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OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A	Fo	r the 2016 cale	ndar year, or tax						ending	3			,		
В	Che	ck if applicable	C Name of organiz	ration EQT	'X Equa	lity Texa	s Found	latic	on		D Emplo	mployer Identification number			
	Г	Address change	Doing business	a \$							74-	2569	542		
		Name change	Number and stre	et (or PO box	of mail is not o	delivered to street a	ddress)		Room/su	ute	E Teleph	one num	ber		
		Initial return	P.O. Box 2	2340				j			(51	2) 4	74-5475		
	Г	Final return/terminated	City or town, sta	te or province,	country, and 2	ZIP or foreign postal	code								
		Amended return	Austin				ТX	78	768		G Gross	receipts	\$1,040,	168.	
	Г	Application pending	F Name and addre	ess of principal	officer					H(a) is this i	a group retur	n for sub	ordinates?	Yes X No	
	_		Chuck Smit	h PO Bo	x 2340	Austin	т	x 78	768 l	H(b) Are all	subordinates attach a list.	included	17	Yes No	
ī	ī	ax-exempt status	X 501(c)(3)	501(c) ()∢	(insert no.)	4947(a)(1) o		527	IT NO,	attach a list	(see insi	ructions)		
J	٧	Vebsite: > w	ww.equality		oundati	ion.org				H(c) Group	exemption ni	ımber 🎚	•		
K		orm of organization	X Corporation	Trust	Association	7 7		Year of	formation				egal domicile	TX	
D		Summa													
6			ibe the organization	on's mission	or most s	ignificant activi	ties. T	he mi	ssion	of EO	TX: Equ	ality	Texas Fo	nundation	
, .	1		ecure full											201100 51011	
, <u>e</u>	ı		through edu									-1.E L			
E	1										·				
Activities & Governance	1 2	Check this b	ox ► if the d	organization	discontinu	ued its operation	ns or dispos	ed of r	nore th	an 25% c	of its net a	ssets.			
ිල්	3		oting members of	•								3		14	
୍' ଓ	1 4		ndependent voting		-			-				4		14	
⊴≝	5		er of individuals em									5		8	
್ಲಕ	1 5		r of volunteers (es ted business rever									6 7a	<u> </u>	2,000	
y,4	l '		d business taxable		•							7b		<u> </u>	
	╁	D Net Officiale	d Dusiness taxable	s moonie m	om rom o	30-1, line 3-1	· · · · · · ·		····		rior Year		Currer	nt Year	
	١	Contribution	s and grants (Part	VIII. line 1	h)						,015,			14,693.	
Revenue	ءِ ا		vice revenue (Par							<u> </u>	.,010,	172.		11/055.	
¥6	10	-	ncome (Part VIII,	-								54.			
2	11		ue (Part VIII, colur								18,	306.		13,581.	
	12	Z Total revenu	e - add lines 8 th	rough 11 (r	nust equal	Part VIII, colu	nn (A), line	12)		1	,033,8	302.		01,112.	
	13	Grants and s	similar amounts pa	aid (Part IX,	column (A	A), lines 1-3) .									
	14	Benefits paid	d to or for member	rs (Part IX,	column (A)), line 4)									
ø	15	Salaries, oth	er compensation,	employee !	benefits (Pa	art IX, column	(A), lines 5-1	10)			160,0	046.	3	28,064.	
Se	16	a Professional	fundraising fees (Part IX, col	umn (A), li	ne 11e)									
Expenses		b Total fundrai	ising expenses (Pa	art IX, colur	nn (D), line	9 25) ►		99,4	80.				Continue (
Ω	1 17		ses (Part IX, colur							1	,109,	192	4	82,887.	
	118	3 Total expens	ses. Add lines 13-	17 (must ec	ual Part IX	C. column (A):	ine 25)	ان.			,269,			10,951.	
	119		s expenses. Subt					S			-235,			90,161.	
h 8	-					8 NOV 2	8 2017	S		Regionis	ng of Curre			f Year	
ets or) Total assets	(Part X, line 16) .			·	·. •. • • • • •			J-03	223,0			31,855.	
Age	2.		es (Part X, line 26)			··OGD	FNIIIT]			19,			38,190.	
Ž	2:	Net assets o	r fund balances. S	Subtract line	ا 21 from ا		<u>=14, 0 1</u>	 .			203,	397.	3	93,665.	
12	ACTOR OF	Signatu											<u> </u>	<u> </u>	
Und	دو. (الدستان	TENTAL TRACE	eclare that I have exami arer (other than officer)	ned this return	. Including acc	companying schedu	es and statemer	nts, and t	to the bes	t of my know	wiedge and b	elief, it is	true, correct, ar	nd	
com	plete	Declaration of prepare	arer (other than officer)	is based of all	intermation of	which preparer has	any knowledge	<u> </u>							
				to the second		~						/ [5/201	17	
Si	gn	Signa	ture of officer							Da	ate				
He	re		ıck Smith			<u> </u>				CEO					
			or print name and title												
		Pnnt/Type	preparer's name		Preparer's	signatura 1		Date		- 11	Check	ď	PTIN		
Pa	id	Artur	o Montemay		<u> </u>	<u> </u>			11.15	211	self-employ	red	P013885	30	
Pr	ера	arer Firm's nan		nayor B			(d)]				
Us	e (Only Firm's add	iress 2525 V	Valling	wood Di			e 20	0		Firm's EtN	► 74	-290211	2	
			Austir				TX 787	46			Phone no	(51		0380	
Ma	y th	e IRS discuss th	nis return with the	preparer sh	own above	e? (see instruc	lions)							No	
BA	A I	or Paperwork	Reduction Act N	otice, see	the separa	ate Instruction)s.		TEE	A0101 11/1	16/16		Form	990 (2016)	

		6) EQTX Equality Texas Foundation	74-256	9542 Page 2
E OT		Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in the	is Part III	
1	-	escribe the organization's mission:		
		ission of EQTX: Equality Texas Founda		
		secure full equality for lesbian, ga		
	Texan	s through education, community organi	zing and collaboration.	
2		organization undertake any significant program services during t		_
		0 or 990-EZ?	• • • • • • • • • • • • • • • • • • • •	Yes X No
		describe these new services on Schedule O.		
3		organization cease conducting, or make significant changes in h	ow it conducts, any program services?	Yes X No
		describe these changes on Schedule O		
4	Describe	e the organization's program service accomplishments for each 501(c)(3) and 501(c)(4) organizations are required to report the	of its three largest program services, as measured l	by expenses.
	and reve	out (c)(3) and 50 ((c)(4) organizations are required to report the enue, if any, for each program service reported.	amount of grants and allocations to others, the tota	ı expenses,
4 =	(Code) (Expenses \$ 8,934. including gra	ants of S 0 \/Pavanue S	0.)
-7 G	-	ach and Engagement - The Foundation educates	and anguage the public on icour	
		station and gender identity/expression		
		an, gay, bisexual, and transgender Te		
	<u>equal</u>	ity in the hearts and minds of their	fellow Texas and in all areas	of the law.
		·		
4 b	(Code:) (Expenses \$ 618,594. including gra	ents of \$ 0.)(Revenue \$	0.)
4 b				
4 b	The N	ondiscrimination Program - is a statew	ide coalition of Texans, includ	ling people of
4 b	The N	ondiscrimination Program - is a statew , business leaders, veterans and firs	ide coalition of Texans, include responders, athletes and spot	ing people of
4 b	The N faith	ondiscrimination Program - is a statew , business leaders, veterans and firs essional students, educators and schoo	ide coalition of Texans, included responders, athletes and spota administrators and everyday '	ing people of rts Texans,
4 b	The N faith profe who a	ondiscrimination Program - is a statew , business leaders, veterans and firs ssional students, educators and schoo re committed to demonstrating true Te	ide coalition of Texans, include responders, athletes and spot administrators and everyday kas values and protecting all	ing people of rts Texans, Texans from
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74-2569542 Page 3 Part Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? X 2 3 Х 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III . . . X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D. Part II 7 х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Х 9 10 X 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. 11 a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х 11 b Х 11 c Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . Х 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. 11 f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII . . . Х 12a 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 X 12 b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Х 14a X 14b Х 15 Х 16 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) Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Х

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74-2569542 Rank Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H Х 20a b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II Х 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. Х 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х 23 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod 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 d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I....... Х 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L. Part I Х 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If Yes,' complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х of any of these persons? If 'Yes,' complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV . . Х 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b 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 1. Part IV

	omoor, anodor, tractor, or anode or manodrominor: if rod, complete concade E, rantife in the interest in the interest of the i	1 200	J	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 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, Part II, III, or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34	x	
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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

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_	m 990 (2016) EQTX Equality Texas Foundation	74-2569542	P	age (
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		. Г
			Yes	No
1 :	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	8		
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportab	e gaming		
	(gambling) winnings to prize winners?	10	X	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			Terr
	ments, filed for the calendar year ending with or within the year covered by this return 2a	8		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2t	X	THE STREET
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u> </u>	4	X
	b If 'Yes,' has It filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	<u> </u>)	
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other author financial account in a foreign country (such as a bank account, securities account, or other financial account	ty over, a	1	Х
	b If 'Yes,' enter the name of the foreign country. ►	t)? 4a		
		4- (5045)		
E .	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	Partition of the Control of the Cont	_	V
			}	$\frac{x}{x}$
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		+	
	· · · · · · · · · · · · · · · · · · ·			<u> </u>
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	nization		Х
	•	<u></u>	' 	
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or g	ifts were		
7				
Ī	•		100	
•	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods services provided to the payor?	and 7a		Х
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	· L	-	
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requ) ,	1	
	Form 8282?	7 c	:	X
-	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	?		Х
1	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
,	g If the organization received a contribution of qualified intellectual property, did the organization file Form 88			v
	as required?	· · · · · · · · 7 g	4	X
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file.	ea 	,	х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by t			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9t		
10	Section 501(c)(7) organizations. Enter:			
;	a Initiation fees and capital contributions included on Part VIII, line 12			
i	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		,	
11	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			- T
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	?	E CHROSOPERE	Annihitary.
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		are inter	
	Section 501(c)(29) qualified nonprofit health insurance issuers.		A. See	
	a is the organization licensed to issue qualified health plans in more than one state?		t [
	Note. See the instructions for additional information the organization must report on Schedule O.		, Francisco	
	b 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	" Topics
	c Enter the amount of reserves on hand		12,17.1	Will Street

14 b

Form 990 (2016) EQTX Equality Texas Foundation 74-2569542 Page 6 Randwill Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year. . . 1 a 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 \dots 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 x Did the organization make any significant changes to its governing documents X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Х 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10a Did the organization have local chapters, branches, or affiliates? 10 a Х b if Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?............. 10 b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13........... 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12h Х to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c Х 13 14 Did the organization have a written document retention and destruction policy?.......... 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available. Check all that apply. Other (explain in Schedule O) Another's website Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records:

P.O. Box 2340

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Form 990 (2016)	EOTY	Equality	Texas	Foundation
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74-2569542

Page 7

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

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

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

- 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 related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a (B) (A) (F) Name and Title Average hours Reportable compensation from Estimated amount of other Reportable compensation from director/trustee) Blated organization (W-2/1099-MISC) compensation from the per veek the organization (W-2/1099-MISC) employee Key employee Individual trustee Institutional trustee ighest compensated (list any hours for related organiza-tions organization and related below (1) Andres Araiza 10.00 Х Х 0 0 0. Chair 5.00 (2) Steve Atkinson x Ο. 0. Director 0. 5.00 (3) Neil Cazares-Thomas X 0. 0. 0. Director (4) Patrick Dickson 5.00 Х 0. 0. 0. Director (5) Scott Elliff 10.00 Х Х 0. 0. 0. Secretary 5.00 (6) Adam Gonzales X 0. 0. 0. Director 5.00 (7) Mike Grable Х 0 0. 0. Director (8) Felipe Gutierrez 5.00 X 0. 0. Director 0. 5.00 (9) Sam Hildebrand X 0<u>.</u> 0. 0. Director (10) Ryan Leach 5.00 Χ 0. 0. 0. Director (11) Trey McCampbell 10.00 X Х 0. 0. 0. Treasurer (12) Elizabeth Myers 10.00 X Х Ο. Vice Chair 0. 0. (13) Mark Niermann 5.00 Х 0. 0. 0. Director 5.00 Steve Rudner Х 0. 0. 0. Director

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Form 990 (2016)

被關於 Section A. Officers, Directors, Trustees, Key Employees, a				anc	nd Highest Compensated Employees (continued)					
(A) Name and title	Average hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza - trons below dotted line)	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
(15) Chuck Smith CEO	40.00	х						67,202.	25,600	8,405.
(16)										
(17)										
(18)	ļ									
(19)										
(20)					-					
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total							►	67,202.	25,600.	8,405.
d Total (add lines 1b and 1c)							•	67,202.	25,600.	8,405.
2 Total number of individuals (including but not limite from the organization ►	d to those	liste	abo	ove)	who	rece	eive	d more than \$100,	000 of reportable c	·
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in										Yes No
For any individual listed on line 1a, is the sum of rethe organization and related organizations greater such individual	portable co	ompe	nsai ' <i>If '</i> Y	tion 'es,'	and com	other	r coi	mpensation from hedule J for		. 4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or	compensat	ion fr	om a	any	unre	lated	org	anization or individ	dual	
Section B. Independent Contractors										<u> </u>
Complete this table for your five highest compensation from the organization. Report compe	ted indepe ensation fo	nder r the	t col	ntrac	ctors r yea	that ar end	rec ding	with or within the	organization's tax y	
(A) Name and business addr	(A) Name and business address (B) Description of services Compensation									
Angela Hale, Red Hedia Group LLC 106 E. 6th Street, Ste 900	Austin		<u>-</u>	TX		870)1	Communications	s Consulting	108,000.
2 Total number of independent contractors (including		nited	to th	nose	liste	d ab	ove) who received mo	re than	
\$100,000 of compensation from the organization	1	TEEA	0108	11/1	6/16		_			Form 990 (2016)

- Tunne	Check if Schedule O contains a response or note to any line in this Part VIII										
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
Contributions, Gifts, Grants and Other Similar Amounts	i c	Rederated campaigns . Membership dues Fundraising events Related organizations . Government grants (contributions)	1b								
ontribution of Other S	و	All other contributions, glfts, gr. similar amounts not included a Noncash contributions included	d in lines 1a-1f: \$	1,014,693. 1,582.		The Supplement of the Control of the					
		Total. Add lines 1a-1f .	· · · · · · · · ·	Business Code	1,014,693.						
Program Service Revenue	2 a	All other program service									
	3	I Total. Add lines 2a-2f . Investment income (inclu-									
	4	other similar amounts). Income from investment of Royatties	of tax-exempt be	ond proceeds		73.40 S					
	b	Cross rents	;)								
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(n) Other							
		Gain or (loss)									
Other Revenue		Net gain or (loss) Gross income from fundra (not including \$ of contributions reported (aising events								
e R		See Part IV, line 18 Less: direct expenses .		25,475. b 39.056							
		Net income or (loss) from		3370301	-13,581.		0.	-13.581.			
		Gross income from gamir See Part IV, line 19		a							
		Less: direct expenses . Net income or (loss) from		b[
	10 a	Gross sales of inventory, and allowances Less: cost of goods sold	less returns	a b							
	c	Net income or (loss) from		Business Code			できる はない ない はない ないかんかん	- EM-emicha - 2 %			
	11 a		·	DUBINESS CODE	BRANCH AND	* Desir Para Service Control of the	4 Miles (852)				
	-	All other revenue									
		Total. Add lines 11a-11d Total revenue. See instru			1,001,112.	- will be what if the	0.	-13,581.			
BAA	<u>:-</u>	. 7411 10761140. 066 11311			1,001,112. 0109 11/16/16	L	<u> </u>	Form 990 (2016)			

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 or note to a	ny line in this Part IX

	Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		·									
2	Grants and other assistance to domestic individuals. See Part IV, line 22											
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16											
4 5	Benefits paid to or for members	62,592.	45,129.	6,760.	10,703.							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	02,002.	±3,123.	0,700.	10,703.							
7	Other salaries and wages	220,536.	159,006.	23,818.	37,712.							
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		133,000.	23,610.	37,712.							
9	Other employee benefits	23,277.	16,735.	2,659.	3,883.							
10	Payroll taxes	21,659.	15,616.	2,339.	3,704.							
11	Fees for services (non-employees):											
	Management		<u> </u>									
	Legal											
	Accounting	7,098.	0.	7,098.	0.							
	Lobbying											
•	Professional fundraising services. See Part IV, line 17											
	Investment management fees	· · · · · · · · · · · · · · · · · · ·										
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	286,114.	279,381.	2,498.	4,235.							
	Advertising and promotion	2,581.	2,060.	349.	172.							
13	Office expenses	36,361.	24,312.	6,396.	5,653.							
14	Information technology	24,524.	13,573.	8,492.	2,459.							
15	Royalties	20, 252	17 000	11 010								
16	Occupancy	32,353.	17,028.	11,919.	3,406.							
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	58,205.	53,858.	1,882.	2,465.							
	Conferences, conventions, and meetings											
20	Interest											
21	Payments to affiliates				<u> </u>							
22	Depreciation, depletion, and amortization	1,386.	0.	1,386.	0.							
23	Other expenses Hemire expenses not	2,052.	0.	1,836.	216.							
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e											
	expenses on Schedule O.)				MI WHITE THE CONTRACTOR OF THE							
•	Other Fundraising Costs	15,378.	0.	0.	15,378.							
	Volunteer Expenses	3,528.	1,793.	1,137.	598.							
	Membership Dues	2,990.	1.678.	1,050.	262.							
•												
	All other expenses	10,317.	207.	1,476.	8,634.							
	Total functional expenses. Add lines 1 through 24e	810,951.	630,376.	81,095.	99,480.							
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here											
	SOP 98-2 (ASC 958-720)		<u></u> _									
BAA		TEEA0110 11/	16/16		Form 990 (2016)							

Part X Balance Sheet (A) Beginning of year End of year 1 181,894 270,256. 2 Savings and temporary cash investments 2 3 18,021 4 154,771 Loans and other receivables from current and former officers, directors, 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 7 8 9 20,458 771 10a 10b 5,331 1,204 10 c 972 11 11 Investments - other securities. See Part IV. line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 15 15 1,085. 1,435 16 223,012 16 431,855. 17 17 14,965 18,940 18 18 19 19 4,150 19,250 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees. 22 22 23 23 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. . . 25 Total liabilities, Add lines 17 through 25......... 26 38,190 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets........ 116,675. 203,897 27 28 28 276,990. 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Net Assets 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 33 203,897 393,665 34 223,012 431,855.

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Form 990 (2016)

Form	1990(2016) EQTX Equality Texas Foundation	74-2	569542		Pag	je 12
	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	\cdots	1	1,00)1,1	12.
2	Total expenses (must equal Part IX, column (A), line 25)	[2	81	0,9	51.
3	Revenue less expenses. Subtract line 2 from line 1	· · ·[3		30,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4	20	3,8	97.
5	Net unrealized gains (losses) on investments	[5			
6	Donated services and use of facilities	[6			
7	Investment expenses	$\cdots ackslash ackslash$	7			
8	Prior period adjustments	· · · [8		-3	92.
9	Other changes in net assets or fund balances (explain in Schedule O)	\cdots L	9			-1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
-	column (B))	• • • • •	10	39	93,6	<u>65.</u>
	Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII	· · · ·	· · · · ·		• • • •	$\perp \perp$
					Yes	No
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain					
	in Schedule O.					
2:	a Were the organization's financial statements compiled or reviewed by an independent accountant?		· • • • •	2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			CIL MINN	
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				ì	
ı	b 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 separate basis, consolidated basis, or both:	}				
	Separate basis Consolidated basis Both consolidated and separate basis					
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	a audit		250		
,	review, or compilation of its financial statements and selection of an independent accountant?			2 c]	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?	ingle		3 a		Х
1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the requi	red auc	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b		
BAA				Form	990 (2	(016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016



Employer Identification number

		Equality Texas Four					74-256954	2			
Part		Reason for Public Cha	rity Status (All or	ganizations must co	omplete	e this p	art.) See instruction	1S.			
The or	ga	nization is not a private foundat		•		,					
1		A church, convention of churci	hes, or association of o	churches described in se	ction 17	⁷ 0(b)(1)(A)(i).				
2		A school described in section	170(b)(1)(A)(ii). (Attac	ch Schedule E (Form 99	0 or 990	-EZ).)					
3	П	A hospital or a cooperative ho	spital service organiza	tion described in section	170(b)	(1)(A)(iii).				
4		A medical research organization	on operated in conjunc	tion with a hospital desc	ribed in	section	170(b)(1)(A)(iii). Enter t	he hospital's			
		name, city, and state [.]						•			
5		An organization operated for ti section 170(b)(1)(A)(iv). (Co	he benefit of a college mplete Part II.)	or university owned or o	perated	by a gov	rernmental unit describe	d in			
6 7		A federal, state, or local gover			,		*				
,	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8	Ш	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9	П	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college									
		or university or a non-land-gra	nt college of agricultur	e (see instructions). Ente	er the na	me, city,	and state of the college	e or			
	_	university									
10		An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
11	Ц	An organization organized and	operated exclusively	to test for public safety.	See sect	tion 509	(a)(4).				
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
а	L	Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	egularly appoint or elec	ed, or controlled by its s et a majority of the direct	upported ors or tru	l organiz istees of	ation(s), typically by givi the supporting organiza	ing the supported Ition You must			
b	╝	Type II. A supporting organiza management of the supporting must complete Part IV, Section 11.	ı organizatıon vested i	trolled in connection with n the same persons that	its supp control o	orted or or manag	ganization(s), by having ge the supported organiz	control or ration(s). You			
C	Ц	Type III functionally integrat organization(s) (see instruction	ed. A supporting organs). You must comple	nization operated in conr ete Part IV, Sections A,	ection w D, and I	nth, and E.	functionally integrated w	vith, its supported			
d	U	Type III non-functionally inte functionally integrated. The org instructions). You must comp	egrated. A supporting of ganization generally malete Part IV, Sections	organization operated in ust satisfy a distribution a A and D, and Part V.	connect requirem	ion with nent and	its supported organization attentiveness require	on(s) that is not ement (see			
е	Ц	Check this box if the organizat integrated, or Type III non-fund	uon received a written o	determination from the li	RS that i	t is a Ty	pe i, Type Ii, Type III fun	ectionally			
f	En	ter the number of supported or									
9	Pro	ovide the following information :	about the supported or	rganization(s).				L			
(1) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is organizati in your gr docur	on iisted	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
	_				165	-140					
/A\		i			1	1	ļ.				
(A)	_				 						
(D)		i			ł	}					
<u>(B)</u>					 						
(C)											
(D)	_										
<u>(E)</u>											
			Photography with the state of the	and the many through the second second second	Police palentes						
Total			W. Marine and State		111111111111111111111111111111111111111	1000	l .	l			

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						
Cale: begi:	ndar year (or fiscal year nning in) >	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')	322,334.	333,076.	660,019.	1,015,442.	1,014,693.	3,345,564.
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	322,334.	333,076.	660,019.	1,015,442.	1,014,693.	3,345,564.
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)						1,339,411.
6	Public support. Subtract line 5 from line 4			and the state of t			2,006,153.
Sec	tion B. Total Support						
Cale: begi:	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	322,334.	333,076.	660,019.	1,015,442.	1,014,693.	3,345,564.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	199.	153.	151	54.		557.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		N				
	Total support. Add lines 7 through 10						3,346,121.
12	Gross receipts from related activiti	es, etc. (see instru	ctions)		· · · <i>·</i> · · · · · ·	12	65,270.
	First five years. If the Form 990 is organization, check this box and s	top here		third, fourth, or fifth	tax year as a sec	tion 501(c)(3)	▶ □
	tion C. Computation of Pu						
	Public support percentage for 2010						59.95 %
	Public support percentage from 20						72.72%
16a	33-1/3% support test—2016. If the and stop here. The organization of	ne organization did qualifies as a public	not check the box by supported organ	on line 13, and lin	ie 14 is 33-1/3% oi	more, check this I	► X
b	33-1/3% support test—2015. If the and stop here. The organization of	e organization did qualifies as a public	not check a box or cly supported orga	n line 13 or 16a, ar nization	nd line 15 is 33-1/3	% or more, check	this box ▶
17a	10%-facts-and-circumstances te or more, and if the organization method organization meets the facts-a	est—2016. If the orgets the 'facts-and- ind-circumstances'	ganization did not circumstances' tes test. The organiza	check a box on lin st, check this box a ation qualifies as a	e 13, 16a, or 16b, and stop here. Exp publicly supported	and line 14 is 10% plain in Part VI how I organization	′
	10%-facts-and-circumstances te or more, and if the organization morganization meets the facts-and-	eets the 'facts-and circumstances' tes	-circumstances' tes t. The organization	st, check this box a n qualifies as a put	and stop here. Exp blicly supported on	plain in Part VI how ganization	'the ▶ □
18	Private foundation, if the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or	17b, check this bo	x and see instruction	ons ▶ 📋
BAA							

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

(Complete only if you checked the box on line 10 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.)

Section A. Public Support

<u> </u>	tion A. Fublic Support						
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	any 'unusùal grants ') 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.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
C	Add lines 7a and 7b				.		
- 8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🟲	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
11	Add lines 10a and 10b						
12	Other income. Do not include galn or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>					
	First five years. If the Form 990 is organization, check this box and s	top here	<u></u>				►
	tion C. Computation of Pu						
15	Public support percentage for 2010						
16	Public support percentage from 20				<u> </u>	16	·
	tion D. Computation of Inv						
	Investment income percentage for	•	• • • • • • • • • • • • • • • • • • • •				
18	Investment income percentage fro						&
	33-1/3% support tests-2016. If t is not more than 33-1/3%, check the	nis box and stop h	ere. The organizat	ion qualifies as a p	publicly supported	organization	[]
	33-1/3% support tests—2015. If the line 18 is not more than 33-1/3%, or	check this box and	stop here. The or	ganization qualifie	es as a publicly sup	ported organization	
20	Private foundation. If the organiz	ation did not check	a box on line 14,	19a, or 19b, check	k this box and see	instructions	· · · · · · · ► [_]
			TEEADADA				0 a= 000 EZ\ 2016

Part V Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes, answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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9b		
	Salent	10 10 10 10 10 10 10 10 10 10 10 10 10 1
9c	ale alegares	7
		II. Harris
10a		
	11-Vall (197	v. 35°0' Z 100
10b		

	edule A (Form 990 or 990-EZ) 2016 EQTX Equality Texas Foundation Supporting Organizations (continued)	74-2569542	Page 5
	Supporting Organizations (continued)		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	22	
;	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below governing body of a supported organization?		11a
1	b A family member of a person described in (a) above?	Ţ.	11b
_ (A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	[-	11c
Sec	tion B. Type I Supporting Organizations		
			Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' described and the supported organization of the organization, active supervised, or controlled the organization's active supported organization had more than one supported organization, describe how the powers to appoint and/or remodirectors or trustees were allocated among the supported organizations and what conditions or restrictions, if an applied to such powers during the tax year.	cribe in vities.	1
2	Did the organization operate for the benefit of any supported organization other than the supported organization that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing subenefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		2
Sec	tion C. Type II Supporting Organizations		
		fice	Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management supporting organization was vested in the same persons that controlled or managed the supported organization	of the	1
Sec	tion D. All Type III Supporting Organizations		
			Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	organization's governing documents in effect on the date of notification, to the extent not previously provided.		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		2
3	By reason of the relationship described In (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations plain this regard.		3
Sec	tion E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e instructions).	
_	The association estisfied the Astrition Test Complete line 2 below		
	H	-44-6	1
	The organization supported a governmental entity. Describe in Part VI how you supported a government en	nuty (see instruction	1S).
2	Activities Test Answer (a) and (b) below.		Yes No
i	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of th supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those suporganizations and explain how these activities directly furthered their exempt purposes, how the organization responsive to those supported organizations, and how the organization determined that these activities constitute substantially all of its activities.	pported &	2a
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reaso the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		2b
3	Parent of Supported Organizations. Answer (a) and (b) below.		The state of the same
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees each of the supported organizations? <i>Provide details in Part VI.</i>	of	3a
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of eac supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	h of its	3b
BA	TEEA0405 09/28/16 Sche	dule A (Form 990	or 990-EZ) 2016

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	Type in Non-Functionally integrated 505(a)(5) Supporting Or	ganıza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust o instructions. All other Type III non-functionally integrated supporting organizations	n Nov. 2 must co	0, 1970 (explain in Part VI). See n E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year · (optional)
_ 1	Net short-term capital gain	1		
2	Recovenes of prior-year distributions	2		!
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		Assistant de la companya de la comp Assistant de la companya de la comp	The participation of the parti
2	Average monthly value of securities	1 a		
t	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
C	Total (add lines 1a, 1b, and 1c)	1 d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			a papa 25 di
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally integra (see instructions)	ated Typ	e III supporting organization	on

Schedule A (Form 990 or 990-EZ) 2016

	Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organizat	ions (continued)			
Sect	tion D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exempt purpos	es				
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	ns,			
3	Administrative expenses paid to accomplish exempt purposes of suppo	rted organizations				
4_	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	tion is responsive (provide	e details			
9	Distributable amount for 2016 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
Sect	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016		
1	Distributable amount for 2016 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.	The second secon		A production of the state of th		
3						
a a series de la companya de la comp						
b						
C						
d	d From 2014					
e	From 2015					
f	Total of lines 3a through e			The state of the s		
g	Applied to underdistributions of prior years		enic contract Williams and American			
h	Applied to 2016 distributable amount					
į	Carryover from 2011 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
	Distributions for 2016 from Section D, line 7:					
a	Applied to underdistributions of prior years					
	Applied to 2016 distributable amount					
	Remainder. Subtract lines 4a and 4b from 4.			in interest to the second		
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.					
7	Excess distributions carryover to 2017. Add lines 3j and 4c.					
8	Breakdown of line 7.					
а			AND THE STATE OF T			
b	Excess from 2013					
С	Excess from 2014					
d	Excess from 2015					
6	Excess from 2016					

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Schedule A (Form 990 or 990-EZ) 2016

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

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

2010 Topic Politica Licension

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

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

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

•	ky Tax) (see separate instruc t Section 501(c)(4), (5), or (6) org	• •	•		•
	of organization			Employer identifica	ation number
EQI	X Equality Texas F	oundation		74-256954	2
	Complete if the o	rganization is exempt under section	on 501(c) or is a s	section 527 organia	zation.
	(see instructions for definition	ganization's direct and indirect political camp of 'political campaign activities')	•		
2	Political campaign activity exp	enditures (see instructions)		> \$	
3	Volunteer hours for political ca	ampaign activities (see instructions)		. 	
	Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any excis	e tax incurred by the organization under sect	on 4955	> \$	
2		e tax incurred by organization managers und			
3	If the organization incurred a s	section 4955 tax, did it file Form 4720 for this	year?		Yes No
4 a	Was a correction made?				· · · · Tyes No
	If 'Yes,' describe in Part IV.				
	Complete if the or	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).	
1	Enter the amount directly expe	ended by the filing organization for section 52	7 exempt function acti	vities · · · · · ► \$	
2	Enter the amount of the filing of function activities	organization's funds contributed to other orga	nizations for section 5	27 exempt ▶ \$	
3	Total exempt function expendi	tures. Add lines 1 and 2. Enter here and on F	form 1120-POL,		
4	Did the filing organization file I	Form 1120-POL for this year?	<i></i>		Yes No
5	amount of political contribution	and employer identification number (EIN) of a For each organization listed, enter the amount as received that were promptly and directly de action committee (PAC). If additional space is	elivered to a separate r	oolitical organization, suc	e filing o enter the th as a separate
	(a) Neme	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)				_	
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2016

Schedule C.(Form 990 or 990-EZ) 20	MEOTX Equali	ty Texas Foundati	Lon	74-2569	
Complete if section 501	tne organizatioi (h)).	n is exempt under se	ction 507(c)(3) and	Tilea Form 5768 (ele	ction under
	```	gs to an affiliated group (and	I list in Part IV each affilia	ated group member's name	
		share of excess lobbying ex			•
B Check ► if the filin	ng organization check	ed box A and 'limited contro	i' provisions apply.		
(The term	Limits on Lobbyi 'expenditures' mea	ing Expenditures ins amounts paid or incurr	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence publi	c opinion (grass roots lobbyi	ng)	0.	
b Total lobbying expenditu	res to influence a leg	islative body (direct lobbying	1)	2,848.	
c Total lobbying expenditures (add lines 1a and 1b)				2,848.	
d Other exempt purpose ex	xpenditures			808,103.	
e Total exempt purpose ex	cpenditures (add lines	s 1c and 1d)		810,951.	
f Lobbying nontaxable am both columns	ount. Enter the amou	ınt from the following table ir	1 	146,643.	
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:		
Not over \$500,000		20% of the amount on line 1e		property Telephone	to gone the long said.
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess		E	
Over \$1,500,000 but not over :	\$17,000,000	\$225,000 plus 5% of the excess of	over \$1,500,000.		
Over \$17,000,000		\$1,000,000			
_	•	line 1f)		36,661.	
_	•	enter -0		0.	
	•	nter <i>-</i> 0		0.1	
j If there is an amount othe section 4911 tax for this	er than zero on eithe	r line 1h or line 1i, did the on	ganization file Form 472	O reporting	· Yes No
(Som	e organizations tha	4-Year Averaging Period U t made a section 501(h) eld low. See the separate insti	ection do not have to c	omplete all of the five rough 2f.)	
	Lobb	ying Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
			A STATE OF THE PARTY.		

	(6	(e	(b)
For each 'Yes' response on lines 1a through 11 below, provide in Part IV a detailed description of the lobbying activity.	Yes No		Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	E SECURE		
b If 'Yes,' enter the amount of any tax incurred under section 4912	411		
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	Section 1975		
Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, от	
			Yes No

1	Dues, assessments and similar amounts from members	1	
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2 a	
b	Carryover from last year	2 b	
C	Total	2 c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Range Supplemental Information

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

	EQTX Equality Texas Foundation		74-2569542
Fa	Organizations Maintaining Donor Advised Funds or Other Complete if the organization answered 'Yes' on Form 990, Part	Similar Fuit IV, line 6.	
	(a) Donor advised fund	s	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets are the organization's property, subject to the organization's exclusive legal control?	neld in donor a	dvised funds
6	Did the organization inform all grantees, donors, and donor advisors in writing that of the charitable purposes and not for the benefit of the donor or donor advisor, or for a impermissible private benefit?	ny other purp	ose conferring
	Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part	t IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply	<i>(</i>)	
	Preservation of land for public use (e.g , recreation or education)	Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contri- last day of the tax year.	ibution in the f	orm 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		
	b Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic structure included in (a)		
	d Number of conservation easements included in (c) acquired after 8/17/06, and not c		
•	structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished, o tax year ►	r terminated b	y the organization during the
4	Number of states where property subject to conservation easement is located ▶		_
5	Does the organization have a written policy regarding the periodic monitoring, inspe		
_	and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, a		-
7	► \$	•	
8	Does each conservation easement reported on line 2(d) above satisfy the requirement and section $170(h)(4)(B)(11)$?	ents of section	170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revinclude, if applicable, the text of the footnote to the organization's financial statement conservation easements.	venue and exp nts that descrit	ense statement, and balance sheet, and bes the organization's accounting for
Par	Organizations Maintaining Collections of Art, Historical Tr Complete if the organization answered 'Yes' on Form 990, Par	easures, o it IV, line 8.	r Other Similar Assets.
1 6	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in art, historical treasures, or other similar assets held for public exhibition, education, in Part XIII, the text of the footnote to its financial statements that describes these it	or research in	tatement and balance sheet works of furtherance of public service, provide,
ı	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its historical treasures, or other similar assets held for public exhibition, education, or re following amounts relating to these items:	revenue state esearch in furt	ment and balance sheet works of art, herance of public service, provide the
	(i) Revenue included on 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 amounts required to be reported under SFAS 116 (ASC 958) relating to these items	r assets for fina s:	ancial gain, provide the following
	a Revenue included оп Form 990, Part VIII, line 1		<u> </u>
	b Assets included in Form 990, Part X	<u></u>	\$

Schedule D (Form 990) 2016 EQTX	Equality Te	xas Foundat:	ion	74-25	69542		Page 2
Part II Organizations Mainta						ontinu	
 Using the organization's acquisition items (check all that apply). 							
a Public exhibition		d Loan	or exchange programs				
b Scholarly research		e Other					
c Preservation for future genera	tions	٠ 🗀 ٠٠٠					
4 Provide a description of the organi Part XIII.		and explain how the	ey further the organization	on's exempt purpose in			
5 During the year, did the organization to be sold to raise funds rather that	on solicit or receive on to be maintained a	donations of art, his as part of the organ	storical treasures, or oth	er similar assets	∏Yes	. [No
Escrow and Custodia line 9, or reported an a	I Arrangements	. Complete if the	ne organization ans			Part IV	7,
1 a Is the organization an agent, truste on Form 990, Part X?	e, custodian or othe	r intermediary for o	contributions or other as	sets not included	Yes		No
b If 'Yes,' explain the arrangement in	Part XIII and compl	ete the following ta	ible:				<u> </u>
c Beginning balance				4-	Amoun	<u> </u>	
d Additions during the year							
e Distributions during the year							
f Ending balance							
2a Did the organization include an arr					TVoo	$\overline{}$	No
b if 'Yes,' explain the arrangement in	Part XIII. Check he	re if the explanation	n has been provided on	Part XIII			
Part C Endowment Funds. C	omplete if the or	ganization ans	wered 'Yes' on Form	m 990, Part IV, line	10.		
	(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years back	(e) F	our years	s back
1 a Beginning of year balance							
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance		_!					
2 Provide the estimated percentage	•	nd balance (line 1ç	g, column (a)) held as:				
a Board designated or quasi-endowr		~ ~					
b Permanent endowment							
c Temporarily restricted endowment The percentages on lines 2a, 2b, a		 100%					
3 a Are there endowment funds not in organization by:	the possession of th	e organization that	are held and administe	red for the	.[Yes	No
(i) unrelated organizations			<i></i>		3a(i)		
(ii) related organizations					_ ` /		
b If 'Yes' on line 3a(ii), are the relate	d organizations lister	d as required on So	chedule R?		. 3b		
4 Describe in Part XIII the intended in	uses of the organizat	ion's endowment f	unds.				
Land, Buildings, and Complete if the organiz		'Yes' on Form !	990, Part IV, line 11	a. See Form 990, P	art X, I	ine 10	 I.
Description of property	(a) Co	est or other basis investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	,	Book va	
1 a Land							
b Buildings	 		 				
	 						

Description of property	(a) Cost or other basis (investment)	(b) Cost or otherbasis (other)	(c) Accumulated deprectation	(d) Book value
1a Land			The state of the s	
b Buildings				
c Leasehold improvements				
d Equipment		6,303.	5,331.	972.
e Other				
Total. Add lines 1a through 1e (Column (d) must equa	972.			

BAA

Schedule D (Form 990) 2016

Complete if the organization answered	Yes' on Form 990	Part IV line 11h See Form 990	Part X line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	
(1) Financial derivatives			,,
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)		<u> </u>	
(D)			
<u>(E)</u>		<u> </u>	
(F)		 	
(G) (H)	 		· · · · · · · · · · · · · · · · · · ·
(I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Par VIII Investments — Program Related.	<u></u>		
Complete if the organization answered	Yes' on Form 990,	Part IV, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end	
(2)	<u> </u>		
(3)	 		
(4)			
(5)	 		
(6)	 		
(7)	 		
(8)	 	 	
(10)		 	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) >			
Other Assets.			
Other Assets. Complete if the organization answered	Yes' on Form 990,	Part IV, line 11d. See Form 990	
Other Assets. Complete if the organization answered (a) De		Part IV, line 11d. See Form 990.	Part X, line 15.
Other Assets. Complete if the organization answered (a) De	Yes' on Form 990,	Part IV, line 11d. See Form 990	
Other Assets. Complete if the organization answered (a) De	Yes' on Form 990,	Part IV, line 11d. See Form 990	
Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4)	Yes' on Form 990,	Part IV, line 11d. See Form 990.	
Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5)	Yes' on Form 990,	Part IV, line 11d. See Form 990.	
Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6)	Yes' on Form 990,	Part IV, line 11d. See Form 990.	
Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7)	Yes' on Form 990,	Part IV, line 11d. See Form 990	
Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8)	Yes' on Form 990,	Part IV, line 11d. See Form 990	
Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7)	Yes' on Form 990,	Part IV, line 11d. See Form 990.	
Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)	Yes' on Form 990, scription		(b) Book value
Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) (Part X)	Yes' on Form 990, scription		(b) Book value
Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) (Part X) Complete if the organization answered 'Yes' on its complete if the organization answered 'Yes' or its complete if the organization answered 'Yes' or its complete if the organization answered 'Yes' or its complete if the organization and the orga	Yes' on Form 990, scription	11e or 11f. See Form 990, Part X, line 2	(b) Book value
Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) (Pai X) Complete if the organization answered 'Yes' on (a) Description of liability	Yes' on Form 990, scription	11e or 11f. See Form 990, Part X, line 2	(b) Book value
Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) (Column (B) (C	Yes' on Form 990, scription	11e or 11f. See Form 990, Part X, line 2	(b) Book value
Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) (Pair X) Complete If the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2)	Yes' on Form 990, scription	11e or 11f. See Form 990, Part X, line 2	(b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) (10) Total (Column (b) must equal Form 990, Part X) (a) Description of liability (1) Federal income taxes (2) (3)	Yes' on Form 990, scription	11e or 11f. See Form 990, Part X, line 2	(b) Book value
Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) (Complete if the organization answered 'Yes' on Incomplete if the organization of liability (1) Federal income taxes (2) (3) (4) (5)	Yes' on Form 990, scription	11e or 11f. See Form 990, Part X, line 2	(b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Yes' on Form 990, scription	11e or 11f. See Form 990, Part X, line 2	(b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Yes' on Form 990, scription	11e or 11f. See Form 990, Part X, line 2	(b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) (Column (b) must equal Form 990, Part X, column (Column (b) must equal Form 990, Part X, column (Column (b) must equal Form 990, Part X, column (Column (b) must equal Form 990, Part X, column (Column (b) must equal Form 990, Part X, column (Column (c) Description of liability (c) Description of liability (c) Federal income taxes (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Yes' on Form 990, scription	11e or 11f. See Form 990, Part X, line 2	(b) Book value
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) Total income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Yes' on Form 990, scription	11e or 11f. See Form 990, Part X, line 2	(b) Book value
Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) (Column (C	Yes' on Form 990, scription	11e or 11f. See Form 990, Part X, line 2	(b) Book value
Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) (Complete If the organization answered 'Yes' on It (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Yes' on Form 990, scription ine 15.) Form 990, Part IV, line (b) Book value	11e or 11f. See Form 990, Part X, line 2	(b) Book value
Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) (Column (C	Yes' on Form 990, scription ine 15.) Form 990, Part IV, line (b) Book value	11e or 11f. See Form 990, Part X, line 2	(b) Book value

Schedule D (Form 990) 2016 EQTX Equality Texas Foundation	74-2569542 Page 4
Reconciliation of Revenue per Audited Financial Statements With Rev	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	General Control of the Control of th
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII)	
e Add lines 2a through 2d ,	
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.	and due and
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·
c Add lines 4a and 4b	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Reconciliation of Expenses per Audited Financial Statements With Ex	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a	
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	
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 4a	
b Other (Describe in Part XIII.)	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
Supplemental Information.	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and	2h: Part V
line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	vide any additional information.

Schedule D (Form 990) 2016

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

Employer identification number

EQTX Equality Texas Found	dation				74-256954	12
Fundraising Activities. Comp						
1 Indicate whether the organization ra				g activities. Check all th	nat apply.	
a Mail solicitations			е	Solicitation of non-	government grants	
b Internet and email solicitations			f	Solicitation of gove	rnment grants	
c Phone solicitations			g	Special fundraising	-	
d In-person solicitations			9			
		.mi .uith anu	individual	/ingluding officers disc	tom touton orten	
2 a Did the organization have a written of employees listed in Form 990, Part	VII) or entity in	connection	with profes	(including officers, directs)	ces?	Yes No
b If 'Yes,' list the 10 highest paid indivi						
compensated at least \$5,000 by the	organization.					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fo have custoo of contri	undraiser ly or control butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		\ \frac{1}{2} \\ \fra	
1	-					
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]	1				
10	Į.	1			}	
	<u> </u>	1	1		 	
Total					}	
3 List all states in which the organization				contributions or has bee	n notified it is everate	om registration
or licensing.	ion is registered	or menset	a to adiioti	CONTRIBUTIONS OF HES DEE	an notined it is exempt if	om regi etia tion

Sche	dule G (Form 990 or 990-EZ) 2016 EQTX E	quality Texas F	oundation	74-25	69542 Pag
Per	Fundraising Events. Complete if more than \$15,000 of fundraising election List events with gross receipts greaters.	event contributions a	wered 'Yes' on Forr and gross income on	n 990, Part IV, line Form 990-EZ, lines	18, or reported 1 and 6b.
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
R		Spirit of Texas (event type)	Merry Martini (event type)	NONE (total number)	(add column (a) through column (d

			(a) Event #1 Spirit of Texas	(b) Event #2 Merry Martini	(c) Other events NONE	(d) Total events (add column (a) through column (c))
R			(event type)	(event type)	(total number)	
R E > E Z D E	1	Gross receipts	16,375.	9,100.		25,475.
E	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	16,375.	9,100.	: 	25,475.
	4	Cash prizes			·	
_	5	Noncash prizes				
D-RECT	6	Rent/facility costs	4,210.	3,000.		7,210.
	7	Food and beverages	7,239.	3,000.		10,239.
E X	8	Entertainment		1,500.		1,500.
EXPESSES	9	Other direct expenses	11,364.	8,743.	 	20,107.
š	10	Direct expense summary. Add lines 4 through				
	11	Net income summary. Subtract line 10 from Gaming. Complete if the organizati				
	<u>. 44.49</u>	\$15,000 on Form 990-EZ, line 6a.	on answered Tes	0111 01111 990, 1 ait 1	v, line 19, or reporte	d more than
用にと用く用力			(a) Bıngo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ĕ	1	Gross revenue				
		Cash prizes				
DE	_	·				
DIRECTS	3	Noncash prizes	<u> </u>			
TE	4	Rent/facility costs				
	5	Other direct expenses	 			
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 throu	gh 5 in column (d)			
	8	Net gaming income summary. Subtract line				
		rect garning income daminary. Outstack inte	7 Holli line 1, column (c	, , , , , , , , , , , , , , , , , , , 		
а	ls th	er the state(s) in which the organization condice organization licensed to conduct gaming a o,' explain:	ctivities in each of these	states?		· Yes No
		e any of the organization's gaming licenses res,' explain.	·	erminated during the tax	_	. Yes No
BAA			TEEA3702 09	Drane	Schedule G /Fo	rm 990 or 990-EZ) 2016

Sche	dule G (Form 990 or 990-EZ) 2016	EQTX Equali	y Texas Foundation	74-2569542	Page 3
11	Does the organization conduct ga	ming activities with no	nmembers?	Yes	No
12	Is the organization a grantor, bendadminister charitable gaming? .	eficiary or trustee of a t	rust, or a member of a partnership or ot	her entity formed to	No
13	Indicate the percentage of gaming	a activity conducted in.		1 1	
				13a	8
	•				
	•		the organization's gaming/special ever	`	
	Name •				
	Address >				
15 a	Does the organization have a con	tract with a third party	from whom the organization receives ga	aming revenue? Yes	No
			the organization > \$		لــا
	of gaming revenue retained by the	e third party 🔪 💲			
C	If 'Yes,' enter name and address of				
	Name •				,
	Address -				_
16	Gaming manager information.				
	Name -				
	Gaming manager compensation	► \$			
	Description of services provided	·			~- -
	Director/officer	Employee	Independent contracto	r	
17	Mandatory distributions				
а	Is the organization required under	r state law to make cha	ritable distributions from the gaming pro	oceeds to retain the	
t	state gaming license? Enter the amount of distributions	required under state la	w to be distributed to other exempt orga		No
	organization's own exempt activiti	•		•	
Feir	and Part III, lines 9, 9 information. See instr	b, 10b, 15b, 15c, 1	e explanations required by Part 6, and 17b, as applicable. Also	I, line 2b, columns (iii) and (v); provide any additional	
	\				
		<u></u>			
BAA			TEEA3703 09/23/16	Schedule G (Form 990 or 99	JU-EZ) 2016

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

THE OF THE ORGANIZATION		- Cimproyer racination names
EOTX Equality Tex	as Foundation	74-2569542
Pt VI, Line 11b	Form 990 is reviewed by the Finance Committee as Directors.	nd the Board of
Pt VI, Line 12c	Every Board Member must update their conflict of January.	interest statement each
Pt VI, Line 15a	Compensation of the Executive Director was base external executive search firm. Documentation employee's personnel file.	
Pt VI, Line 19	Governing documents, conflict of interest policy statements are available to the public upon reg	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

(g) Sec 512(b)(13) controlled entity? Schedule R (Form 990) 2016 (f)
Direct controlling
entity Reading Identification of Related Tax-Exempt Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Employer identification number (f) Direct controlling entity 74-2569542 (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) 图题图图 Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. (d) Total income (d) Exempt Code section 501(c)(4)(c)
Legal domicile (state or foreign country) (c)
Legal domicile (state or foreign country) (b) Primary activity eliminating discrimination TX Advocate & lobby for Primary activity BAA For Paperwork Reduction Act Notice, see the instructions for Form 990. 1 1 1 1 1 1 1 (a) Name, address, and EIN (if applicable) of disregarded entity Austin, TX 78768 ------| | | (a) Name, address, and EIN of related organization EQTX Equality Texas Foundation EQTX: Equality Texas PO Box 2340 Department of the Treasury Internal Revenue Service Name of the organization ଟ୍ର \$ <u>@</u> 3 $\mathbf{\epsilon}'$

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Yes

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Schedule R (Form 990) 2016 EQTX Equality Texas Foundation

Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34

Partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections	.	(f) 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	(j) General or managing partner?		(k) Percentage ownership
		country)		512-514)				Yes No	1065)	Yes	N _o	
(1)						-			 - -		 - -	
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Partive Identification o	identification of Related Organizations Taxable line 34 because it had one or more related organiz	izations re related		as a Corporation or Trust Complete if the organization sations treated as a corporation or trust during the tax year.	n or Trust (complete if the or trust due	he organization in the tax ye	on answer	as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, ations treated as a corporation or trust during the tax year.	rm 990, Pa	irt [<,	
(a) Name, address, and EIN of related organization	of related organization		(b) Primary activity L(s)	(c) Legal domicile (state or foreign	(d) Direct controlling	Type of entity (C corp., S corp.,	(f) Share of corp., total income		(g) Share of end-of- year assets	(h) Percentage ownership	Sec 512(b)(13) controlled enlity?	o)(13) entity?
				country)	enuny	or must					Yes	Š
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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			λ.	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ted in Parts II-IV?			
a Receipt of (I) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				×
b Giff, grant, or capital contribution to related organization(s)			1p	×
c Gift, grant, or capital contribution from related organization(s)		• • • • • • • • • • • • • • • • • • • •	10	×
			19	*
			<u> </u>	
e Loans of loan guarantees by related organization(s)			10	×
f Dividends from related organization(s)			11	×
g Sale of assets to related organization(s)			19	×
h Purchase of assets from related organization(s)			1 P	×
i Exchange of assets with related organization(s)		•	=	×
j Lease of facilities, equipment, or other assets to related organization(s)		•	:	×
k Lease of facilities, equipment, or other assets from related organization(s)			1k	×
1 Performance of services or membership or fundraising solicitations for related organization(s)			1-	×
m Performance of services or membership or fundraising solicitations by related organization(s)			1 m	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			- 1 - 1	×
o Sharing of paid employees with related organization(s)		•	10	×
p Reimbursement paid to related organization(s) for expenses			1p	×
q Reimbursement paid by related organization(s) for expenses			19	×
r Other transfer of cash or property to related organization(s)			1r	×
s Other transfer of cash or property from related organization(s)			15	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	d relationships and tra	ansaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ermining
	(2-1) 2-16			
(1) EQTX: Equality Texas - Shared employees				
(2) EQTX: Equality Texas - Shared facilities				
(3)				
3				
[5]				
(9)				
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Example Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

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

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(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Are all partners section 501(c)(3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(j) General or managing partner?	(k) Percentage ownership
			lated, excluded from tax under	organizations?				K-1 (Form 1065)		
			sections 512-514)	Yes No			Yes No	,	Yes No	
(1)				-						
										
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Supplemental Information.
Provide additional information for responses to questions on Schedule R. See instructions.