

February 18, 2025

Equality NC 506 Ramseur Street 1 Durham, NC 27701

**Equality NC** 

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 506 Ramseur Street 1 Durham, NC 27701

**Equality NC** 

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 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	r Refund:
	Not applicable
Make Check P	ayable To:
	Not applicable
Mail Tax Retui	n 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 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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8868 for the latest information.

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** EQUALITY NC 02-0662714 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

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2024)

#### 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)

OMB No. 1545-0047

Department of the Treasury

Do not enter social security numbers on this form as it may be made public. 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 02-0662714 Doing business as 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 506 RAMSEUR STREET 919-829-0343 165,476. 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 for subordinates? ..... Yes X No 506 RAMSEUR STREET, STE 1, DURHAM, NC 27701 \_\_ Yes 「 **H(b)** Are all subordinates included? Tax-exempt status:  $\boxed{\phantom{0}}$  501(c)(3)  $\boxed{\mathbf{X}}$  501(c) ( **4** (insert no.) 4947(a)(1) or If "No," attach a list. See instructions HTTP://WWW.EQUALITYNC.ORG H(c) Group exemption number K Form of organization: X Corporation Other Year of formation: 2002 M State of legal domicile: NC ☐ Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: SECURING EQUALITY AND JUSTICE **Activities & Governance** FOR LGBTO NORTH CAROLINIANS. 2 Check this box 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) 9 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 7h **Prior Year Current Year** 399,112. 163,330. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 395. 2,146. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -73,966-1,797. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 325,541. 163,679 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 4,189. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 126,737. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 147,224. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 147,820.  $\overline{119}, 451.$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 278,746. 266,675. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 46,795. -102,996. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 439,323. 288,604. Total assets (Part X, line 16) 75,831. 28,107. 21 Total liabilities (Part X, line 26) 三年 363,492.  $260,4\overline{97}$ 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 Phone no. 919-841-1000 RALEIGH, NC 27615 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Form	990 (2023) EQUALITY NC	02-0662714	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:  SECURING EQUALITY AND JUSTICE FOR LGBTQ NORTH CAROLINIAN	·S.	
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.		X No
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.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.		d
4a	20, 010	nue \$	)
	CIVIC ENGAGEMENT: THE CIVIC ENGAGEMENT STRATEGY OF ENC I		ON
	REACHING PEOPLE TRADITIONALLY UNDERREPRESENTED: LGBTQ+,		
	COLOR, AND RURAL VOTERS. THIS INCLUDES VOTER REGISTRATIO		
	MOBILIZATION, EDUCATION ABOUT HOW THE ELECTION CONNECTS		
	MATERIAL BENEFITS AND COMBATING INCREASED VOTER SUPPRESS		
	ENGAGEMENT STRATEGY INCLUDES OUR STATEWIDE BIPARTISAN PE		
	ELECTED OFFICIALS REPRESENTING COMMUNITIES FROM ACROSS NAND IN EVERY LEVEL OF STATE AND LOCAL GOVERNMENT, WHO AR		
	LGBTO RIGHTS AND JUSTICE.	E SUPPORTIVE	<u>OF</u>
	HEBTQ KIGHTS AND BUSITCE:		
4b	(Code:) (Expenses \$ 111,426 • including grants of \$) (Rever	nue \$	
	POLICY & ADVOCACY: EQUALITY NC WORKS WITH PUBLIC LEADERS		res ´
	THROUGH OUR PROGRAM OUT ELECTEDS & ELECTEDS FOR EQUALITY	, A BIPARTISA	<del>/</del> N
	PEER NETWORK OF ELECTED OFFICIALS REPRESENTING COMMUNITI	ES FROM ACROS	SS
	NORTH CAROLINA, AND IN EVERY LEVEL OF STATE AND LOCAL GO	VERNMENT, WHO	5
	ARE SUPPORTIVE OF PROGRESSIVE ISSUES AND LGBTQ RIGHTS AN		
	EQUALITY NC CONDUCTS TRAININGS ON INTERSECTING OPPRESSIO	NS, BRIEFINGS	3
	ON NATIONAL TRENDS OF PRO/ANTI-LGBTQ LEGISLATION, CONSUL		
	POLICIES/LEGISLATION, AND INCREASED CONSTITUENT ACCESS T		
	ELECTED/APPOINTED OFFICIALS. THESE TRAININGS ELEVATE THE		
	DETERMINANTS OF HEALTH, THE PLIGHT OF LGBTQ+ PEOPLE FACI		
	INCARCERATION, THE UNIQUE CHALLENGES OF UNDOCUMENTED IMM DOMESTIC VIOLENCE, VIOLENCE AGAINST TRANS AND GNC PEOPLE		
4-	FO 600		
40	ALL OTHER SMALL PROGRAMS.	nue \$	,
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses 201,074.	)	
40	Total program service expenses 201,074.	Earm Q	90 (2023)
		1 01111 •	- (2020)

02-0662714 Page **3** 

# Form 990 (2023) EQUALITY NC 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		
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		х
7	$\cdot$	-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			₩.
	Schedule D, Part III	8_		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments?  f "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		Х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
e	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 separate of consolidated limitolal statements for the tax year molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years	11f	Х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del>                                     </del>		
124		12a	Х	
<b>L</b>	Schedule D, Parts XI and XII	IZa	- 21	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		х
40	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		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			.,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	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> </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		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		
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

332003 12-21-23

Form **990** (2023)

9135\_\_\_1

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

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		122
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		X
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<del> </del>
	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		Х
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			
	"Yes," complete Schedule L, Part IV	28a		X
b	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			X
20	Schedule N, Part II	32		^
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u></u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O Tt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			oxed
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a 8			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
С		_		
	(gambling) winnings to prize winners?	1c	990	(0000)

332004 12-21-23

Form **990** (2023)

	1990 (2023) EQUALITY NC 02-0662	/ 14	Р	age <b>o</b>
Par	rt 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 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
·	to file Form 8282?	7c		x
ч	15.00	, · ·		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
e •		7f		
'	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
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.)	,_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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			
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

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If "Yes," complete Form 6069.

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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 9			
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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_ <u> </u>		
	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:	1.5		
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		
Ū	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 dection b requests information about policies not required by the internal nevertide dode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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		X
	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)	availat	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	cial	
	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			

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## 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.

Check this box if neither the organization		Jiga	ııı∠a			inhel	Jack			(E)
(A)	(B)			Pos	C) sitior	1		( <b>D</b> ) Reportable	(E)	<b>(F)</b> Estimated
Name and title	Average hours per		not c	heck	more	than d is both		compensation	Reportable compensation	amount of
	week	offi	cer ar	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	or dire	a.			ted		organization	(W-2/1099-MISC/	from the
	related	stee	truste		gy.	beusa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	tional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) KENDRA JOHNSON	12.00	_	_			1				
EXECUTIVE DIRECTOR	28.00					X		20,012.	97,871.	12,800.
(2) IRVING ZAVALETA-JIMENEZ	1.00								-	
BOARD MEMBER		Х						0.	0.	0.
(3) MILAN PHAM	3.00									
CHAIR		X		Х				0.	0.	0.
(4) MICHAEL WILSON	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(5) ITALO MEDELIUS	3.00	l								
BOARD MEMBER		Х				_		0.	0.	0.
(6) JENNA BECKHAM	3.00	l		l						
SECRETARY	1 00	Х		Х				0.	0.	0.
(7) ZACH WARDLE	4.00									•
TREASURER		Х		Х		_		0.	0.	0.
		-								
	+					┢				
		-								
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		1								
	+					$\vdash$				
		1								
		1								
		1								

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Section A. Officers, Directors, Trus		П	<del></del> 5,			gries			'	
(A)	(B) Average		ı	<b>(C</b> Posi		1		(D)	(E)	(F)
Name and title	hours per		not ch	neck r	more	than o s both		Reportable compensation	Reportable compensation	Estimated amount of
	week	offic				r/trust		from	from related	other
	(list any hours for	rector						the ·	organizations	compensation
	related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	ompen		1099-NEC)	1000 1420)	and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	ju j	lnst	) Offi	Key	Hig	윤			
		-								
		$\Box$								
		1								
		.								
		$\vdash$								
		1								
		丌								
	1	$\sqcup$								
		-								
1b Subtotal								20,012.	97,871	. 12,800.
c Total from continuation sheets to Part V								0.	0	
d Total (add lines 1b and 1c)								20,012.	97,871	
2 Total number of individuals (including but r								ceived more than \$100,	000 of reportable	
compensation from the organization										0
										Yes No
3 Did the organization list any <b>former</b> officer	•		•	•	•		_	·	•	3 X
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the si										3 2
and related organizations greater than \$15										4 X
5 Did any person listed on line 1a receive or										
rendered to the organization? If "Yes," con	nplete Schedule	e J fc	or su	ıch r	pers	on .				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co										sation from
the organization. Report compensation for (A)	the calendar ye	er er	nain	ig w	ith C	or wit	nin.	the organization's tax ye	ear.	(C)
Name and business	address	NC	NE	3				Description of s	ervices	Compensation
							$\perp$			
							+			
							$\dashv$			
							$\top$			
2 Total number of independent contractors (	including but n	ot lim	nited	l to t	thos	e list	ted	above) who received mo	ore than	
\$100,000 of compensation from the organ	ization				C	)				000
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		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	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
<b>'0</b> '0		Forderestand community and the state of the					000110110 0 12 0 11
nts Ints		Federated campaigns 1a					
Grar		Membership dues 1b					
is,		Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations 1d					
	е	Government grants (contributions)					
ion	f	All other contributions, gifts, grants, and					
bul		similar amounts not included above 1f	163,330.				
E C	g	Noncash contributions included in lines 1a-1f					
Co	h	Total. Add lines 1a-1f		163,330.			
			Business Code				
ø.	2 a						
Š	b						
šer	c						
m S							
gra Re	d						
Program Service Revenue	e						
ъ.		All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere					
		other similar amounts)		2,146.	2,146.		
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Not worth in come on (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	( )				
	h	Less: cost or other basis					
o)	U						
ğ		and sales expenses 7b					
eve		Gain or (loss) 7c					
ther Revenue		Net gain or (loss)					
ipe	8 a	Gross income from fundraising events (not					
ō		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	0.				
	b	Less: direct expenses8b	1,797.				
	С	Net income or (loss) from fundraising events		-1,797.			-1,797.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	h	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	Business Code				
S			Dusiness Code				
eor Te	11 a						
Miscellaneous Revenue	b						
Sev Sev	С						
Mis	d	All other revenue					
$\perp$	е	Total. Add lines 11a-11d		460 4-6			4 = 4 =
	12	Total revenue. See instructions		163,679.	2,146.	0.	-1,797.

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# Form 990 (2023) EQUALITY NC Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			nplete column (A).	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations		СХРОПОСО	general expenses	схреносо
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	20,013.	18,011.	1,001.	1,001.
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	100,853.	73,122.	21,504.	6,227.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	16,493.	12,436.	3,071.	986.
10	Payroll taxes	9,865.	7,438.	1,837.	590.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С		24,132.	18,196.	4,493.	1,443.
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch O.)	48,118.	36,281.	8,960.	2,877.
12	Advertising and promotion	434.	327.	81.	2,877. 26.
13	Office expenses	1,742.	1,314.	324.	104.
14	Information technology	19,451.	14,666.	3,622.	1,163.
15	Royalties				
16	Occupancy	6,087.	4,590.	1,133.	364.
17	Travel	8,902.	6,712.	1,658.	532.
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				
22	Depreciation, depletion, and amortization				
23	Insurance	2,864.	2,160.	533.	171.
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 0.)				
а	BANK FEES	4,686.	3,533.	873.	280.
b	DUES AND LICENSES	1,857.	1,400.	346.	111.
С	MERCHANDISE EXPENSE	1,007.	759.	188.	60.
d	STAFF DEVELOPMENT	171.	129.	32.	10.
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	266,675.	201,074.	49,656.	15,945.
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)				

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## Form 990 (2023) Part X Balance Sheet

Part	ιχ	Balance Sneet				
		Check if Schedule O contains a response or	note to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		337,021.	1	110,668
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net	20,000.	3	20,000	
	4	Accounts receivable, net	69,611.	4	39,936	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, su				
		controlled entity or family member of any of t		5		
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	oed in section 4958(c)(3)(B)		6	
ပ္သ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
¥	9			12,691.	9	9,637
	10a	Land, buildings, and equipment: cost or othe	r			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lin	e 11		12	
	13	Investments - program-related. See Part IV, lin	ne 11		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	0.	15	108,363	
	16	Total assets. Add lines 1 through 15 (must e	qual line 33)	439,323.	16	288,604
	17	Accounts payable and accrued expenses	54,621.	17	28,107	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
Se	22	Loans and other payables to any current or for				
Liabilities		trustee, key employee, creator or founder, su				
ap ap		controlled entity or family member of any of t			22	
-	23	Secured mortgages and notes payable to uni			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on li	nes 17-24). Complete Part X	01 010		0
		of Schedule D		21,210.		0 107
_	26		<u> </u>	75,831.	26	28,107
ای		Organizations that follow FASB ASC 958, o	heck here			
ğ		and complete lines 27, 28, 32, and 33.		206 276		256 004
ag	27			306,376.		256,004
ğ	28	Net assets with donor restrictions		57,116.	28	4,493
<u> </u>		Organizations that do not follow FASB ASC	C 958, check here			
<u> </u>		and complete lines 29 through 33.				
[2	29	Capital stock or trust principal, or current fun			29	
SSe	30	Paid-in or capital surplus, or land, building, or			30	
	31	Retained earnings, endowment, accumulated		262 400	31	260 407
	32	Total net assets or fund balances		363,492.	32	260,497
$\perp$	33	Total liabilities and net assets/fund balances		439,323.	33	288,604

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Pa	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>79.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2			75.		
3	Revenue less expenses. Subtract line 2 from line 1	3	-102	2,9	96.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36	3,4	92.		
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							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))						
Pai	rt XII Financial Statements and Reporting	•			<u>97.</u>		
	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		Х		
	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						
	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 Schedule 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?						
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit						
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
	, , , , , , , , , , , , , , , , , , , ,		Form	990	(2023)		

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Employer identification number** 

EQUALITY NC 02-0662714 Organization type (check one): Filers of: Section: X 501(c)( 4 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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. 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 General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization	Employer identification number
EQUALITY NC	02-0662714

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$ 51,401. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

02-0662714 EQUALITY NC Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (a) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.)

323453 12-26-23

Part I

Name of organization **Employer identification number** EQUALITY NC 02-0662714 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 (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

#### SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

2023

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

Name of organization **Employer identification number** EQUALITY NC 02-0662714 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$\_\_\_\_\_\_ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ \_ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (d) Amount paid from (a) Name (b) Address (c) EIN (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2023

b Lobbying ceiling amount
(150% of line 2a, column(e))

c Total lobbying expenditures

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

Schedule C (Form 990) 2023

f Grassroots lobbying expenditures

### Schedule C (Form 990) 2023 EQUALITY NC 02-06627 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)		
of the lobbying activity.	Yes	No	Amount		
During the year, did the filing organization attempt to influence foreign, national, state, or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?					
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i	I I				
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A   Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)(5)	Or secti	on		
501(c)(6).	1011 30 1 (0)(3)	, or secu	011		
331(5)(5).			Yes No		
Were substantially all (90% or more) dues received nondeductible by members?		1	X		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?			X		
Did the organization make only in-riouse lobbying experiorities of \$2,000 or less?      Did the organization agree to carry over lobbying and political campaign activity expenditures from		. 2	X		
Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	ion 501(c)(5)				
answered "Yes."  1 Dues, assessments and similar amounts from members		1			
<ul> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol</li> </ul>					
expenses for which the section 527(f) tax was paid).	iticai				
a Current year		2a	29,506		
b Carryover from last year		I I	61,399.		
c Total			90,905.		
• • • • • • • • • • • • • • • • • • • •		1 - 1	•		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e.					
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
expenditures next year?		4			
5 Taxable amount of lobbying and political expenditures. See instructions		5			
Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground instructions); and Part II-B, line 1. Also, complete this part for any additional information.  SCHEDULE C, PART I-A, LINE 1	up list); Part II-A	, lines 1 and	12 (see		
CLIENT DID NOT USE MONEY TO INFLUENCE POLITICAL COMPA	AIGN ACT	IVITIE	S		
SCHEDULE C, PART IV, ADDITIONAL INFORMATION					
HIRED A LOBBYING FIRM, NEW FRAME, LLC FOR GOVERNMENT	RELATIO	NS, AN	D NO		
LOBBYING COSTS WERE TO INFLUENCE ANY CAMPAIGN ACTIVIT	TIES OR '		PORT ANY C (Form 990) 202		

Schedule C (Form 990) 2023 EQUALITY NC	02-0662714 Page 4
Part IV   Supplemental Information (continued)	
POLITICAL CANDIDATE FOR ANY OFFICE.	

#### **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

**Employer identification number** 02-0662714

organization answered "Yes" on Form 990, Part IV, line 6.    Total number at end of year	Par			or Accounts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (furing year) 3 Aggregate value of contributions to (furing year) 4 Aggregate value of organisation inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is properly, subject to the organization's exclusive legal control? 6 Did the organization inform all grantess, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation assements held by the organization (heck all that apply).  1 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Protection of natural habitat Preservation of perservation of perservation of the organization held a qualified conservation contribution in the form of a conservation assement and according to the conservation assements included on line 2 as a curied after July 25, 2008, and not on a historic structure listed in the National Register on a historic structure listed by the organization during the tax year  1 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year with the organization have a writen pology regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  8 Does each conservation easement reported on line 24 ab		organization answered "Yes" on Form 990, Part IV, lin		(b) Funds and other accounts
2 Aggregate value of contributions to (during year)  3 Aggregate value of arish from (during year)  4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for chardsbe purposes and not for the benefit of the donor of choor advisors in writing that grant funds can be used only for chardsbe purposes and not for the benefit of the donor of choor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation I assements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purposel(s) of conservation easements held by the organization (chock all that apply).  Preservation of an off or public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space.  2 Complete lines 2a through 2 dif the organization held a qualified conservation contribution in the form of a centified historic structure of the last day of the tax year.  3 Total number of conservation easements.  5 Total acreage restricted by conservation easements.  6 Total acreage restricted by conservation easements.  7 Number of conservation easements included on line 2a acquired after July 25, 2006, and not on a historic structure listed in the National Register.  8 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.  9 Number of states where property subject to conservation easement is located.  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year.  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements the organization elected, as permitted under FASB ASC 958, not to report in its revenu	4	Total number at and of year	(a) Bonor advised funds	(b) I unus and other accounts
3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization in property, subject to the organization's exclusive legal contro?  On Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible purvate benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).    Preservation of land for public use (for example, recreation or education)   Preservation of a nistorically important land area				
4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charidable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible purvate benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of open space  2 Complete lines 2 a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year:  a Total number of conservation easements  5 Did acreage restricted by conservation easements  6 Number of conservation easements included on line 2 a qualified conservation easements and any analysis of the conservation easements included on line 2 a qualified to conservation easements included on line 2 a qualified to conservation easements included on line 2 a qualified to conservation easements included on line 2 a qualified to conservation easements included on line 2 a qualified to structure included on line 2 a				
5 Did the organization informal donors and donor advisors in writing that the assets held in donor advised funds are the organization in sprotry, subject to the organizations recursive, subject to the organizations in conservation and the properties of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors, or for any other purpose conferring impermissible private benefity of the benefit of the donor or donor advisors, or for any other purpose conferring membranes being private benefity of the organization donor and the properties of the organization for the organization for purpose conferring membranes are assembly of conservation assements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(9) of conservation casements. Complete if the organization or education) Preservation of a historically important land area Preservation of a land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a perservation of a perservation of a conservation easements in the last day of the tax year.  a Total number of conservation easements assembly				
are the organization's property, subject to the organization's exclusive legal control?			writing that the assets held in donor advis	ed funds
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?    Part III   Conservation Easements  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.   Proservation of land for public use (for example, recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of land for public use (for example, recreation or education)   Preservation of a certified historic structure   Preservation of a pen space   2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   Held at the End of the Tax Year   2a   b   Total number of conservation easements   2a   D   Total number of conservation easements   2a   D   D   D   D   D   D   D   D   D	•	-	-	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impromissible private benefit?    Purpose(6) of conservation easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.   Purpose(6) of conservation easements held by the organization (check all that apply).   Preservation of land for public use for example, recreation or education)   Preservation of a historically important land area   Protection or natural habitat   Preservation of a natural habitat   Preservation of a conservation easement on the last day of the tax year.   Held at the End of the Tax Year a Total number of conservation easements   2a   Held at the End of the Tax Year a Total number of conservation easements   2a   Held at the End of the Tax Year a Total number of conservation easements   2a   Description   Preservation easements   2a   Description   Preservation	6			
Impurmissible private benefit?	•			
Part II			• • • •	
Preservation of land for public use (for example, recreation or education)   Preservation of a historically important land area   Pretection of natural habitat   Preservation of open space   2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   Held at the End of the Tax Year   2	Par			
Preservation of a certified historic structure Preservation of open space  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  3 Total number of conservation easements  4 Total number of conservation easements  5 Total acreage restricted by conservation easements  6 Number of conservation easements on a certified historic structure included on line 2a  7 Number of conservation easements on a certified historic structure included on line 2a  8 Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register  9 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  1 Number of states where property subject to conservation easement is located  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcement of the conservation easements it holds?  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  1 If the organization sweet of the footnote to its financial statements that describes the organization's accounting for conservation easements.  1 If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement an	1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
Preservation of open space		Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  8 Total number of conservation easements  9 Total acreage restricted by conservation easements  10 Number of conservation easements on a certified historic structure included on line 2a  11 Number of conservation easements on a certified historic structure included on line 2a  12 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  12 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  13 Number of states where property subject to conservation easement is located  15 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  15 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  16 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  17 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year which is a proper organization and the property of the pro		Protection of natural habitat	Preservation o	f a certified historic structure
a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included on line 2a  d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure itseld in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year		Preservation of open space		
a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included on line 2a d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Values of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Part III, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  If	2		fied conservation contribution in the form	
b Total acreage restricted by conservation easements on a certified historic structure included on line 2a  d Number of conservation easements on a certified historic structure included on line 2a  d Number of conservation easements included on line 2c acquired after July 25, 2006, and not  on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of states where property subject to conservation easement is located  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  No  Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes No  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organizatio		day of the tax year.		Held at the End of the Tax Year
c Number of conservation easements on a certified historic structure included on line 2a  d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  4 Number of states where property subject to conservation easement is located  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  1 If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical tr				2a
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a Revenue included on Form 990, Part VIII, line 1       \$         b Assets included in Form 990, Part X       \$	2	- · · · · · · · · · · · · · · · · · · ·		I gain, provide
<b>b</b> Assets included in Form 990, Part X \$				•
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#### Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
<b>1a</b> Lar	nd						
<b>b</b> Bui	uildings						
<b>c</b> Lea	asehold improvements						
<b>d</b> Equ	guipment						
e Oth	her						
Total. Ad	Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B))						

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 EQUALITY NO		02	-0662714	Page 3
Part VII Investments - Other Securities				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	-		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market v	/alue
(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"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market v	alue alue
(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	1			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
(a)	Description		(b) Book va	alue
(1) DUE FROM EQUALTY NC FOUND	ATION		108	,363.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15, co	v/ (R))		108	,363.
Part X Other Liabilities	n. (D))			,
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.		
1. (a) Description of liability			(b) Book va	alue
(1) Federal income taxes			(-)	
(2)				
(3)				
<u>(4)</u>				
(5)				
(6)				
(7)				

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 ... X

Schedule D (Form 990) 2023

(9)

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

## FOR POTENTIAL EXAMINATION BY THE INTERNAL REVENUE SERVICE ARE FOR THE YEARS ENDED DECEMBER 31, 2023, 2022, 2021, AND 2020. AT THIS TIME, MANAGEMENT DOES NOT EXPECT TO OWE ANY TAXES, INTEREST OR PENALTIES ON UNCERTAIN TAX POSITIONS.

#### PART XI, LINE 4B - OTHER ADJUSTMENTS:

-1,797. **EVENT EXPENSES** 

#### PART XII, LINE 4B - OTHER ADJUSTMENTS:

Schedule D	) (Form 990) 2023 <b>EQUALITY NC</b>	02-0662714 Page 5
Part XIII	Supplemental Information (continued)	<u>u</u>
	(oornmood)	
EVENT	EXPENSES	-1,797.
<u> </u>		±,151•
-		
-		
-		
i		
i		
-		

#### **SCHEDULE 0** (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.

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection

Name of the organization  EQUALITY NC	Employer identification number 02-0662714
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHME	NTS:
HOMELESSNESS, AND RACIAL EQUITY.	
FORM 990, PART VI, SECTION B, LINE 11B:	
ORGANIZATION'S PROCESS TO REVIEW FORM 990. THE 990 IS REV	IEWED AND APPROVED
BY THE FINANCIAL COMMITTEEAND THEN PRESENTED TO THE BOARD	FOR APPROVAL.
FORM 990, PART VI, SECTION B, LINE 15A:	
THE ORGANIZATION'S BOARD OF DIRECTORS REVIEWED THE EXECUT	IVE DIRECTOR'S
PERFORMANCE, RESEARCHED SALARIES OF SIMILAR ROLES OF SIMI	LAR STATEWIDE
CIVIL RIGHTS LGBT NONPROFITS, AND DOCUMENTED THE REVIEW.	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST ON THE WEBSITE, BY EMAIL, OR BY FA	х.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	36,281.
MANAGEMENT AND GENERAL EXPENSES	8,960.
FUNDRAISING EXPENSES	2,877.
TOTAL EXPENSES	48,118.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	48,118.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ROUNDING ADJUSTMENT	1.

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

Schedule O (Form 990) 2023

#### **SCHEDULE R** (Form 990)

Part I

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

Open to Public Inspection

OMB No. 1545-0047

**Employer identification number** Name of the organization EQUALITY NC 02-0662714

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(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			(e) End-of-year assets		ts Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	I  tions. Complete if the organization a	 Inswered "Yes" on Form 990	), Part IV, line 34, I	l pecause	e it had one	or more	related tax-exer	npt	
(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	status	(e) lic charity s (if section	Dired	(f) et controlling entity	contr	<b>g)</b> 512(b)(13) rolled tity?
EQUALITY NC FOUNDATION - 58-1374041				50	01(c)(3))			Yes	No
DURHAM, NC 27701	ADVOCACY	NORTH CAROLINA	501(C)(3)	LINE	7	N/A			х

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

Schedule R (Form 990) 2023

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.

		,	ı	•			_				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	Disproportionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	20 of Schedule	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	l	l .					l				

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	(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	Section 512(b)(13) controlled entity?	
		country)		,				Yes	No
-									
-									-

02-0662714 Page 3

Yes No

(4)

(5)

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	s with one or more re	lated organizations listed i	in Parts II-IV?					
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
	b Gift, grant, or capital contribution to related organization(s)								
	c Gift, grant, or capital contribution from related organization(s)								
	d Loans or loan guarantees to or for related organization(s)								
е	e Loans or loan guarantees by related organization(s)								
f	f Dividends from related organization(s)								
g	g Sale of assets to related organization(s)								
	h Purchase of assets from related organization(s)								
i	i Exchange of assets with related organization(s)								
j	j Lease of facilities, equipment, or other assets to related organization(s)								
k	k Lease of facilities, equipment, or other assets from related organization(s)								
- 1	I Performance of services or membership or fundraising solicitations for related organization(s)								
m	m Performance of services or membership or fundraising solicitations by related organization(s)								
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
	Sharing of paid employees with related organization(s)					Х			
р	p Reimbursement paid to related organization(s) for expenses								
	q Reimbursement paid by related organization(s) for expenses								
r	r Other transfer of cash or property to related organization(s)						Х		
s	s Other transfer of cash or property from related organization(s)								
	If the answer to any of the above is "Yes," see the instructions for information on wh								
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d)  Method of determining amount involved					
(1) I	QUALITY NC FOUNDATION	J	16,458.	CASH VALUE					
(2) I	QUALITY NC FOUNDATION	Q	289,702.	CASH VALUE					
(3) I	QUALITY NC FOUNDATION	0	739,915.	CASH VALUE					

Schedule R (Form 990) 2023 EQUALITY NC 02-0662714 Page 4

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation Yes N	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) r Percentage ownership

#### 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)

OMB No. 1545-0047

Department of the Treasury

Do not enter social security numbers on this form as it may be made public. 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 02-0662714 Doing business as 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 506 RAMSEUR STREET 919-829-0343 165,476. 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 for subordinates? ..... Yes X No 506 RAMSEUR STREET, STE 1, DURHAM, NC 27701 \_\_ Yes 「 **H(b)** Are all subordinates included? Tax-exempt status:  $\boxed{\phantom{0}}$  501(c)(3)  $\boxed{\mathbf{X}}$  501(c) ( **4** (insert no.) 4947(a)(1) or If "No," attach a list. See instructions HTTP://WWW.EQUALITYNC.ORG H(c) Group exemption number K Form of organization: X Corporation Other Year of formation: 2002 M State of legal domicile: NC ☐ Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: SECURING EQUALITY AND JUSTICE **Activities & Governance** FOR LGBTO NORTH CAROLINIANS. 2 Check this box 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) 9 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 7h **Prior Year Current Year** 399,112. 163,330. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 395. 2,146. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -73,966-1,797. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 325,541. 163,679 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 4,189. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 126,737. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 147,224. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 147,820.  $\overline{119}, 451.$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 278,746. 266,675. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 46,795. -102,996. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 439,323. 288,604. Total assets (Part X, line 16) 75,831. 28,107. 21 Total liabilities (Part X, line 26) 三年 363,492.  $260,4\overline{97}$ 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 Phone no. 919-841-1000 RALEIGH, NC 27615 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

	Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly describe the organization's mission: SECURING EQUALITY AND JUSTICE FOR LGBTQ 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?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes  If "Yes," describe these changes on Schedule O.	X No
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, a revenue, if any, for each program service reported.	
<b>4</b> a	COMENTIAL BENEFITS AND COMBATING INCREASED VOTER SUPPRESSION. OUR CIVENGAGEMENT STRATEGY OF ENCINOUS ENGAGEMENT STRATEGY OF ENCINOUS OF COLOR, ENCIPE AND COMBATING INCREASED VOTER SUPPRESSION. OUR CIVENGAGEMENT STRATEGY INCLUDES OF STATEWIDE BIPARTISAN PEER NETWORK OF COLOR OF COLO	I /IC )F
4b	(Code:)(Expenses \$ 111,426. including grants of \$	SAN OSS IO
<b>-+</b> C	ALL OTHER SMALL PROGRAMS.	
4d	Other program services (Describe on Schedule O.)	
<u></u>	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 201,074.	
40		200

14420218 797821 9135

# Form 990 (2023) EQUALITY NC 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		
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		х
7	$\cdot$	-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			₩.
	Schedule D, Part III	8_		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments?  f "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		Х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
e	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 separate of consolidated limitolal statements for the tax year molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years molecule of consolidated limitolal statements for the tax years	11f	Х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del>                                     </del>		
124		12a	Х	
<b>L</b>	Schedule D, Parts XI and XII	IZa	- 21	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		х
40	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		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			.,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	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> </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		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		
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

Form **990** (2023)

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

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
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			37
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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			х
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties? (See 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? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		Х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 56	-2	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	990	2023)
332004	4 12-21-23	⊢orm	33U (	ZUZ3)

14420218 797821 9135

02-0662714

Page 5

ı aı	Statements negariting other in 3 mings and rax compliance (continued)							
			Yes	No				
	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 17							
		-	Х					
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		X				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a						
	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
		5a		Х				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del> </del>				
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
ou	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 contributions or gifts							
-	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7с		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	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.								
	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders 11a							
D	Gross income from other sources. (Do not net amounts due or paid to other sources against							
122	amounts due or received from them.)	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa						
	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: 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							
	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
excess parachute payment(s) during the year?								
	If "Yes," see the instructions and file Form 4720, Schedule N.			Х				
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?								
	If "Yes," complete Form 4720, Schedule O.							
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

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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 9						
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		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
6	Did the organization have members or stockholders?	6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_ <u> </u>					
	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:	1.5					
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					
Ū	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 dection b requests information about policies not required by the internal nevertide dode.)		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х			
	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	<b>1a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a							
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		X			
	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)	availat	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	cial				
	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						

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# 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KENDRA JOHNSON	12.00					.,		20 012	07 071	10 000
EXECUTIVE DIRECTOR	28.00		_			X		20,012.	97,871.	12,800.
(2) IRVING ZAVALETA-JIMENEZ BOARD MEMBER	1.00	Х						0.	0.	0.
(3) MILAN PHAM	3.00							-	-	
CHAIR		Х		х				0.	0.	0.
(4) MICHAEL WILSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) ITALO MEDELIUS	3.00									
BOARD MEMBER		Х						0.	0.	0.
(6) JENNA BECKHAM	3.00									
SECRETARY		Х		Х				0.	0.	0.
(7) ZACH WARDLE	4.00									
TREASURER		Х		Х				0.	0.	0.
			_	_						
		-								
	1	1	l	l		1				

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per	(B) (C) (D  Average Position Report		( <b>D</b> ) Reportable	<b>(E)</b> Reportable						
	week (list any hours for related organizations below line)	director			recto	Highest compensated training some semployee	tee)	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	otl compe from organ and re	unt of oner oner oner oner oner oner oner oner
1b Subtotal c Total from continuation sheets to Part VI								20,012.		•	0.08
d Total (add lines 1b and 1c)  Total number of individuals (including but n								20,012. ceived more than \$100,	97,871 000 of reportable	. 12,	800.
compensation from the organization										Υ-	es No
3 Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> .								hest compensated emp		3	Х
For any individual listed on line 1a, is the su and related organizations greater than \$150	•								-	. 4	Х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	ccrue comper	satio	on fr	om a	any	unre				. 5	Х
Section B. Independent Contractors  1 Complete this table for your five highest contractors	mpensated inc	leper	nder	nt cc	ntra	actor	s th	nat received more than \$	100,000 of comper	sation from	
the organization. Report compensation for (A)					ith c	or wit	thin	(B)		(C)	
Name and business	address	NC	NE	<u> </u>				Description of s	ervices	Compensa	ation
							$\dashv$				
							$\dashv$				
							$\dashv$				
2 Total number of independent contractors (in	•	ot lim	nited	l to t	_		ted	above) who received mo	ore than		
\$100,000 of compensation from the organization	zation				(	)				Form 99	0 (2023)

332008 12-21-23

Form 990 (2023) EQUALITY NC
Part VIII Statement of Revenue

		Check if Schedule O contains	s a response t	of flote to arry life	/A\	(B)	(0)	
					I IAI	I (D)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
							business revenue	from tax under
								sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	. 1b					
Ω̈́E	c	Fundraising events						
L A		Related organizations						
ig ig								
ns,		Government grants (contributions						
ti S	f	All other contributions, gifts, grants, a		460 000				
ᅙ		similar amounts not included above	1f	163,330.				
달	g	Noncash contributions included in lines 1a-1f	f 1g \$					
a C	h	Total. Add lines 1a-1f			163,330.			
				Business Code				
	2 a							
<u>ič</u>								
Program Service Revenue	b							
S	С							
ev ev	d							
БG	е	·						
P.	f	All other program service revenue						
		Total. Add lines 2a-2f						
-	3	Investment income (including divi						
	3	· · · · · · · · · · · · · · · · · · ·			2 146	2,146.		
		other similar amounts)			2,146.	2,140.		
	4	Income from investment of tax-ex						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents 6a						
	h	Less: rental expenses 6b						
		_ ' ' " ' "   _						
	C	` '						
		Net rental income or (loss)		(") OH-				
	7 a		i) Securities	(ii) Other				
		assets other than inventory 7a						
	b	Less: cost or other basis						
ē		and sales expenses 7b						
e l	c	Gain or (loss) 7c						
Revenue		Net gain or (loss)						
<u> </u>								
ther	8 a	Gross income from fundraising events	` .					
₫		including \$						
		contributions reported on line 1c)						
		Part IV, line 18	8a	0.				
	b	Less: direct expenses		1,797.				
		Net income or (loss) from fundrais			-1,797.			-1,797.
		Gross income from gaming activit	_					
	J d							
		Part IV, line 19						
		Less: direct expenses						
	С	Net income or (loss) from gaming	activities					
	10 a	Gross sales of inventory, less retu	ırns					
		and allowances	10a					
	b	Less: cost of goods sold						
-+		Net income or (loss) from sales of	miveritory	Business Code				
2				Dusiness Code				
90 E	11 a							
an A	b							
ĕ ĕ	c							
Miscellaneous Revenue	d	All other revenue	<del></del>					
2		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			163,679.	2,146.	0.	-1,797.
332009						, , , , , , , , , , , , , , , , , , , ,		Form <b>990</b> (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 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, 1,001. 20,013. 18,011. 1,001. 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) 100,853. 73,122. 21,504. 6,227. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 16,493. 12,436. 3,071. 986. Other employee benefits 9 9,865. 7,438. 1,837. 590. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 24,132. 18,196. 4,493. 1,443. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 36,281. 8,960. 2,877. 48,118. column (A), amount, list line 11g expenses on Sch O.) 434. 327. 81. 26. Advertising and promotion 12 1,742. 1,314.324. 104. Office expenses 13 19,451. 14,666. 3,622. 163. Information technology 14 15 Royalties  $1, \overline{133}$ 6,087. 4,590. 364. 16 Occupancy 8,902. 6,712. 1,658. 532. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 2,864. 2,160. 533. 171. 23 Other expenses. Itemize expenses not covered 24 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.) 873. 4,686. 3,533. 280. BANK FEES DUES AND LICENSES 1,857. 1,400. 346. 111. 1,007. 759. 188. 60. MERCHANDISE EXPENSE STAFF DEVELOPMENT 171. 129. 32. 10. All other expenses 266,675. 201,074. 49,656. 15,945. Total functional expenses. Add lines 1 through 24e 25 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)

14420218 797821 9135

## Form 990 (2023) Part X | Balance Sheet

art X	<b>^</b>	Balance Sheet					
		Check if Schedule O contains a response or	note to	any line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	1	Cash - non-interest-bearing		337,021.	1	110,668	
2		Savings and temporary cash investments				2	
3		Pledges and grants receivable, net	20,000.	3	20,000		
4		Accounts receivable, net			69,611.	4	39,936
5		Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	ubstant	al contributor, or 35%			
		controlled entity or family member of any of t		5			
6	6	Loans and other receivables from other disqu	ualified	ersons persons (as defined			
		under section 4958(f)(1)), and persons describ		6			
. 7	7	Notes and loans receivable, net		7			
8 8		Inventories for sale or use		8			
ξ   g		Donat del como con con del defense de de conce			12,691.	9	9,63
10	0a	Land, buildings, and equipment: cost or othe	er				
		basis. Complete Part VI of Schedule D	1	)a			
	b	Less: accumulated depreciation	<u>1</u>	)b		10c	
11	1	Investments - publicly traded securities			11		
12		Investments - other securities. See Part IV, lin		12			
13	3	Investments - program-related. See Part IV, lin		13			
14	4	Intangible assets		14			
15	5	Other assets. See Part IV, line 11			0.	15	108,36
16		Total assets. Add lines 1 through 15 (must e			439,323.	16	288,60
17	7	Accounts payable and accrued expenses		54,621.	17	28,10	
18	В	Grants payable		18			
19		Deferred revenue		19			
20	0	Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Comple				21	
22	2	Loans and other payables to any current or for	former o	fficer, director,			
		trustee, key employee, creator or founder, su	ubstant	al contributor, or 35%			
22		controlled entity or family member of any of t	these p	ersons		22	
23	3	Secured mortgages and notes payable to uni	related			23	
24	4	Unsecured notes and loans payable to unrela	ated thi	rd parties		24	
25	5	Other liabilities (including federal income tax,	, payab	es to related third			
		parties, and other liabilities not included on lin	ines 17	24). Complete Part X			
		of Schedule D			21,210.	25	(
26	6	Total liabilities. Add lines 17 through 25			75,831.	26	28,10
		Organizations that follow FASB ASC 958, o	check	nere X			
		and complete lines 27, 28, 32, and 33.					
27	7	Net assets without donor restrictions			306,376.	27	256,004
28	8	Net assets with donor restrictions			57,116.	28	4,493
		Organizations that do not follow FASB ASC	C 958,	check here			
		and complete lines 29 through 33.					
29		Capital stock or trust principal, or current fun				29	
30	0	Paid-in or capital surplus, or land, building, or	r equip	ment fund		30	
31		Retained earnings, endowment, accumulated				31	
27 28 28 29 30 31 31 32	2	Total net assets or fund balances			363,492.	32	260,497
33		Total liabilities and net assets/fund balances			439,323.	33	288,604 Form <b>990</b> (20

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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			79.		
2	Total expenses (must equal Part IX, column (A), line 25)	2			75.		
3	Revenue less expenses. Subtract line 2 from line 1	3	-10				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36	3,4	<u>92.</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			<u> 1.</u>		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	26	0,4	<u>97.</u>		
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	2a 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	<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,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule 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				1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2023)		

332012 12-21-23

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Employer identification number** 

EQUALITY NC 02-0662714 Organization type (check one): Filers of: Section: X 501(c)( 4 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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. 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 General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization

EQUALITY NC

02-0662714

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		51,401.	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
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		- - \$ <u>17,046.</u>	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
4		- \$ 6,819.	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		5,000.	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
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Name of organization Employer identification number

EQUALITY NC 02-0662714

Part II	Noncash Property (see instructions). Use duplicate copies of Part II 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					
		  \$						

Page 4

Name of organization **Employer identification number** EQUALITY NC 02-0662714 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 (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

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

## **SCHEDULE C**

Department of the Treasury

Internal Revenue Service

(Form 990)

**Political Campaign and Lobbying Activities** 

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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

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

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

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

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

	501(c)(4), (5), or (6) organizat	ions: Complete Part III.		T-	
Name of oro	•			Į.	Employer identification number
	EQUALIT	Y NC	=0.//		02-0662714
Part I-A	Complete if the org	anization is exempt und	er section 501(c)	or is a section 527	organization.
2 Politica	al campaign activity expendit	ation's direct and indirect politic ures gn activities			\$
Part I-B	Complete if the org	anization is exempt und	er section 501(c)(	3).	
				-	\$
		incurred by organization manag			
3 If the c	organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
		······································			
	," describe in Part IV.				
Part I-C	Complete if the org	anization is exempt und	er section 501(c),	except section 50	01(c)(3).
1 Enter t	he amount directly expended	by the filing organization for se	ction 527 exempt funct	ion activities	\$
2 Enter t	he amount of the filing organ	ization's funds contributed to ot	her organizations for se	ection 527	
exemp	t function activities				\$
		. Add lines 1 and 2. Enter here a	·		
		1120-POL for this year?			
		mployer identification number (E			
-	•	tion listed, enter the amount pai comptly and directly delivered to			•
	•	additional space is needed, prov			arate segregated fund of a
	. ,			1	(a) Amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization	
				funds. If none, enter	-0 promptly and directly
					delivered to a separate political organization.
					If none, enter -0

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

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023 EQUALITY NC 02-0662714 Page 2 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). Check if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals **1a** Total lobbying expenditures to influence public opinion (grassroots lobbying) **b** Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: not over \$500,000, 20% of the amount on line 1e. over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. \$175,000 plus 10% of the excess over \$1,000,000. over \$1,000,000 but not over \$1,500,000 \$225,000 plus 5% of the excess over \$1,500,000. over \$1,500,000 but not over \$17,000,000, over \$17,000,000. \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0-Subtract line 1f from line 1c. If zero or less, enter -0ighthere is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar vear (a) 2020 (b) 2021 (c) 2022(d) 2023 (e) Total (or fiscal year beginning in)

Schedule C (Form 990) 2023

2a Lobbying nontaxable amountb Lobbying ceiling amount(150% of line 2a, column(e))

c Total lobbying expenditures

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

f Grassroots lobbying expenditures

Schedule C (Form 990) 2023 **EQUALITY NC** 02-0662714 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.  1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i		No	Amo	unt
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?				
or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?				
a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?				
c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?				
d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?				
f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?				
i Other activities?				
i Total Add lines 1c through 1i				
Total: Add into To through 11				
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A   Complete if the organization is exempt under section 501(c)(4), section 50				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6).	I(c)(5)	, or secti	on	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				X
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior		3	Х	
Part III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."	OR (b	) Part III		3, is
Dues, assessments and similar amounts from members		. 1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
expenses for which the section 527(f) tax was paid).		0-	20	506
a Current year				<u>,506.</u> ,399.
<b>b</b> Carryover from last year				,905.
c Total			90	, 903.
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politica				
expenditures next year?  5 Taxable amount of lobbying and political expenditures. See instructions		4		
Taxable amount of lobbying and political expenditures. See instructions  Part IV Supplemental Information		.   5		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); I instructions); and Part II-B, line 1. Also, complete this part for any additional information.  SCHEDULE C, PART I-A, LINE 1  CLIENT DID NOT USE MONEY TO INFLUENCE POLITICAL COMPAIGN				
SCHEDULE C, PART IV, ADDITIONAL INFORMATION				
HIRED A LOBBYING FIRM, NEW FRAME, LLC FOR GOVERNMENT RELA	TION	NS, AN	D NO	
LOBBYING COSTS WERE TO INFLUENCE ANY CAMPAIGN ACTIVITIES	OR 1		PORT .	

Schedule C (Form 990) 2	ental Information $_{(cont)}$	Y NC		02-0662714	Page 4
Part IV   Supplem	ental Information (cont	inued)			
ם מודשד כאו כאו	TOTOXME EOD XNV	$\cap$ EETCE			
FODITICAL CAL	NDIDATE FOR ANY	OFFICE.			

#### **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

**Employer identification number** 02-0662714

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin-		Similar Fund	s or Acc	counts. Complete if the
		(a) Donor advis	sed 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 v	writing that the assets h	neld in donor adv	rised funds	
	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 or	r donor advisor, or for a	any other purpos	e conferrin	g
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Y	es" on Form 990	, Part IV, li	ne 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	)		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation	of a histori	cally important land area
	Protection of natural habitat		Preservation	of a certifie	ed historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contri	bution in the forr	n of a cons	
	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 stru				2c
d	Number of conservation easements included on line 2c acqui				
	on a historic structure listed in the National Register				2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by th	ne organiza	ation during the tax
	year				
4	Number of states where property subject to conservation eas			<del>-</del>	
5	Does the organization have a written policy regarding the per				
_	violations, and enforcement of the conservation easements it				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing co	nservation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and e	enforcing conserv	ation ease	ements during the year
_				(L) (A) (D) (i)	
8	Does each conservation easement reported on line 2d above				□ Vaa □ Na
•	and section 170(h)(4)(B)(ii)?				
9					
	balance sheet, and include, if applicable, the text of the footn organization's accounting for conservation easements.	lote to the organization	S III Iai ICiai Statei	Herits that	describes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Tr	easures, or C	Other Sir	nilar Assets.
	Complete if the organization answered "Yes" on Form		ŕ		
1a	If the organization elected, as permitted under FASB ASC 95		venue statement	and balan	ce sheet works
	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its finan	•	•		1
b	If the organization elected, as permitted under FASB ASC 95				sheet works of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items.	,			
	(i) Revenue included on Form 990, Part VIII, line 1				\$
2	If the organization received or held works of art, historical trea				
	the following amounts required to be reported under FASB A			J / I=-	
а	Revenue included on Form 990, Part VIII, line 1				\$
	Assets included in Form 990, Part X				

Schedule D (Form 990) 2023

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

02-0662714 Page 2 EQUALITY NC Schedule D (Form 990) 2023 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d d Additions during the year Distributions during the year 1e Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back **1a** Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the No organization by: (i) Unrelated organizations? 3a(i) (ii) Related organizations? 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment Complete if the organization answered "Ves" on Form 900, Part IV, line 11a, See Form 900, Part V, line 10

Complete if the organization answered test on Form 990, Part IV, line 11a. See Form 990, Part A, line 10.									
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value					
1a Land									
<b>b</b> Buildings									
c Leasehold improvements									
<b>d</b> Equipment									
e Other									
Total. Add lines 1a through 1e. (Column (d) must equa	0.								

Schedule D (Form 990) 2023

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.	nd-of-year market value
(a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or en (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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or en (1) (2) (3) (4) (5) (6) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part XI  Other Assets  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	nd-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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or en (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IV Other Assets  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	nd-of-year market value
(2) Closely held equity interests (3) Other (A) (B) (C) (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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or en (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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description	
(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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or en (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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description	
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(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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or en (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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description	
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(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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or en  (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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description	
(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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or en  (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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description	
(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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or en (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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description	
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))   Part VIII   Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end of the cost of the co	
Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of the cost of end	
(a) Description of investment (b) Book value (c) Method of valuation: Cost or en (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) Most equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description	
(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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description	ad of year market value
(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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description	iu-or-year market value
(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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description	
(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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description	
(6) (7) (8) (9) (70) (10) (10) (10) (10) (10) (10) (10) (1	
(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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description	
(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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description	
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description	
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description	
Part IX Other Assets  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description	
(a) Description	
(4) DITE EDOM ECHALTY NO ECHANDATION	(b) Book value
(1) DUE FROM EQUALTY NC FOUNDATION	108,363
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	108,363
Part X Other Liabilities	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	+ ` `
(2)	
(3)	1
(4)	1
(5)	+
	+
(6) (7)	+
(7)	
(8)	+
(9) T-1-1-1	+
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements to	

Schedule D (Form 990) 2023

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

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2023

-1,797.

**EVENT EXPENSES** 

Schedule D (Form 990) 2023 EQUALITY NC	02-0662714 Page 5
Schedule D (Form 990) 2023 EQUALITY NC  Part XIII Supplemental Information (continued)	
EVENT EXPENSES	-1,797.

# 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.

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 02-0662714

EQUALITY NC FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: HOMELESSNESS, AND RACIAL EQUITY. FORM 990, PART VI, SECTION B, LINE 11B: ORGANIZATION'S PROCESS TO REVIEW FORM 990. THE 990 IS REVIEWED AND APPROVED BY THE FINANCIAL COMMITTEEAND THEN PRESENTED TO THE BOARD FOR APPROVAL. FORM 990, PART VI, SECTION B, LINE 15A: THE ORGANIZATION'S BOARD OF DIRECTORS REVIEWED THE EXECUTIVE DIRECTOR'S PERFORMANCE, RESEARCHED SALARIES OF SIMILAR ROLES OF SIMILAR STATEWIDE CIVIL RIGHTS LGBT NONPROFITS, AND DOCUMENTED THE REVIEW. FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST ON THE WEBSITE, BY EMAIL, OR BY FAX. FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 36,281. MANAGEMENT AND GENERAL EXPENSES 8,960. 2,877. FUNDRAISING EXPENSES TOTAL EXPENSES 48,118. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 48,118. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: ROUNDING ADJUSTMENT 1.

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

Schedule O (Form 990) 2023

scriedule O (Form 990) 2023	Page 2
Name of the organization EQUALITY NC	Employer identification number 02-0662714
FORM 990. PART XII, LINE 2C	
THE PROCESS TO REVIEW FORM 990 HAS NOT CHANGED FROM PRIOR	YEAR.

#### **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	02-0662	02-0662714					
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Ye	es" 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	r assets Direct	(f) controlling ntity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	Lations. Complete if the organization	n answered "Yes" on Form 990	), Part IV, line 34, b	ecause it had one	or more related tax-exe	empt	
(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	(f) Direct controlling entity	conti	g) 512(b)(13) rolled tity?
		J ,,		501(c)(3))		Yes	No
EQUALITY NC FOUNDATION - 58-1374041	_						
506 RAMSEUR STREET, STE 1 DURHAM, NC 27701	ADVOCACY	NORTH CAROLINA	501(C)(3)	LINE 7	N/A		х

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.

organisations transfer as a parameter paramete																					
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)										
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, unrelated, oxeluded from tax under	Predominant income (related, unrelated, income income	Predominant income (related, unrelated,	Predominant income (related, unrelated,	Predominant income (related, unrelated,		Direct controlling entity Predominant income (related, unrelated, income income	Predominant income (related, unrelated, income	redominant income (related, unrelated, ) under from tox under	inant income I, unrelated, income	Share of total income	Share of total Share of end-of-year		Diagrapartianata		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	Percentage ownership
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes I	10										
	]																				
	1																				
	1																				
	1																				
						l .															

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)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Citally:	
		country						Yes	No

Page 2

Page 3

Yes No

1a

1d

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 related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

**b** Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)				<u>1e</u>	_	<u> </u>	
5 Dividende form velsked even institut(s)				1f		X	
f Dividends from related organization(s)							
<ul> <li>g Sale of assets to related organization(s)</li> <li>h Purchase of assets from related organization(s)</li> </ul>							
Purchase of assets from related organization(s)				1h	_	X	
i Exchange of assets with related organization(s)				1i		<u> </u>	
j Lease of facilities, equipment, or other assets to related organization(s)				<u>1</u> j	+^		
k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х	
I Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		X	
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)							
o Sharing of paid employees with related organization(s)							
3 1 1 7 3 (7							
p Reimbursement paid to related organization(s) for expenses							
q Reimbursement paid by related organization(s) for expenses						X	
Trainibalisation to paid by rolated organization (b) for expenses				1g	X		
r Other transfer of cash or property to related organization(s)				1r		Х	
s Other transfer of cash or property from related organization(s)						Х	
2 If the answer to any of the above is "Yes," see the instructions for information on w					_		
·	(b)						
<b>(a)</b> Name of related organization	Transaction	(c) Amount involved	(d) Method of determining amo	unt involved	nvolved		
	type (a-s)						
(1) EQUALITY NC FOUNDATION	J	16,458.	CASH VALUE				
(2) EQUALITY NC FOUNDATION	0	200 702	CASH VALUE				
(2) EQUALITY NC FOUNDATION	<u> </u>	209,702.	CASH VALUE				
(3) EQUALITY NC FOUNDATION	0	739.915.	CASH VALUE				
(0) = 2		7.00 / 5.20 1					
(4)							
(5)							
(6)							
(0)	1	I	l				

Schedule R (Form 990) 2023 EQUALITY NC 02-0662714 Page 4

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)	(b)	(c)	(d)	(e)	(f)	(g)	(ł	1)	(i)	()	i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners sec 501(c)(3) orgs.?		Share of end-of-year assets	Dispr tion alloca <b>Yes</b>	opor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or aging ner?	Percentage ownership
				Tes No			162	NO	(1 01111 1000)	162	NO	
											-	
							_			$\vdash$	$\vdash \vdash$	