

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2020

PREPARED FOR:

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

PREPARED BY:

CBIZ MHM, LLC 140 FOUNTAIN PKWY N, STE 410 ST. PETERSBURG, FL 33716

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 COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

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 15, 2021.

8879-FC

IRS e-file Signature Authorization for an Exempt Organization

0	MB No	. 1545-0047	7

For calendar year 2020, or fiscal year beginning

, 2020, and ending , 2

2020

Department of the Treasury Internal Revenue Service ▶ Do not send to the IRS. Keep for your records.

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

Name of exempt organization or person subject to tax

Taxpayer identification number

EQUALITY FLORIDA	INSTITUTE,	INC.
------------------	------------	------

59-3435235

Name and title of officer or person subject to tax

NADINE SMITH

CEO

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

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**, **5a**, **6a**, or **7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, **5b**, **6b**, or **7b**, 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.

return, then enter -0- on the applicable line below. Do not complete t	nore than one line in Part I.		
1a Form 990 check here ▶ X b Total revenue, if any (Form	n 990, Part VIII, column (A), line 12)	1b6	5,783,434.
2a Form 990-EZ check here b Total revenue, if any (F	Form 990-EZ, line 9)	2b	
	20-POL, line 22)		
4a Form 990-PF check here b Tax based on investment	ent income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here b Balance due (Form 886	68, line 3c)	5b	
	Part III, line 4)		
. \square	Part III, line 1)		
Part II Declaration and Signature Authorization	of Officer or Person Subject to Tax		
Under penalties of perjury, I declare that X I am an officer of the a	above organization or I am a person subj	ect to tax with re	spect to
(name of organization)	, (EIN)	and that I h	nave examined a co
of the 2020 electronic return and accompanying schedules and state true, correct, and complete. I further declare that the amount in Part I consent to allow my intermediate service provider, transmitter, or ele	I above is the amount shown on the copy of the ectronic return originator (ERO) to send the retu	e electronic return Irn to the IRS and	

or true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

X lauthorize CBIZ MHM, LLC	X I authorize	CBIZ	MHM,	LLC
----------------------------	---------------	------	------	-----

to enter my PIN

35235

ERO firm name

Enter five numbers, but

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

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.

50465100222

Do not enter all zero:

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature $ightharpoonup CBIZ_MHM$, LLC

Date -

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

** PUBLIC DISCLOSURE COPY **

Department of the Treasury

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.

A For the 2020 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change EQUALITY FLORIDA INSTITUTE, INC. Name change 59-3435235 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated P.O. BOX 13184 (813)870-37357,326,292. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 33733-3184 ST PETERSBURG, FL H(a) Is this a group return Applica-tion pending F Name and address of principal officer: NADINE SMITH for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or) ◀ (insert no.) If "No," attach a list. See instructions J Website: ► WWW.EOFLI.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1997 M State of legal domicile: FL Part I Summary Briefly describe the organization's mission or most significant activities: CIVIL RIGHTS EDUCATION DEDICATED **Activities & Governance** TO EQUALITY FOR THE LESBIAN, GAY, BISEXUAL & TRANSGENDER COMMUNITY if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 1500 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 3,083,653. 6,381,698. Contributions and grants (Part VIII, line 1h) 8 260,578. 489,569. Program service revenue (Part VIII, line 2g) 24,007. 27,354. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 113,804. -164,823. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 3,432,406. 6,783,434. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 67,327. 329,500. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,355,650. 2,511,567. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 41,522. 52,399. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,128,744. 825,944. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,604,120. 3,708,533. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -171,714. 3,074,901. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 2,269,039. 5,401,007. 20 Total assets (Part X, line 16) 353,622**.** 366,559 21 Total liabilities (Part X, line 26) 三年 915,417. 5,034,448 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign NADINE SMITH, Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature PAUL DUNHAM P00100222 Paid self-employed Firm's name ► CBIZ MHM, LLC Firm's EIN ▶ 27-3605969 Preparer Firm's address 140 FOUNTAIN PKWY N, STE 410 Use Only Phone no. 727-572-1400 ST. PETERSBURG, FL 33716 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	EQUALITY FLORIDA INSTITUTE IS THE EDUCATIONAL ARM OF THE LARGEST CIVIL
	RIGHTS ORGANIZATION IN FLORIDA DEDICATED TO ENDING DISCRIMINATION
	BASED ON SEXUAL ORIENTATION AND GENDER IDENTITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1, 833, 221. including grants of \$10, 500.) (Revenue \$\$
	EDUCATION:
	SAFE & HEALTHY SCHOOLS: IN 2020, WE PROVIDED TRAINING TO 4,702 SCHOOL
	PRINCIPALS AND DISTRICT LEADERS ON LIFE-SAVING BEST PRACTICES FOR
	LGBTQ+ YOUTH. WE HOSTED THE 7TH ANNUAL ALL TOGETHER NOW CONFERENCE, AND
	EXPERIENCED A DOUBLING OF ATTENDANCE TO 510 HIGH-LEVEL SCHOOL
	ADMINISTRATORS, REPRESENTING 51 OF 67 SCHOOL DISTRICTS, A 39% INCREASE.
	KEYNOTE ADDRESSES WERE GIVEN BY THE STATE OF FLORIDA'S CHANCELLOR OF
	EDUCATION AND VICE PRESIDENT OF THE NATIONAL EDUCATION ASSOCIATION.
	(CONTINUED ON SCHEDULE O)
	·
4b	(Code:) (Expenses \$ 500 , 896 . including grants of \$ 6 , 000 .) (Revenue \$
	MOBILIZATION:
	FIELD: OUR FIELD AND COMMUNICATIONS TEAM RECRUITED 400 VOLUNTEERS,
	ADDED 15,000 NEW MEMBERS & SUPPORTERS, AND CONVINCED 109,000
	PRO-EQUALITY VOTERS WHO DID NOT PARTICIPATE IN THE 2016 ELECTION TO
	CAST THEIR BALLOTS EARLY IN THE 2020 PRESIDENTIAL ELECTION.
4c	(Code:) (Expenses \$ 442,251. including grants of \$ 300,000.) (Revenue \$
	ADVOCACY:
	LOCAL LEVEL: WORKED WITH LOCAL GOVERNMENTS TO RECOGNIZE
	NONDISCRIMINATION ON THE BASIS OF SEXUAL ORIENTATION AND GENDER
	IDENTITY IN EXISTING SEX-BASED NONDISCRIMINATION POLICIES
	STATE LEVEL: CONVENED THE FIRST-EVER ROUTINE GATHERING OF LEADERS
	IDENTIFYING AND ADDRESSING KEY ISSUES FOR THE LGBTQ COMMUNITY, WITH
	PARTICIPATION FROM MORE THAN 50 LEADERS INCLUDING FEDERAL, STATE, AND
	LOCAL ELECTED OFFICIALS, STATE AGENCY REPRESENTATIVES, AND LGBTQ, HIV,
	AND REPRODUCTIVE FREEDOM ORGANIZATION LEADERS
	(CONTINUED ON SCHEDULE O)
44	Other program services (Describe on Schedule O.)
→u	(Expenses \$ 392,182 • including grants of \$ 13,000 •) (Revenue \$ 61,262 •)
40	Total program service expenses ► 3,168,550.
70	Total program control oxportions

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
•	Schedule D, Part III	<u> </u>		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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	X	
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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
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		Х
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		х
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	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	i .		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u>. </u>		
13	·	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a		20a 20b		 ^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21		04	Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Λ	<u> </u>

EQUALITY FLORIDA INSTITUTE, INC. 59-3435235 Page 4 Form 990 (2020) Part IV | Checklist of Required Schedules (continued) Yes No 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 Х 22 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 Х 23 Schedule J 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 Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Х 28c "Yes," complete Schedule L, Part IV Х 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? |f "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 Х If "Yes," complete Schedule R, Part V, line 2 36 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 Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schodula O contains a response or note to any line in this Bart V

	Check if Schedule O contains a response of note to any line in this Fart v				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 2	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			
	(gambling) winnings to prize winners?		1c	X	

032004 12-23-20

Form 990 (2020) EQUALITY FLORIDA INSTITUTE, INC.

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

	. Idonardo		Yes	NI-
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		res	No
Za	filed for the calendar year ending with or within the year covered by this return 2a 54			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За		За		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		 -
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	NT /	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/ N/	_
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	11/	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	sponsoring organization have excess business holdings at any time during the year? N/A 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 N/A 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		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c			
с 14а		14a		х
b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		├ <u></u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
			~~~	

Form **990** (2020)

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 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b				
	officer division to the control of t	2		Х
3				
	of efficient diseases, to observe a large configuration of a second co	3		Х
4		4		Х
5		5		Х
6	Did the assessing time to assess and as the latest O	6		Х
7a				
		7a		х
b				
-	and the second of the second o	7b		х
8				
		8a	Х	
_				
_		9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )			
	This decide b requests information about policies not required by the internal hereful decide.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	•			
		10b		
11a		11a	Х	
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	12a	Х	
	,	12b	Х	
		12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	•	14	Х	
15	•			
а		15a	Х	
		15b	Х	
	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 arrangement with a			
		16a		Х
b				
		16b		
Sec				
17	List the states with which a copy of this Form 990 is required to be filed ▶FL, CA, NY, WA			
18		only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
19		financ	cial	
tale Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated troad authority to an executive committee or similar committee, explain on Schedule 0.  ■ Enter the number of voting members included on line 1a, above, who are independent  ■ 2  □ Did any officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, directors, trustees, or key employees to a management company or other person?  ■ Did the organization make any significant changes to its governing documents since the prior Form 990 was filled?  ■ Did the organization have members or stockholders?  ■ Did the organization have members a stockholders?  ■ Did the organization have members a stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  ■ Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  ■ Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  ■ The governing				

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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.

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

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

(A) Name and title	(B) Average hours per	box	not c , unle:	Posi heck i ss per id a di	ition more rson is	than o	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) NADINE SMITH CEO	30.00			Х				155,724.	51,908.	40,723.
(2) STRATTON POLLITZER	30.00									
DEPUTY DIRECTOR	10.00			х				156,849.	52,283.	22,779.
(3) JOSEPH SAUNDERS	16.00									
SR POLITICAL DIRECTOR	24.00	1				x		40,168.	60,251.	13,781.
(4) ANASTASIA HIOTIS	0.80							,	•	•
CHAIR		Х						0.	0.	0.
(5) VICTOR DIAZ-HERMAN	0.70									
TREASURER	0.70	Х						0.	0.	0.
(6) DANNY HUMPHRESS	0.60									
SECRETARY	0.60	Х						0.	0.	0.
(7) SELISSE BERRY	0.50									
DIRECTOR	0.50	Х						0.	0.	0.
(8) SUSAN BOTTCHER	0.50									
DIRECTOR	0.50	Х						0.	0.	0.
(9) ANGUS BRADSHAW	0.50									
DIRECTOR (8/15/20-12/31/20)	0.50	Х						0.	0.	0.
(10) NATHAN BRUEMMER	0.50									
DIRECTOR	0.50	Х						0.	0.	0.
(11) JEFF DELMAY	0.60								_	_
DIRECTOR	0.80	Х						0.	0.	0.
(12) DANA FARMER	0.50									
DIRECTOR	0.50	Х						0.	0.	0.
(13) PAULINE PARRISH	0.50									
DIRECTOR	0.50	Х						0.	0.	0.
(14) BARBARA SIGNER	0.50									_
DIRECTOR (4/1/20-12/31/20)	0.50	Х				_		0.	0.	0.
(15) DONN SMITH-LOPEZ	0.50								_	_
DIRECTOR (16) PAN MAN TIGE		Х				_		0.	0.	0.
(16) DAN VAN TICE	0.50	٠,							<b>^</b>	_
DIRECTOR (17) MEDIU EDIEDMAN	0.50	V	$\vdash$				-	0.	0.	0.
(17) MERYL FRIEDMAN DIRECTOR (1/1/20-8/31/20)	0.50	v							0.	^
DIRECTOR (1/1/20-8/31/20)	0.80	X					<u> </u>	0.	U •	0 <b>.</b> Form <b>990</b> (2020)

Form **990** (2020)

Part VII   Section A. Officers, Directors, Trus (A)	(B)				C)			(D)	(E)	$\Box$	(F)	
Name and title	Average	Position (do not check more than one						Reportable	Reportable		Estimat	ed
Tune and the	hours per					than o		compensation	compensation		amount	
	week		cer an	id a di	irecto	r/trus	tee)	from	from related		other	
	(list any	ector						the	organizations		compens	
	hours for related	or dir	96			ated		organization	(W-2/1099-MISC	)	from th	
	organizations	ustee	trust		9	suedu		(W-2/1099-MISC)			organiza and rela	
	below	lual tr	tional		ploye	st con	_				organizat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizat	10113
(18) DAVID BLOOM	0.50	=	=	0	포	Τ 0	4			+		
DIRECTOR (1/1/20-8/31/20)	0.50	Х						0.	(	o.		0.
										$\perp$		
		1										
		<u> </u>								$\dashv$		
		4										
										+		
		1										
										+		
		1										
										$\top$		
										$\dashv$		
		1										
								252 741	164 44	+	77 0	0.2
1b Subtotal								352,741.	164,442	<u>2 ·  </u>	77,2	0.
c Total from continuation sheets to Part VI								352,741.	164,442		77,2	
d Total (add lines 1b and 1c)  2 Total number of individuals (including but n							O re			- •	, , , 2	05.
compensation from the organization	ot illilited to th	1030	11310	u ac	,000	,, vvii	010	cerved more than \$100,	ood of reportable			2
compensation from the organization											Yes	No
3 Did the organization list any former officer.	director, trust	ee, k	ey e	empl	ove	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual		•		•		Ū		•		3	Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual		L	4 X	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," con	plete Schedul	e J f	or su	ıch r	oers	on .				<u>L</u>	5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	=	-							· · · · · · · · · · · · · · · · · · ·	nsatio	on from	
the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith c	or wi	thin		ear.			
(A) Name and business	address							( <b>B</b> ) Description of s	ervices	Co	(C) mpensatio	n
HUDSON BAY COMPANY OF ILI								Description of s	CIVICCS		прспван	<i>7</i> 11
941 O STREET, STE 625, LI		NF.	6	85				PHONE CANVAS	3		124,5	65.
<u> </u>	11001117			<del></del>	<del></del>		T	LIIONE CIEVILO			121/5	<u> </u>
							ļ					
2 Total number of independent contractors (i	ncludina but n	ot lir	nited	d to t	thos	se lis	ted	above) who received mo	re than			

Form **990** (2020)

		Check if Schedule O contains a response or	note to any lin	ne in this Part VIII			
		Officer if ochedule o contains a response of	note to any in	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ts s	1 a	a Federated campaigns1a					
ī ar	ŀ	b Membership dues1b					
e, E	(	c Fundraising events 1c 8	364,056.				
ifts Ir A		d Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	•		53,000.				
Sic	ì	f All other contributions, gifts, grants, and					
ĒΈ	'		64,642.				
들됨				-			
E D	9		46,685.	5 221 522			
<u>5</u> <u>5</u>		h Total. Add lines 1a-1f		6,381,698.			
		<u></u>	Business Code				
Φ	2 8	a REGISTRATION FEES	813311	138,553.	138,553.		
Ş		b GALA EVENTS	813311	122,025.	122,025.		
še							
n S		c					
a Be	(	d					
Program Service Revenue	•	e					
Δ.		f All other program service revenue					
		g Total. Add lines 2a-2f		260,578.			
	3	Investment income (including dividends, interest	t, and				
		other similar amounts)		25,158.			25,158.
	4	Income from investment of tax-exempt bond pro					-
	5	Royalties					
	J	(i) Real	(ii) Personal				
	•		(ii) i crooriai	-			
		a Gross rents 6a		-			
		b Less: rental expenses 6b					
	(	c Rental income or (loss) 6c					
	(	d Net rental income or (loss)	<b>)</b>				
	7 a	Gross amount from sales of     (i) Securities	(ii) Other				
		assets other than inventory 7a 430,026.					
	ı	<b>b</b> Less: cost or other basis					
Ф		and sales expenses <b>7ь 427,830.</b>					
Ĭ.		c Gain or (loss) 7c 2,196.		1			
Revenue	,	. ,		2,196.			2,196.
ĕ		d Net gain or (loss)	·····	4,190.			2,190.
her	8 8	a Gross income from fundraising events (not					
ŏ		including \$864,056. of					
		contributions reported on line 1c). See					
		Part IV, line 188a	66,626.				
	ŀ		15,028.				
		c Net income or (loss) from fundraising events	•	-48,402.			-48,402.
		a Gross income from gaming activities. See					,
	9 6						
		Part IV, line 19 9a		-			
		b Less: direct expenses9b					
		c Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
	ŀ	b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory	<b></b>				
			Business Code				
ns	44 .	a EMPLOYEE RETENTION TAX	900099	157,624.			157,624.
e ee	116			13,,021			<u> </u>
llar ren		b					
3e Se	(	c	000000	4 500			4 500
Miscellaneous Revenue	(	d All other revenue	900099	4,582.			4,582.
$\perp$	•	e Total. Add lines 11a-11d		162,206.			
	12	Total revenue. See instructions	<b>)</b>	6,783,434.	260,578.	0.	141,158.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
	Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21	329,500.	329,500.					
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22							
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors,	260 100	205 656	00 106	10 426			
	trustees, and key employees	360,198.	327,656.	22,106.	10,436.			
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	1 752 202	1 560 310	00 006	02 717			
7	Other salaries and wages	1,753,323.	1,560,310.	99,296.	93,717.			
8	Pension plan accruals and contributions (include	05 335	00 001	7 006	E 270			
_	section 401(k) and 403(b) employer contributions)	95,335.	82,931.	7,026.	5,378.			
9	Other employee benefits	147,969. 154,742.	137,606. 138,291.	1,486.	8,877. 7,571.			
10	Payroll taxes	154,742.	130,291.	8,880.	7,571.			
11	Fees for services (nonemployees):							
	Management	425.		425.				
b	Legal	16,380.		16,380.				
	Accounting	10,300.		10,300.				
	Lobbying	41,522.			41,522.			
e	Professional fundraising services. See Part IV, line 17	3,212.		3,212.	41,322.			
f	Other. (If line 11g amount exceeds 10% of line 25,	J, Z1Z•		5,212.				
g	column (A) amount, list line 11g expenses on Sch 0.)	376,989.	282,354.	53,600.	41,035.			
12	Advertising and promotion	35,904.	13,160.	·	22,744.			
13	Office expenses	169,756.	102,670.	16,592.	50,494.			
14	Information technology	58,000.	52,327.	3,938.	1,735.			
15	Royalties							
16	Occupancy	49,859.	37,621.	10,400.	1,838.			
17	Travel	28,813.	26,659.	2,154.				
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	75,985.	72,617.	1,266.	2,102.			
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	3,993.	3,993.					
23	Insurance	5,479.		5,479.				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)							
а								
b								
С								
d		1 1 1 2						
е	All other expenses	1,149.	855.	294.	007 440			
25	Total functional expenses. Add lines 1 through 24e	3,708,533.	3,168,550.	252,534.	287,449.			
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.	441 136	244 762	_	106 368			
	Check here X if following SOP 98-2 (ASC 958-720)	441,136.	244,769.	0.	196,367.			

032010 12-23-20

ı aı	ιλ	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			77,656.	1	164,778.
	2	Savings and temporary cash investments			459,864.	2	3,465,060.
	3	Pledges and grants receivable, net		279,915.	3	1,066,138.	
	4	Accounts receivable, net			4,050.	4	100,150.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial o	ontributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqui	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B ::			59,561.	9	21,957.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	24,454.			
	b	Less: accumulated depreciation	10b	13,462.	14,985.	10c	10,992.
	11	Investments - publicly traded securities			1,361,279.	11	372,322.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			11,729.	15	199,610.
	16	Total assets. Add lines 1 through 15 (must ed			2,269,039.	16	5,401,007.
	17	Accounts payable and accrued expenses			251,508.	17	322,765.
	18	Grants payable				18	
	19	Deferred revenue			100,757.	19	30,950.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
တ	22	Loans and other payables to any current or fo	rmer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial o	ontributor, or 35%			
abil		controlled entity or family member of any of th	ese pers	ons		22	
Ë	23	Secured mortgages and notes payable to unre	elated thi	d parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third	oarties		24	
	25	Other liabilities (including federal income tax,	oayables	to related third			
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D			1,357.	25	12,844.
	26	Total liabilities. Add lines 17 through 25			353,622.	26	366,559.
		Organizations that follow FASB ASC 958, c	neck her	e ▶ X			
ses		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			1,083,599.	27	3,485,831.
Ва	28	Net assets with donor restrictions			831,818.	28	1,548,617.
pur		Organizations that do not follow FASB ASC	958, che	ck here 🕨 🗌			
표		and complete lines 29 through 33.					
S OI	29	Capital stock or trust principal, or current fund	ls			29	
set	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	income,	or other funds		31	
Ret	32	Total net assets or fund balances			1,915,417.	32	5,034,448.
	33	Total liabilities and net assets/fund balances			2,269,039.	33	5,401,007.

Form **990** (2020)

Form	1990 (2020) EQUALITY FLORIDA INSTITUTE, INC.	59-	-34352	35	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		783		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,	708	3,5	33.
3	Revenue less expenses. Subtract line 2 from line 1	3		074		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	915	<b>,</b> 4:	<u>17.</u>
5	Net unrealized gains (losses) on investments	5		46	5,5	31.
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		2	2,4	01.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	5,	034	1,4	<u>48.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O	).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	dit			
	Act and OMB Circular A-133?			3a		х

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

032012 12-23-20

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **Employer identification number** EQUALITY FLORIDA INSTITUTE, 59-3435235 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sed	ction A. Public Support						_
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	12699271.	2872187.	3671552.	3083653.	6381698.	28708361.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1000000	0050105	0.654.550	22225	5001500	0000000
	Total. Add lines 1 through 3	12699271.	2872187.	3671552.	3083653.	6381698.	28708361.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						2202050
_	column (f)						2203050.
	Public support. Subtract line 5 from line 4.						26505311.
		(a) 2016	(b) 0017	(a) 0010	(4) 2010	(a) 2020	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2016 12699271.	(b) 2017 2872187.	(c) 2018 3671552.	(d) 2019 3083653.	(e) 2020 6381698	(f) Total 28708361.
	Gross income from interest,	12055271.	2072107	3071332.	3003033.	0301030.	207003011
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	9,491.	3,162.	5,069.	24,772.	25,158.	67,652.
9	Net income from unrelated business	J / 15 1 3	<u> </u>				0.,0020
•	activities, whether or not the						
	business is regularly carried on				4,150.		4,150.
10	Other income. Do not include gain				•		
	or loss from the sale of capital						
	assets (Explain in Part VI.)	6,633.	15,227.				21,860.
11	<b>Total support.</b> Add lines 7 through 10						28802023.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12 2	,148,327.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	D1(c)(3)	
	organization, check this box and sto						<b>&gt;</b>
	ction C. Computation of Publ						
	Public support percentage for 2020 (					14	92.03 %
	Public support percentage from 2019					15	95.69 %
16a	33 1/3% support test - 2020. If the						
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2019. If the	•		•		•	
<b>.</b> -	and <b>stop here.</b> The organization qua						
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the fact			=			▶ □
	meets the facts-and-circumstances to	-		*		7	
b	10% -facts-and-circumstances test						10% Or
	more, and if the organization meets the		•				▶□
40	organization meets the facts-and-circ			. ,	•		
ΙQ	Private foundation. If the organization	on ala not check à l	oox on line 13, 162	1, 100, 1/a, 0r 1/b	, check this box ar	iu see instructions	<u>&gt;</u>

Schedule A (Form 990 or 990-EZ) 2020

# Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	one m, produce comp					_
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
_	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	(-,	(2,==::	(5,==:-	(-,	(5,-5-5	(-)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
							<b>&gt;</b>
	ction C. Computation of Publi					1 1	
	Public support percentage for 2020 (li		•			15	<u>%</u>
16	Public support percentage from 2019					16	<u>%</u>
	ction D. Computation of Inves					T T	
	Investment income percentage for 20					17	<u>%</u>
18	Investment income percentage from 2					18	7:
198	33 1/3% support tests - 2020. If the						<b>.</b> □
	more than 33 1/3%, check this box ar						
K	33 1/3% support tests - 2019. If the						. —
20	line 18 is not more than 33 1/3%, che		· ·	•		-	

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
10a		
iva		
10b		

ı a	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	4.4		
Sec	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
	Ton D. Type i capporang organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	NO
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a	_		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	<b>)-</b>		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
_	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part '	V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 [	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations may		•	
Section	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	let short-term capital gain	1		
<b>2</b> R	lecoveries of prior-year distributions	2		
3 0	Other gross income (see instructions)	3		
4 A	dd lines 1 through 3.	4		
<b>5</b> D	Depreciation and depletion	5		
<b>6</b> P	ortion of operating expenses paid or incurred for production or			
C	ollection of gross income or for management, conservation, or			
	naintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	n B - Minimum Asset Amount	1	(A) Prior Year	(B) Current Year (optional)
1 A	ggregate fair market value of all non-exempt-use assets (see			
in	nstructions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
b A	verage monthly cash balances	1b		
c Fa	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
e D	Discount claimed for blockage or other factors			
	explain in detail in Part VI):			
<b>2</b> A	cquisition indebtedness applicable to non-exempt-use assets	2		
<b>3</b> S	subtract line 2 from line 1d.	3		
<b>4</b> C	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	ee instructions).	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	fultiply line 5 by 0.035.	6		
	ecoveries of prior-year distributions	7		
8 M	finimum Asset Amount (add line 7 to line 6)	8		
Section	n C - Distributable Amount			Current Year
<b>1</b> A	djusted net income for prior year (from Section A, line 8, column A)	1		
	inter 0.85 of line 1.	2		
3 M	finimum asset amount for prior year (from Section B, line 8, column A)	3		
	inter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

_

Schedule A (Form 990 or 990-EZ) 2020

g Applied to underdistributions of prior yearsh Applied to 2020 distributable amount

a Applied to underdistributions of prior yearsb Applied to 2020 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions.
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2021. Add lines 3j

4 Distributions for 2020 from Section D,

Part VI. See instructions.

line 7:

and 4c.

8 Breakdown of line 7:

a Excess from 2016

b Excess from 2017

c Excess from 2018

d Excess from 2019

e Excess from 2020

i Carryover from 2015 not applied (see instructions)j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

# 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

2020

**Employer identification number** 

	EQUALITY FLORIDA INSTITUTE, INC.	59-3435235					
Organization type (che	ck one):						
Filers of:	Section:						
Form 990 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Note: Only a section 50  General Rule  For an organiz	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  11(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule  ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling  any one contributor. Complete Parts I and II. See instructions for determining a contributor's	ş \$5,000 or more (in money or					
Special Rules							
sections 509(a any one contri							
contributor, du literary, or edu	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i>							

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).

religious, charitable, etc., contributions totaling \$5,000 or more during the year

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

# EQUALITY FLORIDA INSTITUTE, INC.

59-3435235

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,130,840</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>145,000.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 225,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 175,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 200,000.	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		\$151,712 <b>.</b>	Person X Payroll Noncash X  (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

EQUAL:	ITY FLORIDA INSTITUTE, INC.	5	59-3435235
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		- _ \$ <u>825,000</u> .	Person X Payroll X Noncash X  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		_ \$ <u>453,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$200,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# EQUALITY FLORIDA INSTITUTE, INC.

59-3435235

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PUBLICLY TRADED SECURITIES		
6		\$146,712.	09/15/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PUBLICLY TRADED SECURITIES		
		\$ 275,000.	08/11/20
(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
		\$	
000450 44 0		A	000 000 E7 av 000 DE\ (0000)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization **Employer identification number** EQUALITY FLORIDA INSTITUTE, INC. 59-3435235 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### SCHEDULE C

(Form 990 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

- 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.

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 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) organizat	ions: Complete Part III.						
Nan	ne of organization			Emp	loyer identification number			
	EQUALIT	<u>Y FLORIDA INSTIT</u>	UTE, INC.		59-3435235			
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.			
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		<b>&gt;</b> \$				
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(	3).				
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	<b>▶</b> \$				
	Enter the amount of any excise tax							
	If the organization incurred a sectio							
4a	Was a correction made?				Yes No			
	If "Yes," describe in Part IV.				\ <u>\</u>			
Pa	art I-C Complete if the org	anization is exempt und	er section 501(c),	except section 501(c	<u>)(3).</u>			
	Enter the amount directly expended	, , ,	·					
2	Enter the amount of the filing organ							
	exempt function activities \$							
3	3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b							
4								
4 5	Did the filing organization file <b>Form</b> Enter the names, addresses and en							
3	made payments. For each organiza			-				
	contributions received that were pro	•			•			
	political action committee (PAC). If	additional space is needed, prov	vide 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			

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

	Lobbying Expen	iditures During 4- rea	ir Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	( <b>d)</b> 2020	(e) Total
2a Lobbying nontaxable amount	282,637.	307,962.	330,206.	335,427.	1,256,232.
<ul><li>b Lobbying ceiling amount (150% of line 2a, column(e))</li></ul>					1,884,348.
c Total lobbying expenditures	9,628.	132.		300,427.	310,187.
d Grassroots nontaxable amount	70,659.	76,991.	82,552.	83,857.	314,059.
e Grassroots ceiling amount (150% of line 2d, column (e))					471,089.
f Grassroots lobbying expenditures	5,236.				5,236.

Schedule C (Form 990 or 990-EZ) 2020

# 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)).

The lobbying activity.  1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities? j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  2art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	No 5), or sec		ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  2art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	5), or sec	etion	
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  2art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	5), or sec	etion	
or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  2art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	5), or sec	etion	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	5), or sec	etion	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	5), or sec	etion	
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	5), or sec	etion	
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	5), or sec	etion	
g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)  1 Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?	5), or sec	etion	
p Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)  501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?	5), or sec	etion	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j 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)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?    art III-A   Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6)).  1 Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?	5), or sec	etion	
i Other activities?  j 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)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6)).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?	5), or sec	etion	
j 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)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6)).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?	5), or sec	etion	
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?	5), or sec	ction	
b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6)).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?	5), or see	ction	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?	5), or sec	ction	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?	5), or sec	ction	
Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?	 5), or see	ction	
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?	5), or sec	ction	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		Yes	N
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	1	1.00	
answered "Yes."  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).			
a Current year	2a		
<b>b</b> Carryover from last year	I		
c Total			
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political			
expenditure next year?			
expenditure next year?	4		
Taxable amount of lobbying and political expenditures (See instructions)  art IV Supplemental Information	4 5		

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

EQUALITY FLORIDA INSTITUTE, INC.

**Employer identification number** 59-3435235

Par	t I Organizations Maintaining Donor Advised	d Funds or Othe	r Si	milar Funds	or Ac	coun	ts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, line	e 6.						
		(a) Donor ad	vised	l funds	(	<b>b)</b> Fun	ds and other accounts	
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in v	-						
	are the organization's property, subject to the organization's e						Yes No	
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that	t gra	nt funds can be i	used o	nly		
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or fo	r any	other purpose of	conferr	ing		
Da	impermissible private benefit?							
Par				" on Form 990, F	Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization		ly).					
	Preservation of land for public use (for example, recreat	tion or education)				-	important land area	
	Protection of natural habitat Preservation of a certified historic structure							
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation con	tribu	tion in the form o	of a co	nserva		
	day of the tax year.						Held at the End of the Tax Year	
a	Total number of conservation easements					2a		
b	•					2b		
С	Number of conservation easements on a certified historic stru					2c		
d	Number of conservation easements included in (c) acquired a				re			
_	listed in the National Register							
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	rminated by the	organi	zation	during the tax	
4	year ▶ Number of states where property subject to conservation eas	oment is leasted						
5	Does the organization have a written policy regarding the peri		—	on handling of				
3	violations, and enforcement of the conservation easements it						Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting, I			d enforcing cons				
Ū	b	narialing of violations	, and	a critorollig cons	oi vatio	ii casc	mente daring the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	l enf	orcing conservat	ion eas	sement	ts during the year	
-	<b>&gt;</b> \$			oromig comes rul			is daming and your	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents	of section 170(	า)(4)(B)	(i)		
	and section 170(h)(4)(B)(ii)?						Yes No	
9	In Part XIII, describe how the organization reports conservation						d	
	balance sheet, and include, if applicable, the text of the footn							
	organization's accounting for conservation easements.	J						
Par	t III Organizations Maintaining Collections of	Art, Historical 1	rea	sures, or Ot	her S	imila	r Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.						
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its	reve	nue statement a	nd bala	ance sh	neet works	
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educat	ion,	or research in fu	rtheran	ice of p	oublic	
	service, provide in Part XIII the text of the footnote to its finan	icial statements that	desc	ribes these item	S.			
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its reve	enue	statement and b	alance	sheet	works of	
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or	research in furth	erance	of pub	olic service,	
	provide the following amounts relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1						\$	
							\$	
2	If the organization received or held works of art, historical treat	asures, or other simila	ar as	sets for financial	gain, p	orovide	•	
	the following amounts required to be reported under FASB AS	SC 958 relating to the	ese i	tems:				
а	Revenue included on Form 990, Part VIII, line 1						\$	
b	Assets included in Form 990, Part X						\$	

032051 12-01-20

Schedule D (Form 990) 2020

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

Schedule D (Form 990) 2020

10,992

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

Part VII Investments - Other Securities.  Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization answered "Yes" of the organization and the organiz	on Form 900 Part IV line	11h Soo Form 000 Part V line 12	o 100 100 Tage
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(d) Financial desirations	(D) Dook value	(c) meaned or valuation cool or one	or your market raise
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" (		11d. See Form 990, Part X, line 15.	(1) 5
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	45)		
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	· 15.) ······		
	F 000 Dort IV line	11 116 Co. Form 000 Book V line 05	
Complete if the organization answered "Yes" (	on Form 990, Part IV, line	The or Tit. See Form 990, Part X, line 25.	/h) Dooleyselve
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			10 011
(2) DUE TO AFFILIATE			12,844
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	05.)		12,844
Total. (Column (b) must equal Form 990, Part X, col. (B) line	· ∠ɔ./ ······	<b>/</b>	14,011

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) 2020

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Part XI	Recond	ciliation	of Revenue	per Audited	<b>Financial</b>	<b>Statements</b>	With	Revenue	per	Return

ra	Reconciliation of Revenue per Audited Financial Stat	ements with i	nevenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	6,790,435.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	46,531.		
b	Donated services and use of facilities	2b	183,748.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	230,279.
3	Subtract line 2e from line 1			3	6,560,156.
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	3,212.		
b	Other (Describe in Part XIII.)	4b	220,066.		
С	Add lines 4a and 4b			4c	223,278.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII   Reconciliation of Expenses per Audited Financial Sta		····	5	6,783,434.
Pa			Expenses per R	leturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	3,671,404.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a	183,748.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	2,401.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	186,149.
3	Subtract line 2e from line 1			3	3,485,255.
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	3,212.		
b	Other (Describe in Part XIII.)	4b	220,066.		
С	Add lines <b>4a</b> and <b>4b</b>			4c	223,278.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)		5	3,708,533.
Pa	rt 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 V, LINE 4:

THE ORGANIZATION'S ENDOWMENT CONSISTS OF ONE DONOR-RESTRICTED ENDOWMENT FUND ESTABLISHED TO SUPPORT THE OPERATIONS OF THE ORGANIZATION.

#### PART X, LINE 2:

THE ORGANIZATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) 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

Schedule D (Form 990) 2020

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

Part I

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Namo	of the	organiz	atio

a X Mail solicitations

EQUALITY FLORIDA INSTITUTE, INC.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

Employer identification number 59-3435235

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

e X Solicitation of non-government grants

<ul> <li>b X Internet and email solicitation</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> </ul>	s f X Solicita g X Special					
2 a Did the organization have a written	Part VII) or entity in connection with prividuals or entities (fundraisers) pursu	rofessi	onal fu	undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
HUDSON BAY COMPANY OF	PHONE CANVASSING, OUTREACH	Yes	No			
ILLINOIS - 941 O ST, STE 625,	& EDUCATION OF SUPPORTERS		Х	156,164.	124,565.	31,599.
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o		<b>▶</b> utions	156,164. or has been notified	124,565. it is exempt from req	31,599. gistration
FL,CA,NY,WA						

032081 11-25-20

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2020

		le G (Form 990 or 990-EZ) 2020 EQUALIT				3433233 Page 2
Pa	rt I	<b>Fundraising Events.</b> Complete if the of fundraising event contributions and gr		EZ, lines 1 and 6b. List e		
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			SUNCOAST		_	(add col. (a) through
				TAMPA GALA	9	col. <b>(c)</b> )
<u>e</u>			(event type)	(event type)	(total number)	, , , , , , , , , , , , , , , , , , ,
Revenue	1	Gross receipts	298,073.	215,078.	417,531.	930,682.
	2	Less: Contributions	294,303.	196,403.	373,350.	864,056.
	3	Gross income (line 1 minus line 2)	3,770.	18,675.	44,181.	66,626.
	4	Cash prizes				
	5	Noncash prizes	3,770.	18,675.	44,181.	66,626.
penses	6	Rent/facility costs		10,909.	2,472.	13,381.
Direct Expenses	7	Food and beverages		17,318.	11,626.	28,944.
ā	8	Entertainment				
	9	Other direct expenses		2,179.	3,898.	6,077.
	10	Direct expense summary. Add lines 4 throug	l- O ( l (-1)		<b>&gt;</b>	115,028.
Da	11	Net income summary. Subtract line 10 from				-48,402.
Pa	IT I	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
ne		\$13,000 011 POINT 990°LZ, line oa.	(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue		Cross revenue				
	1	Gross revenue				
ses	2	Cash prizes				
rect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		<b>&gt;</b>	
	7	Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line 7				
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
	8 En	Net gaming income summary. Subtract line 7	7 from line 1, column (d) ucts gaming activities:		<b>&gt;</b>	
а	8 Ent	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condutthe organization licensed to conduct gaming a	7 from line 1, column (d)  ucts gaming activities: ctivities in each of these s		<b>&gt;</b>	Yes No
а	8 Ent	Net gaming income summary. Subtract line 7	7 from line 1, column (d)  ucts gaming activities: ctivities in each of these s		<b>&gt;</b>	Yes No
а	8 Ent	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condutthe organization licensed to conduct gaming a	7 from line 1, column (d)  ucts gaming activities: ctivities in each of these s		<b>&gt;</b>	Yes No
a b 10a	Entitle If "	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condutthe organization licensed to conduct gaming a	7 from line 1, column (d)  ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	<b>&gt;</b>	

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

Sch	edule G (Form 990 or 990-EZ) 2020 EQUALITY FLORIDA INSTITUTE, INC. 59-3	<u>3435235</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
		13a	%
	The organization's facility  An outside facility	13b	
	An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130	70
14	Enter the flame and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization  \$\bigs\tau\$ and the amount		
_	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	The first matter and address of the annu party.		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatoni diatributiona		
	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	☐ No
	retain the state gaming license?		
L	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year \( \bigs\) \$ <b>rt IV Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	wt III linna O (	)h 10h
<u> </u>	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, IIIIes 9, 8	, 10b, 
פר	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	2.	
<u>50</u>	HIDOLI C, IAKI I, HINE ZD, HIGI OF THE HIGHEST TAID TONDIMISHING	·	
	\		
<u>(I</u>	) NAME OF FUNDRAISER: HUDSON BAY COMPANY OF ILLINOIS		
(I	) ADDRESS OF FUNDRAISER: 941 O ST, STE 625, LINCOLN, NE 68508		
	, , , , , , , , , , , , , , , , , , , ,		

Schedule G	G (Form 990 or 990-EZ)	EQUALITY	FLORIDA	INSTITUTE,	INC.	59-3435235	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Infor	mation (continue	ed)				
		•	•				
-							
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2020

OMB No. 1545-0047

Open to Public Inspection

EQUALITY	FLORIDA I	NSTITUTE, I	NC.				59-3435235
Part I General Information on Grants an	nd Assistance						
Does the organization maintain records to criteria used to award the grants or assisted to assist the organization of the organization of the companization maintain records the contract of the companization of the	tance? cedures for monit Domestic Organia	oring the use of grant	funds in the United	States.			X Yes No
1 (a) 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
DISTRICT SCHOOL BOARD OF PINELLAS COUNTY - 301 4TH ST SW - LARGO, FL 33770		501(C)(3)	10,000.	0.	N/A	N/A	PASS-THROUGH GRANT FUNDING FOR DIVERSITY PROGRAMMING
EQUALITY FLORIDA ACTION, INC. PO BOX 13184 ST. PETERSBURG, FL 33733	47-1338104	501(C)(4)	300,000.	0.	N/A	N/A	FUNDING TO SUPPORT LOBBYING ACTIVITIES
SOS BY URBANDER, INC. 2584 DOVER GLEN CIR ORLANDO, FL 32828	82-3223402	501(C)(3)	10,000.	0.	N/A	N/A	SUPPORT FOR GENDER ADVANCEMENT PROJECT'S CENTRAL FLORIDA COVID-19 FINANCIAL AID PROGRAM
SOUTH FLORIDA MUTUAL AID COALITION			6,000.	0.	N/A	N/A	PASS-THROUGH GRANT FUNDING
2 Enter total number of section 501(c)(3) ar	nd government or	anizations listed in th	e line 1 table	<u> </u>		1	<b>2.</b>
3 Enter total number of other organizations	•	-			······		2.
LHA For Paperwork Reduction Act Notice,							Schedule I (Form 990) 2020

Part III Grants and Other Assistance to Domestic Individuals 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	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	quired in Part I, lin	e 2; Part III, columr	n (b); and any other ac	Iditional information.	
PART I, LINE 2:					
THE ORGANIZATION MONITORS THE USE (	OF GRANT	FUNDS VIA	APPROVED R	UDGETS	
PERIODIC BUDGET VS. ACTUAL AND PRO	GRESS REP	ORTS, AND	SITE VISIT	S.	

## SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

EQUALITY FLORIDA INSTITUTE, INC.

Employer identification number 59-3435235

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate 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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		<u> X</u>
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(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 compensation			
	contingent on the revenues of:			37
a	The organization?	<u>5a</u>		X
b	Any related organization?	5b		
	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			
	contingent on the net earnings of:			37
	The organization?	6a		X
b	Any related organization?	6b		<u> </u>
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		37	
_	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_		
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2020

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	(i) Base					(D)(;) (D)	in column (B)
	compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) NADINE SMITH	129,273.	26,250.	201.	10,131.	20,411.	186,266.	0.
CEO (i	43,091.	8,750.	67.	3,377.	6,804.	62,089.	0.
(2) STRATTON POLLITZER	130,491.	26,250.	108.	9,449.	7,635.	173,933.	0.
DEPUTY DIRECTOR		8,750.	36.	3,150.	2,545.	57,978.	0.
(i	)						
(i							
(i	)						
(i	)						
(i							
(i							
(i							
(i							
(i							
(i							
(1							
(i							
(i							
( <u>(</u>							
(1)							
()							
(i   (i							
(i   (i							
(1)							
(i							
(1)	-						
(i							
(1)							
(i							

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.
PART I, LINE 7:
THE BOARD APPROVES THE CEO'S COMPENSATION INCLUDING THE TIMING AND AMOUNT
OF HER BONUS UPON COMPLETION OF HER ANNUAL PERFORMANCE REVIEW. THE CEO
APPROVES BONUSES FOR ALL OTHER STAFF WITHIN THE CONFINES OF THE BOARD
APPROVED BUDGET.

### SCHEDULE M (Form 990)

**Noncash Contributions** 

INC.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

**Employer identification number** 

59-3435235 EQUALITY FLORIDA INSTITUTE Part I Types of Property (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Х 66,626. WINNING BID Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded ..... 427,830. EXCHANGE CLOSE PRICE Х 10 Securities - Closely held stock ..... Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 19,700 FAIR MARKET VALUE Х 8 Food inventory 19 Drugs and medical supplies ..... 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 32.529. SURRENDER VALUE (LIFE INSURANC) 25 26 Other 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part V, Donee Acknowledgement _____29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

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

Schedule M (Form 990) 2020

Schedule M (Form 990) 2020

032142 11-23-20

#### **SCHEDULE O**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

# 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.

2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

EQUALITY FLORIDA INSTITUTE, INC.

Employer identification number 59-3435235

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: WE'VE EMBEDDED OUR BEST PRACTICES INTO DISTRICTS' "MENTAL HEALTH PLANS", REQUIRED FOR ALL DISTRICTS IN THE AFTERMATH OF THE PARKLAND THIS WORK PROPELS STRUCTURAL & SYSTEMIC INCLUSION OF SCHOOL SHOOTINGS. LGBTO+ NEEDS INTO THE STATE'S OFFICIAL AGENDA FOR K-12 SCHOOLS. WE LAUNCHED 3 HALF-DAY "TRANSGENDER MENTAL HEALTH SUMMITS" AROUND THE IN BOTH URBAN AREAS & RURAL DISTRICTS, BRINGING TOGETHER 450 SCHOOL DISTRICT LEADERS, PSYCHOLOGISTS, SOCIAL WORKERS & COUNSELORS TO LEARN FROM A SUITE OF PROFESSIONALS SPECIALIZING IN TRANSGENDER YOUTH NEEDS IN THE SCHOOL, HOME & COMMUNITY.

TRANSGENDER INCLUSION: WE GREW THE TRANSACTION FLORIDA NETWORK FROM 140 TO 1,200 MEMBERS, AND CONTINUE TO BUILD THIS STATEWIDE NETWORK IN ORDER TO INCREASE AWARENESS OF THE TRANSGENDER & NONBINARY COMMUNITY, AND TO SHARE INFORMATION & RESOURCES STATEWIDE. THIS TEAM WORKED WITH MAJOR MEDIA OUTLETS AND LAW ENFORCEMENT AGENCIES IN THE HANDLING AND REPORTING OF CRIMES AGAINST TRANSGENDER FLORIDIANS, HELD 12 PUBLIC INFORMATIONAL TOWN HALL-TYPE SESSIONS, AND FACILITATED 40 CORPORATE TRANSGENDER INCLUSION EDUCATION WORKSHOPS AND 5 SHRM CHAPTER WORKSHOPS AS WELL AS PRESENTING AT THE STATEWIDE SHRM CONFERENCE. CONDUCTED OUR SECOND AND THIRD TRANSACTION LEADERSHIP ACADEMY CLASSES IN ORLANDO AND SARASOTA/MANATEE. BOTH CLASSES WERE WELL ATTENDED, ENGAGED AND HELPED DEVELOP 20 ADDITIONAL TRANS AND NONBINARY FUTURE COMMUNITY LEADERS AND ADVOCATES IN FLORIDA. THE SARASOTA/MANATEE CLASS ALSO HEAVILY PARTICIPATED IN VOTER TURNOUT EFFORTS TARGETING UNDERSERVED AND

UNDERREPRESENTED COMMUNITIES SUCH AS TRANS AND NONBINARY FLORIDIANS IN

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization **Employer identification number** EQUALITY FLORIDA INSTITUTE, INC. 59-3435235 THE AREA. HIV MODERNIZATION: FACILITATED 200 CONVERSATIONS BETWEEN 150 PEOPLE AFFECTED BY HIV/AIDS AND ALLIES AND THEIR ELECTED OFFICIALS AND AGENCY LEADERS TO DISCUSS POLICY PRIORITIES FOR PEOPLE LIVING WITH HIV/AIDS; SECURED CRITICAL SUPPORT FOR EXPANDING ORGAN DONATION BETWEEN PEOPLE LIVING WITH HIV/AIDS, WHICH IS CURRENTLY BARRED UNDER FLORIDA LAW; PUBLISHED A COVID-19 Q&A RESOURCE GUIDE IN ENGLISH AND SPANISH FOR PEOPLE LIVING WITH HIV/AIDS AND HELD AN ACCOMPANYING VIRTUAL TOWN HALL; DRAFTED A POSITION STATEMENT URGING LAWMAKERS TO INCLUDE PEOPLE LIVING WITH HIV IN COVID-19 DECISIONS, GARNERING SIGN-ON BY 35 PARTNER ORGANIZATIONS; HOSTED A 3-PART ONLINE PUBLIC EDUCATION SERIES "UNLOCKING HIV STIGMA" LGBTQ+ HEALTHCARE EQUITY: LAUNCHED OUR STATEWIDE HEALTHCARE EQUITY INITIATIVE DESIGNED TO BRING AFFIRMING HEALTHCARE TO THE FLORIDA LGBTQ+ COMMUNITY. OUR INITIAL LAUNCH INVOLVED A COLLABORATION WITH BROWARD HEALTHCARE TO DEVELOP A HEALTHCARE EQUALITY INDEX & COMPREHENSIVE POLICIES AND TRAINING FOR THEIR ORGANIZATION STATEWIDE. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: FEDERAL LEVEL: TRAINED ADVOCATES FOR, PARTICIPATED IN, AND LED MULTIPLE MEETINGS WITH FLORIDA'S CONGRESSIONAL DELEGATION REGARDING THE NEED FOR FEDERAL LGBTQ NONDISCRIMINATION PROTECTIONS; PRESENTED AS PART OF A VIRTUAL NATIONAL TOWN HALL DISCUSSION ON THE HISTORIC BOSTOCK V. CLAYTON COUNTY RULING, GARNERING 73 STORIES ACROSS ALL FLORIDA MEDIA MARKETS; CONDUCTED NATIONAL PUBLIC EDUCATION ON THE CONTINUED NEED FOR PROTECTIONS AGAINST CONVERSION THERAPY IN THE WAKE OF A HARMFUL

**Employer identification number** Name of the organization EQUALITY FLORIDA INSTITUTE, INC. 59-3435235 ELEVENTH CIRCUIT COURT OF APPEALS RULING IN ADDITION TO REVENUE AND EXPENSES REPORTED HERE FOR OUR ADVOCACY PROGRAM, THE ORGANIZATION RECEIVED \$155,948 IN PRO BONO LEGAL SERVICES, PRIMARILY FOR AMICUS CURIAE FILINGS ON BEHALF OF MUNICIPALITIES ENGAGED IN LITIGATION OVER EXISTING LGBTO PROTECTIONS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OUTREACH: EQUALITY MEANS BUSINESS/OPEN DOORS: WE EXPANDED OUR "EQUALITY MEANS BUSINESS" COALITION BY 26% TO 155 MAJOR CORPORATIONS AND PROFESSIONAL SPORTS FRANCHISES, AND OUR BILINGUAL "OPEN DOORS/PUERTAS ABIERTAS" SMALL BUSINESS DIRECTORY BY 26% TO 2,389 MEMBERS WHO HAVE ADOPTED COMPREHENSIVE NONDISCRIMINATION POLICIES. OUR GOAL IS TO IMPROVE FLORIDA'S NATIONAL AND INTERNATIONAL REPUTATION AS A WELCOMING AND INCLUSIVE PLACE TO LIVE, WORK AND VISIT, BY PROMOTING DIVERSITY IN THE WORKPLACE AS ESSENTIAL TO BUILDING THE SKILLS, PERSPECTIVE AND OTHER ASSETS NECESSARY TO ESTABLISH A COMPETITIVE WORKFORCE IN FLORIDA. EXPENSES \$ 392,182. INCLUDING GRANTS OF \$ 13,000. REVENUE \$ 61,262. 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

Name of the organization EQUALITY FLORIDA INSTITUTE, INC. **Employer identification number** 59-3435235

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 PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER 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 ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN IN CONNECTION WITH THE PROCEEDINGS. THE CONFLICT OF INTEREST POLICY IS REVIEWED 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 Schedule O (Form 990 or 990-EZ) 2020

Name of the organization  EQUALITY FLORIDA INSTITUTE, INC.	Employer identification number 59-3435235					
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 I	S HIGHER OR LOWER					
THAN THE RANGE OF COMPARABILITY DATA OBTAINED, AND THE BAS	SIS FOR THE					
DECISION. THE CURRENT SALARY OF OUR CEO HAS BEEN FOUND TO	BE IN THE					
MID-RANGE OF RESEARCHED SALARIES.						
FORM 990, PART VI, SECTION C, LINE 19:						
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST					
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	PON REQUEST.					
THE ORGANIZATION'S FORM 990 IS MADE AVAILABLE ON EQUALITY	FLORIDA ACTION,					
INC.'S WEBSITE AT WWW.EQFL.ORG.						
FORM 990, PART IX, LINE 11G, OTHER FEES:						
OUTSIDE SERVICES:						
PROGRAM SERVICE EXPENSES	199,059.					
MANAGEMENT AND GENERAL EXPENSES	49,025.					
FUNDRAISING EXPENSES	41,024.					
TOTAL EXPENSES	289,108.					
OTHER PROFESSIONAL FEES:						
PROGRAM SERVICE EXPENSES	83,295.					
MANAGEMENT AND GENERAL EXPENSES	4,575.					
FUNDRAISING EXPENSES	11					
TOTAL EXPENSES	87,881.					
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	376,989.					

Name of the organization EQUALITY FLORIDA INSTITUTE, INC.	Employer identification number 59 – 3435235
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PROVISION FOR UNCOLLECTIBLE PLEDGES	-2,401.
FORM 990, PART XII, LINE 2C:	
THE FINANCE COMMITTEE APPROVES THE RFP, REVIEWS PROPOSALS,	AND SELECTS
THE INDEPENDENT CPA FIRM. THE CPA FIRM COMMUNICATES DIRECT	LY WITH THE
FINANCE COMMITTEE DURING AUDIT PLANNING WITH RESPECT TO TH	E EXPECTED
TIMING AND SCOPE OF THE AUDIT AND AT THE CONCLUSION OF THE	AUDIT WITH
RESPECT TO VARIOUS QUALITATIVE ASPECTS OF THE AUDIT, DIFFI	CULTIES
ENCOUNTERED, AND ANY SIGNIFICANT FINDINGS. THIS PROCESS HA	S NOT CHANGED
FROM THE PRIOR YEAR.	

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

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Name of	me of the organization  EQUALITY FLORIDA INSTITUTE, INC.								
Part I	Identification of Disregarded Entities. Comp	lete if the organization answered "Yes	" on Form 990, Part IV, line 33.						
	(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total incom	(e) e End-of-year as	sets Direct c	(f) ontrolling ntity		
Part II	Identification of Related Tax-Exempt Organi organizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 990, P	art IV, line 34, be	cause it had one or i	more related tax-exer	mpt		
	(a)	(b)	(c)	(d)	(e)	(f)	(g)		

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	Section 5 contr ent	olled	
				501(c)(3))		Yes	No	
EQUALITY FLORIDA, INC 59-3540715	CIVIL RIGHTS ADVOCACY						1	
P.O. BOX 13184	DEDICATED TO EQUALITY FOR						1	
ST PETERSBURG, FL 33733	THE LGBT COMMUNITY	FLORIDA	501(C)(4)		N/A		X	
EQUALITY FLORIDA ACTION, INC 47-1338104	CIVIL RIGHTS ADVOCACY							
P.O. BOX 13184	DEDICATED TO EQUALITY FOR						1	
ST PETERSBURG, FL 33733	THE LGBT COMMUNITY	FLORIDA	501(C)(4)		N/A		X	
EQUALITY FLORIDA ACTION PAC, INC	POLITICAL ACTION COMMITTEE							
20-5335568, P.O. BOX 13184, ST PETERSBURG,	DEDICATED TO ELECTING						l	
FL 33733	PRO-EQUALITY CANDIDATES	FLORIDA	527		N/A		X	
							l	
							<u> </u>	

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

Schedule R (Form 990) 2020

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

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

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

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

Schedule R (Form 990) 2020

Yes No

X

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
					1b	X	
С	Gift, grant, or capital contribution from related organization(s)				1c		X
					1d		X
е	Loans or loan guarantees by related organization(s)				1e	Х	
f	Dividends from related organization(s)				1f		Х
					1g		X
h	Purchase of assets from related organization(s)				1h		X
i	type (a-s) ) ) ) )			1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
1					11		X
n					1m		X
					1n	X	
					10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p		Х
					1q	Х	
•	1 , 3 (/ 1				•		
r	Other transfer of cash or property to related organization(s)				1r		Х
					1s		Х
				•			
	Name of related organization			Method of determining amount inv	olved		
		type (a-s)		· ·			
1)							
2)							
3)							
4)							
.,							
5)							
6)							
	33 10-28-20			Schedule F	R (Forn	n 990)	2020
					•	,	

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

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

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