

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 07-01-2013, and ending 06-30-2014

B Check if applicable

- Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization: EQUALITY PENNSYLVANIA
Number and street (or P O box, if mail is not delivered to street address): 1211 CHESTNUT STREET
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: PHILADELPHIA, PA 19107

D Employer identification number: 27-0860185

E Telephone number: (215) 731-1447

F Group Exemption Number

G Accounting Method: [] Cash [x] Accrual Other (specify)

H Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A

J Tax-exempt status (check only one): [] 501(c)(3) [x] 501(c)(4) (insert no) [] 4947(a)(1) or [] 527

K Form of organization: [x] Corporation [] Trust [] Association [] Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$ 71,133

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [x]

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values range from 0 to 71,133.

Part III Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	27,279	22	69,463
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	27,279	25	69,463
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27,279	27	69,463

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

TO SEEK EQUALITY FOR GAY, LESBIAN, BISEXUAL AND TRANSGENDER (LGBT) PENNSYLVANIANS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 EQUALITY PENNSYLVANIA'S MISSION IS TO ACHIEVE EQUALITY FOR LGBT INDIVIDUALS IN PENNSYLVANIA (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	28,415
29			
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)			
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	28,415

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2013) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and controlled entities.

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with 2 columns: Yes, No. Row 46.

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

47 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

Table with 2 columns: Yes, No. Row 47.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 2 columns: Yes, No. Row 48.

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 2 columns: Yes, No. Row 49a.

b If "Yes," was the related organization a section 527 organization?

Table with 2 columns: Yes, No. Row 49b.

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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 Here: Signature of officer (THEODORE S MARTIN EXECUTIVE DIRECTOR) and Date (2014-11-12)

Paid Preparer Use Only: Print/Type preparer's name (DANIEL J RUOTOLO CPA MS), Preparer's signature, Date, Check self-employed, PTIN, Firm's name (RUOTOLO SPEWAK & CO), Firm's EIN, Firm's address (101 CHESTNUT AVE, MOUNT LAUREL, NJ 080549405), Phone no (856) 273-1282

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

Yes No

Additional Data

Software ID:

Software Version:

EIN: 27-0860185

Name: EQUALITY PENNSYLVANIA

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JESSICA ROTHCHILD PRESIDENT	2 00	0		
MICHAEL TESTA VICE PRESIDENT	2 00	0		
JOHN DAWE TREASURER	2 00	0		
RACHEL LEVINE SECRETARY	2 00	0		
MARY ISENHOUR BOARD MEMBER	2 00	0		
NATE GRAF BOARD MEMBER	2 00	0		
ELLEN TOPLIN BOARD MEMBER	2 00	0		
PATRICIA DOUGHTERY BOARD MEMBER	2 00	0		
HARVEY HURDLE BOARD MEMBER	2 00	0		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 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.**

2013

**Open to Public
Inspection**

Name of the organization
EQUALITY PENNSYLVANIA

Employer identification number

27-0860185

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	BANK & CREDIT CARD FEES 600 DUES & MEMBERSHIP 3001