>			
(5)				
(6)				
(7)				
(8)		-		
(9)				
(10)				
(11)	4) 15 000 5 114 1 25 1			
i otal. (Colum	nn (b) must equal Form 990, Part X, column (B) line 25 )	<u> </u>	statements that reports the organization's liability for un	and a day
2 FINE 40 /A	CC 740) Eastmate In Dark VIII measured the test of the first			

Schedule D (Form 990) 2012 EQTX Equality Texas Foundation	74-2569542	Page 4
Part XI   Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return	
1 Total revenue, gains, and other support per audited financial statements	1	312,397.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		•
a Net unrealized gains on investments		
b Donated services and use of facilities 2 b		
c Recoveries of prior year grants		
d Other (Describe in Part XIII )		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	312,397.
4 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 XIII )		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	312,397.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
Total expenses and losses per audited financial statements	1	310,189.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	<del></del>	310/103.
a Donated services and use of facilities 2a		
b Prior year adjustments	<del></del>	
c Other losses 2 c		
d Other (Describe in Part XIII )	<del></del>	
e Add lines 2a through 2d	——  <u></u> -	
3 Subtract line 2e from line 1	2 e	212 122
	3	310,189.
4 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  4 a		
a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII.)  4 b	<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	310,189.
Part XIII Supplemental Information		310,169.
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide	any additional inform	
BAA	Schedule <b>D</b> (Fo	orm 990) 2012

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

Department of the Treasury Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545 0047
2012

Open to Public

Name o	of the organization						Employer identific	ation number	
EQT	X Equality Texas Foun	dation					74-256954	2	
Par	Fundraising Activities. Comp Form 990-EZ filers are not red	lete if the organ	nization an ete this pa	swered 'Yo	es' to Form 990, Part IV	/, line 17			_
1	Indicate whether the organization r				wing activities. Check a	III that app	oly		_
а	□ ·			е			-		
b	<del>                                      </del>			f	Solicitation of gove	-	-		
	H			•	<b>—</b>		· arito		
c d				g	Special fundraising	, events			
2 a	Did the organization have a written employees listed in Form 990, Part	or oral agreen	nent with a	ny individu	ıal (ıncludıng officers, d	directors,	trustees or key	/ D., D.,	
	If 'Yes,' list the ten highest paid incompensated at least \$5,000 by the	dividuals or enti	ties (fundr						)
(i)	Name and address of individual	(ii) Activity	(m) Did	fundraiser	(iv) Gross receipts	(v) Am	ount paid to	(vi) Amount paid to	_
,,	or entity (fundraiser)		have custod	ly or control ibutions?	from activity	(or re	tained by) ser listed in lumn <b>(i)</b>	(or retained by) organization	
			Yes	No					
1									_
2									_
3							·		_
4									_
5	W-1,1,								_
6									_
7									_
8						<u> </u>			-
9									_
				<del> </del>		<del> </del>			_
10	7.4.7.		1						_
Total				•					
3	List all states in which the organiza or licensing	ation is register	ed or licen	sed to soli	cit contributions or has	been not	ified it is exem	npt from registration	_
									_
									_
									_
		<b></b> -							_
		<b></b>							~
									_
									_
									_
									-

Sch	edule	G (Form 990 or 990-EZ) 2012 EQTX E	quality Texas F	oundation	74-256	
[Pai	<u>π II</u>	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts groups.	event contributions	s and gross income	on Form 990-EZ,	lines 1 and 6b.
RE			(a) Event #1  Spirit of Texas (event type)	(b) Event #2  Merry Martini (event type)	(c) Other events  2 (total number)	(d) Total events (add column (a) through column (c))
<b>ポートルアン</b> E	1	Gross receipts	34,200.	27,000.	8,775.	69,975.
Ě	2	Less Charitable contributions	29,800.	24,300.		54,100.
	3	Gross income (line 1 minus line 2)	4,400.	2,700.	8,775.	15,875.
	4	Cash prizes				
n	5	Noncash prizes				<u></u>
D I R E C T	6	Rent/facility costs				
	7	Food and beverages		3,610.	<del></del>	3,610.
X	8	Entertainment				
EXPENSES	9	Other direct expenses	5,557.	12,475.	4,369.	22,401.
5	10 11	Direct expense summary Add lines 4 thro Net income summary Combine line 3, co	•		<b>▶</b>	26,011. -10,136.
Pa		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 rep	orted more than
REVENUE	1	Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
, E	2	Cash prizes				
D P E N S	3	Non-cash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes %	الله الله الله الله الله الله الله الله
	7	Direct expense summary Add lines 2 three	ough 5 ın column (d)	•	<b>•</b>	
	8	Net gaming income summary Combine li	ines 1, column (d) and l	ine 7	<u> </u>	
	a Is ti	er the state(s) in which the organization op he organization licensed to operate gaming No,' explain	• •	ese states?		Yes No
		re any of the organization's gaming license es,' explain	s revoked, suspended o	_	ax year?	Yes No
BAA	<u> </u>		TEEA3702 0	1/07/13	Schedule <b>G</b> (For	m 990 or 990-EZ) 2012

Schedule G (Form 990 or 990-EZ) 2012 EQTX Equality Texas Foundation	74-256	9542	Page 3
11 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 entitiadminister charitable gaming?	y formed to	Yes	No
13 Indicate the percentage of gaming activity operated in	1 1		
a The organization's facility	13 a		%
<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 book	and records.		
Name •			
Address •			
15 a Does the organization have a contact with a third party from whom the organization receives gaming revenue by If 'Yes,' enter the amount of gaming revenue received by the organization   of gaming revenue retained by the third party   c If 'Yes,' enter name and address of the third party		☐Yes nt	No
Name •		. <b></b>	
Address •			
16 Gaming manager information			
Name •			
Gaming manager compensation • \$			
Description of services provided	. <b></b> -	. <b></b>	
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	o retain the		П.,
state gaming license? <b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organization	c or coopt to th	Yes	No
organization's own exempt activities during the tax year \$	s or spent in th	ie.	
Part IV Supplemental Information. Complete this part to provide the explanations recolumns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as this part to provide any additional information (see instructions).	quired by Pa applicable. /	art I, line : Also comp	2b, olete
·			
		·	

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

### **Transactions With Interested Persons**

2012

OMB No 1545-0047

Open to Public

Department of the Treasury

(10)

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

Inspection

memark	evenue Service														
Name of t	he organization								Em	ployer i	dentific	ation nu	ımber		
	Equality 1									-25					
Part I	Excess B Complete if	enefit Transa the organization	actions (see answered 'Ye	ction 5 es' on Fo	01(c)(3 orm 990,	3) and Part IV	section 50 , line 25a or	01(c)(4) or 25b, or Form	ganıza 1990-E	ations Z, Part	s only t V, lin	y). ie 40b	ı		
	(a) Name of disqua	alified person	(b) R		between d		1	(c) D	escription	of trans	action			(d) Cor	rected
1				person a	nd organiza	ation								Yes	No
(1)								·							
(2)				•											
(3)														ļ	<u> </u>
(4)														—	ــــــ
(5)			<u> </u>											—	<b>↓</b>
(6)			_l												Щ
3 E	nter the amount of ection 4958 nter the amount of	of tax, if any, on	line 2, above,	, reımbu	rsed by 1	•	·	ns during the	year ur	nder	* \$ * \$				
Part I	Complete if organization	and/or From the organization reported an am	answered 'Yes	s' on For 990, Par	m 990-E t X, line	Z, Page 5, 6, or	V, line 38a o 22.	r Form 990, F	Part IV,	line 26	; or if	the			
( <b>a)</b> Nam	e of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the ization?		) Original cipal amount	(f) Balance	e due	(g) in	default?	by bo	proved pard or mittee?	(ı) Wi agree	ritten ment?
				То	From					Yes	No	Yes	No	Yes	No
(1)												<u> </u>	1		
(2)					ļ · · · · · · · ·					1			1		
(3)															
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(7)					<u> </u>										
(8)					ļ							<u> </u>			<u> </u>
(9)		<u> </u>		<u> </u>	<u> </u>	ļ		ļ		<b>_</b>	ļ	↓	↓		↓
(10)	<u></u>		· <del></del>							<b>_</b>	<u> </u>	<u> </u>	<u>↓                                    </u>	ــــــ	<u> </u>
Total							<b>►</b> \$					<u> </u>		<u> </u>	
Part I		r Assistance the organization													
	(a) Name of intere	ested person	(b) Relationship	p between d the organ		person	(c) Amount o	of assistance	( <b>d)</b> Ty <sub>l</sub>	pe of Ass	sistance	(e)	Purpos	se of ass	istanc
(1)												$\top$			
(2)															
(4)					-		_								
(5)								•							
(4) (5) (6) (7)															
_(7)_															
(8)	<del>-</del>														
(9)															

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

Schedule L (Form 990 or 990-EZ) 2012

Schedule <b>L</b> (Form 990 or 990-EZ) 2012	EOTX	Equality	Texas	Foundation

74-2569542

Page 2

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiza reven	ring o
	organization			Yes	No
(1) Deer Oaks Mental Health Associat	es See Pt V	10,000.	contribution		х
(2)					
(3)					-
(5)					
(6)		· · · · · · · · · · · · · · · · · · ·			
(7)					
(8)					_
(10)					
Part V. Supplemental Information	<del></del>			<u> </u>	_
Complete this part to provide addition	onal information for responses	to questions on Sche	dule L (see instructions).		
t IV, Ln 1,Col(b) Owned by a	former board memb	<u>er.</u>			
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### **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2012

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

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
EOTX Equality Texas Foundation	74-2569542
Pt_VI, Line 11b Form 990 is reviewed by the Finance Committee	and the Board of Directors.
Pt_VI, Line 12c Every Board Member must update their conflic	et_of_interest
statement_each_January.	
Pt VI, Line 15a Compensation of the Executive Director was 1	pased_upon
retention of external executive search firm.	:
Documentation is maintained on the employee	file.
Pt VI, Line 19 Governing documents, conflict of interest po	olicy,
and financial statements are available to the	ne public
upon_request	
~	
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	· <b></b>
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Schedule R (Form 990) 2012 (g) Sec 512(b)(13) controlled entity? ŝ (f)
Direct controlling
entity × Open to Public Inspection Identification of Related Tax-Exempt Organizations (Complete of 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.) OMB No 1545-0047 2012 Yes Employer identification number (f)
Direct controlling
entity 74-2569542 (e) End-of-year assets g (e)
Public charity status
(if section 501(c)(3)) Part I Identification of Disregarded Entities (Complete If the organization answered 'Yes' to Form 990, Part IV, line 33.) 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. (d) Total income Related Organizations and Unrelated Partnerships (d) Exempt Code section TEEA5001 12/28/12 501(c)(4) (c) Legal domicile (state or foreign country) 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 (if applicable) of disregarded entity (a) Name, address, and EIN of related organization Texas Foundation (1) EQIX: Equality Texas -- Austin, TX\_78768 \_\_ <u>PO\_Box\_2340</u> EQTX Equality Department of the Treasury Internal Revenue Service 74-2550143 Name of the organization SCHEDULE R (Form 990) 1111 Part II 2 ଙ୍ଗ [Ξ ହ¦ ල¦ €¦

Page 2

74-2569542

Schedule R (Form 990) 2012 EQTX Equality Texas Foundation

Schedule R (Form 990) 2012 (I) Sec 512(b)(13) controlled entity? (k) Percentage ownership ŝ Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because of had one or more related organizations treated as a corporation or trust during the tax year.) 34 Yes Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line General or managing partner? ŝ (h) Percentage ownership Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets Dispropor-tionate allocations? ŝ  $\epsilon$ Yes (f) Share of total income (g)
Share of
end-of-year
assets because it had one or more related organizations treated as a partnership during the tax year.) (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
Direct
controlling
entity TEEA5002 12/28/12 (e)
Predominant income
(related, unrelated,
excluded from tax
under sections
512-514) (c) Legal domicile (state or foreign country) (d)
Direct
controlling
entity (b) Primary activity (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 Part IV Part III BA 듼 **©**  $\Xi_{l}^{l}$ ئ ଚ¦ ଷ୍ଟ

# Schedule R (Form 990) 2012 EQTX Equality Texas Foundation

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990, Part IV,
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ed 'Yes' to Form 990,
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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	ž
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	,			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1 p		×
c Gift, grant, or capital contribution from related organization(s)			10		×
d Loans or loan guarantees to or for related organization(s)			PL		×
e Loans or loan quarantees by related organization(s)			16		×
			?		4
f Dividends from related organization(s)			-	i	×
g Sale of assets to related organization(s)			19		×
h Purchase of assets from related organization(s)			1 h		×
i Exchange of assets with related organization(s)			ij		×
j Lease of facilities, equipment, or other assets to related organization(s)			<b>.</b>		×
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)			1 k	İ	×
I Performance of services or membership or fundraising solicitations for related organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)			_ E		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			Jn	×	
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>			10	×	
<b>p</b> Reimbursement paid to related organization(s) for expenses			10.	1	' ×
<b>q</b> Reimbursement paid by related organization(s) for expenses			19	-	×
• Other transfer of each or property to related organization(s)			; -		>
			18		×Þ
	covered relationships	and transaction threshole	ds	1	
	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	etermir nvolvec	ning d
(1) EQTX: Equality Texas - Shared employees	E				
(2) EQTX: Equality Texas - Shared facilities	a				
(3)					
(4)					
(9)				,	
(9)				,	
<b>BAA</b> TEEA5003 12/28/12		Schedule R	le <b>R</b> (Form	(Form 990) 2012	2012

74-2569542

Schedule R (Form 990) 2012 EQTX Equality Texas Foundation

PartVI Unrelated Organizations Taxable as a Partnership (Complete of 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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predomnant Income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?	Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	General or managing partner?	(k) Percentage ownership
(1)							<del></del>		-	
				·						
(2)										
- 1										
-3										
(4)										
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(8)									-	
										•
ВАА			TEE	TEEA5004 12/28/12	12			Schedul	Schedule R (Form 990) 2012	990) 2012

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

Describe <sup>1</sup>	the organization'	s program service accomplishments for each of its three largest program
		expenses. Section 501(c)(3) and 501(c)(4) organizations are required to
report the	amount of grant	ts and allocations to others, the total expenses, and revenue, if any, for
	gram service repo	orted.
Code <sup>.</sup>	Description:	Equality Project - A civic engagement program providing
Expenses _	34,781.	public education on policy issues and
Grants Of _	0.	information on how to establish ongoing relationships
Revenue _	0.	with elected officials.
Code:	Dogorintion	
		Hate Crimes Project - A public education program about
Expenses _ Grants Of		the lack of enforcement on the James Byrd, Jr.
Revenue	0.	Hate Crimes Act.
Revenue _	0.	
Code <sup>.</sup>	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.	2-7, seed of the golden terms, months of the
_		
Code:	Description <sup>,</sup>	Member Services - In response to service requests
Expenses _	7,873.	and policy inquiries from across the state, this program
Grants Of _		provides direct assistance with regard to education about
Revenue	0.	policy matters, and provides referrals to direct
		service providers.
Code.	Description:	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.	or renew due bonder recept.
Code <sup>.</sup>	Description·	Voter Registration - A collaborative effort to register
Expenses _	1,894.	Texans to vote.
Grants Of $\_$	0.	
Revenue _	0.	

Application for Extension of Time To File an **Exempt Organization Return** 

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service File a separate application for each return. If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ...... If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extention on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ...... All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions Employer identification number (EIN) or Type or print 74-2569542 **EOTX Equality Texas Foundation** Number, street, and room or suite number. If a P.O. box, see instructions. Social security number (SSN) File by the due date for Box 2340 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions ТX 78768 **Application** Return **Application** Return Code Code Is For 01 Form 990-T (corporation) 07 Form 990 or Form 990-EZ 02 Form 1041-A 08 Form 990-BL 03 Form 4720 09 Form 4720 (individual) 04 Form 5227 10 Form 990-PF Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 06 Form 8870 12 Form 990-T (trust other than above) The books are in the care of ► Chuck Smith FAX No. > (512) 474-6297 Telephone No ► (512) 474-5475 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, the extension is for. 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 15 \_\_\_\_, 20 13 \_, to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 12 or tax year beginning \_\_\_\_\_, 20 \_\_\_\_, and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ... 3a|\$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

payments made. Include any prior year overpayment allowed as a credit ...

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