

February 18, 2025

Equality NC Foundation 506 Ramseur Street 1 Durham, NC 27701

**Equality NC Foundation** 

Enclosed is the organization's 2023 Exempt Organization return. The return should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail as soon as possible.

Mail to:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Robert M. Lanning

February 18, 2025

Equality NC Foundation 506 Ramseur Street 1 Durham, NC 27701

**Equality NC Foundation** 

Enclosed are the original and one copy of the 2023 Exempt Organization return, as follows...

2023 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Very truly yours,

Robert M. Lanning

# TAX RETURN FILING INSTRUCTIONS

FORM 990

### FOR THE YEAR ENDING

December 31, 2023

Prepared For:	
	Equality NC Foundation 506 Ramseur Street 1 Durham, NC 27701
Prepared By:	
	Norton Collar Lund Lilley, PLLC 7701 Six Forks Road Suite 100 Raleigh, NC 27615
Amount Due o	or Refund:
	Not applicable
Make Check P	ayable To:
	Not applicable
Mail Tax Retu	rn and Check (if applicable) To:
	Not applicable
Return Must b	e Mailed On or Before:
	Not applicable

### **Special Instructions:**

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

EQUALITY NC FOUNDATION 506 RAMSEUR STREET, 1 DURHAM, NC 27701

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

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### Form **8868**

(Rev. January 2024)

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or **Print** 58-1374041 EQUALITY NC FOUNDATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 506 RAMSEUR STREET, 1 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 27701 DURHAM, NC Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of LAURA MEYERS 506 RAMSEUR STREET, STE 1 - DURHAM, NC 27701 Telephone No. 919-829-0343 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
. If this is for the whole group, check this . If it is for part of the group, check this box ..... and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning \_\_\_\_\_, 20 \_\_\_\_, and ending \_\_\_ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

### PUBLIC DISCLOSURE COPY 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.

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2023 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number X Address change Name change EQUALITY NC FOUNDATION 58-1374041 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 919-829-0343 506 RAMSEUR STREET 719,554. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 27701 DURHAM, NC H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ELIAZAR POSADA Yes X No for subordinates? ..... 506 RAMSEUR STREET, STE 1, DURHAM, NC 27701 \_\_Yes **H(b)** Are all subordinates included? Tax-exempt status:  $\mathbf{X}$  501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: HTTP://WWW.EQUALITYNC.ORG/ H(c) Group exemption number K Form of organization: X Corporation Other L Year of formation: 1979 M State of legal domicile: NC ☐ Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: EDUCATING THE PUBLIC ON LGBTQ **Activities & Governance** ISSUES AND HOW THEY AFFECT NORTH CAROLINIANS. if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 1,288,470. 715,489. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 802. 4,065. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -7,927.-54,438. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,234,834. 711,627. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 4,439. 1,500. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 721,804. 742,133. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 282,736. 339,664. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,083,297. 1,008,979. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 225,855. -371,670. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,442,227. 1,170,150. Total assets (Part X, line 16) 7,387. 108,363. 21 Total liabilities (Part X, line 26) 三年 434,840. 061,787 Net assets or fund balances. Subtract line 21 from line 20 .... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ELIAZAR POSADA, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 02/18/25 self-employed P01893629 ROBERT M. LANNING ROBERT M. LANNING Paid NORTON COLLAR LUND LILLEY, PLLC Firm's EIN 56-2034483 Preparer Firm's name Firm's address 7701 SIX FORKS ROAD SUITE Use Only

No

X Yes

Phone no. 919-841-1000

May the IRS discuss this return with the preparer shown above? See instructions

RALEIGH, NC 27615

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	EDUCATING THE PUBLIC ON LGBTQ ISSUES AND HOW THEY AFFECT NORTH
	CAROLINIANS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes." describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
Ū	If "Yes," describe these changes on Schedule O.
4	· · · · · · · · · · · · · · · · · · ·
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	CIVIC ENGAGEMENT: THE CIVIC ENGAGEMENT STRATEGY OF ENCF IS CENTERED
	UPON REACHING PEOPLE TRADITIONALLY UNDERREPRESENTED: LGBTQ+, VOTERS OF
	COLOR, AND RURAL VOTERS. THIS INCLUDES VOTER REGISTRATION,
	MOBILIZATION, EDUCATION ABOUT HOW THE ELECTION CONNECTS TO LONG-TERM
	MATERIAL BENEFITS AND COMBATING INCREASED VOTER SUPPRESSION. OUR CIVIC
	ENGAGEMENT STRATEGY INCLUDES OUR STATEWIDE BIPARTISAN PEER NETWORK OF
	ELECTED OFFICIALS REPRESENTING COMMUNITIES FROM ACROSS NORTH CAROLINA,
	AND IN EVERY LEVEL OF STATE AND LOCAL GOVERNMENT, WHO ARE SUPPORTIVE OF
	LGBTQ RIGHTS AND JUSTICE.
4b	(Code:) (Expenses \$ 385 , 012 •including grants of \$) (Revenue \$)
	EDUCATION: ENCF PROVIDES TRAINING AND EDUCATION TO INDIVIDUALS,
	INSTITUTIONS, BUSINESSES, AND THE GOVERNMENT ON HOW TO PROVIDE DIVERSE,
	INCLUSIVE, AND EQUITABLE ENVIRONMENTS THROUGH THE CORE STRATEGIES OF
	ADVOCACY, TRAINING AND EDUCATION, LEADERSHIP DEVELOPMENT, AND BASE-
	BUILDING. OUR EDUCATION POLICY INCLUDES IMPLEMENTING LGBTQ-INCLUSIVE
	TRAINING AND PROFESSIONAL DEVELOPMENT STATEWIDE, RECRUITING VOLUNTEERS
	FOR OUR ADVOCATES NETWORK, AND WORKING WITH LGBTQ+ YOUTH FROM RURAL AND
	OTHER MARGINALIZED COMMUNITIES. WE INVEST IN YOUNG CHANGEMAKERS
	THROUGH OUR RURAL YOUTH EMPOWERMENT (RYE) FELLOWSHIP, IN ADDITION TO
	PROVIDING EDUCATION AND TRAINING TO ADULT EDUCATORS AND CARETAKERS.
4c	(Code:) (Expenses \$128 , 337 • including grants of \$) (Revenue \$)
	ALL OTHER SMALL PROGRAMS
	Other program convices (Describe on Schodule O.)
40	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 855,581.
46	Total program service expenses 855,581.

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Form 990 (2023) EQUALITY NC FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		1
8	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
	, .	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the appropriation projection of the control of the United Otelson			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	44.		X
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ <sub>37</sub>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

332003 12-21-23

Form 990 (2023) EQUALITY NC FOUNDATION
Part IV Checklist of Required Schedules (continued)

	· (oontinaed)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Х	
25-	Part V, line 1	34	Λ	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		1
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		$\vdash$
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<u> </u>
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	51		
30		38	х	
Pai		. 55		
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
c				
J	(gambling) winnings to prize winners?	1c		
22000	4 12 21 22		990	(2023) I

Form 990 (2023) EQUALITY NC FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b					
За									
b									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		X			
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccoun	ts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit						
	any contributions that were not tax deductible as charitable contributions?			6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributi								
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).					37			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	provided to the payor?	7a		<u> </u>			
b				7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_		х			
	to file Form 8282?	1	1	7c					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	7.					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		t?	7e 7f					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual property, did the organization file for		200 oo roquirod?	7g					
	<ul> <li>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</li> <li>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</li> </ul>								
8									
Ü	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.			8					
а				9a					
b				9b					
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
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:								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ا	I						
	organization is licensed to issue qualified health plans	13b							
C	Enter the amount of reserves on hand	13c	•	44					
14a				14a		<u> </u>			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedula the expensation subject to the section 4060 tax on payment(s) of more than \$1,000,000 in remune			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			15		Х			
	excess parachute payment(s) during the year?  If "Ves " see the instructions and file Form 4720. Schedule N.			15		Λ			
16	If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		Х			
10	If "Yes," complete Form 4720, Schedule O.	. 11 1001		10					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	3						
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.								
	,,				000				

332005 12-21-23

EQUALITY NC FOUNDATION 58-1374041

Part VI 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 on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure NONE 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 (1024 or 1024-A, 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 X Upon request Own website Another's website Describe on 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 LAURA MEYERS - 919-829-0343 506 RAMSEUR STREET, STE 1, DURHAM, NC 27701

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization (A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than or		nne	Reportable	Reportable	Estimated			
	hours per	box	, unle:	ss pei	s person is both an   compensation		compensation	amount of		
	week	_	cer ar	la a a	recio	rrus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation from the
	hours for related	eord	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	truste	al trus		yee	m per		1099-NEC)	1000 (420)	and related
	below	Individual trustee or director	Institutional trustee	la la	Key employee	Highest compensated employee	e.	,		organizations
	line)	Indiv	Instit	Officer	Key (	High	Former			
(1) KENDRA JOHNSON	28.00									
EXECUTIVE DIRECTOR	12.00					X		97,871.	20,012.	12,800
(2) ADRIAN PARRA	3.00							_	_	_
SECRETARY		Х		Х				0.	0.	0
(3) IVAN CANADA	4.00	1						_		_
CHAIR		Х		Х				0.	0.	0
(4) ORLANDO MITCHELL	1.00									
BOARD MEMBER	2 22	Х						0.	0.	0
(5) ROBERT DOGENS	3.00	ļ		l						
TREASURER		Х		Х				0.	0.	0
		-								
		-								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
				L		L				

Section A. Officers, Direct	ors, Trustees, Key Em	<u>loye</u>	es,	and	Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(C				(D)	(E)		(F)	
Name and title	Average		not ch		nore t	than o		Reportable	Reportable		Estima	
	hours per week					s both r/trust		compensation	compensation	ן י	amour	
	(list any	-ioi						from the	from related organizations	.	othe	
	hours for	direct				p		organization	(W-2/1099-MIS		from	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		organiz	
	organizations	trust	nal tru		oyee	ompe		1099-NEC)	,		and rel	ated
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former				organiza	ations
	line)	ip i	lust	Officer	Key	Hig	윤					
		.										
		$\vdash$		_								
		-										
		$\vdash$	$\dashv$	$\dashv$								
		-										
		$\vdash$	_	$\dashv$								
		1										
		$\vdash$		_								
		$\forall$	$\dashv$	$\dashv$						$\dashv$		
		1										
		$\forall$	$\neg$	$\neg \dagger$						$\neg \uparrow$		
		1										
		1										
		1										
1b Subtotal								97,871.	20,01	2.	12,8	800.
c Total from continuation sheets t	to Part VII, Section A							0.		0.		0.
d Total (add lines 1b and 1c)		<u></u>						97,871.	20,01	2.	12,8	800.
2 Total number of individuals (include	ding but not limited to th	ose li	isted	dab	ove)	) who	o re	eceived more than \$100,	000 of reportable			
compensation from the organization	on											0
											Yes	s No
3 Did the organization list any forme	, ,	,	,	•	,	,	•		•			
line 1a? If "Yes," complete Schedu											3	<u> </u>
4 For any individual listed on line 1a	•		•					·	· ·			177
and related organizations greater t	•		•								4	<u> </u>
5 Did any person listed on line 1a re											_	₩.
rendered to the organization?  f "  Section B. Independent Contractors	<u>Yes." complete Schedul</u>	<u> </u>	r su	ch p	erso	on .					5	X
•	ighoot components dis-		.d	+	nt	note:	O #1-	not received many them the	100 000 of	onoct.	on from	
1 Complete this table for your five hi										ensati	on irom	
the organization. Report compens	(A)	zai er	IUITI	y Wi	1110	ı vvil	111111.	the organization's tax ye	zai.		(C)	
Name and	business address	NO	NF	:				Description of s	ervices	Co	ompensat	ion
				-				·			· · · · · · · · · · · · · · · · · · ·	
									<u> </u>			
							$\Box$					
									T			
2 Total number of independent cont	tractors (including but n	ot lim	ited	to t	hos	e list	ted	above) who received mo	ore than			
\$100,000 of compensation from the	he organization				0	)						
										F	orm <b>990</b>	(2023)

Part VIII Statement of Revenue
--------------------------------

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
SΩ	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		o Membership dues 1b					
9		Fundraising events 1c					
fts,		d Related organizations 1d					
ig ig		e Government grants (contributions)  1e					
ons,							
atio er	T	All other contributions, gifts, grants, and	715 /00				
ĕ		similar amounts not included above 1f	715,489.				
on t	ç	Noncash contributions included in lines 1a-1f		715 400			
<u>0</u> <u>6</u>	r	Total. Add lines 1a-1f	T	715,489.			
			Business Code				
9	2 a	a					
e <u>v</u> i	b						
S	c	·					
am	c	d					
Program Service Revenue	e	e					
P	f	All other program service revenue					
		Total. Add lines 2a-2f	·				
	3	Investment income (including dividends, intere	est, and				
		other similar amounts)		4,065.	4,065.		
	4	Income from investment of tax-exempt bond p		-	-		
	5	Royalties					
	_	(i) Real	(ii) Personal				
	6 =		( )				
		b Less: rental expenses 6b					
		d Net rental income or (loss)	(ii) Other				
	/ a		(II) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
<u>ا</u> و		and sales expenses <b>7b</b>					
ther Revenue	c	Gain or (loss) 7c					
æ	c	d Net gain or (loss)					
þe	8 a	a Gross income from fundraising events (not					
ð		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	b	Less: direct expenses 8b	7,927.				
	c	Net income or (loss) from fundraising events		-7,927.			-7,927.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a	<u>                                     </u>				
	k	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances10	a				
	ŀ	Less: cost of goods sold 10					
		Net income or (loss) from sales of inventory	~1				
$\dashv$		The modifie of floody north sales of inventory	Business Code				
sn	11 a	<u>.</u>					
e ne	11 č						
Miscellaneous Revenue	b						
Sce	•						
Ž		d All other revenue	•				
		Total Add lines 11a-11d		711,627.	4,065.	0.	-7,927.
	12	Total revenue. See instructions		/11,04/•	1 ±,000•	ı •	-1,341•

332009 12-21-23

58-1374041 Page **10** EQUALITY NC FOUNDATION Form 990 (2023) Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1,500. 1,500. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 97,870. 96,754. 1,116. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 535,120. 402,992. 61,803. 70,325. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 59,225. 46,758. 5,887. 6,580. Other employee benefits 9 49,918. 39,410. 4,962. 5,546. 10 Payroll taxes Fees for services (nonemployees): Management Legal 43,609. 34,429. 4,335. 4,845. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 47,851. 6,025. 6,734. 60,610. column (A), amount, list line 11g expenses on Sch O.) <u>1,</u>168. 922. 116. 130. Advertising and promotion 12 7,998. 6,314. 795. 889. Office expenses 13 154,215. 121,753. 15 329. 17,133. Information technology 14 15 Royalties 16,458. 1,636 12,994. 1,828. 16 Occupancy

34,705.

0.

7,181.

7,955.

2,724.

1,815.

1,133.

1,083,297.

93.

Form 990 (2023)

120,184.

3,856.

798.

884.

303.

202.

126.

5.

17 18

19 20

21

22

23

24

25

Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings

Payments to affiliates

Depreciation, depletion, and amortization

Other expenses. Itemize expenses not covered

above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)

DUES, LICENSE, REGISTR.

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

MERCHANDISE EXPENSE

CREDIT CARD FEES

All other expenses

STAFF DEVELOPMENT

27,399.

5,669.

6,280.

2,150.

1,433.

855,581.

894.

79.

3,450.

714.

791.

271.

180.

113.

107,532.

9.

Check here

Form 990 (2023)

Part X | Balance Sheet

Pai	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			744,683.	1	693,089
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net	669,604.	3	471,713		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	contributor, or 35%				
		controlled entity or family member of any of th	ons		5		
	6	Loans and other receivables from other disqua	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
s,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	5				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	. 10b	10,590. 5,242.	6,730.	10c	5,348
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	21,210.	15	0 .		
	16	Total assets. Add lines 1 through 15 (must ed	1,442,227.	16	1,170,150		
	17	Accounts payable and accrued expenses	7,387.	17	0 .		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complet			21		
Ø	22	Loans and other payables to any current or fo	er, director,				
Liabilities		trustee, key employee, creator or founder, sub	stantial (	contributor, or 35%			
abi		controlled entity or family member of any of th	ese pers	ons		22	
⊐	23	Secured mortgages and notes payable to unre	elated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	ted third	oarties		24	
	25	Other liabilities (including federal income tax, )	payables	to related third			
		parties, and other liabilities not included on lin	es 17-24	. Complete Part X			
		of Schedule D		0.	25	108,363	
	26	Total liabilities. Add lines 17 through 25			7,387.	26	108,363
		Organizations that follow FASB ASC 958, cl	heck her	e X			
ces		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions			1,434,840.	27	1,032,408
Ва	28				0.	28	29,379
pur		Organizations that do not follow FASB ASC					
Ę		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current fund	ds			29	
set	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Se.	32	Total net assets or fund balances			1,434,840.	32	1,061,787
	33	Total liabilities and net assets/fund balances			1,442,227.	33	1,170,150.

Pai	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>27.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,08				
3	Revenue less expenses. Subtract line 2 from line 1	3	-37				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,43	4,8	<u>40.</u>		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9	- 1	1,3	83.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	1,06	1,7	87.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	Ra Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	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:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b				
	<del>`</del>		Form	990	(2023)		

### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

## **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.

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

Open to Pub

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

EQUALITY NC FOUNDATION

Employer identification number 58-1374041

			HIII NO 10					0 1374041				
Pa	ırt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.					
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)						
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).					
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	$\Box$	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state:										
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a no	vernmental unit describe	ad in				
3				nege of university owned	or operat	ca by a gc	verrimental anti desemb	5 <b>4</b> III				
_		section 170(b)(1)(A)(iv). (C		and the second s		70/1-1/41/41	6.3					
6		A federal, state, or local gov	· ·				• •					
7	X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from the general	oublic described in				
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8	Ш	A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Part	: II.)							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	x) operate	ed in conju	ınction with a land-grant	college				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or				
		university:										
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from				
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.				
		See section 509(a)(2). (Con					, ,	,				
11		An organization organized a	•	ively to test for public sat	ety See	section 50	09(a)(4).					
12	$\Box$	An organization organized a	· ·	•	•			nurnoses of one or				
12	ш	more publicly supported or	· ·	•	-		•					
			~					DIRECK THE DOX OH				
		lines 12a through 12d that				•	, ,	at to				
а	ı <u> </u>		· · · · · · · · · · · · · · · · · · ·			-						
		the supported organization			majority o	of the direc	tors or trustees of the su	pporting				
		organization. You must o	complete Part IV, Se	ections A and B.								
b	) <u> </u>		anization supervised	or controlled in connect	ion with it	s supporte	ed organization(s), by have	ving				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.								
c	;	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,				
		its supported organization	n(s) (see instructions)	). You must complete F	Part IV, Se	ections A,	D, and E.					
c		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organiz	zation(s)				
		that is not functionally int	egrated. The organiz	zation generally must sat	sfv a distr	ibution red	uirement and an attentiv	/eness				
		requirement (see instructi	-		•							
e		Check this box if the orga	·	-								
٠	, L	functionally integrated, or					Type i, Type ii, Type iii					
	Ent	• •	* *	nally integrated supporting	ig organiz	ation.						
f		er the number of supported o		d arganization(a)								
		vide the following information  (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other				
	`	organization	(,	(described on lines 1-10	in your governi	ing document?	support (see instructions)	support (see instructions)				
				above (see instructions))	Yes	No	I					
Tota	al											
								i				

### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1490362.	886,704.	834,830.	1288470.	715,489.	5215855.
2	Tax revenues levied for the organ-						
	ization'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	1490362.	886,704.	834,830.	1288470.	715,489.	5215855.
	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,						
							2286491.
_							2929364.
	Public support. Subtract line 5 from line 4.						2929304.
		(=) 2010	(h) 2020	(a) 2021	(4) 2022	(a) 0000	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2019 1490362.	(b) 2020 886,704.	(c) 2021 834,830.	(d) 2022 1288470.	(e) 2023 715, 489.	(f) Total 5215855.
	Amounts from line 4	1490302.	000,704.	034,030.	1200470.	113,403.	3413033.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	F.C.C.	422	100	000	4 065	C 04C
	and income from similar sources	566.	433.	180.	802.	4,065.	6,046.
9	Net income from unrelated business						
	activities, whether or not the	24 010					24 010
	business is regularly carried on	34,810.					34,810.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				20,000.		20,000.
11	<b>Total support.</b> Add lines 7 through 10						5276711.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	1,179.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 50	01(c)(3)	
_	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	55.51 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	57.94 <u>%</u>
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	-	•		-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
	Schedule A (Form 990) 2023						

### Part III | 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.)

Se	ction A. Public Support		•					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, 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							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7	Amounts included on lines 1, 2, and 3 received from disqualified persons							
ŀ	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							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
9	Amounts from line 6							
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
ŀ	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
•	Add lines 10a and 10b							
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)					12.1(.)(2)		
14	First 5 years. If the Form 990 is for the	-			-			
90	check this box and stop here ction C. Computation of Publi							
	Public support percentage for 2023 (I			oolumn (f))		15	04	
	Public support percentage from 2022					16	<u>%</u>	
	ction D. Computation of Inves		-			10	70	
	•			ne 13 column (f)		17	%	
18			123 (line 10c, column (f), divided by line 13, column (f))       17       %         2022 Schedule A, Part III, line 17       18       %					
	a 33 1/3% support tests - 2023. If the							
	more than 33 1/3%, check this box ar							
ŀ	33 1/3% support tests - 2022. If the							
	line 18 is not more than 33 1/3%, che	•			•	•		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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.
- 2 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 6 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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
1		
2		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
10a		
iva		
10b		

Schedule A (Form 990) 2023

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
3601	tion 6. Type it Supporting Organizations			
	Many and the file and the file of the file		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations			l
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	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?	1		
	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		
	By reason of the relationship described on line 2, above, 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 played in this regard.	3		
Sect	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 instruction)	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instruction		ı
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, 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 reasons for the organization's position that its supported organization(s) would have engaged in	2b		
	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3h below.	<u> </u>		
	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b>	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	t complete S	Sections A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries 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		
Secti	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functional	ly integrated	d Type III supporting orga	anization (see

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

e Excess from 2023

**Schedule of Contributors** 

## Schedule B

(Form 990)

Attach to Form 990, 990-EZ, or 990-PF.

Department of the Treasury
Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF.

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

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

	EQUALITY NC FOUNDATION	58-1374041					
Organization type (chec	k one):						
Filers of:	Section:						
Form 990 or 990-EZ	$\overline{X}$ 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.					
For an organiza	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor						
Special Rules							
sections 509(a)( contributor, dur	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, aring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	nd that received from any one					
contributor, dur literary, or educ	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contribution is checked, ento purpose. Don't	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
answer "No" on Part IV, I	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Filine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF iling requirements of Schedule B (Form 990).						

Schedule B (Form 990) (2023)

Name of organization Employer identification number

### EQUALITY NC FOUNDATION

58-1374041

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$300,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  \$ 32,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Schedule B (Form 990) (2023) Page 2

Name of organization Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	
7		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
8		\$\$ 49,0	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Prins Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d)
		\$	Person Payroll Noncash Complete Part II for

323452 12-26-23

noncash contributions.)

Page 3

Name of organization Employer identification number

### EQUALITY NC FOUNDATION

58-1374041

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	l if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	
323453 12-26	00		Schedule B (Form 990) (2023)

Page 4

Schedule B (Form 990) (2023) Name of organization **Employer identification number** EQUALITY NC FOUNDATION 58-1374041 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 12-26-23

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

EQUALITY NC FOUNDATION

**Employer identification number** 58-1374041

Pai			ds or Acc	counts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(1-	) Funds and other accounts			
1	Total number at and of year	(a) Bonor advised fands	,,,	T unds and other accounts			
2	Total number at end of 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 v	writing that the assets held in donor ad	vised funds				
Ū	are the organization's property, subject to the organization's	_					
6	Did the organization inform all grantees, donors, and donor a						
•	for charitable purposes and not for the benefit of the donor o						
Pai							
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (for example, recrea		of a histor	rically important land area			
	Protection of natural habitat	Preservation	of a certifi	ied historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the for	m of a con	servation easement on the last			
	day of the tax year.			Held at the End of the Tax Year			
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easements			2b			
С	Number of conservation easements on a certified historic stru	ucture included on line 2a		2c			
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not					
	on a historic structure listed in the National Register			2d			
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by t	the organiz	ation during the tax			
	year						
4	Number of states where property subject to conservation eas		_				
5	Does the organization have a written policy regarding the per		of				
	violations, and enforcement of the conservation easements it						
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	onservation	easements during the year			
7	Amount of expanses incurred in manitoring inspecting hand	lling of violations, and enforcing conserving	votion occ	omente during the year			
′	Amount of expenses incurred in monitoring, inspecting, hand	alling of violations, and emorcing conser	valion easi	ements during the year			
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170	7(h)(4)(R)(i)				
Ū		causing the requirements of escaler from		Yes No			
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footr	•					
	organization's accounting for conservation easements.	3					
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Si	milar Assets.			
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statemen	t and balar	nce sheet works			
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research ir	n furtherand	ce of public			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement an	d balance	sheet works of			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	ırtherance	of public service,			
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						
	(ii) Assets included in Form 990, Part X			\$			
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for finan	cial gain, p	rovide			
	the following amounts required to be reported under FASB A	·					
	Revenue included on Form 990, Part VIII, line 1						
	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2023			

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

Pai	rt III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar	Assets	(contin	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	following that	make sig	gnificant u	ise of its	-		
	collection items (check all that apply).										
а	Public exhibition	c	i 🗌	Loan or exc	hange progra	am					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, his	storical treas	sures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Pai	rt IV Escrow and Custodial Arrang	gements Comple	te if the	organizatior	n answered "	Yes" on F	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for	contribution	s or other as	sets not i	ncluded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount	1	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	escrow or cu	ustodial acco	unt liabilit	y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai	rt V Endowment Funds Complete if										
		(a) Current year	(b) P	rior year	(c) Two year	rs back (	<b>d)</b> Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1g	j, column (a)	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	•									
За	Are there endowment funds not in the posses	ssion of the organiza	ation that	t are held ar	nd administer	ed for the	9		_		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)	$\longrightarrow$	
									3a(ii)	$\longrightarrow$	
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Pai	t VI Land, Buildings, and Equipm		) D4 IV			Ded V. I	: 10				
	Complete if the organization answered	T									
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Bool	< value	Э
		basis (investr	nent)	Siesa	(other)	aep	reciation				
_	Land										
b	Buildings										
С.	Leasehold improvements			1	0 E00		F 2.	12		<u> </u>	10
	Equipment				0,590.		5,24	± 4 •		5,34	±0.
	Other							-		5,34	<u>/ Q</u>
ıota	I. Add lines 1a through 1e. (Column (d) must e	aual Form 990 Part	X line 11	occlumn	(H))			ı	:	J,J4	±U.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 EQUALITY NC	FOUNDATION	36	-13/4041 Page 3
Part VII Investments - Other Securities  Complete if the organization answered "Yes" o	n Form 000 Part IV line	a 11h Soo Form 000 Part V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(b) Book value	(c) Welliod of Valuation. Gost of City	a or year market value
<ul><li>(1) Financial derivatives</li><li>(2) Closely held equity interests</li></ul>			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, line 15.	_
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X   Other Liabilities	(B))		
	n Form 000 Dort IV line	allo or 11f Coo Form 000 Port V line 05	
Complete if the organization answered "Yes" o	in Form 990, Part IV, line	e TTe or TTI. See Form 990, Part X, IIIIe 25	(b) Book value
<u> </u>			(b) Book value
(1) Federal income taxes			100 262
(2) DUE TO EQUALITY NC			108,363.
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9)	(2))		108,363.
Total. (Column (b) must equal Form 990, Part X, line 25, col.	(B))		100,303.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

Sche	nedule D (Form 990) 2023 EQUALITY NC FOUNDATION			58-1	1374041 Page 4
	art XI Reconciliation of Revenue per Audited Financial Statemen	nts With Re			<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			Ι.Ι	710 554
1	, , , , , , , , , , , , , , , , , , , ,			1	719,554.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	J				
b					
С.		1			
d		•			0
e	•			2e	0. 719,554.
3	Subtract line 2e from line 1			3	719,334.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a	, , , , , , , , , , , , , , , , , , , ,		-7,927.		
b			-	4.	_7 027
c				4c	
5 <b>D</b> a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Art XII   Reconciliation of Expenses per Audited Financial Statemen	nte With Ex	nenses ner E	5 Poturr	
ı a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	into with L	iperises per i	ictuii	•
1				1	1,092,607.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a		2a			
b				•	
c				•	
d			7,927.	•	
e			-	2e	7,927.
3	Subtract line 2e from line 1			3	1,084,680.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				1,001,000
a		4a			
b			-1,383.	•	
C				4c	-1,383.
5				5	1,083,297.
	art XIII Supplemental Information				1,000,120,1
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and	2b; Part V, line 4	; Part X	ζ, line 2; Part XI,
lines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	tional informati	on.		
PAI	RT X, LINE 2:				
THI	E ORGANIZATION'S FORM 990 IS NOT CURRENTLY	UNDER E	XAMINATIO	N BY	THE
IN	TERNAL REVENUE SERVICE. THE ORGANIZATION'S	TAXABLE	YEARS TH	AT A	ARE OPEN
FOI	R POTENTIAL EXAMINATION BY THE INTERNAL REV	ENUE SE	RVICE ARE	FOI	R THE
YE	ARS ENDED DECEMBER 31, 2023, 2022, 2021, AN	D 2020.	AT THIS	тімі	Ξ,
	NAGEMENT DOES NOT EXPECT TO OWE ANY TAXES,				
	·				
OTAC	CERTAIN TAX POSITIONS.				
	RT XI, LINE 4B - OTHER ADJUSTMENTS:				

EVENT EXPENSES -7,927.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2023

### **SCHEDULE O** (Form 990)

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 Form 990-EZ.

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

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ECHALTTY NO FOUNDATION

Employer identification number 58-1374041

EQUALITY NC FOUNDATION	20-13/4041
FORM 990, PART VI, SECTION B, LINE 11B:	
ORGANIZATION'S PROCESS TO REVIEW FORM 990. THE 990 IS REVI	EWED AND APPROVED
BY THE FINANCE COMMITTEE AND THEN PRESENTED TO THE BOARD O	F DIRECTORS FOR
APPROVAL.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION'S BOARD OF DIRECTORS REVIEWED THE EXECUTI	VE DIRECTOR'S
PERFORMANCE, RESEARCHED SALARIES OF SIMILAR ROLES OF SIMIL	AR STATEWIDE
CIVIL RIGHTS LGBT NONPROFITS, AND DOCUMENTED THE REVIEW. O	RGANIZATIONAL
DIRECTORS RECEIVE A YEARLY QUESTIONNAIRE TO REVIEW THE EXE	CUTIVE DIRECTOR.
REVIEWS ARE SUBSEQUENTLY SUBMITTED TO THE ORGANIZATIONAL C	HAIRS AND/OR
OFFICERS.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE AVAILABLE UPON REQUEST, ON WEBSITE, BY EMAIL	OR BY FAX.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
BOOK/TAX DEPRECIATION DIFFERENCE	-1,383.
FORM 990, PART XII, LINE 2C	
THE PROCESS TO REVIEW FORM 990 HAS NOT CHANGED FROM PRIOR	YEAR.

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

Schedule O (Form 990) 2023

#### **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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

EQUALITY NC FO	EQUALITY NC FOUNDATION									
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Ye	s" on Form 990, Part IV, line 33	3.							
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea		(f) Direct controll entity	ing			
	- - -									
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	n answered "Yes" on Form 990	), Part IV, line 34, t	ecause it had one	or more related	tax-exempt				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct contr	olling <sub>c</sub>	(g) on 512(b)(13) ontrolled entity?			
EQUALITY NC - 02-0662714						163	140			
506 RAMSEUR STREET, STE 1 DURHAM, NC 27701	ADVOCACY	NORTH CAROLINA	501(C)(4)	LINE 7	N/A		x			

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

Schedule R (Form 990) 2023

		0 11 77 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related
	organizations treated as a partnership during the tax year.	
	organizations treated as a partnership during the tax year.	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(i	h)	(i)	(j)	(k)							
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of total income	Share of total income	me Share of total d, income	dominant income share of total income ded from tax under	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	Percenta ping ownersh	age ship
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10							
										Ш								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		,						Yes	No

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions	with one or more re	lated organizations listed i	n Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х	
b	Gift, grant, or capital contribution to related organization(s)				1b		X	
	Gift, grant, or capital contribution from related organization(s)				1c		X	
	Loans or loan guarantees to or for related organization(s)				1d		X	
е	Loans or loan guarantees by related organization(s)				1e		_X_	
f	Dividends from related organization(s)				1f		_X_	
	Sale of assets to related organization(s)				1g		X	
h	Purchase of assets from related organization(s)				1h		_X_	
i	Exchange of assets with related organization(s)				1i		_X_	
j	Lease of facilities, equipment, or other assets to related organization(s)				<b>1</b> j		X	
						X		
k	k Lease of facilities, equipment, or other assets from related organization(s)							
ı	Performance of services or membership or fundraising solicitations for related organization(s)							
	m Performance of services or membership or fundraising solicitations by related organization(s)							
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	n(s)			1n		Х	
0	Sharing of paid employees with related organization(s)				10	X		
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p	X		
	Reimbursement paid by related organization(s) for expenses				1q		_X_	
r	Other transfer of cash or property to related organization(s)				1r		_X_	
s	Other transfer of cash or property from related organization(s)				1s		X	
2	If the answer to any of the above is "Yes," see the instructions for information on wh	no must complete th	is line, including covered r	elationships and transaction thresholds.				
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount in	nvolved			
(1)	EQUALITY NC	K	16,458.	CASH VALUE				

(2) EQUALITY NC Ρ 289,702. CASH VALUE 739,915. CASH VALUE (3) EQUALITY NC 0 (4) (5)

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

### PUBLIC DISCLOSURE COPY 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.

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2023 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number X Address change Name change EQUALITY NC FOUNDATION 58-1374041 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 919-829-0343 506 RAMSEUR STREET 719,554. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 27701 DURHAM, NC H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ELIAZAR POSADA Yes X No for subordinates? ..... 506 RAMSEUR STREET, STE 1, DURHAM, NC 27701 \_\_Yes **H(b)** Are all subordinates included? Tax-exempt status:  $\mathbf{X}$  501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: HTTP://WWW.EQUALITYNC.ORG/ H(c) Group exemption number K Form of organization: X Corporation Other L Year of formation: 1979 M State of legal domicile: NC ☐ Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: EDUCATING THE PUBLIC ON LGBTQ **Activities & Governance** ISSUES AND HOW THEY AFFECT NORTH CAROLINIANS. if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 1,288,470.715,489. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 802. 4,065. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -7,927.-54,438. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,234,834. 711,627. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 4,439. 1,500. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 721,804. 742,133. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 282,736. 339,664. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,083,297. 1,008,979. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 225,855. -371,670. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,442,227. 1,170,150. Total assets (Part X, line 16) 7,387. 108,363. 21 Total liabilities (Part X, line 26) 三年 434,840. 061,787 Net assets or fund balances. Subtract line 21 from line 20 .... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ELIAZAR POSADA, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 02/18/25 self-employed P01893629 ROBERT M. LANNING ROBERT M. LANNING Paid NORTON COLLAR LUND LILLEY, PLLC Firm's EIN 56-2034483 Preparer Firm's name Firm's address 7701 SIX FORKS ROAD SUITE Use Only

No

X Yes

Phone no. 919-841-1000

May the IRS discuss this return with the preparer shown above? See instructions

RALEIGH, NC 27615

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	EDUCATING THE PUBLIC ON LGBTQ ISSUES AND HOW THEY AFFECT NORTH
	CAROLINIANS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
 4а	(Code:) (Expenses \$ 342,232 • including grants of \$) (Revenue \$)
-14	CIVIC ENGAGEMENT: THE CIVIC ENGAGEMENT STRATEGY OF ENCF IS CENTERED
	UPON REACHING PEOPLE TRADITIONALLY UNDERREPRESENTED: LGBTQ+, VOTERS OF
	COLOR, AND RURAL VOTERS. THIS INCLUDES VOTER REGISTRATION,
	MOBILIZATION, EDUCATION ABOUT HOW THE ELECTION CONNECTS TO LONG-TERM
	MATERIAL BENEFITS AND COMBATING INCREASED VOTER SUPPRESSION. OUR CIVIC
	ENGAGEMENT STRATEGY INCLUDES OUR STATEWIDE BIPARTISAN PEER NETWORK OF
	ELECTED OFFICIALS REPRESENTING COMMUNITIES FROM ACROSS NORTH CAROLINA,
	AND IN EVERY LEVEL OF STATE AND LOCAL GOVERNMENT, WHO ARE SUPPORTIVE OF
	LGBTQ RIGHTS AND JUSTICE.
4b	(Code:) (Expenses \$ 385,012. including grants of \$) (Revenue \$)
40	EDUCATION: ENCF PROVIDES TRAINING AND EDUCATION TO INDIVIDUALS,
	INSTITUTIONS, BUSINESSES, AND THE GOVERNMENT ON HOW TO PROVIDE DIVERSE,
	INCLUSIVE, AND EQUITABLE ENVIRONMENTS THROUGH THE CORE STRATEGIES OF
	ADVOCACY, TRAINING AND EDUCATION, LEADERSHIP DEVELOPMENT, AND BASE-
	BUILDING. OUR EDUCATION POLICY INCLUDES IMPLEMENTING LGBTQ-INCLUSIVE
	TRAINING AND PROFESSIONAL DEVELOPMENT STATEWIDE, RECRUITING VOLUNTEERS
	FOR OUR ADVOCATES NETWORK, AND WORKING WITH LGBTQ+ YOUTH FROM RURAL AND
	OTHER MARGINALIZED COMMUNITIES. WE INVEST IN YOUNG CHANGEMAKERS
	THROUGH OUR RURAL YOUTH EMPOWERMENT (RYE) FELLOWSHIP, IN ADDITION TO
	PROVIDING EDUCATION AND TRAINING TO ADULT EDUCATORS AND CARETAKERS.
4c	(Code:) (Expenses \$ 128,337 • including grants of \$) (Revenue \$)
	ALL OTHER SMALL PROGRAMS
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 855,581.
	Form <b>990</b> (2023)

Form 990 (2023) EQUALITY NC FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		<del></del>
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<sub>V</sub>
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٦,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, .u		<del></del> -
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	145		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<sub>v</sub>
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مر ا		<sub>v</sub>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	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	21		X

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Form **990** (2023)

Form 990 (2023) EQUALITY NC FOUNDATION
Part IV Checklist of Required Schedules (continued)

	· (oontinuos)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Х	
25-	Part V, line 1	34	Λ	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		1
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		$\vdash$
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<u> </u>
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	51		
30		38	х	
Pai		. 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
c				
J	(gambling) winnings to prize winners?	1c		
22000	4 12 21 22		990	(2023) I

Form 990 (2023) EQUALITY NC FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	provided to the payor?	7a		<u> </u>
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_		х
	to file Form 8282?	1	1	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	7.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		t?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual property, did the organization file for		200 oo roquirod?			
g h	If the organization received a contribution of qualified intellectual property, did the organization file Fo If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			/11		
Ü		-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ا	I			
	organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c	•	44		
14a				14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedula the expensation subject to the section 4060 tax on payment(s) of more than \$1,000,000 in remune			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			15		Х
	excess parachute payment(s) during the year?  If "Ves " see the instructions and file Form 4720. Schedule N.			15		Λ
16	If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	. 11 1001		10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	3			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
	,,				000	

Form **990** (2023)

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EQUALITY NC FOUNDATION Part VI 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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
~	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.0		
а	The governing body?	8a	Х	
h	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 0.0		
Ŭ	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	This decilar b requests information about policies not required by the internal revenue dead.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only) a	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	LAURA MEYERS - 919-829-0343			_
	506 RAMSEUR STREET, STE 1, DURHAM, NC 27701			

Form **990** (2023)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization ne	or any related	orga	niza	tion	con	nper	nsate	ed any current officer, di	rector, or trustee.	
(A)	(B)		(C) Position					(D)	(E)	(F)
Name and title	Average	(do	not c	POS heck	itior more	<b>)</b> than	one	Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss per	rson i	is botl or/trus	n an tee)	compensation	compensation	amount of
	week (list any	_	т —			Π		from the	from related organizations	other compensation
	hours for	direct				P		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	lnd	lnst	)#O	Ke	e Hig	For			
(1) KENDRA JOHNSON	28.00	-				,,		07 071	20 010	10 000
EXECUTIVE DIRECTOR	12.00					X		97,871.	20,012.	12,800.
(2) ADRIAN PARRA	3.00	v		-					0	0
SECRETARY (3) IVAN CANADA	4.00	Х		Х		┢		0.	0.	0.
CHAIR	4.00	Х		х				0.	0.	0.
(4) ORLANDO MITCHELL	1.00	Λ		Δ		$\vdash$		0.	0.	0.
BOARD MEMBER	1:00	Х						0.	0.	0.
(5) ROBERT DOGENS	3.00	-25				$\vdash$		•	•	•
TREASURER	- 3333	х		х				0.	0.	0.
		T-				H				
		1								
						_				
		1								
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		-								
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-										
		1								
	•	•	•	•	•	•	•	•		000

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Section A. Officers, Directors, Trus	Section A. Officers, Directors, Trustees, Key Employees, and Highest (						t Co	Compensated Employees (continued)					
(A)	(B)			(C				(D)	(E)		(F)		
Name and title	Average	(de		Posi		l than c	ne	Reportable	Reportable		Estimated	d	
	hours per	box,	, unles	s per	son is	s both	an	compensation	compensation	n	amount c	of	
	week		cer an	nd a director/trustee)				from	from related organizations		other		
	(list any	Individual trustee or director						the	organizations		mpensat		
	hours for	or dire	<sub>a</sub>			ted		organization	(W-2/1099-MIS	C/	from the	)	
	related	stee c	uste			ensa		(W-2/1099-MISC/	1099-NEC)		rganizatio		
	organizations	al trus	Institutional trustee		key employee	Highest compensated employee		1099-NEC)		- 1	and relate		
	below	ividua	tit utic	Officer	emp	hest	Former			O	rganizatio	ns	
	line)	lnd	lus	JJ 0	Key	Hig	휸						
									$\neg \vdash$				
		1											
				$\dashv$						-			
4. 0.1.1.1								97,871.	20,01	<del>-   -</del>	12,80	10	
1b Subtotal										0.	12,00		
c Total from continuation sheets to Part VI								0.			10 00	0.	
d Total (add lines 1b and 1c)								97,871.	20,01	4.	12,80	<i>,</i> 0 •	
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable			^	
compensation from the organization											1	0	
											Yes	No	
<b>3</b> Did the organization list any <b>former</b> officer,	•	-	•	•	•		_		•				
line 1a? If "Yes," complete Schedule J for si	uch individual									3		<u> </u>	
4 For any individual listed on line 1a, is the su	•							•	•				
and related organizations greater than \$150	),000? If "Yes,	" co	mple	te S	Sche	edule	J fo	or such individual		4		_X_	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ch p	ers	on .				5		X	
Section B. Independent Contractors													
1 Complete this table for your five highest con	mpensated inc	lepe	nder	nt co	ntra	actor	s th	at received more than \$	100,000 of comp	ensation	from		
the organization. Report compensation for t													
(A)							T	(B)			(C)		
Name and business	address	NC	NE	;				Description of s	ervices	Com	oensation	1	
		•	_				$\top$						
							7						
							$\dashv$						
							$\dashv$						
							_						
				+	h			abaya) wha waa-ii	vo than				
<ul> <li>Total number of independent contractors (in \$100,000 of compensation from the organize</li> </ul>		ot lin	nited	to t	thos <b>n</b>	e lisi <b>)</b>	ed	above) who received mo	ore than				

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Form 990 (2023)
Part VIII

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
Sυ	1	<u> </u>	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
S S			Fundraising events	1c					
fts,			Related organizations	1d					
ية إق				1e					
ons,			Government grants (contributions)						
utic		T	All other contributions, gifts, grants, and		715,489.				
ë			similar amounts not included above		113,403.				
o d		_	Noncash contributions included in lines 1a-1f	1g  \$		715 /00			
O g		n	Total. Add lines 1a-1f		Buston a Code	715,489.			
	_				Business Code				
<u>ic</u> e		а							
erv		b							
n S		С							
ran 3ev		d							
Program Service Revenue		е							
Ē			All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divide	nds, intere	st, and				
			other similar amounts)			4,065.	4,065.		
	4		Income from investment of tax-exen	npt bond p	roceeds				
	5		Royalties						
				i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i) S	Securities	(ii) Other				
			assets other than inventory <b>7a</b>						
		b	Less: cost or other basis						
ē			and sales expenses						
her Revenue		С	Gain or (loss) 7c						
Şe			Net gain or (loss)						
e			Gross income from fundraising events (i						
퉏	_		including \$						
			contributions reported on line 1c). S	-					
			Part IV, line 18	I	0.				
		b	Less: direct expenses		7,927.				
			Net income or (loss) from fundraising		, -	-7,927.			-7,927.
			Gross income from gaming activities			,			
	•	_	Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gaming ac						
			Gross sales of inventory, less return						
	10	u	and allowances	I .					
		h	Less: cost of goods sold						
			Net income or (loss) from sales of in						
			The modifie of (1000) from sales of fit	volitory	Business Code				
sn	11	2							
Jeo Teo	• •	a b							
Miscellaneous Revenue									
Sce Be		Ç	All other revenue						
Ξ			All other revenue						
			Total Add lines 11a-11d			711,627.	4,065.	0.	-7,927.
	12		<b>Total revenue.</b> See instructions			111,041•	1 4,000.	ı •	1,341•

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### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

D-	Check if Schedule O contains a response	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations	1 500	1 500		
	and domestic governments. See Part IV, line 21	1,500.	1,500.		
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	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	97,870.	96,754.	1,116.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	535,120.	402,992.	61,803.	70,325
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	59,225.	46,758.	5,887.	6,580 5,546
10	Payroll taxes	49,918.	39,410.	4,962.	5,546
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	43,609.	34,429.	4,335.	4,845
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	50 510	4= 0=4	c 00=	c = 0.4
	column (A), amount, list line 11g expenses on Sch O.)	60,610.	47,851.	6,025.	6,73 <u>4</u> 130
12	Advertising and promotion	1,168.	922.	116.	
13	Office expenses	7,998.	6,314.	795.	889
14	Information technology	154,215.	121,753.	15,329.	17,133
15	Royalties	16 450	10.004	1 626	1 000
16	Occupancy	16,458.	12,994.	1,636.	1,828
17	Travel	34,705.	27,399.	3,450.	3,856
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	7 101	E 660	711	700
23	Insurance	7,181.	5,669.	714.	798
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	DUES, LICENSE, REGISTR.	7,955.	6,280.	791.	884
b	MERCHANDISE EXPENSE	2,724.	2,150.	271.	303
С	CREDIT CARD FEES	1,815.	1,433.	180.	202
d	STAFF DEVELOPMENT	1,133.	894.	113.	126
е	All other expenses	93.	79.	9.	5
25	Total functional expenses. Add lines 1 through 24e	1,083,297.	855,581.	107,532.	120,184
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2023)

Form 990 (2023)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			744,683.	1	693,089.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			669,604.	3	471,713.
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial (	ontributor, or 35%			
		controlled entity or family member of any of t	hese pers	ons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri		6			
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	10,590. 5,242.			
	b	Less: accumulated depreciation	10b	5,242.	6,730.	10c	5,348.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets	01 010	14	•		
	15	Other assets. See Part IV, line 11			21,210.	15	0.
	16	Total assets. Add lines 1 through 15 (must e			1,442,227.	16	1,170,150.
	17	Accounts payable and accrued expenses			7,387.	17	0.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su				00	
Lia I	00	controlled entity or family member of any of t				22	
	23 24	Secured mortgages and notes payable to un Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,				24	
	25	parties, and other liabilities not included on li					
		(0			0.	25	108,363.
	26	<b>Total liabilities.</b> Add lines 17 through 25			7,387.	26	108,363.
		Organizations that follow FASB ASC 958, o	check her	e X	,		
es		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			1,434,840.	27	1,032,408.
Bal	28				0.	28	1,032,408. 29,379.
b		Organizations that do not follow FASB AS					
Ē		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fun	ıds			29	
set	30	Paid-in or capital surplus, or land, building, o				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,434,840.	32	1,061,787.
	33	Total liabilities and net assets/fund balances			1,442,227.	33	1,170,150.

Pa	T XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>1,6</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,08				
3	Revenue less expenses. Subtract line 2 from line 1	3	-37	1,6	<u>70.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,43	4,8	<u>40.</u>		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-	1,3	83.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	1,06	1,7	87.		
Pa	t XII Financial Statements and Reporting	•					
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	<u></u>		
	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:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		х			
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b				
			Form	990	(2023)		

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **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.

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

Open to Pub

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

EQUALITY NC FOUNDATION

Employer identification number 58-1374041

			HIII NO 10					0 1374041						
Pa	ırt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.							
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)								
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).							
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)									
3		A hospital or a cooperative		•		)(b)(1)(A)(ii	ii).							
4	$\Box$	A medical research organiz					•	the hospital's name.						
		city, and state:	1					,						
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a no	vernmental unit describe	ad in						
3				nege of university owned	or operat	ca by a gc	verrimental anti-desemble	5 <b>4</b> III						
_		section 170(b)(1)(A)(iv). (C		and the second s		70/1-1/41/41	6.3							
6		A federal, state, or local gov	· ·				• •							
7	X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from the general	oublic described in						
		section 170(b)(1)(A)(vi). (C	omplete Part II.)											
8	Ш	A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Part	: II.)									
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	x) operate	ed in conju	ınction with a land-grant	college						
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or												
		university:												
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from						
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment						
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.												
		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														
12	$\Box$	<ul> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or</li> </ul>												
12	ш	more publicly supported or	· ·	•	-		•							
			~					DIRECK THE DOX OH						
		lines 12a through 12d that				•	, ,	at to						
а	ı <u> </u>		· · · · · · · · · · · · · · · · · · ·			-								
		the supported organization			majority o	of the direc	tors or trustees of the su	pporting						
		organization. You must o	complete Part IV, Se	ections A and B.										
b	) <u> </u>		anization supervised	or controlled in connect	ion with it	s supporte	ed organization(s), by have	ving						
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported						
		organization(s). You mus	t complete Part IV,	Sections A and C.										
c	;	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,						
		its supported organization	n(s) (see instructions)	). You must complete F	Part IV, Se	ections A,	D, and E.							
c		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organiz	zation(s)						
		that is not functionally int	egrated. The organiz	zation generally must sat	sfv a distr	ibution red	uirement and an attentiv	/eness						
		requirement (see instructi	-		•									
e		Check this box if the orga	·	-										
٠	, L	functionally integrated, or					Type i, Type ii, Type iii							
	Ent	• •	* *	nally integrated supporting	ig organiz	ation.								
f		er the number of supported o		d arganization(a)										
<u> </u>		vide the following information  (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other						
	`	organization	(,	(described on lines 1-10	in your governi	ing document?	support (see instructions)	support (see instructions)						
				above (see instructions))	Yes	No	I							
Tota	al													
								i						

#### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1490362.	886,704.	834,830.	1288470.	715,489.	5215855.
2	Tax revenues levied for the organ-						
	ization'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	1490362.	886,704.	834,830.	1288470.	715,489.	5215855.
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)						2286491.
6	Public support. Subtract line 5 from line 4.						2929364.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1490362.	886,704.	834,830.	1288470.	715,489.	5215855.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	566.	433.	180.	802.	4,065.	6,046.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	34,810.					34,810.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				20,000.		20,000.
11	<b>Total support.</b> Add lines 7 through 10						5276711.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	1,179.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publi						
	Public support percentage for 2023 (I					14	55.51 %
	Public support percentage from 2022					15	57 <b>.</b> 94 %
16a	33 1/3% support test - 2023. If the						
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2022. If the						
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiza	ation			Ш
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	-	•		-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2023

### Part III | 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.)

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т			T	ı	_
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
102	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
r	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business						
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					01(a)(0) augustisatis	
14	First 5 years. If the Form 990 is for the	-					
Sec	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022	, (,,				16	%
	ction D. Computation of Inves					,	
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						
_	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	2		,	,			

# Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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.
- 2 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 6 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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
	1		
	2		
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	3a		
	3b		
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	4a		
	4b		
	4c		
	5a		
	5b		
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	9a		
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Schedule A (Form 990) 2023

	dule A (Form 990) 2025 EQUALITY NC FOUNDATION	. 3 / 404	± P	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	110		
<b>h</b>	11c below, the governing body of a supported organization?	11a 11b		
	A family member of a person described on line 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
C	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
-	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit 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			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	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 tax			
	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?	1		
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 on line 2, above, 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	3		
Sec	supported organizations played in this regard. 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 instruction			
' a	The organization satisfied the Activities Test. Complete line 2 below.	13).		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction	s)	
2	Activities Test. Answer lines 2a and 2b below.	moducion	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, 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 reasons for 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 lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990) 2023

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries 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		
	ion 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):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-function	ally integrated	d Type III supporting orga	nization (see
	inate actional	, 5	5 9-	`

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

e Excess from 2023

332028 12-21-23 Schedule A (Form 990) 2023

**Schedule of Contributors** 

# Schedule B

(Form 990)

Attach to Form 990, 990-EZ, or 990-PF.

Department of the Treasury
Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF.

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

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

	EQUALITY NC FOUNDATION	58-1374041
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\overline{X}$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
For an organiza	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
sections 509(a)( contributor, dur	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, aring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	nd that received from any one
contributor, dur literary, or educ	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ing the year, total contributions of more than \$1,000 exclusively for religious, charitable, so ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (or (b) instead of the contributor name and address), II, and III.	cientific,
year, contribution is checked, ento purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ons exclusively for religious, charitable, etc., purposes, but no such contributions totaled mer here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the <b>General Rule</b> applies to this organization because it able, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box is, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, I	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Filine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF iling requirements of Schedule B (Form 990).	

Schedule B (Form 990) (2023) Page **2** 

Name of organization

Employer identification number

# EQUALITY NC FOUNDATION

58-1374041

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 25,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 300,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$32,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>25,011.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

# EQUALITY NC FOUNDATION

58-1374041

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **3** 

Name of organization

Employer identification number

# EQUALITY NC FOUNDATION

58-1374041

Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given  (b) Description of noncash property given	Description of noncash property given  (b)  (c)  FMV (or estimate)  (See instructions.)  (b)  Description of noncash property given  (c)  FMV (or estimate)  (See instructions.)  (c)  FMV (or estimate)  (See instructions.)  (c)  FMV (or estimate)  (See instructions.)  (d)  FMV (or estimate)  (See instructions.)  (e)  FMV (or estimate)  (See instructions.)  (c)  FMV (or estimate)  (See instructions.)  (d)  FMV (or estimate)  (See instructions.)  (e)  FMV (or estimate)  (See instructions.)

Schedule B (Form 990) (2023) Page 4 Name of organization **Employer identification number** EQUALITY NC FOUNDATION 58-1374041 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 12-26-23 Schedule B (Form 990) (2023)

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

EQUALITY NC FOUNDATION

**Employer identification number** 58-1374041

Pai	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		milar Funds or Ad	counts. Complete if the
		(a) Donor advised	funds	(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 w	riting that the assets held	d in donor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	other purpose conferr	ring
	impermissible private benefit?			Yes No
Pai	T II Conservation Easements. Complete if the organization	anization answered "Yes	on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribu	tion in the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic structure.			2c
d	Number of conservation easements included on line 2c acquir	ed after July 25, 2006, a	nd not	
	on a historic structure listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			ization during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection	on, handling of	
	violations, and enforcement of the conservation easements it l	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	d enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enfo	orcing conservation ea	sements during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements	of section 170(h)(4)(B)(i	)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's f	financial statements the	at describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its rever	nue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education,	or research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that desc	ribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherance	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(m)			•
2	If the organization received or held works of art, historical trea-	sures, or other similar as	sets for financial gain,	provide
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1	-		\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023

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Par	t III   Organizations Maintaining C	ollections of Ar	t, Histe	orical Tre	asures, o	r Other	Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	following that	t make sig	nificant ι	use of its			
	collection items (check all that apply).										
а	Public exhibition	c	i 🗌	Loan or exc	hange progra	am					
b	b Scholarly research e Other										
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ev further th	ne organizatio	on's exem	pt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o			-	-						
	to be sold to raise funds rather than to be ma				•				Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa			3			,	,	,		
1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for	contribution	s or other as	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
С	Beginning balance						1c				
	Additions during the year										
е.	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fe								Yes	$\top$	No
	If "Yes," explain the arrangement in Part XIII.		•								֧֝֞֞֝֞֝֞֝֟֝֝֟֝ <u>֚</u>
Par	t V Endowment Funds Complete if	the organization ans	swered "	Yes" on For	m 990. Part	IV. line 10					
		(a) Current year		rior year	(c) Two yea			ears back	(e) Four	years	back
<b>1</b> a	Beginning of year balance		<u> </u>		,,,,		. ,		, ,		
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
·											
f	Administrative expenses										
g											
2	Provide the estimated percentage of the curr	ent year end halance	e (line 1c	r column (a)	// pelq sc.	<u> </u>					
_	Board designated or quasi-endowment		% %	y, coluitiii (a)	n neiu as.						
b	Permanent endowment	%	_′′								
C	The percentages on lines 2a, 2b, and 2c sho	,* =									
22	Are there endowment funds not in the posse	•	ation tha	t are hold ar	ad administor	rad for the					
Ja	organization by:	SSIOTI OF THE OTGATILE	ation tha	t are rielu ar	iu auriii iistei	ed for the	•		Г	Yes	No
									3a(i)		
	(m) = 1 · · · · · · · · · · · · · · · · · ·									-	
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir							3a(ii) 3b	-	
4	Describe in Part XIII the intended uses of the								Sb		
	t VI Land, Buildings, and Equipm		willelit i	urius.							
	Complete if the organization answere		). Part IV	/. line 11a. S	See Form 990	. Part X. li	ine 10.				
	Description of property	(a) Cost or o		<u> </u>	or other		cumulate	<sub>2d</sub>	(d) Book	c valu	
	Description of property	basis (investr			or other (other)		reciation		(u) DOOR	· value	5
10	Land	`		24013	()	цор					
	Land										
	Buildings										
	Leasehold improvements			1	0,590.		5,2	42		5,34	<u> </u>
a	Equipment				0,090.		J, Z	<b>-4</b>		, <u>, , , ,</u>	<u> </u>

Schedule D (Form 990) 2023

5,348.

**e** Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Part VII Investments - Other Securities	FOUNDATION	56	6-13/4041 Page 3
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11b. 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 en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 000 Dort IV line	110 Soc Form 000 Port V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d of year market value
	(b) Book value	(c) Method of Valuation. Cost of en	u-or-year market value
(1)			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>		1	
<u>(7)</u>		1	
(8) (9)		+	
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) D	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO EQUALITY NC			108,363.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			100 000
Total. (Column (b) must equal Form 990, Part X, line 25, col.	(B))		108,363.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

	t XI Reconciliation of Revenue per Audited Financial Statem	onto With E	lovonuo nor Do		LJ/HUHL Page T
Pai	·		ievenue per ne	turri	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		1	719,554.
1				1	/13,554.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ما			
a	Net unrealized gains (losses) on investments			-	
b	Donated services and use of facilities			-	
C	Recoveries of prior year grants			-	
d	Other (Describe in Part XIII.)			00	0.
e	Add lines 2a through 2d			2e 3	719,554.
3	Subtract line 2e from line 1			3	110,004.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	45			
a	Investment expenses not included on Form 990, Part VIII, line 7b		-7,927.	-	
b	Other (Describe in Part XIII.)		•	4.	_7 027
c	Add lines 4a and 4b			4c	-7,927. 711,627.
Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)  † XII   Reconciliation of Expenses per Audited Financial Stater	ments With	Fynansas nar F	5 Peturn	
Га			Expenses per r	1 <del>C</del> lui i	•
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				1,092,607.
1	Total expenses and losses per audited financial statements			1	1,092,007.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
a	Donated services and use of facilities				
b	Prior year adjustments	l I		-	
С	Other losses		7 007	-	
d	Other (Describe in Part XIII.)	,	7,927.		7 007
е	Add lines 2a through 2d			2e	7,927. 1,084,680.
3	Subtract line 2e from line 1			3	1,084,680.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b	-1,383.		
С	Add lines 4a and 4b			4c	-1,383.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	1,083,297.
	t XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			; Part X	, line 2; Part XI,
PAI	RT X, LINE 2:				
	C ORGANIZATION'S FORM 990 IS NOT CURRENTLY	Y UNDER	EXAMINATIO	N BY	THE
	PERNAL REVENUE SERVICE. THE ORGANIZATION'S				
FOE	R POTENTIAL EXAMINATION BY THE INTERNAL RE	EVENUE S	ERVICE ARE	FOF	RTHE
YE?	ARS ENDED DECEMBER 31, 2023, 2022, 2021, A	AND 2020	. AT THIS	TIME	Ē,
MAI	NAGEMENT DOES NOT EXPECT TO OWE ANY TAXES,	, INTERE	ST OR PENA	LTIE	ES ON
UNC	CERTAIN TAX POSITIONS.				
PAF	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
	ENT EXPENSES				-7,927.
					, - =

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2023

### **SCHEDULE O** (Form 990)

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 Form 990-EZ.

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ECHALTTY NO FOUNDATION

Employer identification number 58-1374041

EQUALITY NC FOUNDATION	30-13/4041
FORM 990, PART VI, SECTION B, LINE 11B:	
ORGANIZATION'S PROCESS TO REVIEW FORM 990. THE 990 IS REVIE	WED AND APPROVED
BY THE FINANCE COMMITTEE AND THEN PRESENTED TO THE BOARD OF	DIRECTORS FOR
APPROVAL.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION'S BOARD OF DIRECTORS REVIEWED THE EXECUTIV	E DIRECTOR'S
PERFORMANCE, RESEARCHED SALARIES OF SIMILAR ROLES OF SIMILAR	R STATEWIDE
CIVIL RIGHTS LGBT NONPROFITS, AND DOCUMENTED THE REVIEW. OR	GANIZATIONAL
DIRECTORS RECEIVE A YEARLY QUESTIONNAIRE TO REVIEW THE EXEC	UTIVE DIRECTOR.
REVIEWS ARE SUBSEQUENTLY SUBMITTED TO THE ORGANIZATIONAL CH	AIRS AND/OR
OFFICERS.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE AVAILABLE UPON REQUEST, ON WEBSITE, BY EMAIL	OR BY FAX.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
BOOK/TAX DEPRECIATION DIFFERENCE	-1,383.
FORM 990, PART XII, LINE 2C	
THE PROCESS TO REVIEW FORM 990 HAS NOT CHANGED FROM PRIOR Y	EAR.

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

Schedule O (Form 990) 2023

#### **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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

EQUALITY NC	FOUNDATION					58-13740	) <u>4 T</u>	
Part I Identification of Disregarded Entities. Cor	mplete if the organization answered "	Yes" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea		Direct o	<b>(f)</b> controlling	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	anizations. Complete if the organizat	ion answered "Yes" on Form 990	0, Part IV, line 34, I	pecause it had one	or more	related tax-exe	mpt	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) ct controlling entity	cont	g) 512(b)(13) rolled tity?
EQUALITY NC - 02-0662714  506 RAMSEUR STREET, STE 1  DURHAM, NC 27701	ADVOCACY	NORTH CAROLINA	501(C)(4)	LINE 7	N/A		103	Х
DOMMER, NO 27701	IDVOCACI	NOATH CANODINA	201(0)(4)	PINE /	N/A			Λ

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

organizations treated as a partie only during the tax year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Share of end-of-year assets Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	General of managing partner?	Percentage ownership
		country)		sections 512-514)		4,000,00	Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
											<del> </del>

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions	with one or more re	lated organizations listed i	in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	·			1a		X	
	Gift, grant, or capital contribution to related organization(s)						X	
	Gift, grant, or capital contribution from related organization(s)						X	
	Loans or loan guarantees to or for related organization(s)						X	
e Loans or loan guarantees by related organization(s)								
f	Dividends from related organization(s)				1f		X	
g	Sale of assets to related organization(s)				1 <u>c</u>		X	
h	Purchase of assets from related organization(s)				1h		X	
i	Exchange of assets with related organization(s)						X	
j Lease of facilities, equipment, or other assets to related organization(s)							X	
k Lease of facilities, equipment, or other assets from related organization(s)								
I Performance of services or membership or fundraising solicitations for related organization(s)								
m Performance of services or membership or fundraising solicitations by related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
0	Sharing of paid employees with related organization(s)				1c	X		
р	Reimbursement paid to related organization(s) for expenses				1p	X		
q Reimbursement paid by related organization(s) for expenses							X	
r Other transfer of cash or property to related organization(s)							X	
s	s Other transfer of cash or property from related organization(s)							
2	If the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instruction of the above is "Yes," and "Yes,	ho must complete th	is line, including covered r	elationships and transaction thresholds.				
	(a) Name of related organization	(b)	(c)	(d)		ı		
Name of related organization								
(1) I	EQUALITY NC	K	16,458.	CASH VALUE				
7	POLINE THEY NO		200 702	CA CIL VIA LUE				
(2)	EQUALITY NC	P	<u> </u>	CASH VALUE				

0

739,915. CASH VALUE

(4)

(5)

(3) EQUALITY NC

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000

332165 09-28-23 Schedule R (Form 990) 2023