Form <b>990</b>	)
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## **Return of Organization Exempt From Income Tax**

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

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.



B       Could application       D       Employer identification number         B       Could application       Doing Business As       93-1012688         B       Doing Business As       93-1012688         B       Doing Business As       93-1012688         B       Could application       Formation       93-1012688         B       Could application       Formation       93-1012688         B       Could application       Formation       Formation       93-1012688         B       Could application       Formation       Form	Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990.					
applicative       BQUITY FOUNDATION, INC.       93-1012688         Doing Business As       93-1012688         Number and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number         PD BOX 5696       City or town, state or province, country, and ZIP or foreign postal code       G creas receipts 1, 316, 029         PORTLAND, OR 97228-5696       H(a) Is this a group return       for subordinates?       Ves []         I Tax-exempt status:       S 001(b)(3)       501(c) () ≤ (insert no.)       4947(a)(1) or []       FV         J Website:       WWW. EQUITYFOUNDATION.ORG       H(b) Are all subordinates?       []       I* No, * attach a list. Gee instructions)         J Website:       WWW. EQUITYFOUNDATION.ORG       H(c) Group exemption number       K         Form of organization:       Tots       Association       Other       L year of tomation: 1989 [M State of legal domicie!         PartII       Summary       1       Briefly describe the organization's mission or most significant activities: PUBLIC EDUCATION AND GRANTMAKING TO ORGANIZATIONS THAT EMBRACE THE DIGNITY AND WORTH OF ALL PEOPLE.         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 V, line 1a)       4       is         4 <td colspan="6"></td>						
Image brows       BOITT FOUNDATION, INC.       93-1012688         Image brows       93-1012688       93-1012688         Image brows       Number and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number       (503) 231-5759         Image brows       PO BOX 5696       City or town, state or province, country, and ZIP or foreign postal code       G cross receipts       1,316,025         Image brows       FName and address of principal officer. RON BREY       SAME AS C ABOVE       H(a) is this a group return for subordinates?       Ives XI         I Tax-exempt status:       Xi 501(c)(3)       501(c) (1) < (insert no.)       4947(a)(1) or       527       H(b) Are at aubordinates included?       Ives XI         J Website:       WWW. EQUITYPOUNDATION.ORG       H(c) Group exemption number >       H(c) Group exemption number >       H(c) Group exemption number >         PartII Summary       1       Briefly describe the organization's mission or most significant activities:       PUBLIC EDUCATION AND GRANTMAKING TO ORGANIZATIONS THAT EMBRACE THE DIGNITY AND WORTH OF ALL PEOPLE.         2       Check this box >       If the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of volinteres (stratate if necessary)       6       7a       7a       7a         7 a Total number of volunteres (sett	B Check if applicable: C Name of organization D Employer identification					
Doing Business As       93-1012688         Poing Business As       93-1012688         Number and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number (503) 231-5759         Optimizer       PO BOX 5696       Room/suite       E Telephone number (503) 231-5759         Other province, country, and ZIP or foreign postal code PORTLAND, OR 97228-5696       H(a) Is this a group return for subordinates included?         I Tax-exempt status:       S01(c)(3)       501(c) ()       (insert no.)       4947(a)(1) or       527         I Tax-exempt status:       S01(c)(3)       501(c) ()       (insert no.)       4947(a)(1) or       527         I Tax-exempt status:       S01(c)(3)       501(c) ()       (insert no.)       4947(a)(1) or       527         I Tax-exempt status:       S01(c)(3)       501(c) ()       (insert no.)       4947(a)(1) or       527         I Tax-exempt status:       S01(c)(3)       501(c) ()       (insert no.)       4947(a)(1) or       527         I Tax-exempt status:       S01(c)(3)       501(c) ()       (insert no.)       4947(a)(1) or       527         I Tax-exempt status:       S01(c)(3)       501(c) (1)       (insert no.)       4947(a)(1) or       527         I Tax-exempt status:       S01(c)(3)       501(c) (3)			EOUITY FOUNDATION. INC.			
Initial Initia		Name		93-101	12688	
PO       BOX       5696       (503)       231-5759         City or town, state or province, country, and ZIP or foreign postal code PORTLAND, OR       97228-5696       H(a) Is this a group return for subordinates?       1316,025         F Name and address of principal officer: RON       BREY SAME AS C ABOVE       H(a) Is this a group return for subordinates?       Yes       I         1       Tax-exempt status:       X 501(c)(3)       501(c)(.) ◀ (insert no.)       4947(a)(1) or       527       H(b) Are all subordinates included?       Yes       I         1       Tax-exempt status:       X 501(c)(1) ◀ (insert no.)       4947(a)(1) or       527       H(c) Are all subordinates included?       Yes       I         1       Tax-exempt status:       X 501(c)(1) ◀ (insert no.)       4947(a)(1) or       527       H(c) Are all subordinates included?       Yes       I         1       Tax-exempt status:       X 501(c)(1) ◀ (insert no.)       4947(a)(1) or       E       It "No," attach a list. (see instructions)         H(c) Are all subordinates included?       Yes       It is association       Other ►       L Year of formation: 1989 M State of legal domicine:         Part I       Summary       It Briefly describe the organization's mission or most significant activities:       PUBLIC EDUCATION AND GRANTMAKING         TO       ORGANIZATIONS THAT EMBRACE THE		Initial				
City or town, state or province, country, and ZIP or foreign postal code PORTLAND, OR 97228-5696       G Gross receipts § 1, 316, 029         PORTLAND, OR 97228-5696       F Name and address of principal officer: RON BREY SAME AS C ABOVE       H(a) Is this a group return for subordinates?         I Tax-exempt status:       X 501(c)(3) 501(c) () ◀ (insert no.)       4947(a)(1) or 527         J Website:       WWW. EQUITYFOUNDATION.ORG       H(b) Are all subordinates included?       Yes I         K Form of organization;       X Corporation       Trust       Association       Other       L Year of tormation; 1989 M State of legal domicile;         Part I       Summary       1       Briefly describe the organization's mission or most significant activities:       PUBLIC EDUCATION AND GRANTMAKING TO ORGANIZATIONS THAT EMBRACE THE DIGNITY AND WORTH OF ALL PEOPLE.         2       Check this box ▶       if the organization discontinued its operations or disposed of more than 25% of its net assets.       Number of voting members of the governing body (Part VI, line 1a)       4         4       Number of undividuals employed in calendar year 2013 (Part V, line 2a)       5       5         5       Total number of individuals employed in calendar year 2013 (Part V, line 2a)       6       7a         4       Number of voting members (stimate if necessary)       6       7a       0         7       Total number of individuals employed in calendar year 2013 (Part		_ ]Termir			231-5759	
PORTLAND, OR       97228-5696       H(a) Is this a group return for subordinates?       Yes       Y         I Tax-exempt status:       SAME AS C ABOVE       H(b) Are all subordinates include?       Yes       Yes <t< th=""><th></th><td>Amend</td><td>City or town, state or province, country, and ZIP or foreign postal code</td><td>G Gross receipts \$</td><td>1,316,029.</td></t<>		Amend	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,316,029.	
F Name and address of principal officer: KON_BREY       for subordinates?       Yes       Yes         SAME AS C ABOVE       I Tax-exempt status: X 501(c)(3) 501(c) ( )  ( (insert no.) 4947(a)(1) or 527       H(b) Are all subordinates?       Yes       I         J Website: > WWW.EQUITYFOUNDATION.ORG       H(c) Group exemption number >       K form of organization: X Corporation Trust Association Other >       L Year of formation: 1989 M State of legal domicile:         Part I       Summary       I Briefly describe the organization's mission or most significant activities: PUBLIC EDUCATION AND GRANTMAKING       TO ORGANIZATIONS THAT EMBRACE THE DIGNITY AND WORTH OF ALL PEOPLE.         2       Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of individuals employed in calendar year 2013 (Part VI, line 1a)       3       4         4       Number of individuals employed in calendar year 2013 (Part VI, line 2a)       5       5         6       Total number of volunteers (estimate if necessary)       6       7a       7a       0         7       Total runelated business revenue from Part VIII, column (C), line 12       7a       7a       0         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       100, 672.       194, 283       759.       5.697       75.697       759.       5.697       75		ltion	<sup>a</sup> PORTLAND, OR 97228-5696	H(a) Is this a group retu	rn	
I Tax-exempt status: X 501(c)(3) 501(c) (		pendin	<sup>19</sup> <b>F</b> Name and address of principal officer: <b>RON BREY</b>	for subordinates?	Yes X No	
J Website:       WWW.EQUITYFOUNDATION.ORG       H(c) Group exemption number         K Form of organization:       X Corporation       Trust       Association       Other       L Year of formation:       1989       M State of legal domicile:         Part I       Summary       I Briefly describe the organization's mission or most significant activities:       PUBLIC       EDUCATION AND GRANTMAKING         TO       ORGANIZATIONS THAT EMBRACE THE DIGNITY AND WORTH OF ALL PEOPLE.       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)       4       3       4         4       Number of individuals employed in calendar year 2013 (Part V, line 2a)       5       5         6       Total number of individuals employed in calendar year 2013 (Part V, line 2a)       6       7a       7a         7       Total number of volunteers (estimate if necessary)       7a       7a       7a       7a       7a         9       Program service revenue (rom Part VIII, column (C), line 12       7a       7a       100, 672.       194, 288         10       Investment income (Part VIII, line 1h)       9       276, 464, 034.       531, 350       276, 499.       285, 297       12         <			SAME AS C ABOVE	H(b) Are all subordinates inclue	ded? Yes No	
K       Form of organization:       X       Corporation       Trust       Association       Other       L       Year of formation:       1989       M State of legal domicile:         Part I       Summary       1       Briefly describe the organization's mission or most significant activities:       PUBLIC       EDUCATION AND       GRANTMAKING         TO       ORGANIZATIONS       THAT       EMBRACE       THE       DIGNITY       AND       WORTH OF       ALL       PEOPLE         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3				527 If "No," attach a lis	t. (see instructions)	
Part I       Summary         1       Briefly describe the organization's mission or most significant activities: PUBLIC EDUCATION AND GRANTMAKING TO ORGANIZATIONS THAT EMBRACE THE DIGNITY AND WORTH OF ALL PEOPLE.         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)         4       Number of individuals employed in calendar year 2013 (Part V, line 2a)         6       Total number of volunteers (estimate if necessary)         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a         b Net unrelated business taxable income from Form 990-T, line 34       Prior Year         8       Contributions and grants (Part VIII, line 1h)       464 4, 034 . 531, 350         9       Program service revenue (Part VIII, line 2g)       0.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -3, 7595, 69'         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       560, 947 . 719, 933         13       Grants and similar amounts paid (Part IX, column (A), lines 4.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1117, 943 . 150, 122         16a       Professional fundraising exeprese (Part IX, co						
1       Briefly describe the organization's mission or most significant activities: PUBLIC EDUCATION AND GRANTMAKING TO ORGANIZATIONS THAT EMBRACE THE DIGNITY AND WORTH OF ALL PEOPLE.         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)         4       Number of independent voting members of the governing body (Part VI, line 1b)         5       5         6       5         6       5         7 a Total number of individuals employed in calendar year 2013 (Part V, line 2a)         6       6         7 a Total number of volunteers (estimate if necessary)         7 a Total unrelated business revenue from Part VIII, column (C), line 12         9       Net unrelated business taxable income from Form 990-T, line 34         9       Prior Year         9       Prior Year         10       Investment income (Part VIII, line 1b)         9       Prior Year         11       Other revenue (Part VIII, column (A), lines 3, 4, and 7d)         11       Other revenue (Part VIII, column (A), lines 1-3)         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)         13       Grants and similar amounts paid (Part IX, column (A), lines 5-10)         14       <				Year of formation: 1989 M S	State of legal domicile: OR	
TO       ORGANIZATIONS THAT EMBRACE THE DIGNITY AND WORTH OF ALL PEOPLE.         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)       3         4       Number of independent voting members of the governing body (Part VI, line 1a)       4         5       Total number of independent voting members of the governing body (Part VI, line 2a)       5         6       Total number of volunteers (estimate if necessary)       6         7       Total number of volunteers (estimate if necessary)       6         7       Total number of volunteers (estimate if necessary)       7b         7       Total unrelated business revenue from Part VIII, column (C), line 12       7a         9       Net unrelated business taxable income from Form 990-T, line 34       7b         9       Program service revenue (Part VIII, line 1h)       464 , 034 . 531 , 350         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       100 , 672 . 194 , 283         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -3 , 7595 , 697         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       560 , 947 . 719 , 933         13       Grants and similar amounts paid (	Pa		•			
5       Total number of individuals employed in calendar year 2013 (Part V, line 2a)       5         6       Total number of volunteers (estimate if necessary)       6         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a         b Net unrelated business taxable income from Form 990-T, line 34       7b         8       Contributions and grants (Part VIII, line 1h)       90-07. line 34         9       Program service revenue (Part VIII, line 2g)       0.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       100, 672.       194, 285         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -3, 759.       -5, 697         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       560, 947.       719, 938         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       276, 489.       285, 297         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 25)       126, 959.       126, 959.       127, 956.       12, 586	e					
5       Total number of individuals employed in calendar year 2013 (Part V, line 2a)       5         6       Total number of volunteers (estimate if necessary)       6         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a         b Net unrelated business taxable income from Form 990-T, line 34       7b         8       Contributions and grants (Part VIII, line 1h)       90-07. line 34         9       Program service revenue (Part VIII, line 2g)       0.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       100, 672.       194, 285         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -3, 759.       -5, 697         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       560, 947.       719, 938         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       276, 489.       285, 297         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 25)       126, 959.       126, 959.       127, 956.       12, 586	anc					
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b Net unrelated business taxable income from Form 990-T, line 34       7b         Prior Year       Current Year         8       Contributions and grants (Part VIII, line 1h)       464,034.       531,350         9       Program service revenue (Part VIII, line 2g)       0.       0.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       100,672.       194,285         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -3,759.       -5,697         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       560,947.       719,938         13       Grants and similar amounts paid (Part IX, column (A), lines 1·3)       276,489.       285,297         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)       117,943.       150,122         16a       Professional fundraising fees (Part IX, column (D), line 25)       126,959.       126,959.       126,959.	8 G				13	
b Net unrelated business taxable income from Form 990-T, line 34       7b         Prior Year       Current Year         8       Contributions and grants (Part VIII, line 1h)       464,034.       531,350         9       Program service revenue (Part VIII, line 2g)       0.       0.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       100,672.       194,285         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -3,759.       -5,697         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       560,947.       719,938         13       Grants and similar amounts paid (Part IX, column (A), lines 1·3)       276,489.       285,297         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)       117,943.       150,122         16a       Professional fundraising fees (Part IX, column (D), line 25)       126,959.       126,959.       126,959.	es				4	
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Prior YearCurrent Year8Contributions and grants (Part VIII, line 1h)464,034.9Program service revenue (Part VIII, line 2g)0.10Investment income (Part VIII, column (A), lines 3, 4, and 7d)100,672.11Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)-3,759.12Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)560,947.13Grants and similar amounts paid (Part IX, column (A), lines 1-3)276,489.14Benefits paid to or for members (Part IX, column (A), line 4)0.15Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)1177,943.16aProfessional fundraising fees (Part IX, column (A), line 25)126,959.	Act		, , , , , , , , , , , , , , , , , , , ,		0.	
8       Contributions and grants (Part VIII, line 1h)       464,034.       531,350         9       Program service revenue (Part VIII, line 2g)       0.       0.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       100,672.       194,289         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -3,759.       -5,697         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       560,947.       719,938         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       276,489.       285,297         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       117,943.       150,123         16a       Professional fundraising fees (Part IX, column (D), line 25)       126,959.       126,959.       126,959.		b	Net unrelated business taxable income from Form 990-T, line 34		0.	
9       Program service revenue (Part VIII, line 2g)       0.       0.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       100, 672.       194, 285         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -3, 759.       -5, 69         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       560, 947.       719, 938         13       Grants and similar amounts paid (Part IX, column (A), lines 1·3)       276, 489.       285, 29         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)       117, 943.       150, 123         16a       Professional fundraising fees (Part IX, column (D), line 25)       126, 959.       27, 956.       12, 586		~				
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -3, 733.       -3, 63         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       560, 947.       719, 938         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       276, 489.       285, 29*         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       117, 943.       150, 123         16a       Professional fundraising fees (Part IX, column (D), line 25)       126, 959.       27, 956.       12, 586	an		•		0.	
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -3, 733.       -3, 63         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       560, 947.       719, 938         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       276, 489.       285, 29*         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       117, 943.       150, 123         16a       Professional fundraising fees (Part IX, column (D), line 25)       126, 959.       27, 956.       12, 586	ven			-		
12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       560,947.       719,938         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       276,489.       285,297         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       117,943.       150,122         16a       Professional fundraising fees (Part IX, column (A), line 11e)       27,956.       12,586         b       Total fundraising expenses (Part IX, column (D), line 25)       126,959.       126,959.	Re			_3 759		
13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       276,489.       285,29*         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       117,943.       150,123         16a       Professional fundraising fees (Part IX, column (A), line 11e)       277,956.       12,586         b       Total fundraising expenses (Part IX, column (D), line 25)       126,959.       126,959.				;	1	
14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       117,943.       150,123         16a       Professional fundraising fees (Part IX, column (A), line 11e)       27,956.       12,586         b       Total fundraising expenses (Part IX, column (D), line 25)       126,959.       126,959.						
15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       117,943.       150,123         16a       Professional fundraising fees (Part IX, column (A), line 11e)       27,956.       12,586         b       Total fundraising expenses (Part IX, column (D), line 25)       126,959.       126,959.					0.	
16a Professional fundraising fees (Part IX, column (A), line 11e)       27,956.       12,580         b Total fundraising expenses (Part IX, column (D), line 25)       ▶       126,959.				11- 11-	150,123.	
b Total fundraising expenses (Part IX, column (D), line 25)	ses				12,586.	
	ben		Total fundraising expenses (Part IX, column (D), line 25) <b>126</b> , 959.		,	
In         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         169,007.         107,319	Ĕ			169,007.	107,319.	
				591,395.	555,325.	
19 Revenue less expenses. Subtract line 18 from line 12				-30,448.	164,613.	
පසු Beginning of Current Year End of Year	or			Beginning of Current Year	End of Year	
월월 20 Total assets (Part X, line 16) 1,904,956 2,036,334	sets llanc	20	Total assets (Part X, line 16)	1,904,956.	2,036,334.	
21 Total liabilities (Part X, line 26) 448,542. 415,30	AS: d Ba				415,307.	
	Eun	22	Net assets or fund balances. Subtract line 21 from line 20	1,456,414.	1,621,027.	

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.

Sign	Signature of officer			Date				
Here	<b>RON BREY, TREASURER</b>							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	SANG AHN			self-employed P00540880				
Preparer	Firm's name <b>MCDONALD JACOBS</b> ,	P.C.		Firm's EIN <b>93-0900579</b>				
Use Only	Firm's address 520 SW YAMHILL S'	T., STE 500						
	PORTLAND, OR 972	04		Phone no. (503) 227-0581				
May the I	RS discuss this return with the preparer shown abo	ve? (see instructions)		X Yes No				
332001 10-2	J2001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2013)							

		.012688	Page <b>2</b>
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TO PROMOTE THE DIGNITY AND WORTH OF ALL PEOPLE BY PROVIDING		
	SCHOLARSHIPS TO COLLEGE STUDENTS AND GRANTS TO ORGANIZATIONS	WORKING	
	TO ERADICATE PREJUDICE AGAINST THE LGBT COMMUNITY AND PEOPLE		
	OTHER DIVERSE COMMUNITIES.		
2	Did the organization undertake any significant program services during the year which were not listed on		
2			XNo
-	If "Yes," describe these new services on Schedule O.		<b>v</b>
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.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot	al expenses, an	d
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$64,309. including grants of \$6,340. ) (Revenue \$		)
	EDUCATION AND OUTREACH PROGRAMS CONTINUED TO PROVIDE TECHNICA		
	ASSISTANCE TO PROJECTS AND PROGRAMS IN AREAS OF EDUCATION AND	) PUBLIC	
	AWARENESS, HEALTH AND SOCIAL SERVICES, ARTS AND CULTURE AND F	'AMILY	
	SERVICES FOR MEMBERS OF THE LESBIAN, GAY, BISEXUAL AND TRANSO	ENDER	
	COMMUNITY, AND OTHER ALLY COMMUNITIES.		
4b	(Code:) (Expenses \$288,050 . including grants of \$278,957 . ) (Revenue \$		)
	PROVIDED GRANTS TO COMMUNITY-BASED ORGANIZATIONS THAT FURTHER	EQUITY	
	FOUNDATION'S MISSION OF CREATING ACCESS TO WORTH.		
4			
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		)
4d	Other program services (Describe in Schedule O.)		
Ψu		N	
40	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses ►     352,359.	)	
4e	Total program service expenses ► 352,359.	Eorm 9	90 (2013)

Form	aan	(2013)
	330	120101

Form 990 (2013) EQUITY FOUNDATION, INC.
Part IV Checklist of Required Schedules

1       Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?       I       X         2       Is the organization required to complete Schedule A       2       X         2       Is the organization required to complete Schedule B, Schedule of Contributors?       2       X         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         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       X         5       Is the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I       5         7       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       7         8       Did the organization 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?       9         9       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "	x
<ul> <li>a for organization required to complete <i>Schedule B, Schedule of Contributors</i>?</li> <li>3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i></li> <li>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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i></li> <li>5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i></li> <li>6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i></li> <li>8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts in such funds assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i></li> <li>10 Did 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.</li> </ul>	x
<ul> <li>3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i></li> <li>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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i></li> <li>5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i></li> <li>6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part II</i></li> <li>7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i></li> <li>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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i></li> <li>10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i></li> <li>10 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.</li> </ul>	x
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during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> 4       X         5       Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> 5         6       Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> 6       X         7       Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> 7       7         8       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?       9         10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> 9         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.       10	x
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<ul> <li>8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i></li> <li>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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i></li> <li>10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i></li> <li>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.</li> </ul>	
Schedule D, Part III       8         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?       9         10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V       9         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.       10	
<ul> <li>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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i></li> <li>10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i></li> <li>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.</li> </ul>	
<ul> <li>amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?</li> <li>If "Yes," complete Schedule D, Part IV</li> <li>Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V</li> <li>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.</li> </ul>	<u> </u>
If "Yes," complete Schedule D, Part IV       9         10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V       10       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.       10       X	
<ul> <li>10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i></li> <li>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.</li> </ul>	
endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<u> </u>
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.	
as applicable.	
Part VI	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	+
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	x
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	+
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	x
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	1
Part X, line 16? If "Yes," complete Schedule D, Part IX	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	
Schedule D, Parts XI and XII	X
b Was the organization included in consolidated, independent audited financial statements for the tax year?	
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	X
14a Did the organization maintain an office, employees, or agents outside of the United States?       14a	X
<b>b</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	<u> </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	<u></u>
foreign organization? If "Yes," complete Schedule F, Parts II and IV	<u> </u>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<u> </u>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	- v
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	<u> </u>
<b>18</b> 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 ergenization report more than \$15,000 of grapping estivities on Part VIII. line 0.02, ut it (a) it is a second from the ergenization of	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	<u> </u>
complete Schedule G, Part III       19         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X X

 Form 990 (2013)
 EQUITY FOUNDATION, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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
b	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X X
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		<u>x</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		<u>x</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
-	instructions for applicable filing thresholds, conditions, and exceptions):	28a		x
-	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		x
29	director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	200		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		- 23
30		30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations?	- 50		
01	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	<b>–</b>		<u> </u>
0L	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- <u>-</u> -		<u> </u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
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		x
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 in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
			000	

Form	990 (2013) EQUITY FOUNDATION, INC.		93-1012	688	P	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	9			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable g	aming			
	(gambling) winnings to prize winners?			1c		
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	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)				
3a	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 in Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?		4a		X
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	ccounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?		5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organiza	tion solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gift	S			
	were not tax deductible?			6b		L
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provid	led to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	is required				
	to file Form 8282?	1 1		7c		X
	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 co			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f	<b>NT</b> /	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g	N/	<u> </u>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		/-	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. D		-	-		
-	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at a	iny time dui	ring the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		N/A	•		
a	Did the organization make any taxable distributions under section 4966?		NT / 7	<u>9a</u>		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:	10-1				
a L	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b				
b 11						
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A	11a				
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	11a				
b	amounts due or received from them.)	11b				
1 <b>2</b> a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{N}$	12b		120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
4	<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					
2	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
				14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule			14b		

Form	<b>990</b> (	(2013)
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#### EQUITY FOUNDATION, INC.

 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 in Schedule O. See instructions.

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

	ten / a doverning body and management					<u> </u>
	Establish and the first second second the second is the state of the second second second second second second		13		Yes	No
па	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	10			
	If there are material differences in voting rights among members of the governing body, or if the governing					
<b>L</b>	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	4	13			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	•			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			0		Х
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			2		<u></u>
3				2		х
4	Did the organization make any significant changes to its governing documents since the prior Form S		filod?	3 4		X
4 5	Did the organization become aware during the year of a significant diversion of the organization's as			4 5		X
6				6		X
0 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap			0		
74				7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			10		
D	never a sthey then the acyclyping here's			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			10		
a				8a	Х	
a b	The governing body? 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 rea			00		
Ũ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	Nonuo	Code )			
		<u>venue</u>	0000./		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 ch					
				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form?	11a	Х	
b	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b				12b	Х	
с	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe					
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent			
	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 in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger					37
	taxable entity during the year?			16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		's			
<u>Saa</u>	exempt status with respect to such arrangements?	<u></u>		16b		
17 19	List the states with which a copy of this Form 990 is required to be filed <b>OR</b>	· (\$ ^ +:	20,501(c)(2)c,control	ailabl		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T for public inspection. Indicate how you made these available. Check all that apply	(Secti	on our (c)(o)s only) av	anable	;	
	for public inspection. Indicate how you made these available. Check all that apply.					
19	Own website       Another's website       X       Upon request       Other (explain Describe in Schedule O whether (and if so, how), the organization made its governing documents, compared to the second documents of the second		,	financ	ial	
19	statements available to the public during the tax year.	n mict C	Timerest policy, and	manc	iai	
20	State the name, physical address, and telephone number of the person who possesses the books ar	nd reco	rds of the organizatio	n · 🕨		
20	SUSAN MATLACK JONES AND ASSOCIATES - (503) 242-936		as of the organizatio			

	-		-					/	
221	NW	2ND	AV	ENUE,	SUITE	209,	PORTLAND,	OR	97209

Form 990 (2	EQUITY FOUNDATION, INC.	93-1012688	Page 7
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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year endir	ng with or within the organization's	s tax year.

ıρ nsation for the calendar year ending with or within the orgar • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report-able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and Title         Average bourse week floar and a director method bourse bour	(A)				(D)	(E)	(F)				
hours per week (list any nours for related organizations         compensation from the organizations         compensation from the organizations         amount of other compensation from the organizations           (1) LARRY WILLIAMS         0.800 (list any line)         x         x         0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	Name and Title	Average	(do	Position		Reportable	Reportable	Estimated			
week (list ary burs for galazation (w2/1099/MISC)     month feated organization (w2/1099/MISC)     compensation from the organization (w2/1099/MISC)     compensation from the organization (w2/1099/MISC)       (1) LARRY WILLIAMS     0.80 (line)     x     x     0.     0.       EDARD CHAIR     0.80 (line)     x     x     0.     0.       EDARD CHAIR     0.80 (line)     x     x     0.     0.     0.       (2) RON BREY     0.80 (line)     x     x     0.     0.     0.       (3) JOY WALLACE     0.80 (line)     x     x     0.     0.     0.       (3) JOY WALLACE     0.80 (line)     x     0.     0.     0.     0.       EDARD MEMBER     0.80 (line)     x     0.     0.     0.     0.       EDARD MEMBER     0.80 (line)     x     0.     0.     0.       (6) ROBERT E. C., NORTH     0.80 (line)     x     0.     0.     0.       EDARD MEMBER     X     0.     0.     0.     0.       (9) STEPHEN CASESLL     0.80 (line)     x     52,458.     0.     5,281.       EDARD MEMBER     X     0.     0.     0.     0.       (10) KAROL COLLMORE     40.00     X     52,458.     0.     5,281. <tr< td=""><td></td><td>hours per</td><td>box</td><td colspan="2">box, unless person is both an</td><td>n an</td><td>compensation</td><td>compensation</td><td>amount of</td></tr<>		hours per	box	box, unless person is both an		n an	compensation	compensation	amount of		
(1) LARRY WILLIAMS       0.80       x       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.				cer ar I	nd a d I	irecto	r/trus	tee)			
(1) LARRY WILLIAMS       0.80       x       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			rector							<b>v</b>	
(1) LARRY WILLIAMS       0.80       x       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			or di	96			ated			(W-2/1099-MISC)	
(1) LARRY WILLIAMS       0.80       x       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			ustee	trust		e	bens		(W-2/1099-MISC)		
(1) LARRY WILLIAMS       0.80       x       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		1 °	ual tr	tional		vold	t con	_			
(1) LARRY WILLIAMS       0.80       x       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			ndivid	nstitut	Officer	(ey en	Highes	ormei			organizations
(2) RON BREY       0.80       x       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(1) LARRY WILLIAMS	,		-		-	<u> </u>				
TERASURER         X         X         X         X         0.         0.         0.           (3) JOY WALLACE         0.80         X         X         0.         0.         0.         0.           SECRETAN         X         X         X         0.         0.         0.         0.           BOARD MEMBER         0.80         X         X         0.         0.         0.           G(1) CARYN BROCKS         0.80         0.         0.         0.         0.         0.           GOARD MEMBER         X         0.         0.         0.         0.         0.           GOARD MEMBER         X         0.         0.         0.         0.         0.           GOARD MEMBER         X         0.         0.         0.         0.         0.           BOARD MEMBER         0.80         X         0.         0.         0.         0.           BOARD MEMBER         X         0.80         0.         0.         0.         0.           BOARD MEMBER         X         0.80         X         0.         0.         0.           BOARD MEMBER         X         0.80         X         0. <td< td=""><td>BOARD CHAIR</td><td></td><td>х</td><td></td><td>X</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></td<>	BOARD CHAIR		х		X				0.	0.	0.
(3) JOY WALLACE       0.80       X       X       0.0.0.0.         SECERFARY       0.80       X       0.0.0.0.       0.         BOARD MEMBER       0.80       X       0.0.0.0.       0.         (7) PATRICK EARNEST       0.80       X       0.0.0.0.       0.         (8) SHERTI MURRELL       0.80       X       0.0.0.0.       0.         (9) STEPHEN CASSELL       0.80       X       0.0.0.0.       0.         BOARD MEMBER       X       0.0.0.0.       0.       0.         (10) KAROL COLLYMORE       40.000       X       52,458.       0.5,281.         Image: Coll MEMOR       Image: Coll MEMOR       Image: Coll MEMOR       Image: Coll MEMOR         Image: Coll MEMOR       Image: Coll MEMOR       Im	(2) RON BREY	0.80									
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(4) REESE BURKENBINE       0.80       x       0.00.0.0.0.         BOARD MEMBER       0.80       0.80       0.00.0.0.0.         (5) CARYN BROOKS       0.80       0.00.0.0.0.0.       0.00.0.0.0.         BOARD MEMBER       x       0.00.0.0.0.0.0.       0.00.0.0.0.0.         BOARD MEMBER       x       0.00.0.0.0.0.0.0.       0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	(3) JOY WALLACE	0.80									
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(5) CARYN BROOKS       0.80       x       0.0.0.0.0.0.         BOARD MEMBER       0.0.0.0.0.0.0.0.0.       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(4) REESE BURKENBINE	0.80									
BOARD MEMBER         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           BOARD MEMBER         0.80         X         0.         0.         0.         0.           (7) PATRICK EARNEST         0.80         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           IO1 SECUTIVE DIRECTOR         X         52,458.         0.         5,281.         0.	BOARD MEMBER		Х						0.	0.	0.
(6)       ROBERT E. C. NORTH       0.80       x       0.0.0.0.         BOARD MEMBER       40.00       x       52,458.0.5       5,281.         EXECUTIVE DIRECTOR       X       52,458.0.5       5,281.         Image: Director       Image: Director       Image: Director       Image: Director         Image: Director       Image: Director       Image: Director       Image: Director         Image: Director       Image: Director       Image: Director       Image: Director         Image: Director       Image: Director       Image: Director       Image: Director <td>(5) CARYN BROOKS</td> <td>0.80</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(5) CARYN BROOKS	0.80									
BOARD MEMBER       X       0.       0.       0.       0.         (7) PATRICK EARNEST       0.80       X       0.       0.       0.         BOARD MEMBER       0.80       X       0.       0.       0.         (8) SHERRI MURRELL       0.80       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.         (9) STEPHEN CASSELL       0.80       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.         (10) KAROL COLLYMORE       40.00       X       52,458.       0.       5,281.	BOARD MEMBER		Х						0.	0.	0.
(7) PATRICK EARNEST       0.80       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(6) ROBERT E. C. NORTH	0.80									
BOARD MEMBER       X       0.       0.       0.       0.         (8) SHERRI MURRELL       0.80       X       0.       0.       0.       0.         BOARD MEMBER       0.80       X       0.       0.       0.       0.       0.         BOARD MEMBER       0.80       X       0.       0.       0.       0.       0.         BOARD MEMBER       0.80       X       0.       0.       0.       0.       0.         BOARD MEMBER       0.80       X       0.       0.       0.       0.       0.         BOARD MEMBER       40.00       X       52,458.       0.       5,281.       0.       5,281.         EXECUTIVE DIRECTOR       X       52,458.       0.       5,281.       0.       0.	BOARD MEMBER		Х						0.	0.	0.
(8) SHERRI MURRELL       0.80       X       0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	(7) PATRICK EARNEST	0.80									
BOARD MEMBER       X       0.       0.       0.       0.         (9) STEPHEN CASSELL       0.80       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (10) KAROL COLLYMORE       40.00       X       52,458.       0.       5,281.         EXECUTIVE DIRECTOR       X       52,458.       0.       5,281.         Image: Construction of the state	BOARD MEMBER		Х						0.	0.	0.
(9)       STEPHEN CASSELL       0.80       x       0.0.0.       0.0.         BOARD MEMBER       40.00       x       52,458.0.5,281.       5,281.         EXECUTIVE DIRECTOR       X       52,458.0.5,281.       5,281.         Image: Constraint of the state of	(8) SHERRI MURRELL	0.80									
BOARD MEMBER     X     0.     0.     0.       (10) KAROL COLLYMORE     40.00     X     52,458.     0.     5,281.			Х						0.	0.	0.
(10) KAROL COLLYMORE       40.00       x       52,458.       0.       5,281.	(9) STEPHEN CASSELL	0.80									
EXECUTIVE DIRECTOR       X       52,458.       0.       5,281.			Х						0.	0.	0.
		40.00									
	EXECUTIVE DIRECTOR				X				52,458.	0.	5,281.
				-							
			1								
			1								
			1								

Form 990 (2013) EQUITY FO		-							93-10	0126	588	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C		, ,	—			
(A) Name and title	<b>(B)</b> Average hours per week	box,	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related	le Estima tion amour						
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	ƙey em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	I	fr orga and	pensati om the anizati d relate inizatio	e on ed
				0	×	<u>τ</u> θ							
										_			
1b     Sub-total       c     Total from continuation sheets to Part VI	I, Section A							52,458. 0. 52,458.		0.0.0.		5,28 5,28	0.
d Total (add lines 1b and 1c)         2 Total number of individuals (including but n compensation from the organization ▶							o re		000 of reportable		•	5,20	0
3 Did the organization list any <b>former</b> officer,	-				•			•		ſ	_	Yes	No X
<ul> <li>line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s</li> <li>For any individual listed on line 1a, is the su and related organizations greater than \$150</li> </ul>	m of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		3		X
<ul> <li>5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i></li> <li>Section B. Independent Contractors</li> </ul>									5		X		
Complete this table for your five highest co the organization. Report compensation for the organization.										bensat	ion fro	m	
(A) Name and business	address	NC	ONE	2				<b>(B)</b> Description of s	ervices	C	(C omper	;) nsatior	ו
2 Total number of independent contractors (ii			niter	to	thos		ted	above) who received my	ore than				
\$100,000 of compensation from the organi	0			0	1103 (								

rm 99 Part V	90 (2 <b>VII</b>			TION, INC			93-1012	2688 Page
art	• • • •	_						Г
		Check if Schedule O cont	ains a response	or note to any line	<u>e in this Part VIII</u> (A) Total revenue	( <b>B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 514
<u>9</u> 1	1 a	Federated campaigns	1a	134,378.				
In		Membership dues						
, E		Fundraising events		55,890.				
ar A		Related organizations						
nil		Government grants (contribut						
ŝ		All other contributions, gifts, gran						
and Other Similar Amounts		similar amounts not included abo		341,082.				
ò	g	Noncash contributions included in lines	1a-1f: \$	10,270.				
anc	h	Total. Add lines 1a-1f		►	531,350.			
				Business Code				
2	2 a							
0	b							
nu	с							
eve	d							
Revenue	е							
	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		►				
3	3	Investment income (including						
		other similar amounts)			34,113.			34,11
4	1	Income from investment of ta		Г				
5	5	Royalties		🕨				
			(i) Real	(ii) Personal				
6		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss) .		····· 🕨				
7	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	730,003.					
	b	Less: cost or other basis						
		and sales expenses	569,831.					
		Gain or (loss)			160 170			160 17
		Net gain or (loss)		•••••••••••••••••••••••••••••••••••••••	160,172.			160,17
8	3 a	Gross income from fundraisin						
		including \$ 55,8						
		contributions reported on line		17 977				
	•	Part IV, line 18		17,877.				
5		Less: direct expenses		20,200.	-8,383.			-8,38
		Gross income from gaming a			0,303.			0,50
1	<i>,</i> a	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
10		Gross sales of inventory, less						
	-	and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
	-	Miscellaneous Revenu		Business Code				
11	1 a	MISCELLANEOUS I		900099	2,686.			2,68
	b				-			
	С							
		All other revenue						
		Total. Add lines 11a-11d			2,686.			
12		Total revenue. See instructions.			719,938.	0.	0.	188,588

Check here

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

Form 990 (2013)	~ ~	FOUNDATION,	INC.	93				
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 Sch	edule O contain	s a response or note to a	anv line in thi	is Part IX				

Dai	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	005 005	005 005		
	organizations in the United States. See Part IV, line 21	285,297.	285,297.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		04 074	10 400	20 004
	trustees, and key employees	74,467.	24,974.	10,489.	39,004
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	10.000	16 160	C 100	05 040
7	Other salaries and wages	48,206.	16,167.	6,790.	25,249
8	Pension plan accruals and contributions (include	0 000		0.00	1 000
	section 401(k) and 403(b) employer contributions)	2,099.	704.	296.	<u>1,099</u> 6,681
9	Other employee benefits	12,756.	4,278.	1,797.	6,681
0	Payroll taxes	12,595.	4,224.	1,774.	6,597
1	Fees for services (non-employees):				
а	Management				
b	Legal		- 1 0		
С	Accounting	34,971.	512.	25,349.	9,110
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	12,586.			12,586
f	Investment management fees	10,389.		10,389.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	7,064.	287.	6,777.	
2	Advertising and promotion	1,840.	590.		1,250
3	Office expenses	14,367.	4,572.	1,679.	8,116
4	Information technology	945.	199.	425.	321
5	Royalties				
6	Occupancy	15,325.	4,873.	2,645.	7,807
7	Travel	4,460.	2,439.	295.	1,726
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	1,229.			1,229
3	Insurance	3,459.	572.	1,970.	917
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	12,219.	2,375.	4,577.	5,267
b	BAD DEBT	755.		755.	
с	COMMUNITY OUTREACH	296.	296.		
d					
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	555,325.	352,359.	76,007.	126,959
6	Joint costs. Complete this line only if the organization				,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form 990 (	2013)		
Part X	Bala	nce	Sheet

EQUITY FOUNDATION, INC.

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	192.
	2	Savings and temporary cash investments		2	272,001.
	3	Pledges and grants receivable, net	79,200.	3	61,760.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	r		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributin	g		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ខ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ÿ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1 710	9	3,447
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 38,60			
	b	Less: accumulated depreciation 10b 35,03	5. 2,766.	10c	3,565
	11	Investments - publicly traded securities	1,251,325.	11	1,355,748
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	324,785.	15	339,621
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,904,956.	16	2,036,334
	17	Accounts payable and accrued expenses	21,320.	17	4,302.
	18	Grants payable		18	7,995
	19	Deferred revenue		19	0
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to current and former officers, directors, trustees,			
litie		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	403,010
	26	Total liabilities. Add lines 17 through 25		26	415,307
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔀 an	k		
ŝ		complete lines 27 through 29, and lines 33 and 34.			
ő	27	Unrestricted net assets		27	778,398
ala	28	Temporarily restricted net assets	262,123.	28	293,470
Б В	29	Permanently restricted net assets	510,575.	29	549,159
5		Organizations that do not follow SFAS 117 (ASC 958), check here	]		
P		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	1,456,414.	33	1,621,027
	34	Total liabilities and net assets/fund balances		34	2,036,334. Form <b>990</b> (2013

Form	EQUITY FOUNDATION, INC.	93-10	12688	Page <b>12</b>
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,938.
2	Total expenses (must equal Part IX, column (A), line 25)	2		. <u>325.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		.,613.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,456	5,414.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	1,621	. <u>,027.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		
2a			2a	x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	, 3	-		
	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 in Sche			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		37
	Act and OMB Circular A-133?		<b>3a</b>	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<b>3</b> b	

Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)
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## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ

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

	2013		
orm990.	Open to Public Inspection		
Employer identification number			

OMB No. 1545-0047

#### Name of the organization

	EQUITY FOUNDATION, INC.		1012	588		
Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions	5.				
The organ	ization is not a private foundation because it is: (For lines 1 through 11, check only one box.)					
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)					
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).					
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)	(iii). Enter the	hospital'	s nam	e,	
	city, and state:					
5	An organization operated for the benefit of a college or university owned or operated by a governmental un	nit described in	I			
	section 170(b)(1)(A)(iv). (Complete Part II.)					
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).					
7 X	An organization that normally receives a substantial part of its support from a governmental unit or from the	e general publi	ic descrit	oed in		
	section 170(b)(1)(A)(vi). (Complete Part II.)					
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)					
9	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membersh	nip fees, and gr	oss recei	ipts fro	om	
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of it	s support from	gross in	vestm	ent	
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the org	anization after	June 30,	1975		
	See section 509(a)(2). (Complete Part III.)					
10	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).					
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to car	rry out the purp	ooses of	one or		
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 50	9(a)(3). Check	the box	that		
	describes the type of supporting organization and complete lines 11e through 11h.					
	a     Type I     b     Type II     c     Type III - Functionally integrated     d     T	ype III - Non-fu	nctionally	/ integ	rated	
e	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more di	squalified pers	ons othe	r than		
	foundation managers and other than one or more publicly supported organizations described in section 50	09(a)(1) or secti	on 509(a	)(2).		
f	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III					
	supporting organization, check this box					
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following pe	ersons?	r			
	(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and	(iii) below,		Yes	No	
	the governing body of the supported organization?		11g(i)			
	(ii) A family member of a person described in (i) above?		11g(ii)			
	(iii) A 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)			
h	Provide the following information about the supported organization(s).					

(i) Name of supported organization	(ii) EIN	(described on lines 1-9 above or IRC section	in col. (i) listed in your		organization (v) Did you notify the sted in your document? (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
		(see instructions))	Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

#### Schedule A (Form 990 or 990-EZ) 2013 EQUITY FOUNDATION, INC. Part II

93-1012688 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	453,760.	502,964.	591,928.	464,034.	531,350.	2544036.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	453,760.	502,964.	591,928.	464,034.	531,350.	2544036.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						170,841.
6	Public support. Subtract line 5 from line 4.						<u>170,841.</u> 2373195.
	ction B. Total Support	<b>I</b>					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
	Amounts from line 4	453,760.	502,964.	591,928.	464,034.	531,350.	2544036.
8	Gross income from interest,			-	-	-	
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	36,178.	33,729.	34,197.	36,050.	34,113.	174,267.
9	Net income from unrelated business	, ,	•				•
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	-16,140.	-20,964.	1,783.	-3,760.	-5,697.	-44,778.
11	<b>Total support.</b> Add lines 7 through 10						2673525.
	Gross receipts from related activities,	etc. (see instructio	uns)			12	
	First five years. If the Form 990 is for		,				
	organization, check this box and stor	o here			-		
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2013 (I	ine 6, column (f) div	vided by line 11, c	olumn (f))		14	88.77 %
15	Public support percentage from 2012	Schedule A, Part I	II, line 14			15	90.66 %
	<b>6a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
	stop here. The organization qualifies as a publicly supported organization						
b	<b>b 33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test	- 2013. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-		
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio		•	-			

Schedule A (Form 990 or 990-EZ) 2013

# Schedule A (Form 990 or 990-EZ) 2013 EQUITY FOUNDATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 20	013 (f) Tot	tal
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per- formed, or facilities furnished in							
	any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
k	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
Ċ	Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6.)							
	ction B. Total Support		ł		•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 20	013 (f) Tot	tal
	Amounts from line 6							
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources							
k	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
c	Add lines 10a and 10b							
	Net income from unrelated business							
	activities not included in line 10b,							
	whether or not the business is regularly carried on							
12	Other income. Do not include gain							
	or loss from the sale of capital							
13	assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.)							
	<b>First five years.</b> If the Form 990 is for	the organization'	s first second thir	d fourth or fifth t	ax vear as a sectio	n 501(c)(3)	organization	
••	check this box and <b>stop here</b>	U U			-			
Se	ction C. Computation of Publi							
	Public support percentage for 2013 (li			olumn (f))		15		%
	Public support percentage from 2012					16		%
-	ction D. Computation of Inves							
	Investment income percentage for 20			ne 13. column (fl)		17		%
	Investment income percentage from 2					18		%
	a 33 1/3% support tests - 2013. If the						d line 17 is not	///
.56	more than 33 1/3%, check this box ar							
ŀ	33 1/3% support tests - 2012. If the						1/3%, and	•
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organizatio							
20	i mate roundation. It the organizatio	in did not check a	557 01 1116 14, 19				<u></u>	-

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).


Schedule A

323171 05-01-13

## Identification of Excess Contributions Included on Part II, Line 5

## 2013

	** Do Not File **	
***	Not Open to Public Inspection	***

Contributor's Name	Total Contributions	Excess Contributions
RAY V WILSTON	114,105.	60,634
REESE BURKENBINE	105,000.	51,529.
SCOTT MASON	112,149.	58,678.
otal Excess Contributions to Schedule A, Part II, Line 5		170,841

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

## Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 . OMB No. 1545-0047

<u>2013</u>

Employer identification number

93-1012688

Nama	of	tha	organization
Name	υı	uie	organization

Organization type (check one):

#### EQUITY FOUNDATION, INC.

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

#### Special Rules

X For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year *more contributions* is the second seco

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Page	2
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Employer identification number

93-1012688

Name of organization

#### EQUITY FOUNDATION, INC.

 Part I
 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

 (a)
 (b)
 (c)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	RAY V WILSTON 1521 N JANTZEN #412 PORTLAND, OR 97217	\$114,105.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	LEIGH C AND LESLIE DOLIN 3444 NE ALAMEDA PORTLAND, OR 97212	\$ <u>40,000.</u>	Person     X       Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	GEORGE EIGHMEY 1524 SE POPLAR AVENUE PORTLAND, OR 97214	\$10,950.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Employer identification number

93-1012688

### EQUITY FOUNDATION, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	<b>Noncash Property</b> (see instructions). Use duplicate copies of Part II i		
(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
		 \$	

ame of orga	nization	Employer identification number			
OUITY	FOUNDATION, INC.		93-1012688		
Part III	Exclusively religious, charitable, etc., individua year. Complete columns (a) through (e) and the for the total of exclusively religious, charitable, etc., c Use duplicate copies of Part III if additional sp	ollowing line entry. For organization ontributions of <b>\$1,000 or less</b> for	)(7), (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
 -					
		(e) Transfer of gif	ft		
-	Transferee's name, address, and Z	ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	ft		
-	Transferee's name, address, and 2	ZIP + 4	Relationship of transferor to transferee		
-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	I	(e) Transfer of gif	ft		
-	Transferee's name, address, and 2	ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	ft		
	Transferee's name, address, and 2	ZIP + 4	Relationship of transferor to transferee		
-					
1					

	SCHEDULE C (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	OMB No. 1545-0047									
• Section 527 organizations: Complete Part IA only.   If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then   • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. 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-B.   • Section 501(c)(3) (0) organizations. Complete Part III.   Name of organization   EQUITY FOUNDATION, INC.   93-1012688   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 is exempt under section 501(c)(3).   1 Provide a description of the organization is exempt under section 501(c)(3).   2 Enter the amount of any excise tax incurred by the organization managers under section 501(c)(3).   1 Enter the amount of any excise tax incurred by the organization managers under section 501(c)(3).   1 Enter the amount of any excise tax incurred by the organization managers under section 501(c)(3).   1 Enter the amount of any excise tax incurred by the organization managers under section 501(c)(3).   1 Enter the amount directly expended by the filing organization is exempt under section 501(c), except section 501(c)(3).   1 Enter the amount directly expended by the filing organization is exempt under section 501(c), except section 501(c)(3).   1 Enter the amount directly expended by the filing organization is exempt under section 527 exempt function activities   2 Enter the amount directly expended by the filing or	<ul> <li>Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.</li> </ul>										
If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then         • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.         If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then         • Section 501(c)(4), (5), or (6) organizations: Complete Part III.         Name of organization         • Section 501(c)(4), (5), or (6) organizations: Complete Part III.         Name of organization         • Section 501(c)(4), (5), or (6) organizations: Complete Part III.         Name of organization         • Section 501(c)(4), (5), or (6) organizations is complete Part III.         Name of organization         • Section 501(c) or is a section 502 or is a section 502 or ganization.         • Provide a description of the organization is exempt under section 501(c) or is a section 527 organization.         • Part IEB       Complete if the organization under section 501(c)(3).         • If the organization incurred by breganization under section 501(c)(3).         • If the organization incurred a section 4955 b.s         • Section 501(c)       • Section 501(c)(3).         • If the organization incurred a section 4955 b.s       • Section 501(c)(3).         • If the organization incurred a section 4955 b.s       • Section 501(c)(3).         • If the or											
• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B.   • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.   If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-E2, Part V, line 35c (Proxy Tax), then   • Section 501(c)(4), (5), or (6) organizations: Complete Part III.   Name of organization   EQUITY FOUNDATION, INC.   93-1012688   Part I-A   Complete if the organization's direct and indirect political campaign activities in Part IV.   2   Political expenditures   3   3   Volunteer hours      Part I-B 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 \$ 5 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ 9 1 Fives," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), (a). 1 Enter the amount of expendence as excinon 4955 tax, did it file Form 4720 for this year? A was a correction made? b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), (a). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 2 Enter the amount of the thill organization is exempt under section 527 political organization for generication for the organization is funds contributed to other organization for section 527 exempt function activities <td colspan="10"></td>											
• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-A.   If the organization answered 'Yes, 'to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then   • Section 501(c)(4), (5), or (6) organizations: Complete Part III.   Name of organization   EQUITY FOUNDATION, INC.   PartI-A   Complete if the organization is exempt under section 501(c) or is a section 527 organization.   1 Provide a description of the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 5	If the organization ans	wered "Yes," to	Form 990, Part IV, line 4, or Form	n 990-EZ, Part VI, line	e 47 (Lobbying Activ	vities), th	en				
If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then         • Section 501(c)(4), (5), or (6) organizations: Complete Part III.         Name of organization         EQUITY FOUNDATION, INC.         93 - 1012688         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 is direct and indirect political campaign activities in Part IV.         2       Political expenditures         3       Volunteer hours         Part I-B       Complete if the organization is exempt under section 4955         2       Enter the amount of any excise tax incurred by the organization under section 4955         3       If the organization incurred a section 4955 tax, idi It file Form 4720 for this year?         4       Was a correction made?         b       Yes         Complete if the organization is exempt under section 501(c), except section 501(c)(3).         1       Enter the amount directly expended by the filing organization for section 527 exempt function activities         5       S         2       Enter the amount of the filing organization is section 527 exempt function activities         5       Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.         6	<ul> <li>Section 501(c)(3) or</li> </ul>	ganizations that h	nave filed Form 5768 (election und	er section 501(h)): Cor	nplete Part II-A. Do r	not compl	lete Part II-B.				
Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization     EQUITY FOUNDATION, INC.     Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.     Provide a description of the organization is exempt under section 501(c)(a).     Political expenditures     Volunter hours     Part I-B Complete if the organization is exempt under section 501(c)(3).     Inter the amount of any excise tax incurred by the organization under section 4955     Enter the amount of any excise tax incurred by the organization under section 4955     Enter the amount of any excise tax incurred by organization managers under section 4955     If the organization incurred a section 4955 \$     If the organization is exempt under section 501(c), except section 501(c)(3).     It enter the amount directly expended by the filing organization for section 527 exempt function activities \$     Inter the amount directly expended by the filing organization for section 527 exempt function activities \$     Inter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$     Inter the amount of the Form 1120-POL for this year?     Id the filing organization file Form 1120-POL for this year?     Id the filing organization list of exempt y and directly delivered to a separate political organizations to which the filing organization is the exempt and directly delivered to a separate political organization is the organization	<ul> <li>Section 501(c)(3) or</li> </ul>	ganizations that h	nave NOT filed Form 5768 (election	n under section 501(h))	: Complete Part II-B	. Do not c	complete Part II-A.				
Name of organization       Employer identification number 93-1012688         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 expenditures         3       Volunteer hours         Part I-B       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         2       Enter the amount of any excise tax incurred by organization managers under section 4955         3       If the organization incurred a section 4955 tax, did it file Form 4720 for this year?         4       Was a correction made?         bif "Yes;" describe in Part IV.         Part I-C       Complete if the organization is exempt under section 501(c), except section 501(c)(3).         1       Enter the amount directly expended by the filing organization for section 527 exempt function activities       \$         2       Enter the amount of the filing organization is exempt under section 501(c), except section 501(c)(3).         1       Enter the amount of the filing organization is contributed to other organizations for section 527 exempt function activities       \$         2       Enter the amount of the filing organization is und 2. Enter here and on Form 1120-POL, line 17b. <td>If the organization ans</td> <td>wered "Yes," to</td> <td>Form 990, Part IV, line 5 (Proxy</td> <td>Гах) or Form 990-EZ,</td> <td>Part V, line 35c (Pr</td> <td>oxy Tax),</td> <td>, then</td>	If the organization ans	wered "Yes," to	Form 990, Part IV, line 5 (Proxy	Гах) or Form 990-EZ,	Part V, line 35c (Pr	oxy Tax),	, then				
EQUITY FOUNDATION, INC.       93-1012688         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 expenditures         3       Volunteer hours         Part I-B       Complete if the organization is exempt under section 501(c)(3).         1       Enter the amount of any excise tax incurred by organization under section 4955         2       Enter the amount of any excise tax incurred by organization managers under section 4955         3       It the organization incurred a section 4955 tax, did it file Form 4720 for this year?         4       Was a correction made?         bit "Yes," describe in Part IV.         Part I-C       Complete if the organization is exempt under section 501(c), except section 501(c)(3).         1       Enter the amount directly expended by the filing organization for section 527 exempt function activities         2       Enter the amount directly expended by the filing organization 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.         ine 17b.       \$         0       Did the filing organization lised, enter the amount paid from thiling organization. Stuck as a separate segregated fund or a polit		), or (6) organizat	ions: Complete Part III.								
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 expenditures         3       Volunteer hours         Part I-B       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         2       Enter the amount of any excise tax incurred by organization managers under section 4955         3       If the organization incurred a section 4955 tax, did it file Form 4720 for this year?         4a Was a correction made?       \$         bit "Yes," describe in Part IV.         Part I-C       Complete if the organization is exempt under section 501(c), except section 501(c)(3).         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         3       Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 170.         ine 17b       \$         4       Did the filing organization file Form 1120-POL for this year?         5       Enter the ames, addresses and employer identification number (EIN) of all section 527 political o	Name of organization										
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.   2 Political expenditures   3 Volunteer hours   Part I-B Complete if the organization is exempt under section 501(c)(3). 1 1 1 1 1 1 6 2 Enter the amount of any excise tax incurred by the organization under section 4955 5 2 5 2 5 2 5 2 6 1 1 6 4 1 <td></td> <td>EQUITY</td> <td>FOUNDATION, INC.</td> <td></td> <td></td> <td></td> <td>93-1012688</td>		EQUITY	FOUNDATION, INC.				93-1012688				
2 Political expenditures   3 Volunteer hours     Part I-B Complete if the organization is exempt under section 501(c)(3).   1 Enter the amount of any excise tax incurred by the organization managers under section 4955   2 Enter the amount of any excise tax incurred by organization managers under section 4955   3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   4a Was a correction made? Yes   b If "Yes," describe in Part IV.   Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).    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   4 Did the filing organization file Form 1120-POL for this year?   4 Did the filing organization listed, enter the amount paid from the filing organizations to which the filing organization made payments. For each organization and payments encived that were promptly and directly delivered to a separate political organization's funds. If none, enter-0.   (a) Name (b) Address   (c) EIN (d) Amount paid from filing organization.	Part I-A Compl	ete if the org	anization is exempt under	section 501(c) o	r is a section 52	27 orga	nization.				
1       Enter the amount of any excise tax incurred by the organization under section 4955       \$         2       Enter the amount of any excise tax incurred by organization managers under section 4955       \$         3       If the organization incurred a section 4955 tax, did it file Form 4720 for this year?       Yes         4a Was a correction made?       Yes       Yes         b If "Yes," describe in Part IV.       Part I-C       Complete if the organization is exempt under section 501(c), except section 501(c)(3).         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       \$         2       Enter the amount of fling organization file Form 1120-POL, line 17b       \$       \$         4       Did the filing organization file Form 1120-POL for this year?       \$       \$         4       Did the filing organization file Form 1120-POL for this year?       \$       \$         5       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, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.         (a) Name       (b) Address	2 Political expenditur	2 Political expenditures									
1       Enter the amount of any excise tax incurred by the organization under section 4955       \$         2       Enter the amount of any excise tax incurred by organization managers under section 4955       \$         3       If the organization incurred a section 4955 tax, did it file Form 4720 for this year?       Yes         4a Was a correction made?       Yes       Yes         b If "Yes," describe in Part IV.       Part I-C       Complete if the organization is exempt under section 501(c), except section 501(c)(3).         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       \$         2       Enter the amount of fling organization file Form 1120-POL, line 17b       \$       \$         4       Did the filing organization file Form 1120-POL for this year?       \$       \$         4       Did the filing organization file Form 1120-POL for this year?       \$       \$         5       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, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.         (a) Name       (b) Address	Part I-B Compl	ete if the org	anization is exempt under	section 501(c)(3	).						
<ul> <li>2 Enter the amount of any excise tax incurred by organization managers under section 4955</li> <li>3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?</li> <li>4a Was a correction made?</li> <li>Yes</li> <li>No</li> <li>b If "Yes," describe in Part IV.</li> <li>Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).</li> <li>1 Enter the amount directly expended by the filing organization for section 527 exempt function activities</li> <li>2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities</li> <li>3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b</li> <li>4 Did the filing organization listed, enter the amount paid from the filing organization is generate political organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization's funds. If none, enter -0.</li> <li>(a) Name</li> <li>(b) Address</li> <li>(c) EIN</li> <li>(d) Amount paid from form form the filing organization.</li> </ul>	•				-	▶\$					
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?       □ Yes       □ No         4a Was a correction made?       □ Yes       □ No         b If "Yes," describe in Part IV.       Part I-C       Complete if the organization is exempt under section 501(c), except section 501(c)(3).         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       ▶ \$         4 Did the filing organization file Form 1120-POL for this year?       ▶ \$         4 Did the filing 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's funds. Also enter the amount of political contributions received fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.         (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization's funds. If none, enter -0.         (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization.		,	, ,								
4a Was a correction made?       Yes       No         b If "Yes," describe in Part IV.       Part I-C       Complete if the organization is exempt under section 501(c), except section 501(c)(3).         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       > \$         4 Did the filing organization file Form 1120-POL for this year?       > \$         5 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 in Part IV.         (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization's funds. If none, enter -0.       (e) Amount of political contributions received and promptly and directly delivered to a separate political organization's funds. If none, enter -0.       (e) Amount of political contributions received and promptly and directly delivered to a separate political organization's funds. If none, enter -0.											
b If "Yes," describe in Part IV.         Part I-C       Complete if the organization is exempt under section 501(c), except section 501(c)(3).         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            4       Did the filing organization file Form 1120-POL for this year?                Yes         5       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, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.         (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization's funds. If none, enter -0.              (e) Amount of political corganization's funds. If none, enter -0.              (e) Amount of political corganization.              political organization.              political organization.              political corganization.              political corganization's funds. If none, enter -0.              (e) Amount of political corganization.											
1       Enter the amount directly expended by the filing organization for section 527 exempt function activities <ul> <li>\$</li> <li>2</li> <li>Enter the amount of the filing organization's funds contributed to other organizations for section 527</li> <li>exempt function activities</li> <li>\$</li> <li>\$</li> <li>\$</li> <li>\$</li> </ul> <li>3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b</li> <li>\$</li>	b If "Yes," describe in	n Part IV.									
<ul> <li>2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities</li> <li>3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b</li> <li>4 Did the filing organization file Form 1120-POL for this year?</li> <li>5 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.</li> <li>(a) Name</li> <li>(b) Address</li> <li>(c) EIN</li> <li>(d) Amount paid from filing organization's funds. If none, enter -0 funds. If none, enter -0 political organization.</li> </ul>	Part I-C Compl	ete if the org	anization is exempt under	section 501(c), e	except section &	501(c)(3	3).				
exempt function activities	1 Enter the amount of	lirectly expended	l by the filing organization for secti	on 527 exempt functio	on activities	. ► \$					
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b         4 Did the filing organization file Form 1120-POL for this year?         5 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.         (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization's funds. If none, enter -0.       (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.	2 Enter the amount of	of the filing organ	ization's funds contributed to othe	r organizations for sec	tion 527						
<ul> <li>line 17b</li> <li>4 Did the filing organization file Form 1120-POL for this year?</li> <li>5 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.</li> <li>(a) Name</li> <li>(b) Address</li> <li>(c) EIN</li> <li>(d) Amount paid from filing organization's funds. If none, enter -0.</li> <li>(e) Amount of political contributions received and promptly and directly delivered to a separate political organization's funds. If none, enter -0.</li> </ul>	exempt function ac	ctivities				▶\$_					
<ul> <li>4 Did the filing organization file Form 1120-POL for this year?</li> <li>5 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.</li> <li>(a) Name</li> <li>(b) Address</li> <li>(c) EIN</li> <li>(d) Amount paid from filing organization's funds. If none, enter -0 funds. If none, enter -0 political organization.</li> </ul>				,							
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political action committee (PAC). If additional space is needed, provide information in Part IV.         (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization's funds. If none, enter -0       (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.		-					-				
(a) Name(b) Address(c) EIN(d) Amount paid from filing organization's funds. If none, enter -0(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.						eparate se	egregated fund of a				
				1	(d) Amount paid filing organizatio	on's co er -0	ontributions received and promptly and directly delivered to a separate political organization.				

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

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013	EOUITY	FOUN	DATION, INC.		93-1	012688 Page <b>2</b>
Part II-A Complete if the org	anizatio	n is exen	npt under section	501(c)(3) and file	d Form 5768	
(election under sec	tion 501(	(h)).				
A Check 🕨 📃 if the filing organiza	tion belong	s to an affil	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and shar	e of excess	s lobbying e	expenditures).			
B Check 🕨 🔄 if the filing organiza	tion checke	ed box A an	d "limited control" pro	visions apply.		
		ying Exper eans amou	nditures nts paid or incurred.)		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to influ	ience publi	c opinion (g	rass roots lobbying)			
b Total lobbying expenditures to influ	ience a leg	islative bod	y (direct lobbying)			
c Total lobbying expenditures (add lin	nes 1a and	1b)				
d Other exempt purpose expenditure					417,977.	
e Total exempt purpose expenditures	s (add lines	1c and 1d)			417,977.	
f Lobbying nontaxable amount. Ente	er the amou	unt from the	following table in both	n columns.	83,595.	
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable amo	ount is:		
Not over \$500,000		20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000	\$225,00	0 plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (en	ter 25% of	line 1f)			20,899.	
h Subtract line 1g from line 1a. If zero	0.					
i Subtract line 1f from line 1c. If zero	o or less, er	nter -0			0.	
j If there is an amount other than zer	ro on either	r line 1h or l	ine 1i, did the organiza	tion file Form 4720	-	
reporting section 4911 tax for this					L	Yes No
	ations that	t made a se		Section 501(h) do not have to comp s 2a through 2f on pa		
	Lobb	ying Exper	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2	2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> Total
2a Lobbying nontaxable amount	105	5,743.	105,274.	109,322.	83,595.	403,934.
b Lobbying ceiling amount (150% of line 2a, column(e))						605,901.
c Total lobbying expenditures						
d Grassroots nontaxable amount	26	5,436.	26,319.	27,331.	20,899.	100,985.
e Grassroots ceiling amount		,		,		
(150% of line 2d, column (e))						151,478.
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2013

## Schedule C (Form 990 or 990-EZ) 2013 EQUITY FOUNDATION, INC. 93-1012688 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 e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b	)
	lobbying activity.	Yes	Νο	Amo	ount
1 a	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: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
i	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No," OR	(b) Part	III-A, line	93, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).				
2			2a		
	Current year				
	Carryover from last year				
-	Total				
3 ⊿			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
5	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		. 4		
Par			၁		
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	liet): Dart II A	line 2: or	d Part II.P	line 1
1100	at the descriptions required for Fartha, line F, Farthe, line 4, Farthe, line 5, Fartha (annualed group	130, 1 al 11-7-	, iii e z, ai	ia i ait ii D,	

Also, complete this part for any additional information.

20		Supplement	al Einancial Statomonte			OMB No. 15	545-0047	
	SCHEDULE D       Supplemental Financial Statements         Form 990)       Complete if the organization answered "Yes," to Form 990,						12	
(Forn	n 990)		ZU	IJ				
	ment of the Treasury I Revenue Service		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12t Attach to Form 990. m 990) and its instructions is at www.jrs		rm000	Open to Inspect		
	•						n number	
	<b>y</b>	EQUITY FOUNDATION,	INC.			3-10126		
Par	t I Organiza	ations Maintaining Donor Advise		or Acc	counts.	Complete if th	ne	
	organizatio	n answered "Yes" to Form 990, Part IV, line	e 6.					
			(a) Donor advised funds	(b	) Funds and	d other accou	ints	
1	Total number at er	nd of year	37				7	
2	Aggregate contrib	utions to (during year)	35,550.				<u>2,949.</u>	
3	Aggregate grants	from (during year)	96,398.				5 <u>,726.</u>	
4	Aggregate value a	t end of year	534,695.			300	),747.	
5	Did the organization	on inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds	6			
	are the organization	on's property, subject to the organization's	exclusive legal control?			X Yes	No No	
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	used on	ly			
	for charitable purp	ooses and not for the benefit of the donor o	r donor advisor, or for any other purpose c	onferrir	ng			
_	impermissible priv					X Yes	No	
Par	t II Conserv	ation Easements. Complete if the org	ganization answered "Yes" to Form 990, Pa	art IV, li	ne 7.			
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).					
	Preservation	n of land for public use (e.g., recreation or e	education)	torically	important	land area		
	Protection o	of natural habitat	Preservation of a certi	fied his	toric structı	ure		
	Preservation	n of open space						
2	Complete lines 2a	through 2d if the organization held a qualif	fied conservation contribution in the form o	of a con	servation ea	asement on th	ne last	
	day of the tax year	r.		ſ				
					Held	at the End of th	ie Tax Year	
а	Total number of co	onservation easements			2a			
b	•			Г	2b			
С		vation easements on a certified historic stru			2c			
d		vation easements included in (c) acquired a						
		nal Register			2d			
3		vation easements modified, transferred, rel	eased, extinguished, or terminated by the	organiz	ation during	g the tax		
_	year							
4		where property subject to conservation eas						
5	•	tion have a written policy regarding the per				<b>—</b>	<u> </u>	
		forcement of the conservation easements it				Yes	No	
6		er hours devoted to monitoring, inspecting,						
7	-	ses incurred in monitoring, inspecting, and		-			-	
8		vation easement reported on line 2(d) abov	• • •			<b></b> ,	<b>—</b>	
•		)(4)(B)(ii)?				Yes	No	
9	,	be how the organization reports conservation			,	,		
	· · ·	ble, the text of the footnote to the organizat	tion's financial statements that describes th	ne orga	nization's a	ccounting for		
Par	conservation ease	ations Maintaining Collections of	Art Historical Treasures or Oth	ner Si	milar Ass	sets		
		f the organization answered "Yes" to Form						
10	•	elected, as permitted under SFAS 116 (AS		ont and	balanco sh	oot works of		
Ia	•	s, or other similar assets held for public ext	<i>//</i>				-	
		· ·	, ,	ce oi pi		e, provide, in	r art Ani,	
h		thote to its financial statements that descril		and bal	ance shoot	worke of ort	historical	
b								
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts							
	relating to these it				•			
		uded in Form 990, Part VIII, line 1						
~	.,		an una ar athar similar assats for financial					
2		received or held works of art, historical tre-		yain, pi	ovide			
-	-	unts required to be reported under SFAS 1			•			
a L		d in Form 990, Part VIII, line 1						
a	Assets included In	i Form 990, Part X			▶ >			

		FOUNDATION,			-	93-10			age <b>2</b>
Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Othe	er Simi	lar Assets	) (contil	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that are a s	significan	t use of its c	ollection	items	6
	(check all that apply):								
а	Public exhibition	d		hange programs					
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co		•	-		pose in Part	XIII.		
5	During the year, did the organization solicit or		,	,			٦		٦
Det	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "Yes" to	o Form 9	90, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia		•						<b>.</b>
	on Form 990, Part X?					L	Yes		No
D	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:				A		
	Deginning belonce						Amoun	ι <u></u>	
	Beginning balance								
	Additions during the year								
f	Distributions during the year Ending balance								
	Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.								]
Par									
		(a) Current year	(b) Prior year	(c) Two years back		e years back	(e) Fou	r vears	back
1a	Beginning of year balance	769,743.	698,391.	685,425.		596,041.			224.
	Contributions	62,099.	17,728.	20,147.		3,590.		9,	011.
	Net investment earnings, gains, and losses	59,314.	66,525.	11,308.		106,655.		140,	292.
d	Grants or scholarships			7,400.		9,000.		8,	000.
е	Other expenditures for facilities								
	and programs	8,500.	15,600.	11,000.		8,905.		68,	948.
f	Administrative expenses		2,699.	89.		2,956.		3,	538.
g	End of year balance	882,656.	769,743.	698,391.		685,425.		596,	041.
2	Provide the estimated percentage of the curre	•	(line 1g, column (a)	) held as:					
	Board designated or quasi-endowment	15.00	_%						
	Permanent endowment ► <u>62.20</u>	%							
С	Temporarily restricted endowment ▶ 22								
	The percentages in lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are held ar	nd administered for t	the organ	nization			
	by:							Yes	No
	(i) unrelated organizations						3a(i)	Х	37
	(ii) related organizations						3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizations	-					3b		
4 Par	t VI Land, Buildings, and Equipme		vment funds.						
1 41	Complete if the organization answered		Dort IV line 11e S	a Form 000 Dart V	line 10				
		(a) Cost or ot				atad	(d) Boo	k volu	•
	Description of property	basis (investm	( )	. ,	Accumul epreciati		(d) Boo	n valu	C
10	land			(==) u	- p. coluti				
	Land								
	Buildings Leasehold improvements								
	Equipment		3	8,600.	35	035.		3,5	65.
	Other			,	1			,.	•
	. Add lines 1a through 1e. (Column (d) must ed		( column (R) line 1	0(c))				3,5	65.
	<u> </u>	<u>, a com 000, rait</u>	<del>,, 22,8,,,,,, (<b>2</b>),</del> ,,, <b>0</b> , <b>0</b>			Schedule		-	

Schedule D	) (Form 990	) 2013	EQUITY	FOUNDATION,	INC.

#### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-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, col. (B) line 12.)		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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 value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CHARITABLE REMAINDER ANNUITY TRUST	339,621.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	339,621.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DESIGNATED CONTRIBUTIONS PAYABLE	94,082.
(3)	CHARITABLE REMAINDER ANNUITY TRUST	
(4)	PAYABLE	308,928.
(5)		
(6)		
(7)		
(8)		
(9)		
Total	(Column (b) must oqual Form 000 Part V, col. (P) line 25.)	403.010.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ...... ▶ 40.5

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2013 EQULITY FOUNDATION, INC.		<u>93-1012688</u> Pa	age <b>4</b>				
Par	t XI Reconciliation of Revenue per Audited Financial Sta		e per Return.					
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial statements		1					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1						
а	Net unrealized gains on investments							
b	Donated services and use of facilities	2b						
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIII.)	2d						
е	Add lines 2a through 2d							
3	Subtract line 2e from line 1							
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b							
b	Other (Describe in Part XIII.)							
с	Add lines 4a and 4b							
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12							
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.								
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expension	ses per Return.					
Pa	t XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" to Form 990, Part IV, lir	atements With Expension	ses per Return.					
Pa 1	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expension 12a.	ses per Return.					
	<b>TT XII</b> Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" to Form 990, Part IV, lin	atements With Expension 12a.	ses per Return.					
1	Reconciliation of Expenses per Audited Financial St           Complete if the organization answered "Yes" to Form 990, Part IV, lir           Total expenses and losses per audited financial statements	atements With Expension 12a.	ses per Return.					
1 2	TXII         Reconciliation of Expenses per Audited Financial St           Complete if the organization answered "Yes" to Form 990, Part IV, lir           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements With Expension 12a.	ses per Return.					
1 2 a	TXII       Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" to Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	atements With Expension           ne 12a.           2a           2b	ses per Return.					
1 2 a	TXII       Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" to Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	atements With Expension           ne 12a.           2a           2b           2c	ses per Return.					
1 2 a b c	Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" to Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	atements With Expension           12a.           2a           2b           2c           2d	1					
1 2 b c d	TXII       Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" to Form 990, Part IV, lir         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a           2b           2c           2d	2e					
1 2 b c d e	Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" to Form 990, Part IV, lir         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	2e					
1 2 b c d e 3	TXII       Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" to Form 990, Part IV, lir         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a           2b           2c           2d	2e					
1 2 b c d e 3	TXII       Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" to Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d	2e					
1 2 d c 3 4 a b	TXII       Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" to Form 990, Part IV, lir         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d	1           1           2e           3					
1 2 3 4 5	TXII       Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" to Form 990, Part IV, lir         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d           2d	1         1         2e         3         4c					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

EXPLANATION: EQUITY FOUNDATION, INC. HAS ADOPTED INVESTMENT AND SPENDING

POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM

OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO

MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS.

PART X, LINE 2:

EXPLANATION: THE FOUNDATION FOLLOWS THE PROVISIONS OF FASB ASC TOPIC

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE

FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX

POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY

EQUITY FOUNDATION, INC.

aatian

Continue of the supplemental information (continue of the supplemental i	inued)	

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organization	Complete if the	ntal Information Regarding organization answered "Yes" to l rganization entered more than \$1 ▶ Attach to Form 990 pout Schedule G (Form 990 or 990-EZ) FOUNDATION, INC. Complete if the organization answe	Form 9 5,000 ( ) or Fo and its	90, Pa on For rm 99 instruc	art IV, lines 17, 18, c m 990-EZ, line 6a. 0-EZ. tions is at <u>www.irs.o</u>	or 19, or if the nov/form 990. Employer i 93 – 101	
required to     req     required to     required to     required to     r	complete this part e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, Pa n highest paid indi	ed funds through any of the followir e Solicita f Solicita g Special r oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purse	ng activ tion of tion of fundra (incluc rofessi	ities. ( non-g goven iising d ling of onal fu	Check all that apply. overnment grants nment grants events ficers, directors, trus undraising services?	tees or	/es 🗌 No
(i) Name and address or entity (fund		(ii) Activity	(iii) fundi have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained b fundraiser listed in col. (i)	y) to (or retained by)
			Yes	No			
Total 3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit (	contrib	▶ utions	or has been notified	it is exempt from	registration

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

Schedule G (Form 990 or 990-EZ) 2013

			AWARDS			(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
anı					,	
Revenue	1	Gross receipts	73,767.			73,767.
Re						
	2	Less: Contributions	55,890.			55,890.
	2					55,050.
	3	Gross income (line 1 minus line 2)	17,877.			17,877.
_	3		17,077			17,077
	4					
	4	Cash prizes				
	F	Noncoch prizos				
s	5	Noncash prizes				
Direct Expenses	~	Dept/facility.coote	1,675.			1 675
bei	6	Rent/facility costs	,075.			1,675.
Ě	_		22 /10			22 /10
rec.	7	Food and beverages	22,418.			22,418.
Ō	_					
	8	Entertainment	0 4 6 1			0.167
	9	Other direct expenses				2,167.
	10	Direct expense summary. Add lines 4 through			►	26,260.
D		Net income summary. Subtract line 10 from li				-8,383.
Ра	rt I		answered "Yes" to Form	990, Part IV, line 19, or n	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			1
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo	.,	col. (a) through col. (c))
Seve						
ш	1	Gross revenue				
s	2	Cash prizes				
nse						
kpe	3	Noncash prizes				
Direct Expenses						
irec	4	Rent/facility costs				
	5	Other direct expenses				
			<b>Yes</b> %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	15 in column (d)		►	
		. , , ,	( )			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
						•
9	Ent	er the state(s) in which the organization operat	es gaming activities:			
		he organization licensed to operate gaming ac		tates?		Yes No
		No," explain:				
~						
	_					
10a	We	re any of the organization's gaming licenses re	voked suspended or ter	minated during the tax w	ear?	Yes No
		Yes," explain:				
5						

#### Schedule G (Form 990 or 990-EZ) 2013 EQUITY FOUNDATION, INC.

93-1012688 Page 2

(d) Total events

(add col. (a) through

(c) Other events

NONE

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

(b) Event #2

(a) Event #1

EQUITY

## Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

Sch	edule G (Form 990 or 990-EZ) 2013 EQUITY FOUNDATION, INC. 93-	1012	688	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		Yes	No
12	to administer charitable gaming?			
	The organization's facility	13a		%
	An outside facility	13b	1	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100		/0
	Name			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗀	Yes	🗌 No
	<ul> <li>If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶\$</li> <li>If "Yes," enter name and address of the third party:</li> </ul>			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$		Yes	No No
Pa	<b>IT IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	ines 9,	9b, 10	b, 15b,

SCHEDULE I Grants and Other Assistance to Organizations,							OMB No. 1	545-0047		
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.							20	13	
Department of the Treasury Internal Revenue Service		► Informati	on about Schedule I	Attach to Form Form 990) and its		www.irs.cov/form99	n		Open to Inspe	
Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.       In         Name of the organization       Equity FOUNDATION, INC.       93 – 3										
Part I General Ir	EQUITY FO		INC.						93-10	12688
	zation maintain records		amount of the grants	or assistance, the	araptoos' oligibility	for the grante or assis	tanco and the selecti	00		
•	award the grants or assis		amount of the grants	or assistance, the		C C		OIT	X Yes	
	IV the organization's pro		oring the use of grant t	funds in the United						
	d Other Assistance to					anization answered "Y	es" to Form 990. Part	IV. line 21.	for anv	
	hat received more than \$		-					,	· · · · · · · · · · · · · · · · · · ·	
. ,	ddress of organization vernment	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance		Purpose of or assistanc	
PORTLAND STATE UN 2125 SW 4TH AVE, PORTLAND, OR 9720	STE 510	93-0619733	501(C)3	22,500.	0.			SCHOLARS	HIPS	
OUR HOUSE OF PORT 2727 SE ALDER ST PORTLAND, OR 9721		93-0986632	501(C)3	10,257.	0.			GENERAL	OPERATION	s
BASIC RIGHTS EDUC PO BOX 40625 PORTLAND, OR 9724		93-1266613	501(C)3	11,000.	0.			GENERAL	OPERATION	S
PORTLAND ART MUSE 1219 SW PARK AVE PORTLAND, OR 9720		93-0391604	501(C)3	18,000.	0.			GENERAL	OPERATION	S
PONGO FUND PO BOX 8244										
PORTLAND, OR 9720	7	27-0646992	501(C)3	7,500.	0.			GENERAL	OPERATION	<u>s</u>
2 Enter total sumb	$\sim$	l nd government er	 rapizationa listad in the	lina 1 tabla			1	L		5.
	per of section 501(c)(3) a per of other organization									0.
	Reduction Act Notice							Sched	ule I (Form	• •

EQUITY FOUNDATION, INC. Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

EXPLANATION: EQUITY REQUESTS REPORTS AT THE END OF THE YEAR TO SHOW PROOF

THAT GRANTS GIVEN WERE USED FOR ITS INTENDED PURPOSES.

Page 2

Schedule I (Form 990) (2013) Part III

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990



Employer identification number 93-1012688

EQUITY FOUNDATION, INC.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: PRIOR TO FILING, THE 990 IS SENT TO THE BOARD VIA EMAIL ON A

FRIDAY AND DISCUSSED THE FOLLOWING MONDAY.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: BOARD MEMBERS ARE PRESENTED WITH THE CONFLICT OF INTEREST

POLICY UPON JOINING THE BOARD AND AGAIN AT THE ANNUAL BOARD RETREAT.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE EXECUTIVE DIRECTOR'S SALARY WAS APPROVED BY BOARD

CO-CHAIRS. SALARY FOR THE GRANTS & WORKPLACE GIVING DIRECTOR WAS REVIEWED

BY THE EXECUTIVE DIRECTOR AND BOARD REPRESENTATIVE. THE REVIEW WAS IN

PERSON AND IN WRITING, AND ALL PARTIES SIGNED THE REVIEW. SALARY INCREASES

WERE GIVEN IN LINE WITH AN INFORMAL COMPARISION OF MARKET (NON-PROFIT)

WAGES IN THE AREA.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

EXPLANATION: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

#### • If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the of	original (no copies needed).
	Enter	filer's identifying number, see instructions
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
,	EQUITY FOUNDATION, INC.	93-1012688
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 5696	Social security number (SSN)
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PORTLAND</b> , OR 97228-5696	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Application Return Return Is For Code Is For Code 01 Form 990 or Form 990-EZ Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 05 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 11 Form 990-T (trust other than above) 06 Form 8870 12 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. SUSAN MATLACK JONES AND ASSOCIATES The books are in the care of ▶ 221 NW 2ND AVENUE, SUITE 209 - PORTLAND, OR 97209 Telephone No. ► (503) 242-9360 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 box 🕨 🔄 . If it is for part of the group, check this box 🅨 🔄 and attach a list with the names and EINs of all members the extension is for. MAY 15, 2015 I request an additional 3-month extension of time until 4 JUL 1, 2013 \_ , and ending JUN 30, 2014 5 For calendar year \_\_\_\_\_, or other tax year beginning \_ Final return 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Change in accounting period 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO OBTAIN THE INFORMATION NECESSARY TO FILE COMPLETE AND ACCURATE RETURN. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. 8a \$ If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated b tax payments made. Include any prior year overpayment allowed as a credit and any amount paid Ο. previously with Form 8868. 8h \$ С Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using 0. EFTPS (Electronic Federal Tax Payment System). See instructions. 8c \$ Signature and Verification must be completed for Part II only. Under penalties of perjury. I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature 🕨

Title 🕨 CPA

Date 🕨

Form 8868 (Rev. 1-2014)

Page 2

0 1