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CLIENT'S COPY

# TAX RETURN FILING INSTRUCTIONS

FORM 990

# FOR THE YEAR ENDING

DECEMBER 31, 2019

## PREPARED FOR:

EQUALITY FLORIDA ACTION, INC. P.O. BOX 13184 ST PETERSBURG, FL 33733-3184

### PREPARED BY:

CBIZ MHM, LLC 13577 FEATHER SOUND DR., SUITE 400 CLEARWATER, FL 33762-5539

### AMOUNT DUE OR REFUND:

NOT APPLICABLE

### MAKE CHECK PAYABLE TO:

NOT APPLICABLE

# MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

## **RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

## SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 16, 2020.

Form	887	'9-	EO	
Form	001	<b>v</b>		

# IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury Internal Revenue Service For calendar year 2019, or fiscal year beginning , 2019, and ending

Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

\*\*-\*\*8104

, 20

EQUALITY FLORIDA ACTION, INC.

Name and title of officer NADINE SMITH CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here <b>X b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	408,539.
2a	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	
		-	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

### Officer's PIN: check one box only

X I authorize CBIZ MHM, LLC	to enter my PIN	38104
ERO firm name		Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed return. If I have indicated v is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I a enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the organization's tax yea indicated within this return that a copy of the return is being filed with a state agency(ies) regulati program, I will enter my PIN on the return's disclosure consent screen.	•	
Officer's signature  Date		
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		
number (EFIN) followed by your five-digit self-selected PIN. 5046510 Do not enter		
I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-F <i>e-file</i> Providers for Business Returns.		
ERO's signature  CBIZ MHM, LLC Date		
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested 1	Γο Do So	
LHA For Paperwork Reduction Act Notice, see instructions.	For	m 8879-EO (2019)
923051 10-03-19		

Form <b>990</b>
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

Faulta 0010 salandar usa

# EXTENDED TO NOVEMBER 16, 2020

u la animatica

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

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АГ	or the	2019 calendar year, or tax year beginning and	ending		
B c a	heck if pplicable:	C Name of organization		D Employer identifie	cation number
	Address	EQUALITY FLORIDA ACTION, INC.			
	Name change	Doing business as		**-***81	04
	Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite				
	Final return/	P.O. BOX 13184		(813)870-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	410,897.
	Amende return	SI PEIERSBURG, FL 33/33-3104		H(a) Is this a group re	
	Applica	F Name and address of principal officer: NADINE SMITH		for subordinates	? Yes X No
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		mpt status: 501(c)(3) $X$ 501(c) ( 4 ) (insert no.) 4947(a)(1)	or 🗌 527	If "No," attach a	list. (see instructions)
		e:▶ WWW.EQFL.ORG		H(c) Group exemption	•
		organization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other 🕨	L Year	of formation: 2014 N	<b>I</b> State of legal domicile: $\mathbf{FL}$
Pa		Summary			
đ		Briefly describe the organization's mission or most significant activities: SECU			
uc.	Ē	FOR FLORIDA'S LESBIAN, GAY, BISEXUAL & TR	ANSGEN	IDER COMMUNI	TY
Activities & Governance	2 (	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
٥ ٥					14
ত		lumber of independent voting members of the governing body (Part VI, line 1b)			13
es		otal number of individuals employed in calendar year 2019 (Part V, line 2a) $\ldots$			0
iti		otal number of volunteers (estimate if necessary)			1500
Act	7a⊺	otal unrelated business revenue from Part VIII, column (C), line 12			0.
	b١	let unrelated business taxable income from Form 990-T, line 39	<u></u>		0.
				Prior Year	Current Year
e		Contributions and grants (Part VIII, line 1h)		246,140.	396,624.
Revenue		Program service revenue (Part VIII, line 2g)		380.	0.2,787.
Rev		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		<u>3,039</u> . 13,000.	9,128.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		262,559.	408,539.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		170,000.	125,000.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		72,967.	214,267.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		12,507.	0.
)en:		Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright$ 11,0	39.	0.	
ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		149,099.	133,439.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		392,066.	472,706.
		Revenue less expenses. Subtract line 18 from line 12		-129,507.	-64,167.
or		10101111110 12		ginning of Current Year	End of Year
ance	20 7	otal assets (Part X, line 16)		785,773.	700,043.
Assets - d Balanc	20 1 21 T			31,227.	9,934.
Net /		otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20		754,546.	690,109.
		Signature Block			0,10,10,00

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	NADINE SMITH, CEO						
	Type or print name and title						
	Print/Type preparer's name	Date					
Paid	PAUL DUNHAM			self-employed P00100222			
Preparer	er Firm's name <b>CBIZ MHM</b> , LLC			Firm's EIN 🕨 **-**5969			
Use Only	Jse Only Firm's address 13577 FEATHER SOUND DR., SUITE 400						
	CLEARWATER, FL 33762-5539 Phone no. 727-572-1400						
May the IF	RS discuss this return with the preparer shown abo	/e? (see instructions)		X Yes No			
932001 01-2	J32001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)						

$\mathbf{E} = \mathbf{R} \mathbf{I} \mathbf{I} \mathbf{I} \mathbf{I} \mathbf{I} \mathbf{I} \mathbf{I} I$	IIII Statement of Program Service Accomplishments       X         Check if Schedule O contains a response or note to any line in this Part III       X         rifely describe the organization's mission:       X         QUALITY FLORIDA ACTION IS THE ADVOCACY ARM OF THE LARGEST CIVIL       X         III GHTS ORGANIZATION WORKING TO SECURE FULL EQUALITY FOR FLORIDA'S       ESBIAN, GAY, BISEXUAL, AND TRANSGENDER (LGBT) COMMUNITY.         CONTINUED ON SCHEDULE O)       X       X         Nd the organization undertake any significant program services during the year which were not listed on the rior Form 990 or 990-E2?       Yes, 'describe these new services on Schedule O.         Nd the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses.       Not 'Yes,' describe these changes on Schedule O.         Ves, 'describe these changes on Schedule O.       Not 'Yes,' describe these changes on Schedule O.       Not 'Yes,' describe these changes on Schedule O.         Ves, 'describe these changes on Schedule O.       Not 'Yes,' describe these changes on Schedule O.       Not 'Yes,' describe these organization's are required to report the amount of grants and allocations to others, the total expenses.         Reactibe the organization's mission:       315,478.       including grants of 'S,000) (Revenue \$         IOBILIZATION: FOR OUR 2019 LOBBY DAYS PROGRAM, MORE THAN ONE HUNDRED       SRASSROOTS ACTIVISTS PACKED THE CAPITOL TO TALK FACE-TO-FACE WITH         EGISLATORS AND SH
	hiely describe the organization's mission: QUALITY FLORIDA ACTION IS THE ADVOCACY ARM OF THE LARGEST CIVIL RIGHTS ORGANIZATION WORKING TO SECURE FULL EQUALITY FOR FLORIDA'S LESBIAN, GAY, BISEXUAL, AND TRANSGENDER (LGBT) COMMUNITY. CONTINUED ON SCHEDULE O) Id the organization undertake any significant program services during the year which were not listed on the rior Form 990 or 990-EZ? "Yes," describe these new services on Schedule O. Id the organization cease conducting, or make significant changes in how it conducts, any program services? "Yes," describe these changes on Schedule O. Id the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and evenue, if any, for each program service reported. Souther: () (Expenses \$ 315,478. including grants of \$ 75,000.) (revenue \$ IOBILIZATION: FOR OUR 2019 LOBBY DAYS PROGRAM, MORE THAN ONE HUNDRED RASSROOTS ACTIVISTS PACKED THE CAPITOL TO TALK FACE-TO-FACE WITH JEGISLATORS AND SHARING PERSONAL STORIES. AT HOME, HUNDREDS OF EQUALITY LORIDA MEMBERS PARTICIPATED ELECTRONICALLY VIA THE EQUALITY FLORIDA /ITRUAL LOBBY DAYS PROGRAM. IN ALL, 74 LEGISLATORS HAVE SIGNED ON AS COSPONSORS OF THE FLORIDA COMPETITIVE WORKFORCE ACT- A NEW RECORD! Code:
	SQUALITY FLORIDA ACTION IS THE ADVOCACY ARM OF THE LARGEST CIVIL         SIGHTS ORGANIZATION WORKING TO SECURE FULL EQUALITY FOR FLORIDA'S         JESBIAN, GAY, BISEXUAL, AND TRANSGENDER (LGBT) COMMUNITY.         CONTINUED ON SCHEDULE O)         Id the organization undertake any significant program services during the year which were not listed on the rior Form 990 or 990-E2?         'Yes,' describe these new services on Schedule O.         id the organization cease conducting, or make significant changes in how it conducts, any program services?         'Yes,' describe these changes on Schedule O.         'Yes,' describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.         eetcido 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and evenue, if any, for each program service reported.         including grants of s       75,000.) (Revenue S         IOBILIZATION: FOR OUR 2019 LOBBY DAYS PROGRAM, MORE THAN ONE HUNDRED         BRASSROOTS ACTIVISTS PACKED THE CAPITOL TO TALK FACE-TO-FACE WITH         LEGISLATORS AND SHARING PERSONAL STORIES. AT HOME, HUNDREDS OF EQUALITY         'LORIDA MEMBERS PARTICIPATED ELECTRONICALLY VIA THE EQUALITY FLORIDA         'URITUAL LOBBY DAYS PROGRAM. IN ALL, 74 LEGISLATORS HAVE SIGNED ON AS         'OSPONSORS OF THE FLORIDA COMPETITIVE WORKFORCE ACT- A NEW RECORD!         'DOCACY: IN 2019, EQUALITY FLORIDA FOCUSED ON EXTENDING AND DEEPENING
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$\begin{array}{c} De \\ Se \\ rev \\ Ia \\ C \\ Ia \\ C \\ Ia \\ Ia \\ Ia \\ Ia \\$	<pre>describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. tection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and evenue, if any, for each program service reported. bode:) (Expenses \$</pre>
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	evenue, if any, for each program service reported.         Code:
	Code:       ) (Expenses \$ 315,478. including grants of \$ 75,000.) (Revenue \$         MOBILIZATION:       FOR OUR 2019 LOBBY DAYS       PROGRAM, MORE THAN ONE HUNDRED         BRASSROOTS ACTIVISTS PACKED THE CAPITOL TO TALK FACE-TO-FACE WITH         DEGISLATORS AND SHARING PERSONAL STORIES. AT HOME, HUNDREDS OF EQUALITY         PLORIDA MEMBERS PARTICIPATED ELECTRONICALLY VIA THE EQUALITY FLORIDA         VIRTUAL LOBBY DAYS PROGRAM. IN ALL, 74 LEGISLATORS HAVE SIGNED ON AS         COSPONSORS OF THE FLORIDA COMPETITIVE WORKFORCE ACT- A NEW RECORD!         Code:       ) (Expenses \$ 116,294. including grants of \$ 50,000.) (Revenue \$
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	ADVOCACY: IN 2019, EQUALITY FLORIDA FOCUSED ON EXTENDING AND DEEPENING TS RELATIONSHIPS WITH THE FLORIDA CONGRESSIONAL DELEGATION, PRIMARILY
I	HROUGH OUR FEDERAL ADVOCACY PROGRAM.
	N CONJUNCTION WITH OUR PARTNERS WE'VE TARGETED 17 MEMBERS OF THE
F	LORIDA CONGRESSIONAL DELEGATION FOR EMAIL CAMPAIGNS, FACE TO FACE
	EETINGS, AND DISTRICT LEVEL ENGAGEMENT. TO DATE, WE HAVE HELD
	ACE-TO-FACE VISITS WITH 19 MEMBERS OF CONGRESS, INCLUDING 3 MEETINGS
	IN WASHINGTON, D.C. AS PART OF A NATIONAL CONVENING OF ADVOCACY GROUPS.
<u> </u>	
$\overline{l}$	CONTINUED ON SCHEDULE O)
<u> </u>	CONTINCED ON SCHEDOLE OF
	<b>94 72E</b>
с (Сс	
	DUTREACH: EQUALITY FLORIDA PARTICIPATED IN 40 PRIDE FESTIVALS IN 2019,
	COLLECTING 29,332 LGBTQ NON-DISCRIMINATION PETITIONS, REGISTERING 850
V	OTERS, AND RECRUITING 520 VOLUNTEERS.
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d Ot	ther program services (Describe on Schedule O.)
	Expenses \$ including grants of \$ ) (Revenue \$ )
	otal program service expenses  456,507.
	Form <b>990</b> (201
2002 01	
	2

Form	990	(2019)
FUIII	330	(2013)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	X	├───
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		NT /	~
_	during the tax year? If "Yes," complete Schedule C, Part II	4	N/	A
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
8				x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1.14		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	(0010)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-1	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		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	234		
D D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		XX
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
20	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34		34	х	
35a	Part V, line 1 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	000		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	N/	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	
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	<u></u>		X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	<u>1c</u>	X 000	
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Form	990 (2019) EQUALITY FLORIDA ACTION, INC. **-**8 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	104	Р	age <b>5</b>
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
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 on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	Х	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		37	
_	were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).	7.		x
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		x
لم	to file Form 8282?	7c		
d		7e		x
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	<u> </u>
9 h	If the organization received a contribution of quanteer intellectual property, did the organization life room occor as required in	79 7h	N/	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
•	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u> <u>12b</u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
C	Enter the amount of reserves on hand	44		v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		├──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
16	If "Yes," complete Form 4720, Schedule O.	16		
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# EQUALITY FLORIDA ACTION, INC.

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	.4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	.3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			. 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	. 4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		. 5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:			
а	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			. <b>8</b> b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			. 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			. <b>12</b> b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?				X	<u> </u>
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		dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v	
a	The organization's CEO, Executive Director, or top management official				X	
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 arrangen					v
	taxable entity during the year?			<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			101		
Sec	exempt status with respect to such arrangements?			16b		
17 10	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ FL		T (Pootice 501/-)		ove:1-	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	ia 990	- (Section 501(C)	(3)s oniy)	avalla	nie
	for public inspection. Indicate how you made these available. Check all that apply.           X         Own website         Another's website         X         Upon request         Other <i>(explain</i> )	-				
10	(		,	nd finan	oiol	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	THICT C	minuerest policy, a	ana ninan	udi	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo	ke on	t records			
20	DON WALKER, CPA, CONTROLLER - (860)608-4024	no di i				
	$\frac{1000}{401}$ 33RD ST N, STE C, ST PETERSBURG, FL 33713					
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Part VII	Со	mpensat	ion of Officers	, Directors	, Trustees,	, Key Employees,	Highest Co	ompensated
	Em	ployees,	and Independ	ent Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

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(A)	(B)			رب Posi	<b>C)</b> ition	1		(D)	(E)	
Name and title	Average		not cł	heck i	more	than o		Reportable	Reportable	Estimated
	hours per		, unles cer an					compensation	compensation	amount of
	week (list any	5					,	from the	from related organizations	other
	hours for	lirect						organization	(W-2/1099-MISC)	compensation from the
	related	e or c	tee			satec		(W-2/1099-MISC)	(00-271033-101130)	organization
	organizations	ruste	1 trus		/ee	npen				and related
	below	dual t	Itiona	_	loldu	st coi	_			organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			er gan i zan er te
(1) NADINE SMITH	4.00		_				-			
CEO	36.00			х				18,134.	163,209.	37,575.
(2) STRATTON POLLITZER	6.00									
DEPUTY DIRECTOR	34.00			Х				29,135.	165,096.	19,583.
(3) MERYL FRIEDMAN	0.50									
CHAIR	0.50	X						0.	0.	0.
(4) VICTOR DIAZ-HERMAN	0.50									
TREASURER	0.50	Х						0.	0.	0.
(5) JEFF DELMAY	0.50									
SECRETARY	0.50	Х						0.	0.	0.
(6) DAVID BLOOM	0.50									
DIRECTOR	0.50	Х						0.	0.	0.
(7) SUSAN BOTTCHER	0.50									
DIRECTOR	0.50	Х						0.	0.	0.
(8) ANASTASIA HOITIS	0.50									
DIRECTOR	0.50	X						0.	0.	0.
(9) DANNY HUMPHRESS	0.50									
DIRECTOR (8/2/19-12/31/19)	0.50	Х						0.	0.	0.
(10) KATHRYN NORSWORTHY	0.50									
DIRECTOR	0.50	Х						0.	0.	0.
(11) PAULINE PARRISH	0.50									
DIRECTOR	0.50	X						0.	0.	0.
(12) DONN SMITH-LOPEZ	0.50									
DIRECTOR	0.50	Х						0.	0.	0.
(13) DAN VAN TICE	0.50									
DIRECTOR	0.50	Х						0.	0.	0.
(14) SELISSE BERRY	0.50									
DIRECTOR (8/2/19-12/31/19)	0.50	Х						0.	0.	0.
(15) DANA FARMER	0.50									
DIRECTOR (8/2/19-12/31/19)		Х						0.	0.	0.
(16) NATHAN BRUEMMER	0.50									
DIRECTOR (12/1/19-12/31/19)	0.50	Х						0.	0.	0.
(17) MARK ANDERSON	0.50									
TREASURER (1/1/19-3/31/19)	0.50	x						0.	0.	0.
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Form 990 (2019)

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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week (list any hours for related	(do box offic	not ch unles cer an	(C Posi neck r ss per:	c) ition more son is recto	than o s both pr/trus	one n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organizations (W-2/1099-MIS	n I s c SC)	(F) Estima amour othe compen from organiz	ated nt of er sation the
	organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former				and rel	ated
(18) PETRA DOAN DIRECTOR (1/1/19-4/6/19)	0.50	х						0.		0.		0.
(19) CHRISTOPHER RUDISILL	0.50									<u> </u>		••
DIRECTOR (1/1/19-4/6/19)		Х						0.		0.		0.
(20) MARJORIE SHERWIN DIRECTOR (1/1/19-12/1/19)	0.50	x						0.		0.		0.
1b Subtotal								47,269.	328,30		57,	158.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0.47,269.	328,30	$\frac{0.}{5.}$	57	<u>0.</u> 158.
2 Total number of individuals (including but n							o re				011	0
compensation from the organization											Ye	
<b>3</b> Did the organization list any <b>former</b> officer,	,			•		,	0		,			
<ul><li>line 1a? If "Yes," complete Schedule J for st</li><li>For any individual listed on line 1a, is the su</li></ul>											3	<u> </u>
and related organizations greater than \$150											4 X	
5 Did any person listed on line 1a receive or a	ccrue compen	Isati	on fr	om a	any	unre	elate	ed organization or individ				
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	e J fo	or su	<u>ch p</u>	bers	on .				[ §	5	X
1 Complete this table for your five highest con	•	•							· ·	ensatior	n from	
the organization. Report compensation for t	he calendar ye	ear e	ndin	g wi	ith c	or wi	thin I	<u>the organization's tax yo</u> (B)	ear.		(C)	
Name and business	address	NC	ONE	1				Description of s	ervices	Com	npensat	ion
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	l to t	thos C		ted	above) who received mo	ore than			
¥										Fo	rm <b>990</b>	<b>)</b> (2019)

932008 01-20-20

Form	n 990 ()	2019) EQUA	LITY	FLOR	IDA ACTIO	ON, INC.		**_**8	104 Page 9
	rt VII					•			
		Check if Schedule O col	ntains a re	esponse o	or note to any line	e in this Part VIII			
					in noto to any int	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt		Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
									30010113 012 014
nts	1 a	Federated campaigns		1a					
Gra	b	Membership dues		1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events		1c					
lar lar	d	Related organizations		1d					
s, in	е	Government grants (contribu		1e					
r ci	f	All other contributions, gifts, gra	ants, and						
ibu		similar amounts not included at	bove	1f	396,624.				
duti	g	Noncash contributions included in line	es 1a-1f	1g \$					
aŭ	h	Total. Add lines 1a-1f			►	396,624.			
					Business Code				
a	2 a								
Program Service Revenue	b								
Ser	c								
ver 3	d								
gra Re	u								
jo ro	e								
"	•	All other program service rev							
		Total. Add lines 2a-2f							
	3	Investment income (includin	-			0 707			0 707
		other similar amounts)				2,787.			2,787.
	4	Income from investment of t		-					
	5	Royalties	<u></u>						
			(i)	Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	с	Rental income or (loss)	ôc						
	d	Net rental income or (loss)			►				
	7 a	Gross amount from sales of	(i) Sec	curities	(ii) Other				
		assets other than inventory 7	7a						
	b	Less: cost or other basis							
٥			7ь						
venue	~		7c						
<b>a</b>		Net gain or (loss)							
Other Re									
Ę	0 a	Gross income from fundraising							
0		including \$							
		contributions reported on lin	-						
		Part IV, line 18							
		Less: direct expenses							
		Net income or (loss) from fu			····· 🕨				
	9 a	Gross income from gaming							
		Part IV, line 19							
	b	Less: direct expenses		9b					
	с	Net income or (loss) from ga	aming activ	vities	►				
	10 a	Gross sales of inventory, les	ss returns						
		and allowances		<u>10</u> a	4,079.				
	b	Less: cost of goods sold							
		Net income or (loss) from sa				1,721.			1,721.
		· · · · · · · · · · · · · · · · · · ·	-		Business Code				
sno	11 a								
nec	b								
ila. ver	c							1	
Miscellaneous Revenue	ن اہر				813311	7,407.			7,407.
ž	d	All other revenue				7,407.			7,407.
		Total. Add lines 11a-11d				408,539.	0.	0.	11,915.
	12	Total revenue. See instructions	5		🕨	400,007.	U •	U •	
932009	9 01-20-	-20				•			Form <b>990</b> (2019)

EQUALITY FLORIDA ACTION, INC. Part IX Statement of Functional Expenses

Do	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 domestic organizations	125 000	105 000		
	and domestic governments. See Part IV, line 21	125,000.	125,000.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	53,963.	51,991.	1,972.	
~	trustees, and key employees	55,905.	51,991.	1,972.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
-	persons described in section 4958(c)(3)(B)	126,977.	126,949.	28.	
7 0	Other salaries and wages	140,311.	140,343.	20.	
8	Pension plan accruals and contributions (include	4,885.	4,885.		
0	section 401(k) and 403(b) employer contributions)	15,368.	15,368.		
9	Other employee benefits	13,074.	13,074.		
0	Payroll taxes	±J,U/4•			
1	Fees for services (nonemployees):				
a	• • • • • • • • • • • • • • • • • • •	138.		138.	
b	F	8,650.	7,538.	882.	230
C		0,050.	7,550.	002.	230
d	, , , , , , , , , , , , , , , , , , ,				
e	, F				
f	Investment management fees				
g		59,171.	59,171.		
	column (A) amount, list line 11g expenses on Sch O.)	1,350.	1,302.	48.	
12	Advertising and promotion	25,616.	14,051.	956.	10,609
13	Office expenses	5,461.	5,461.	930.	10,009
14	Information technology	5,401.	5,401.		
15	Royalties	2,760.	2,760.		
16		26,554.	26,093.	461.	
17	Travel	20,554.	20,095.	401.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	3,187.	2,864.	123.	200
19	Conferences, conventions, and meetings	5,10/•	4,004.	143.	200
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23					
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.)	552.		552.	
a b		552.		5524	
с С					
d					
u e	All other expenses				
е 25	Total functional expenses. Add lines 1 through 24e	472,706.	456,507.	5,160.	11,039
26	<b>Joint costs</b> . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

932010 01-20-20

10 2019.04000 EQUALITY FLORIDA ACTION, 331643\_1

Form **990** (2019)

15390702 143399 331643

33

Total liabilities and net assets/fund balances

33

Form 990 (2019)

\*\*-\*\*\*8104 Page 11 EQUALITY FLORIDA ACTION, INC. Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year **(B)** End of year 53,553. 1 1 Cash - non-interest-bearing 715,989. 656,074. 2 Savings and temporary cash investments 2 2,133. 3 3 Pledges and grants receivable, net 0. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 100. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 13,998. 15 Other assets. See Part IV, line 11 15 785,773. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 31,227. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director,

1,357. 700,043. 9,934. Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 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 31,227. 9,934. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 748,045. 27 689,470. 27 Net assets without donor restrictions Net assets with donor restrictions 6,501. 639. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 754,546. 690,109. Total net assets or fund balances 32 32 785,773. 700,043.

225.

33,083.

6,915.

2,389.

Form 990 (2019)

Assets

Form	1 990 (2019) EQUALITY FLORIDA ACTION, INC.	**_**	8104	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	408	,539.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,706.
3	Revenue less expenses. Subtract line 2 from line 1	3		,167.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	754	,546.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-270.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	690	,109.
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	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	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	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.		
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		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
			Form S	<b>990</b> (2019)

# Schedule B

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

## Name of the organization

# Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

I	EQUALITY FLORIDA ACTION, INC.	**-**8104
Organization type (check	< one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( $4$ ) (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**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., burpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless to the set of the year for an *exclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to the set of the year for an *exclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* set of the parts unless the **General Rule** applies to the parts unless the **General Rule** applie

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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.

Name of organization

Employer identification number

\*\*-\*\*\*8104

EQUALITY FLORIDA ACTION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>N/A</u>	\$19,625.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	<u>N/A</u>	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$5,015.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	<u>N/A</u>	\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	<u>N/A</u>	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06	5-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

15390702 143399 331643

14 2019.04000 EQUALITY FLORIDA ACTION, 331643\_1 Name of organization

Employer identification number

\*\*-\*\*\*8104

EQUALITY FLORIDA ACTION, INC.

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

artn	Noncast Troperty (see instructions). Use duplicate copies of Part	ii ii additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

15

# 15390702 143399 331643

Page **4** 

Name of org	ganization		Employer identification number
EQUALI	TY FLORIDA ACTION, INC	•	**-**8104
Part III	from any one contributor. Complete columns (a	b) through (e) and the following line en charitable, etc., contributions of <b>\$1,000 o</b>	section 501(c)(7), (8), or (10) that total more than \$1,000 for the ye entry. For organizations or less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gi	 
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			(a) 2000 iption of non-ginte non-
-		(e) Transfer of gi	 gift
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) Fulpose of gift	(c) Use of girt	
-		(e) Transfer of gi	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
23454 11-06-1	19	I	Schedule B (Form 990, 990-EZ, or 990-PF) (20

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

# SCHEDULE C

(Form 990 or 990-EZ)

# Political Campaign and Lobbying Activities

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

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

2019 Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

• Section 527 organizations: Complete Part I-A only.

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

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

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

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

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

Indi						
_	EQUALITY FLORIDA ACTION, INC.		**-**8104			
P	art I-A Complete if the organization is exempt under section 501(c) or is a section 5	27 orgai	nization.			
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV.					
2		▶\$	78,867.			
_		• • <u> </u>	240.			
3	Volunteer hours for political campaign activities	·· <u> </u>	240.			
P	art I-B Complete if the organization is exempt under section 501(c)(3).					
		▶\$				
-		···· · ·				
2						
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		Yes No			
4	a Was a correction made?		Yes No			
	<b>b</b> If "Yes," describe in Part IV.					
Pa	art 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	▶\$	3,867.			
2						
-		▶\$	75,000.			
~	exempt function activities	· • •	15,000.			
3	·					
	line 17b	. 🕨 🕯 🔄	78,867.			
4	Did the filing organization file Form 1120-POL for this year?		X Yes No			
-						

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.

<b>(a)</b> 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. If none, enter -0
EQUALITY FLORIDA	ST. PETERSBURG,			
ACTION PAC, INC.	FL 33733	**-***5568	75,000.	0.

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

 LHA
 SEE
 PART
 IV
 FOR
 CONTINUATION

Schedule C (Form 990 or 990-EZ) 2019

932041 11-26-19

Schedule C (Form 990 or 990-EZ) 2019 EQU	ALITY FI	ORIDA ACTIO	N, INC.		**8104 Page 2
Part II-A Complete if the organiza	ition is exe	mpt under section	n 501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)).					
A Check 🕨 🛄 if the filing organization be	•	• • •	n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share of expenses	, ,	1 ,			
B Check ▶ if the filing organization ch	ecked box A a	nd "limited control" pro	ovisions apply.		1
Limits on I (The term "expenditures	obbying Expe " means amo		)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to influence	oublic opinion	(grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influence	a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add lines 1a	and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (add	lines 1c and 1	d)			
f Lobbying nontaxable amount. Enter the a	mount from th	e following table in bot	h columns.		
If the amount on line 1e, column (a) or (b) is	The lo	obying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000,000	\$100,0	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,0	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,00	0 \$225,0	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	Over \$17,000,000 \$1,000,000.				
g Grassroots nontaxable amount (enter 259	6 of line 1f)				
h Subtract line 1g from line 1a. If zero or lea	s, enter -0-				
i Subtract line 1f from line 1c. If zero or les					
j If there is an amount other than zero on e	ither line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this year?					Yes No
(Some organizations that ma	de a section {	eraging Period Under 501(h) election do not rate instructions for li	have to complete all o	f the five columns be	elow.
I	obbying Expe	enditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

932042 11-26-19

### \*\*-\*\*\*8104 Page 3

# Schedule C (Form 990 or 990-EZ) 2019 EQUALITY FLORIDA ACTION, INC. \*\*-\*\*81 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 on lines 1a through 1i below, provide in Part IV a detailed description	(a	)	(b	)
	e lobbying activity.	Yes	No	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?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
	Total. Add lines 1c through 1i				
2a	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				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5	), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	Х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				X
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes."	No" OR (	b) Part I	II-A, line	3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
c	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pol				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Provi	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 li	st): Part II-/	A. lines 1 a	nd 2 (see	
	ictions); and Part II-B, line 1. Also, complete this part for any additional information. $T I - A$ , LINE 1:			·	
	E ORGANIZATION'S POLITICAL CAMPAIGN ACTIVITIES INCLU	DE: CO	NTRTR	UTION	
	A RELATED SECTION 527 POLITICAL ORGANIZATION; INTERV				
	NDIDATES ON ISSUES OF CONCERN FOR ORGANIZATION'S MEME				
DE\	VELOPMENT OF VOTER'S GUIDE; VOLUNTEER RECRUITMENT; AN	JD GOT	V EFF	ORTS.	

	(Form 990 or 990-EZ) 2019			ACTION,	INC.
Part IV	Supplemental Inforn	nation <sub>(continue</sub>	ed)		

PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:

EQUALITY FLORIDA ACTION PAC, INC.

P.O. BOX 13184 ST. PETERSBURG, FL 33733

Schedule C (Form 990 or 990-EZ) 2019

15390702 143399 331643

SCHEDULE D	)
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Department of the Treasury

Internal Revenue Service

<del>9</del> 0)

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

►Go to www.irs.gov/Form99	0 for instructions and the	e latest information.



-

Nam	e of the organization EQUALITY FLORIDA A	CTION, INC.	Employer identification number ** - ***8104
Pa		d Funds or Other Similar Fund	Is or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		vised funds
•	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 99	0. Part IV. line 7.
1	Purpose(s) of conservation easements held by the organizati		, ,
•	Preservation of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	of a historically important land area
	Protection of natural habitat	·	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the for	m of a conservation easement on the last
2	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		
b			
c	Number of conservation easements on a certified historic str	ucture included in (a)	
d	Number of conservation easements included in (c) acquired a		
u	listed in the National Register	-	
3	Number of conservation easements modified, transferred, rel		
5	year	leased, extinguished, or terminated by	the organization during the tax
4	Number of states where property subject to conservation eas	soment is located	
- <del>-</del> 5	Does the organization have a written policy regarding the per		
5	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
0	Stan and volunteer hours devoted to monitoring, inspecting,	handling of violations, and emotering of	diservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and onforcing conso	vation assemants during the year
'	S	aling of violations, and enforcing conser	valion easements during the year
8	Does each conservation easement reported on line 2(d) abov	a satisfy the requirements of section 1	
0		•	
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati		
9			
	balance sheet, and include, if applicable, the text of the footr	lote to the organization's infancial state	inents that describes the
Pa	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art. Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
10	If the organization elected, as permitted under FASB ASC 95		t and balance sheet works
Ia	of art, historical treasures, or other similar assets held for put	· ·	
	service, provide in Part XIII the text of the footnote to its final	, ,	•
h			
b	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	comption, education, or research in it	
			<b>a</b>
	(i) Revenue included on Form 990, Part VIII, line 1		
0		anuran or other similar assots for finan	
2	If the organization received or held works of art, historical tre		cial gain, provide
-	the following amounts required to be reported under FASB A	-	► ¢
a L	Revenue included on Form 990, Part VIII, line 1		
<u>a</u>	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	
932051 10-02-19	

21 2019.04000 EQUALITY FLORIDA ACTION, 331643\_1

Sche	dule D (Form 990) 2019 EQUALIT	Y FLORIDA Z	ACTION	, IN	IC.			**_**			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Histori	cal Tr	easures, or	Othe	r Simila	r Assets	contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check ar	y of the	following that	make s	ignificant	use of its		,	
	collection items (check all that apply):										
а	Public exhibition	c	l 🗌 Loa	an or ex	change progra	m					
b	Scholarly research	e	e 🗌 Otł	ner							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how they	further t	the organization	n's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, histo	ical trea	asures, or othe	r similar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrange		ete if the or	ganizati	on answered ""	Yes" on	Form 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Par										
<b>1</b> a	Is the organization an agent, trustee, custodi							_	٦.,		٦
-	on Form 990, Part X?							∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing tabl	e:					•		
_							4		Amoun	<u>t</u>	
с С	Beginning balance										
u	Additions during the year										
f	Distributions during the year Ending balance						. <u>ie</u> 1f				
' 2a	Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.							·····			]
Par							10.				
	· · · ·	(a) Current year	(b) Prio		(c) Two years			years back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, c	olumn (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment										
С		%									
	The percentages on lines 2a, 2b, and 2c show	•									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that ar	e held a	and administere	ed for th	ie organiz	ation	ĺ		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
<b>h</b>	(ii) Related organizations	tiona listad os raquir	ad on Cobe		• • • • • • • • • • • • • • • • • • • •				3a(ii) 3b		
ں ۸	Describe in Part XIII the intended uses of the								30		
Par	t VI Land, Buildings, and Equipm			15.							
	Complete if the organization answered		). Part IV. lir	ne 11a. S	See Form 990.	Part X.	line 10.				
	Description of property	(a) Cost or c			st or other		ccumulat	ed	(d) Boo	k valu	
		basis (investr		• •	s (other)	• •	preciation		,, 200		-
<b>1</b> a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment										
e	Other										
Tota	I. Add lines 1a through 1e. <i>(Column (d) must</i> e	qual Form 990, Part	<u>X. column (</u>	B). line	10c.)						0.
								Cabadula		- 000	0040

Schedule D (Form 990) 2019

		1000)	2010		2				
Schedule D	(Forn	n 990)	2019	E	OUA	LITY	FLORIDA	ACTION.	INC.

Part VII	Investments - Other Securities.			<u> </u>
	Complete if the organization answered "Yes"			
	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
	al derivatives			
	held equity interests			
(3) Other				
(A)				
<u>(B)</u>				
(C)				
<u>(D)</u>				
<u>(E)</u>				
(F)				
(G)				
	h) must aqual Form 000 Part V, col. (P) lina 12.)			
	b) must equal Form 990, Part X, col. (B) line 12.)			
· art viii	Complete if the organization answered "Yes"	on Form 000 Dart IV line	11a Saa Farm 000 Dart V lina 12	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1)		(2) 20011 12/00		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.		•	
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" ( (a) Description of liability	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
<u>1.</u>				(b) Book value
	leral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
		25.)		
•	mn (b) must equal Form 990, Part X, col. (B) line for uncertain tax positions. In Part XIII, provide	,		at reports the

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

Schedule D (Form 990) 2019

X

Sche	dule D (Form 990) 2019 EQUALITY FLORIDA ACTION, I			**_;	***8104	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reve	enue per Ret	urn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	408,	,539.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	408,	,539.
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	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		,539.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Exp	enses per R	eturr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total expenses and losses per audited financial statements			1	472,	<u>,976.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	<b>2</b> a				
b	Prior year adjustments	<b>2</b> b				
С	Other losses	. 2c				
d	Other (Describe in Part XIII.)	2d	270.			
е	Add lines 2a through 2d			2e		270.
3	Subtract line 2e from line 1			3	472,	,706.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	472	,706.
Pa	t XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 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 X, LINE 2:

THE ORGANIZATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A
TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE
CODE. INCOME EARNED IN FURTHERANCE OF THE ORGANIZATION'S TAX-EXEMPT
PURPOSE IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES. THE ORGANIZATION IS
TREATED AS A PUBLICALLY SUPPORTED ORGANIZATION, AND NOT AS A PRIVATE
FOUNDATION. THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF ASC TOPIC 740,
RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND DOES NOT
BELIEVE IT HAS ANY MATERIAL INCOME TAX EXPOSURE RELATING TO UNCERTAIN TAX
POSITIONS. THE ORGANIZATION'S TAX FILINGS ARE GENERALLY OPEN FOR
EXAMINATION BY TAXING AUTHORITIES FOR THREE YEARS AFTER THE DATE OF
FILING.
932054 10-02-19 Schedule D (Form 990) 2019

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## 15390702 143399 331643

Schedule D (Form 990) 2019	EQUALITY FLORIDA ACTION, INC.	**-**8104 Page 5
Part XIII Supplemental Ir	nformation (continued)	
PART XII LINE 2D	- OTHER ADJUSTMENTS:	
PROVISION FOR UNC	OLLECTIBLE PLEDGES	270.
		Schedule D (Form 990) 2019

932055 10-02-19

SCHEDULE I		Grants and Oth					OMB No. 1545-0047
(Form 990)		vernments, ar lete if the organizatio					2019
Department of the Treasury	Comp	lete il the organizatio	Attach to For		rt IV, III e 21 01 22.		Open to Public
Internal Revenue Service		► Go to www.ir	rs.gov/Form990 fo		nation.		Inspection
Name of the organization	FLORTDA A	CTION, INC.					Employer identification number **-**8104
Part I General Information on Grants a							0104
1 Does the organization maintain records	to substantiate the	e amount of the grants	or assistance. the	grantees' eligibility	for the grants or assis	stance, and the selection	on
criteria used to award the grants or assis							X Yes No
2 Describe in Part IV the organization's pro	ocedures for moni	toring the use of grant	funds in the United	l States.			
Part II Grants and Other Assistance to	Domestic Organi	zations and Domestic	<b>Governments.</b> C	Complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.		1	1
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
EQUALITY FLORIDA ACTION PAC, INC. P.O. BOX 13184 ST. PETERSBURG, FL 33733	**-***5568	527	75,000.	0.	N/A	N/A	lgbt advocacy
FLORIDA BUSINESSES FOR A							
COMPETITIVE WORKFORCE, INC 200							
W COLLEGE AVE, STE 210 -							LGBT NON-DISCRIMINATORY
TALLAHASSEE, FL 32301	**-***4273	501(C)(4)	50,000.	0.	N/A	N/A	PROTECTIONS
<ul><li>2 Enter total number of section 501(c)(3) a</li><li>3 Enter total number of other organization</li></ul>	•	•	e line 1 table				▶2.

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

### 932102 10-26-19

### Schedule I (Form 990) (2019)

## 27

# Schedule I (Form 990) (2019) EQUALITY FLORIDA ACTION, INC. Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

 (a) Type of grant or assistance
 (b) Number of recipients
 (c) Amount of cash grant
 (d) Amount of non-cash assistance
 (f) Description of noncash assistance

 (b) Number of recipients
 (c) Amount of cash grant
 (d) Amount of non-cash assistance
 (b) Number of (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 (c) Amount of cash grant
 (c) Amount of cash grant
 (c) Amount of cash grant
 (c) Amount of non-cash assistance

 (c) Amount of cash grant
 (c) Amount of cash grant
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 (c) Amount of non-cash assistance

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 (c) Amount of cash grant
 (c) Amount of cash grant

 (c) Amount of

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:

### PERIODIC PROGRESS AND FINANCIAL REPORTS ARE PROVIDED TO THE ORGANIZATION BY

THE 501(C)(4) GRANTEE.

## THE ORGANIZATION DOES NOT MONITOR HOW CONTRIBUTIONS TO THE SECTION 527

### ORGANIZATION ARE USED.

Page 2

\*\*-\*\*\*8104

SC	HEDULE J	Compensation Information		OMB No. 1	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	F	ົງດ	10	
-	-	Compensated Employees		ZU	19	J
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organizatio					mber
_			**_*	***810	4	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	_					
	Discretionary	spending account Personal services (such as maid, chauffei	ir, chet)			
	If any of the h	and the second second second section for the second section for the second section of the second s				
b	•					
•	•			1b		
2	-					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	Indianta which if a	are of the following the experimetion used to establish the companyation of the experimetion's				
3						
			JITIO			
			ommittee			
			ommittee			
4	During the year, did	any person listed on Form 990. Part VII. Section A. line 1a. with respect to the filing				
•						
а	-	-		4a		X
b						X
с						X
	Only section 501(	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	'n			
	contingent on the r	evenues of:				
а	The organization?			5a		X
	Any related organiz	ation?				X
	If "Yes" on line 5a	or 5b, describe in Part III.				
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
	-	-				
						X
b				<b>6b</b>		X
_						
7	-					v
~				7		X
8						v
~				8		X
9		EQUALITY FLORIDA ACTION, INC.           Auestions Regarding Compensation           Description           Auestions Regarding Compensation           are appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.           Auesticas or charter travel         Payments for business use of personal residence           Payments for business use of personal residence         Payments for business use of personal residence           Indemnification and gross-up payments         Personal services (such as maid, chauffeur, chef)           the boxes on line 1a are checked, did the organization follow a written policy regarding payment or memor provision of all of the expenses described above? If 'No,' complete Part III to explain companization require substantiation prior to reimbursing or allowing expenses incurred by all directors, and officers, including the CEO/Executive Director, regarding the tems checked on line 1a?           which, if any, of the following the organization used to establish the compensation of the corganization to compensation consultant         Written employment contract           mepsation committee         Written employment contract         Organization:           a severance payment from, a supplemental nonqualified retirement plan?         Mit the in, or receive payment from, a supplemental nonqualified retirement plan?           tei in, or receive payment from, a supplemental nonqualified retirement plan?         Mit the organization <td></td> <td></td>				
		Duestions Regarding Compensation         he appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         stclass or charter travel       Housing allowance or residence for personal use wel for companions         wel for companions       Payments for business use of personal residence k indemnification and gross-up payments         creationary spending account       Personal services (such as maid, chauffeur, chef)         the boxes on line 1a are checked, did the organization follow a written policy regarding payment or sement or provision of all of the expenses described above? If "No," complete Part III to explain organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?         which, if any, of the following the organization used to establish the compensation of the organization to a compensation of the CEO/Executive Director, but explain in Part III.         mpensation committee       X         Written employment contract         mpensation complexition       Approval by the board or compensation committee         where organizations       Approval by the board or compensation committee				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	iule J (Forn	n 990)	) 2019

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Schedule J (Form 990) 2019

\*\*-\*\*\*8104

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) NADINE SMITH	(i)	16,120.	2,000.	14.	960.	2,797.	21,891.	0.
CEO	(ii)	145,080.	18,000.	129.	8,644.	25,174.	197,027.	0.
(2) STRATTON POLLITZER	(i)	24,613.	4,500.	22.	1,433.	1,504.	32,072.	0.
DEPUTY DIRECTOR	(ii)	139,474.	25,500.	122.	8,121.	8,525.	181,742.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2019

### Page 3

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2019

(Form 990 or 990-EZ) <ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.</li> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> <li>Name of the organization</li> <li>EQUALITY FLORIDA ACTION, INC.</li> <li>Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.</li> <li>(a) Name of disqualified person</li> <li>(b) Relationship between disqualified person and organization</li> <li>(c) Description of transaction</li> <li>(d) Corrected?</li> <li>Yes</li> <li>Yes</li> <li>No</li> <li>(e) The torganization managers or disqualified persons during the year under section 4958</li> <li>There the amount of tax, if any, on line 2, above, reimbursed by the organization</li> <li>S Enter the amount of tax, if any, on line 2, above, reimbursed by the organization</li> <li>S Enter the amount of tax, if any, on line 2, above, reimbursed by the organization</li> <li>S Enter the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization</li> <li>S Enter the amount of tax, if any, on line 2, above, reimbursed by the organization</li> <li>S</li> <li>There the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization</li> <li>S Enter the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization</li> <li>S Enter the organization answered "Yes" on Form 990-EZ, Part V, line 38</li></ul>
Department of the Treasury Internal Revenue Service       Open To Public Inspection         Name of the organization       EQUALITY FLORIDA ACTION, INC.       Employer identification number **-***8104         Part I       Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).       (d) Corrected?         Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.       (d) Corrected?         1       (a) Name of disqualified person       (b) Relationship between disqualified person and organization       (c) Description of transaction       (d) Corrected?         Yes       No         2       Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958       \$ \$
Inspection       Inspection         Name of the organization       Equal ITY FLORIDA ACTION, INC.       Employer identification number ** - ***8104         Part I       Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).       Ecomplete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.         1       (a) Name of disqualified person       (b) Relationship between disqualified person and organization       (c) Description of transaction       (d) Corrected?         Yes       No       Ves       No       Ves       No         2       Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958       \$
EQUALITY FLORIDA ACTION, INC.       **-***8104         Part II       EQUALITY FLORIDA ACTION, INC.       **-***8104         Part II       Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).         Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.         1       (a) Name of disqualified person       (b) Relationship between disqualified person and organization       (c) Description of transaction       (d) Corrected?         Yes       No       (d) Corrected?         Yes       No       (a) Name of disqualified person and organization       (c) Description of transaction       (d) Corrected?         Yes       No       (d) Corrected?         Yes       No       (d) Corrected?         Yes       No       (a) Corrected?         Yes
Part I       Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.       (d) Corrected?         1       (a) Name of disqualified person       (b) Relationship between disqualified person and organization       (c) Description of transaction       (d) Corrected?         Yes       No         2       Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958       5
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.         1       (a) Name of disqualified person       (b) Relationship between disqualified person and organization       (c) Description of transaction       Yes       No         Image:
1       (a) Name of disqualified person       (b) Relationship between disqualified person and organization       (c) Description of transaction       (d) Corrected?         Ves       No       No       No       No         Ves       No       Ves       No       No         Ves       No       Ves       No       Ves       Ves       Ves         Ves       No       Ves       No       Ves       Ves       Ves       Ves         Ves
(a) Name of disqualified person       Yes       No         (a) Name of disqualified person       Yes       No         (a) Name of disqualified person       Yes       No         (b) No       (c) Description of transaction       Yes       No         (c) Description of transaction       Yes       No         (c) Description of transaction       Yes       No         (c) Description of transaction       Yes       No         (c) Description of transaction       Image: Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization
section 4958  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  \$ Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization
section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization
section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization
section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization
section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization
section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization
<ul> <li>3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization</li> <li>Part II</li> <li>Loans to and/or From Interested Persons.</li> <li>Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization</li> </ul>
Part II       Loans to and/or From Interested Persons.         Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization
reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of (b) Relationship (c) Purpose (d) Loan to or (e) Original (f) Balance due (g) In (h) Approved (i) Written
(a) Name of (b) Relationship (c) Purpose (d) Loan to or (e) Original (f) Balance due (g) In (h) Approved (i) Written interested person with organization of Ioan of Ioan of Ioan of Ioan of Ioan (i) Approved (i) Written organization?
To From Yes No Yes No Yes No
Гotal
Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.
(a) Name of interested person(b) Relationship between interested person and the organization(c) Amount of assistance(d) Type of 

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

Schedule L (Form 990 or 990-EZ) 2019

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**-***8104	Page <b>2</b>
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	(Form 990 or 990-EZ) 2019				INC.
Part IV	Business Transaction	ons Involving	Interested Pe	ersons.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DAVID BLOOM	BOARD MEMBER	11,147.	THE ORGANIZ		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DAVID BLOOM

(D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION PURCHASED PROMOTIONAL

PRODUCTS FROM A COMPANY OWNED BY THE BOARD MEMBER.

Schedule L (Form 990 or 990-EZ) 2019

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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.

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

OMB No. 1545-0047 **2019**Open to Public
Inspection

EQUALITY FLORIDA ACTION, INC.

Employer identification number \*\*-\*\*8104

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WE WORK TO PASS LEGISLATION AND LOCAL POLICIES THAT WOULD BENEFIT

FLORIDA'S LGBT COMMUNITY, AND TO OPPOSE UNFAVORABLE LEGISLATION AND

POLICIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

OUR FEDERAL ENGAGEMENT ALSO ADDED FIREPOWER TO THE PUSH FOR THE

EQUALITY ACT, WHICH SUCCESSFULLY PASSED THE U.S. HOUSE OF

REPRESENTATIVES. EQUALITY FLORIDA LAUNCHED AN INTEGRATED EMAIL AND

SOCIAL MEDIA PROGRAM THAT EDUCATED OUR MEMBERSHIP AND SHOWCASED PUBLIC

SUPPORT FOR THE LEGISLATION. ULTIMATELY, WE HELPED SECURE THE SOLE VOTE

OF SUPPORT FROM A FLORIDA REPUBLICAN WHO WAS ONE OF JUST EIGHT

REPUBLICANS TO VOTE IN FAVOR OF THE EQUALITY ACT.

OUR PRIMARY STATE POLICY FOCUS IN 2019 WAS DEFENDING AGAINST ATTACKS ON

EXISTING LGBTQ RIGHTS AND ADVANCING THE NONDISCRIMINATION PROTECTIONS

OF THE FLORIDA COMPETITIVE WORKFORCE ACT (FCWA). WE SUCCEEDED IN

MAINTAINING OUR RECORD OF DEFEATING OR NEUTRALIZING EVERY ANTI-LGBTQ

BILL IN THE LEGISLATURE, BUILDING NEW SUPPORT FOR THE FLORIDA

COMPETITIVE WORKFORCE ACT, AND MAKING TREMENDOUS PROGRESS ON ANOTHER

LEGISLATIVE PRIORITY - HIV MODERNIZATION.

ON THE LOCAL LEVEL, VICTORIES THIS YEAR INCLUDE TAMPA ADDING SEXUAL

ORIENTATION AND GENDER IDENTITY PROTECTIONS TO ITS CITY CHARTER,

ALACHUA COUNTY'S BAN ON CONVERSION THERAPY, AND ST. PETERSBURG ADDING

GENDER IDENTITY PROTECTIONS TO SEVERAL CITY PROGRAMS, AND ADDING LGBTQ

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19
 33

33

PAYROLL RELATED RETURNS (EIN: **-*****). THE SALARIES AND RELATED
EXPENSES REPORTED IN PART IX, LINES 5 THROUGH 10, REPRESENT THE
EMPLOYEE EXPENSES ALLOCATED TO THIS ORGANIZATION.
FORM 990, PART VI, SECTION A, LINE 4:
CHANGES TO THE ORGANIZATION'S BY-LAWS WERE MADE ON DECEMBER 7, 2019.
CHANGES TO THE BYLAWS INCLUDE:
-CLARIFIED WORDING ON THE INVITATION FOR A BOARD MEMBER'S THIRD TERM
-WORDING ADDED TO ALLOW FOR VIRTUAL BOARD MEETING ATTENDANCE
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS FIRST REVIEWED BY THE CEO, TREASURER, AND FINANCE COMMITTEE.
THE FORM IS THEN DISTRIBUTED TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND
COMMENT PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING
BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST,
MUST DISCLOSE THE EXISTENCE OF THE ACTUAL OR POSSIBLE FINANCIAL INTEREST
IMMEDIATELY UPON DISCOVERY. PROCEDURES FOR ADDRESSING THE CONFLICT ARE
DOCUMENTED IN THE MINUTES. THE MINUTES SHALL CONTAIN: (A) THE NAMES OF THE
932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019) 34

INSTITUTE, INC. (EFI), A RELATED 501(C)(3) ORGANIZATION. EFI FILES ALL

FORM 990, PART V, LINES 2A - NUMBER OF EMPLOYEES:

EQUALITY FLORIDA ACTION, INC.

THE ORGANIZATION'S EMPLOYEES ARE COMPENSATED BY EQUALITY FLORIDA

BUSINESSES TO ITS MINORITY-BUSINESS ASSISTANCE PROGRAM.

15390702 143399 331643

2019.04000 EQUALITY FLORIDA ACTION, 331643\_1

Page 2

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization EQUALITY FLORIDA ACTION, INC.	Employer identification number **-**8104
PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A FI	NANCIAL INTEREST
IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTER	EST, THE NATURE
OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE W	HETHER A CONFLICT
OF INTEREST WAS PRESENT, AND THE DECISION AS TO WHETHER A	CONFLICT OF
INTEREST IN FACT EXISTED; AND (B) THE NAMES OF THE PERSONS	WHO WERE PRESENT
FOR DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION OR A	RRANGEMENT, THE
CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO T	HE PROPOSED
TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKE	N IN CONNECTION
WITH THE PROCEEDINGS. THE CONFLICT OF INTEREST POLICY IS R	EVIEWED ANNUALLY
WITH ALL INTERESTED PERSONS.	

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

THE CEO'S COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. THE PROCESS INCLUDES APPROVAL BY PERSONS WITHOUT A CONFLICT OF INTEREST, USE OF COMPARABILITY DATA, AND RECORDING COMPENSATION DELIBERATIONS. RELEVANT INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO, COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS, THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA OF THE ORGANIZATION, CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS, AND ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS COMPETING FOR THE SERVICES OF THE COMPENSATED PERSON. REVIEW AND APPROVAL IS PROMPTLY RECORDED IN THE MINUTES AND CONTAIN: (A) THE TERMS OF THE COMPENSATION AND DATE APPROVED; (B) THE NAMES OF THE MEMBERS WHO WERE PRESENT AND VOTED ON THE COMPENSATION; (C) THE COMPARABILITY DATA OBTAINED AND RELIED UPON, AND HOW IT WAS OBTAINED; (D) ANY ACTION TAKEN WITH RESPECT TO CONSIDERATION OF THE COMPENSATION BY A MEMBER WHO HAD A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION; AND (E) IF THE REASONABLE COMPENSATION IS HIGHER OR LOWER THAN THE RANGE OF COMPARABILITY DATA OBTAINED, AND THE BASIS FOR THE Schedule O (Form 990 or 990-EZ) (2019) 932212 09-06-19 35

2019.04000 EQUALITY FLORIDA ACTION,

Name of the organization EQUALITY FLORIDA ACTION, INC.	Employer identification numb **-**8104
DECISION. THE CURRENT SALARY OF OUR CEO HAS BEEN F	OUND TO BE IN THE
MID-RANGE OF RESEARCHED SALARIES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CO	NFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE	PUBLIC UPON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CANVASSERS (VOTER REGISTRATION):	
PROGRAM SERVICE EXPENSES	20,344.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
FOTAL EXPENSES	20,344.
GRAPHIC DESIGN SERVICES:	
PROGRAM SERVICE EXPENSES	11,752.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,752.
MEDIA SERVICE FEES:	
PROGRAM SERVICE EXPENSES	1,275.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0 .
FOTAL EXPENSES	1,275.
SURVEY RESEARCH:	

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization EQUALITY FLORIDA ACTION, INC.	Page 2 Employer identification number **-**8104
EQUALITY FLORIDA ACTION, INC.	
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	25,800.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	59,171.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PROVISION FOR UNCOLLECTIBLE PLEDGES	-270.
FORM 990, PART XII, LINE 2C:	
THE FINANCE COMMITTEE APPROVES THE RFP, REVIEWS PROPOSALS	, AND SELECIS
THE INDEPENDENT CPA FIRM. THE CPA FIRM COMMUNICATES DIREC	TLY WITH THE
FINANCE COMMITTEE DURING REVIEW PLANNING WITH RESPECT TO	THE EXPECTED
TIMING AND SCOPE OF THE REVIEW AND AT THE CONCLUSION OF T	HE REVIEW WITH
RESPECT TO VARIOUS QUALITATIVE ASPECTS OF THE REVIEW, DIF	FICULTIES
ENCOUNTERED, AND ANY SIGNIFICANT FINDINGS. THIS PROCESS HA	AS NOT CHANGED
FROM THE PRIOR YEAR.	

932212 09-06-19

SCHEDULE	R
(= 000)	

### (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

OMB No. 1545-0047

2019 Open to Public Inspection

Employer identification number \*\*-\*\*8104

Department of the Treasury Internal Revenue Service

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

Name of the organization

### EQUALITY FLORIDA ACTION, INC.

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

# Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
EQUALITY FLORIDA INSTITUTE, INC	CIVIL RIGHTS EDUCATION						
**-*******, P.O. BOX 13184, ST PETERSBURG,	DEDICATED TO EQUALITY FOR						
FL 33733	THE LGBT COMMUNITY	FLORIDA	501(C)(3)	LINE 7	N/A		х
EQUALITY FLORIDA, INC **-******	CIVIL RIGHTS ADVOCACY						
P.O. BOX 13184	DEDICATED TO EQUALITY FOR						
ST PETERSBURG, FL 33733	THE LGBT COMMUNITY	FLORIDA	501(C)(4)		N/A		x
EQUALITY FLORIDA ACTION PAC, INC	POLITICAL ACTION COMMITTEE						
**_*******, P.O. BOX 13184, ST PETERSBURG,	DEDICATED TO ELECTING						
FL 33733	PRO-EQUALITY CANDIDATES	FLORIDA	527		N/A		х
	]						

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

Schedule R (Form 990) 2019

## Schedule R (Form 990) 2019 EQUALITY FLORIDA ACTION, INC.

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)			
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Direct controlling entity	Direct controlling entity	Direct controlling entity	entity (related, unrelated, excluded from tax under	Int income Share of total income income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10			
	-													
	-													
										+				
	-													
	1													
	1													
	4													

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?
		country)		0				Yes	No
									$\square$

# Schedule R (Form 990) 2019 EQUALITY FLORIDA ACTION, INC.

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
1	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?										
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity										
	b Gift, grant, or capital contribution to related organization(s)										
с	c Gift, grant, or capital contribution from related organization(s)										
	Loans or loan guarantees to or for related organization(s)				1d	X					
	Loans or loan guarantees by related organization(s)				1e		Х				
f	Dividends from related organization(s)				1f		Х				
g	Sale of assets to related organization(s)				1g		Х				
	Purchase of assets from related organization(s)				1h		Х				
i	Exchange of assets with related organization(s)				1i		Х				
j Lease of facilities, equipment, or other assets to related organization(s)											
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х				
I	Performance of services or membership or fundraising solicitations for related organi				11	X					
m	Performance of services or membership or fundraising solicitations by related organi				1m		Х				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	X					
	Sharing of paid employees with related organization(s)				10	X					
р	Reimbursement paid to related organization(s) for expenses				1p	X					
	Reimbursement paid by related organization(s) for expenses				1q		Х				
r Other transfer of cash or property to related organization(s)											
s Other transfer of cash or property from related organization(s)											
2	If the answer to any of the above is "Yes," see the instructions for information on wh				-		·				
			(0)	(4)							

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
<u>(1)</u>			
<u>(2)</u>			
(3)			
<u>(4)</u>			
(5)			
<u>(</u> 6)			

## Schedule R (Form 990) 2019 EQUALITY FLORIDA ACTION, INC.

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partne 501( org <b>Yes</b>	e) all rs sec. c)(3) s.? <b>No</b>	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(ř Dispr tior allocat <b>Yes</b>	n) opor- late tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne <b>Yes</b>	N or Pe ing or? ON	<b>(k)</b> ercentage ownership

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Provide additional information for responses to questions on Schedule R. See instructions.

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