

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2021

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-TE 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-TE TO US BY NOVEMBER 15, 2022.

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

| For calendar year 2021, or fiscal year beginning | , 2021, and ending | , 20 | |
|--|--------------------|------|--|
| | | | |

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN

59-3435235

NADINE SMITH Name and title of officer or person subject to tax CEO

EQUALITY FLORIDA INSTITUTE,

| Part I | Type of Retur | n and Return | Information |
|--------|---------------|--------------|-------------|
|--------|---------------|--------------|-------------|

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| 1a | Form 990 check here ► X | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | . 1b <u>4,967,041.</u> |
|-----------|--|---|---------------------------|
| 2a | Form 990-EZ check here > | b Total revenue, if any (Form 990-EZ, line 9) | 2b |
| За | Form 1120-POL check here ▶ | b Total tax (Form 1120-POL, line 22) | . 3b |
| 4a | Form 990-PF check here > | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b |
| 5a | Form 8868 check here > | b Balance due (Form 8868, line 3c) | . 5b |
| 6a | Form 990-T check here > | b Total tax (Form 990-T, Part III, line 4) | |
| 7a | Form 4720 check here | b Total tax (Form 4720, Part III, line 1) | . 7b |
| 8a | Form 5227 check here | b FMV of assets at end of tax year (Form 5227, Item D) | 8b |
| 9a | Form 5330 check here | b Tax due (Form 5330, Part II, line 19) | 9b |
| 10a | Form 8038-CP check here | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b |
| Part | II Declaration and Signat | ure Authorization of Officer or Person Subject to Tax | |
| Jnder p | penalties of perjury, I declare that X | I am an officer of the above entity or I am a person subject to tax with re- | spect to (name |
| of entity | y) | , (EIN) and that I hav | ve examined a copy of the |
| 2021 | actronic roturn and accompanying sch | adulas and statements, and to the best of my knowledge and belief they are to | rue correct and |

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the 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.

| PI | N: | check | one | box | only |
|----|----|-------|-----|-----|------|
| | | | | | |

| X I authorize | CBIZ | MHM, | LLC | | to enter my PIN | 35235 |
|---------------|------|------|-----|---------------|-----------------|--|
| | | | | ERO firm name | | Enter five numbers, bu do not enter all zeros |

as my signature on the tax year 2021 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 entity, I will enter my PIN as my signature on the tax year 2021 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.

gnature of officer or person subject to tax Part III Certification and Authentication

50465100222

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

Do not enter all zeros

number (EFIN) followed by your five-digit self-selected PIN.

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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 ▶ <u>CBIZ</u> MHM, LLC

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

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

Form **8879-TE** (2021)

** 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.

Open to Public

OMB No. 1545-0047

A For the 2021 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)870-37355,659,373. 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 2021 (Part V, line 2a) 5 4200 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 0. **Prior Year Current Year** $6,381,\overline{698}$ $4,675,\overline{493}$ Contributions and grants (Part VIII, line 1h) 8 338,763. 260,578. Program service revenue (Part VIII, line 2g) 27,354. 54,747. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -101,962.113,804. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 6,783,434. 4,967,041. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 329,500. 329,550. 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) 2,511,567. 3,184,257. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 41,522. 16a Professional fundraising fees (Part IX, column (A), line 11e) 45,526. **b** Total fundraising expenses (Part IX, column (D), line 25) 825,944. 685,432. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,244,765. 3,708,533. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,074,901. 722,276. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 5,401,007. 6,442,029. 20 Total assets (Part X, line 16) 366,559. 618,317. 21 Total liabilities (Part X, line 26) 三年 034,448. ,823,712 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

| . u. | Check if Schedule O contains a response or note to any line in this Part III | Х |
|------|---|----------|
| 1 | Briefly describe the organization's mission: | |
| | EQUALITY FLORIDA INSTITUTE IS THE EDUCATIONAL ARM OF THE LARGEST CIVI | ΙL |
| | 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? | X No |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | 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, an | ıd |
| | revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$2,315,313. including grants of \$5,050.) (Revenue \$\$ | <u> </u> |
| | EDUCATION: | |
| | SAFE & HEALTHY SCHOOLS: | |
| | - TRAINED 6,443 SCHOOL DISTRICT LEADERS IN LIFESAVING BEST PRACTICES | |
| | FOR LGBTQ YOUTH. | |
| | COMMINITED THE PROPERTY OF CARE AND HEALTHIN COHOOL CHOOK THE COHOOL | |
| | - CONTINUED EMBEDDING OF SAFE AND HEALTHY SCHOOLS WORK INTO SCHOOL | n == |
| | DISTRICTS' "MENTAL HEALTH PLANS" WHICH HAVE BEEN REQUIRED BY THE STATE | |
| | THIS EMBEDDED WORK PROPELS STRUCTURAL AND SYSTEMIC INCLUSION OF LGBTONEED AND RESILIENCY WITHIN THE STATE'S APPROACH TO MENTAL HEALTH. | 2+ |
| | MEED AND RESILIENCE WITHIN THE STATE S APPROACH TO MENTAL HEALTH. | |
| | (CONTINUED ON SCHEDULE O) | |
| | (CONTINUED ON DESIREDUE O) | |
| 4b | (Code:) (Expenses \$ 489 , 170 including grants of \$ 320 , 000) (Revenue \$ | , |
| | ADVOCACY: | |
| | LOCAL LEVEL: | |
| | - SUPPORTED SUCCESSFUL LOCAL EFFORTS TO UPDATE BROWARD COUNTY'S HUMAN | <u>1</u> |
| | RIGHTS ORDINANCE AND REMOVE RELIGIOUS EXEMPTIONS SPECIFIC TO THE LGBS | ГQ |
| | COMMUNITY. | |
| | | |
| | - WORKED WITH LOCAL GOVERNMENTS TO RECOGNIZE NONDISCRIMINATION ON THE | |
| | BASIS OF SEXUAL ORIENTATION AND GENDER IDENTITY IN EXISTING SEX-BASEI |) |
| | NONDISCRIMINATION POLICIES. | |
| | | |
| | (CONTINUED ON SCHEDULE O) | |
| | 477 570 4 500 4 117 5 | 756 |
| 4c | (Code:) (Expenses \$ | 756. |
| | EQUALITY MEANS BUSINESS/OPEN DOORS: | |
| | - GREW OUR COALITION OF SMALL AND LARGE BUSINESSES TO 2,389 MEMBERS | |
| | THAT HAVE ADOPTED COMPREHENSIVE NON-DISCRIMINATION POLICIES. | |
| | THAT HAVE ADOPTED COMPREHENSIVE NON-DISCRIMINATION FOLICIES. | |
| | - LED A COALITION OF 24 CHAMBERS OF COMMERCE AND OTHER BUSINESSES TO | |
| | SIGN ON TO A STATEMENT OPPOSING THE STOP WOKE ACT. | |
| | DIGH ON TO A DIATEMENT OFFODING THE DIGT WORL ACT. | |
| | - EXPANDED OUR "EQUALITY MEANS BUSINESS" COALITION TO 157 MAJOR | |
| | CORPORATIONS AND PROFESSIONAL SPORTS FRANCHISES. | |
| | COLL CILLIZOR IND THOS DEPOSITED DECISION STRUCTURE. | |
| | | |
| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ 302,018 • including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses 3,584,071. | |
| | Form 9: | 90 (2021 |

| | | | Yes | No |
|-----|---|-----|-----|-----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | 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 | | X |
| 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? 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? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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 | | <u> </u> |
| 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> X</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 | Х | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Λ | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | Х | |
| 40- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | _ |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 100 | Х | |
| h | Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? | 12a | 21 | |
| b | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | x |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Pid the appropriate and office and because the state of the United Obstace | 14a | | X |
| b | | 174 | | |
| ~ | 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. See instructions | 17 | X | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II | 21 | X | |

| ed |
|----|
| |
| |
| ! |

| | Continued) | | | |
|-------------|--|----------|-----|--------------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | 77 |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | х | |
| 240 | Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 23 | Λ | |
| 24 a | last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i> | | | |
| | Schedule K. If "No," go to line 25a | 24a | | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | 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 | | |
| | 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 | | x |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete | | | |
| | Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | v |
| 00 | "Yes," complete Schedule L, Part IV | 28c | Х | <u> </u> |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Λ | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 30 | | x |
| 31 | contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i> | 31 | | <u> </u> |
| UZ. | Schedule N. Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | <u> </u> | | |
| - | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | " | | |
| | Part V, line 1 | 34 | Х | L |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| 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 | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | Х | <u> </u> |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | <u> </u> |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| Pai | Note: All Form 990 filers are required to complete Schedule 0 | 38 | X | Щ_ |
| Fai | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| . | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | Yes | No |
| | | - | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| C | (gambling) winnings to prize winners? | 1c | Х | |
| | 13313-1 | , ,, | 000 | |

Form 990 (2021) EQUALITY FLORIDA INSTITUTE, INC.

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

| | o o i (continued) | | | Т |
|--------|---|-----|-----|----|
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 67 | | | |
| | | - | v | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| _ | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | v |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | 4- | | X |
| _ | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | |
| D | 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). | | | |
| 50 | | 5a | | х |
| b | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| C | 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 | Х | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Х | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7с | | 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 | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | N/ | _ |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | N/ | A |
| 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 organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A | | | |
| a | 77 / 7 | 9a | | |
| 10 | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A Section 501(c)(7) organizations. Enter: | 9b | | |
| 10 | Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a | | | |
| a 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: | | | |
| | Gross income from members or shareholders | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? N/A | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans | | | |
| C | Enter the amount of reserves on hand | 4.4 | | V |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| 15 | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 15 | | x |
| | excess parachute payment(s) during the year? If "Ves " see the instructions and file Form 4720. Schedule N | 15 | | Α. |
| 16 | If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х |
| | If "Yes," complete Form 4720, Schedule O. | .0 | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A | 17 | | |
| | If "Ves " complete Form 6069 | | | |

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|-----|---|-------|---------|-----|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 12 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | X |
| b | | | | |
| | persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | on Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| b | Other officers or key employees of the organization | 15b | Х | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶FL, CA, NY | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s | only) | availal | ole |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website X Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | finan | cial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | DON WALKER, DIRECTOR OF FINANCE & ACCOUNTING - (860) 608-4024 | | | |
| | 401 33RD ST N, STE C, ST PETERSBURG, FL 33713 | | | |

Form **990** (2021)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| (A) | k if neither the organization nor any related organization compens (A) (B) (C) | | | | | | (D) | (E) | (F) | |
|---------------------------|--|---|---|----------------------------|--------------|---------------------------------|--------------|------------------------------|-----------------|-----------------------------|
| Name and title | Average | (-1- | Position (do not check more than one | | | | | Reportable | Reportable | Estimated |
| | hours per | box, unless person is both an officer and a director/trustee) | | box, unless person is both | | compensation | compensation | amount of | | |
| | week | | cer an | d a d | irecto | r/trus | tee) | from | from related | other |
| | (list any | rector | | | | | | the | organizations | compensation |
| | hours for | or di | ee | | | ated | | organization | (W-2/1099-MISC/ | from the |
| | related organizations | ustee | trust | | e e | Suedu | | (W-2/1099-MISC/ 1099-NEC) | 1099-NEC) | organization and related |
| | below | dual tr | tional | ١. | nploy | st con yee | _ | 1099-NEO) | | organizations |
| | line) | ndividual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) NADINE SMITH | 34.00 | | _ | | | | | | | |
| CEO | 6.00 | | | Х | | | | 253,516. | 44,738. | 36,069. |
| (2) STRATTON POLLITZER | 34.00 | | | | | | | | | - |
| DEPUTY DIRECTOR | 7.00 | | | Х | | | | 245,677. | 43,355. | 23,778. |
| (3) JOSEPH SAUNDERS | 30.00 | | | | | | | | | |
| SR POLITICAL DIRECTOR | 12.00 | | | | | Х | | 82,954. | 27,651. | 14,654. |
| (4) ANASTASIA HIOTIS | 0.50 | | | | | | | | | |
| CHAIR | 0.50 | Х | | Х | | | | 0. | 0. | 0. |
| (5) VICTOR DIAZ-HERMAN | 0.50 | | | | | | | | | |
| TREASURER | 0.50 | Х | | Х | | | | 0. | 0. | 0. |
| (6) DANNY HUMPHRESS | 0.50 | | | | | | | | | |
| SECRETARY | 0.50 | Х | | 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 | 0.50 | Х | | | | | | 0. | 0. | 0. |
| (10) NATHAN BRUEMMER | 0.50 | | | | | | | | | |
| DIRECTOR | 0.50 | Х | | | | | | 0. | 0. | 0. |
| (11) JEFF DELMAY | 0.50 | | | | | | | | | |
| DIRECTOR | 0.50 | Х | | | | | | 0. | 0. | 0. |
| (12) DANA FARMER | 0.50 | 1 | | | | | | | | _ |
| 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 | 0.50 | Х | | | | | | 0. | 0. | 0. |
| (15) DAN VAN TICE | 0.50 | | | | | | | | | _ |
| DIRECTOR | 0.50 | Х | | | | | | 0. | 0. | 0. |
| (16) DONN SMITH-LOPEZ | 0.50 | . _ | | | | | | | | _ |
| DIRECTOR (1/1/21-08/1/21) | 0.50 | Х | | | | | | 0. | 0. | 0. |
| | | - | | | | | | | | |
| | | | | | | | | | | 000 |

Form 990 (2021)

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | |
|---|--|--------------------------------|-----------------------|----------------|-------------------------------|------------------------------|-------------|---|--|----------|--|------|
| (A) Name and title | (B) Average hours per week | (do box, | not cl | Posi heck i | C) ition more son is | | one n an | (D) Reportable compensation | (E) Reportable compensatior | 1 | (F) Estimate | t of |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC/ 1099-NEC) | from related organizations (W-2/1099-MIS(1099-NEC) | C/ (| other compensatio from the organization and related organization | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | • | | | | | | | | | | |
| 1b Subtotal c Total from continuation sheets to Part VI | | | | | | | | | | | 01. | |
| d Total (add lines 1b and 1c) | | | | | | | <u> </u> | 582,147. | 115,74 | - | 74,5 | |
| Total number of individuals (including but no compensation from the organization | ot limited to th | ose | liste | d ab | ove |) wh | o re | eceived more than \$100, | 000 of reportable | | | 2 |
| 3 Did the organization list any former officer, | | | кеу е | mpl | oye | e, or | hig | hest compensated emp | loyee on | | Yes | |
| line 1a? If "Yes," complete Schedule J for si For any individual listed on line 1a, is the su | ım of reportabl | е со | mpe | ensa | tion | and | oth | • | ne organization | | 37 | X |
| and related organizations greater than \$150 5 Did any person listed on line 1a receive or a | accrue compen | satio | on fr | om | any | unre | elate | ed organization or individ | dual for services | | | X |
| rendered to the organization? If "Yes," com Section B. Independent Contractors | plete Schedule | e <i>J t</i> o | or su | ich ţ | oers: | on . | | | | 5 |) | 122 |
| Complete this table for your five highest con- | mpensated ind | lepe | nder | nt co | ontra | actor | s th | nat received more than \$ | 100,000 of comp | ensation | from | |
| the organization. Report compensation for t | the calendar ye | ear e | ndin | ig w | ith c | r wi | thin T | - | ear. | | | |
| (A) Name and business | address | | | | | | | (B) Description of s | ervices | Com | (C) pensati | on |
| HUDSON BAY COMPANY OF ILL | | | | | | | | · | | | • | |
| 941 O STREET, STE 625, LINCOLN, NE 68508 PHONE CANVASS 136,577. | | | | | | <u> </u> | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

| | | | Check if Schedule O contains a re | enonse o | or note to any lir | ne in this Part VIII | | | |
|--|-----|------------------------|---|-------------|----------------------|----------------------|-------------------|------------------|--------------------|
| | | | Office if Schedule O contains a re | sponse c | i flote to arry iii | (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 | а | Federated campaigns | la | | | | | |
| ī ar | | b | Membership dues | 1b | | | | | |
| e, E | | С | Fundraising events | ıc 1, | 290,139. | | | | |
| ifts Ir A | | | | ld | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | | | 181,438. | | | | |
| Sic | | | All other contributions, gifts, grants, and | - / | | - | | | |
| E E | | ٠ | | ر ا ء، | 203,916. | | | | |
| 들됨 | | | ··· | | | - | | | |
| d d | | _ | _ | lg \$ | <u>541,596.</u> | 4 675 400 | | | |
| <u>5</u> <u>5</u> | | h | Total. Add lines 1a-1f | | | 4,675,493. | | | |
| | | | | | Business Code | | | | |
| Φ | 2 | а | GALA EVENTS | | 813311 | 235,513. | 235,513. | | |
| Ş. | | h | REGISTRATION FEES | | 813311 | 103,250. | 103,250. | | |
| šer | | c | | | | | | | |
| e S | | _ | | | | | | | |
| ar Be | | d | | | | | | | |
| Program Service Revenue | | е | | | | | | | |
| <u>Ф</u> | | | All other program service revenue | | | 222 752 | | | |
| \blacksquare | | g | Total. Add lines 2a-2f | | | 338,763. | | | |
| | 3 | | Investment income (including dividend | ls, interes | st, and | | | | |
| | | other similar amounts) | | | > | 28,869. | | | 28,869. |
| | 4 | | Income from investment of tax-exemp | | | | | | |
| | 5 | | Royalties | - | | | | | |
| | | | | Real | (ii) Personal | | | | |
| | 6 | _ | | | () 1 0.001.0. | - | | | |
| | | | Gross rents 6a | | | - | | | |
| | | | Less: rental expenses 6b | | | 4 | | | |
| | | С | Rental income or (loss) 6c | | | | | | |
| | | d | Net rental income or (loss) | | <u></u> | | | | |
| | 7 | а | Gross amount from sales of (i) Sec | curities | (ii) Other | | | | |
| | | | assets other than inventory $ 7a 540$, | 521. | | | | | |
| | | b | Less: cost or other basis | | | | | | |
| <u>o</u> | | | and sales expenses 7b 512, | 536. | 2,107. | | | | |
| Ĭ, | | _ | Gain or (loss) 7c 27, | 985. | -2,107. | 1 | | | |
| Revenue | | | | | | 25,878. | | | 25,878. |
| π. | | | Net gain or (loss) | | | 23,070. | | | 23,070. |
| ther | 8 | а | Gross income from fundraising events (no | | | | | | |
| ₽ | | | including \$1,290,139. | of | | | | | |
| | | | contributions reported on line 1c). See | | | | | | |
| | | | Part IV, line 18 | 8a | 62,631. | | | | |
| | | b | Less: direct expenses | 8b | 177,689. | | | | |
| | | | Net income or (loss) from fundraising | | | -115,058. | | | -115,058. |
| | | | Gross income from gaming activities. | | | , | | | |
| | · | _ | Part IV, line 19 | | 3,500. | | | | |
| | | | | | 0. | - | | | |
| | | | Less: direct expenses | | <u> </u> | 3,500. | | | 3,500. |
| | | | Net income or (loss) from gaming active | /ities | ····· | 3,300. | | | 3,300. |
| | 10 | а | Gross sales of inventory, less returns | | | | | | |
| | | | and allowances | 10a | | | | | |
| | | b | Less: cost of goods sold | 10b | | | | | |
| | | С | Net income or (loss) from sales of inve | ntory | | | | | |
| | | | | | Business Code | | | | |
| ns | 11 | a | | | | | | | |
| Je Jue | • • | u b | | | | | | | |
| llar Gen | | | | | | + | | | |
| Miscellaneous Revenue | | c | All | | 900099 | 0 506 | | | 0 506 |
| Ξ̈́ | | | All other revenue | | | 9,596. | | | 9,596. |
| \perp | | e | Total. Add lines 11a-11d | | | 9,596. | 222 - 22 | | 45 015 |
| | 12 | | Total revenue. See instructions | | <u></u> | 4,967,041. | 338,763. | 0. | -47,215. |

| | Check if Schedule O contains a respons | | | (0) | |
|-----------------|---|-----------------------|---|-------------------------------------|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | 200 550 | 200 550 | | |
| | and domestic governments. See Part IV, line 21 | 329,550. | 329,550. | | |
| 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, | 550 063 | 405 057 | 55 006 | |
| _ | trustees, and key employees | 550,063. | 495,057. | 55,006. | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| 7 | persons described in section 4958(c)(3)(B) | 2,053,153. | 1,834,666. | 113,000. | 105,487 |
| 7 Ձ | Other salaries and wages Pension plan accruals and contributions (include | 2,033,133. | I, UJI, UUU• | 113,000. | 103,407 |
| 8 | section 401(k) and 403(b) employer contributions) | 198,030. | 174,614. | 16,286. | 7,130 |
| 9 | Other employee benefits | 203,709. | 180,527. | 13,388. | 9,794 |
| 9 10 | Payroll taxes | 179,302. | 161,989. | 10,021. | 7,292 |
| 11 | Fees for services (nonemployees): | 175,302. | 101,303. | 10,021. | 7,252 |
| | Management | | | | |
| a b | | 76. | | | 76 |
| | Legal | 16,950. | | 16,950. | , , |
| d | | 20,5001 | | 207300 | |
| e | Professional fundraising services. See Part IV, line 17 | 45,526. | | | 45,526 |
| f | Investment management fees | 8,007. | | 8,007. | 10,010 |
| g | | 0,00.0 | | 0,00.1 | |
| 9 | column (A), amount, list line 11g expenses on Sch 0.) | 237,677. | 159,632. | 16,986. | 61,059 |
| 12 | Advertising and promotion | 13,386. | 1,750. | | 11,636 |
| 13 | Office expenses | 133,456. | 58,034. | 19,288. | 56,134 |
| .o 14 | Information technology | 49,867. | 42,893. | 3,750. | 3,224 |
| 15 | Royalties | , | , | , | - , |
| 16 | Occupancy | 51,340. | 35,329. | 11,179. | 4,832 |
| 17 | Travel | 52,454. | 24,847. | 27,048. | 559 |
| 8 | Payments of travel or entertainment expenses | , | , | | |
| _ | for any federal, state, or local public officials | | | | |
| 9 | Conferences, conventions, and meetings | 88,225. | 80,746. | 5,509. | 1,970 |
| 20 | Interest | · | | · | • |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 3,389. | 3,389. | | |
| 23 | Insurance | 5,579. | | 5,579. | |
| 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 O.) | | | | |
| а | SECURITY | 23,700. | | 23,700. | |
| b | | | | , | |
| c | | | | | |
| d | | | | | |
| | All other expenses | 1,326. | 1,048. | 103. | 175 |
| :5 | Total functional expenses. Add lines 1 through 24e | 4,244,765. | 3,584,071. | 345,800. | 314,894 |
| <u>.5</u> 26 | Joint costs. Complete this line only if the organization | _,,,,,,,,, | -,, | , | , |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here X if following SOP 98-2 (ASC 958-720) | 471,633. | 291,759. | 0. | 179,874 |

132010 12-09-21

Form **990** (2021)

| Par | t X | Balance Sheet | | | | | | |
|-----------------------------|----------------------|---|----------|------------|---------------|---------------------------------|---------|---------------------------|
| | | Check if Schedule O contains a response or r | note to | any line i | n this Part X | | | |
| | | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | | 164,778. | 1 | 60,798. |
| | 2 | Savings and temporary cash investments | | | | 3,465,060. | 2 | 3,500,589. |
| | 3 | Pledges and grants receivable, net | | | | 1,066,138. | 3 | 625,985. |
| | 4 | Accounts receivable, net | | | | 100,150. | 4 | 750. |
| | 5 | Loans and other receivables from any current | | | | | | |
| | | trustee, key employee, creator or founder, su | bstanti | al contrib | utor, or 35% | | | |
| | | controlled entity or family member of any of the | hese pe | ersons | | | 5 | |
| | 6 | Loans and other receivables from other disqu | ualified | persons (| as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | | | | 6 | |
| ts | 7 | Notes and loans receivable, net | | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | | 8 | |
| ₹ | 9 | Prepaid expenses and deferred charges | | | | 21,957. | 9 | 45,439. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | | |
| | | basis. Complete Part VI of Schedule D | | | 19,867. | | | |
| | b | Less: accumulated depreciation | | | 14,371. | 10,992. | | 5,496. 1,922,721. |
| | 11 | Investments - publicly traded securities | 372,322. | 11 | 1,922,721. | | | |
| | 12 | Investments - other securities. See Part IV, lin | | 12 | | | | |
| | 13 | Investments - program-related. See Part IV, lir | | 13 | | | | |
| | 14 | Intangible assets | | | | 100 610 | 14 | 000 051 |
| | 15 | Other assets. See Part IV, line 11 | | | | 199,610. | 15 | 280,251. |
| | 16 | Total assets. Add lines 1 through 15 (must e | | | | 5,401,007. | 16 | 6,442,029. |
| | 17 | Accounts payable and accrued expenses | | | I | 322,765. | 17 | 522,308. |
| | 18 | Grants payable | | | | 20 050 | 18 | 60 000 |
| | 19 | Deferred revenue | | | 30,950. | 19 | 68,998. | |
| | 20 | Tax-exempt bond liabilities | | | I | | 20 | |
| | 21 | Escrow or custodial account liability. Comple | | | | | 21 | |
| ies | 22 | Loans and other payables to any current or fo | | | | | | |
| Liabilities | | trustee, key employee, creator or founder, sul | | | | | 00 | |
| Lia | 00 | controlled entity or family member of any of the | | | | | 22 | |
| | 23 24 | Secured mortgages and notes payable to unrule Unsecured notes and loans payable to unrelated to | | • | | | 24 | |
| | 2 4 25 | Other liabilities (including federal income tax, | | - | | | 24 | |
| | 23 | parties, and other liabilities not included on lin | | | | | | |
| | | of Schedule D | | | | 12,844. | 25 | 27,011. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | | 366,559. | 26 | 618,317. |
| | | Organizations that follow FASB ASC 958, or | | | | 3337333 | | <u> </u> |
| es | | and complete lines 27, 28, 32, and 33. | | | _ | | | |
| auc | 27 | Net assets without donor restrictions | | | | 3,485,831. | 27 | 4,325,520. |
| Bala | 28 | Net assets with donor restrictions | | | | 1,548,617. | 28 | 1,498,192. |
| <u>_</u> | | Organizations that do not follow FASB ASC | | | | | | |
| Fu | | and complete lines 29 through 33. | | | | | | |
| ٥ | 29 | Capital stock or trust principal, or current fun- | ds | | | | 29 | |
| Set | 30 | Paid-in or capital surplus, or land, building, or | | | | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated | | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | | 5,034,448. | 32 | 5,823,712. |
| _ | 33 | Total liabilities and net assets/fund balances | | | | 5,401,007. | 33 | 6,442,029. |

| Pa | rt XI Reconciliation of Net Assets | | | | | <u> </u> |
|----|---|----------|---|------|-----|------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4 | ,96 | 7,0 | <u>41.</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4 | , 24 | 4,7 | 65. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 72 | 2,2 | 76. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 5 | ,03 | 4,4 | 48. |
| 5 | Net unrealized gains (losses) on investments | 5 | | 6 | 6,9 | 88. |
| 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 | | | | 0. |
| 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 | ,82 | 3,7 | 12. |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | X |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | 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 | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on School | 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 Audi | t | | | |
| | Act and OMB Circular A-133? | | | За | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | t | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | | |

132012 12-09-21

SCHEDULE A

(Form 990)

Total

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

2021

Open to Public Inspection

Employer identification number Name of the organization 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).) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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 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.)

| Sec | tion A. Public Support | | | | | | | |
|------|---|---------------------|---------------------|---------------------|---------------------|---------------------|-------------|--|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total | |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 2872187. | 3671552. | 3083653. | 6539322. | 4675493. | 20842207. | |
| 2 | Tax revenues levied for the organ- | | | | | | | |
| | ization's benefit and either paid to | | | | | | | |
| | or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities | | | | | | | |
| | furnished by a governmental unit to | | | | | | | |
| | the organization without charge | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 2872187. | 3671552. | 3083653. | 6539322. | 4675493. | 20842207. | |
| 5 | The portion of total contributions | | | | | | | |
| | by each person (other than a | | | | | | | |
| | governmental unit or publicly | | | | | | | |
| | supported organization) included | | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | | |
| | amount shown on line 11, | | | | | | | |
| | column (f) | | | | | | 3878902. | |
| | Public support. Subtract line 5 from line 4. | | | | | | 16963305. | |
| Sec | tion B. Total Support | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) ► 📗 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total | |
| 7 | Amounts from line 4 | 2872187. | 3671552. | 3083653. | 6539322. | 4675493. | 20842207. | |
| 8 | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | |
| | and income from similar sources | 3,162. | 5,069. | 24,772. | 25,158. | 28,869. | 87,030. | |
| 9 | Net income from unrelated business | | | | | | | |
| | activities, whether or not the | | | | | | | |
| | business is regularly carried on | | | 4,150. | | 3,500. | 7,650. | |
| 10 | Other income. Do not include gain | | | | | | | |
| | or loss from the sale of capital | | | | | | | |
| | assets (Explain in Part VI.) | 15,227. | | | | | 15,227. | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 20952114. | |
| | Gross receipts from related activities, | • | , | | | | ,811,385. | |
| 13 | First 5 years. If the Form 990 is for the | • | | | | | | |
| | organization, check this box and stop | here | | | | | > | |
| | ction C. Computation of Public | | | | | | 00.06 | |
| | Public support percentage for 2021 (li | | | | | 14 | 80.96 % | |
| | Public support percentage from 2020 | | | | | 15 | 92.03 % | |
| 16a | 33 1/3% support test - 2021. If the o | | | | | | | |
| | stop here. The organization qualifies a | | | | | | | |
| D | 33 1/3% support test - 2020. If the o | • | | • | | • | | |
| 47- | and stop here. The organization quali | | | | | | | |
| 1/a | 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, | | | | | | | |
| | and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization | | | | | | | |
| 1- | meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or | | | | | | | |
| O | | _ | | | | | 10% 01 | |
| | more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | | | | | |
| 40 | - | | - | | | | | |
| ΊĞ | Private foundation. If the organization | n dia not check a b | oox on line 13, 16a | ı, 100, 1/a, 0r 1/b | , cneck this box ar | iu see instructions | <u> </u> | |

Schedule A (Form 990) 2021

(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.)

| Sec | ction A. Public Support | now, please comp | piete Fart II.) | | | | |
|----------|--|---------------------|----------------------|----------------------|-------------------|------------------------|-----------|
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Gifts, grants, contributions, and | | (2) = 2 : 2 | (5) = 5 + 5 | (-, | (-, | (0) |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| _ | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in | | | | | | |
| | any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| Ü | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 1 | Tax revenues levied for the organ- | | | | | | |
| 7 | 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 | | | | + | + | |
| | Total. Add lines 1 through 5 | | | | + | | |
| 7a | Amounts included on lines 1, 2, and | | | | | | |
| L | 3 received from disqualified persons | | | | | | |
| D | 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 | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | | | _ | | 1 |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included on 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.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | e organization's fi | irst, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) organization | on, |
| | check this box and stop here | | | | | | |
| Sec | tion C. Computation of Public | | | | | | • |
| 15 | Public support percentage for 2021 (lii | ne 8, column (f), c | divided by line 13, | column (f)) | | 15 | % |
| | Public support percentage from 2020 | | | | | 16 | % |
| | ction D. Computation of Inves | | | | | • | <u></u> |
| | Investment income percentage for 20 | | | ine 13, column (f)) | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | % |
| | 33 1/3% support tests - 2021. If the | | | | | | |
| | more than 33 1/3%, check this box an | | | | | | ▶□ |
| b | 33 1/3% support tests - 2020. If the | = | - | | | | and |
| - | line 18 is not more than 33 1/3%, check | | | | | | |
| 20 | Private foundation. If the organization | | | | | | |

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 |
|---------|------------|-------|------|
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| | Ob Town | - 000 | 2021 |

| Par | t IV 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 on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sect | ion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | 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 | | |
| | 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 | | |
| Sect | ion 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 | | | |
| _ | the supported organization(s). | 1 | | |
| Sect | ion 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 on 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 | | | |
| <u> </u> | supported organizations played in this regard. | 3 | | |
| | ion E. Type III Functionally Integrated Supporting Organizations | | | |
| | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction | s). | | |
| 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 | instruction | | · |
| | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| | 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 | | |
| | Did the activities described on 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 | O.L | | |
| | these activities but for the organization's involvement. | 2b | | |
| | Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | 3a | | |
| | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | Ja | | |
| | = 5.5 gain=action one fold a case tartial addition of allocation over the policies, programs, and activities of cacif | | | |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| Pal | T V Type III Non-Functionally Integrated 509(a)(3) Supporting | ng Organi | zations | |
|------|---|-----------------|-------------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | ng trust on N | lov. 20, 1970 (<i>explain in</i> l | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mus | st complete S | Sections A through E. | |
| Sect | on A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | on B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | on C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ally integrated | d Type III supporting orga | nization (see |
| | instructions). | . • | | · |

Schedule A (Form 990) 2021

| | rt V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | | ued) | , 3433233 Pag |
|------|---|-------------------------------|-------------------------------|------|-------------------------------|
| | ion D - Distributions | (-)(-) - | COntine | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | | 1 | |
| | Amounts paid to perform activity that directly furthers exemp | <u> </u> | | | |
| | organizations, in excess of income from activity | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | <u> </u> | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | J | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pri | rovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | Ovide details in a sure sure | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsive | | 1 | |
| _ | (provide details in Part VI). See instructions. | ne ergamization to respensive | | 8 | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| 10 | Ente o amount divided by line o amount | (i) | (ii) | 10 | (iii) |
| Sect | ion E - Distribution Allocations (see instructions) | Excess Distributions | Underdistribution Pre-2021 | ns | Distributable Amount for 2021 |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | |
| а | From 2016 | | | | |
| b | From 2017 | | | | |
| С | From 2018 | | | | |
| d | From 2019 | | | | |
| е | From 2020 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| | Applied to 2021 distributable amount | | | | |
| i | Carryover from 2016 not applied (see instructions) | | | | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2021 from Section D, | | | | |
| | line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| | Applied to 2021 distributable amount | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h | | | | |
| • | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3 | | | | |
| ' | and 4c. | | | | |
| | Breakdown of line 7: | | | | |
| | Excess from 2017 | | | | |
| a | LAGGGG HUIII ZUTT | | | | |

Schedule A (Form 990) 2021

b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization Employer identification number

EQUALITY FLORIDA INSTITUTE, INC. 59-3435235

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ X 501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

Check if your organization is covered by the General Rule or a Special Rule.

527 political organization

501(c)(3) exempt private foundation

501(c)(3) taxable private foundation

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

4947(a)(1) nonexempt charitable trust treated as a private foundation

General Rule

Form 990-PF

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

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

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>1,107,587</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 | | \$150,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$ <u>145,000</u> . | Person X Payroll |
| (a) | (b) | (c) | (d) |
| | Name, address, and ZIP + 4 | * 275,000. | 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 |
| 5 | | \$\$ | 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 | | \$151,068 . _ | Person Payroll Noncash X (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2021)

EQUALITY FLORIDA INSTITUTE, INC.

Name of organization Employer identification number

| Part I | Contributors (see instructions). Use duplicate copies of Part I if add | ditional space is needed. | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | | \$\$\$ | 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.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

59-3435235

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 additional space is needed. | | | | | |
|------------------------------|---|---|-------------------------------|--|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| 6 | 466 SHARES ESSEX PROPERTY TRUST (ESS) | | | | | |
| | | \$\$ | 08/30/21 | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | Cabadida D (Faura 000) (0004) | | | |

Schedule B (Form 990) (2021) Page 4 Name of organization **Employer identification number** 59-3435235 EQUALITY FLORIDA INSTITUTE, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

| | Section 501(c)(4), (5), or (6) organizat | ions: Complete Part III. | | | |
|--------|--|---------------------------------|---------------------|---|---|
| Nan | ne of organization | | | Emp | loyer identification number |
| | EQUALIT | Y FLORIDA INSTIT | UTE, INC. | | 59-3435235 |
| Pa | art I-A Complete if the org | anization is exempt und | ler 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 | | > \$ | |
| Pa | art I-B Complete if the org | anization is exempt und | ler section 501(c)(| 3). | |
| 1 | Enter the amount of any excise tax | incurred by the organization un | der section 4955 | ▶\$ | |
| | 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. | | | =6.1/ | 1/01 |
| Pa | art I-C Complete if the org | anization is exempt und | ler section 501(c), | <u>`</u> | · · · |
| | Enter the amount directly expended | , , | • | *************************************** | |
| 2 | Enter the amount of the filing organ | | | | |
| | exempt function activities | | | | |
| 3 | Total exempt function expenditures | | · | | |
| 4 | line 17b | | | | |
| 4 5 | Did the filing organization file Form Enter the names, addresses and en | | | | |
| 3 | made payments. For each organiza | • • | • | | |
| | contributions received that were pro | · | | | • |
| | political action committee (PAC). If | | | | 5 5 |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

| Sche | | | | INSTITUTE, | | | 435235 | |
|-------------|--|---------------------------------|--|--|--|---|-----------------------|------|
| Pai | rt II-A Complete if the organizati section 501(h)). | on is | exempt unde | r section 501(c) | (3) and file | ed Form 5768 (ele | ction unde | er |
| | if the filing organization belowexpenses, and share of exce | ss lobb | ying expenditure | es). | | group member's name | , address, Ell | N, |
| B Cr | if the filing organization chec Limits on Lol (The term "expenditures" i | bying | Expenditures | | рріу. | (a) Filing organization's totals | (b) Affiliated totals | |
| b c | Total lobbying expenditures to influence put Total lobbying expenditures to influence a le Total lobbying expenditures (add lines 1a ar Other exempt purpose expenditures | egislativ nd 1b) | re body (direct lo | bbying) | | 86,843. 233,157. 320,000. 3,924,765. | | |
| е | Total exempt purpose expenditures (add lin Lobbying nontaxable amount. Enter the am | es 1c a | nd 1d) om the following t | able in both columns | | 4,244,765. 362,238. | | |
| | If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 | 20 \$1 \$1 \$2 | % of the amount 00,000 plus 15% 75,000 plus 10% | caxable amount is: on line 1e. of the excess over \$ of the excess over \$ of the excess over \$ | \$1,000,000. | | | |
| • | Grassroots nontaxable amount (enter 25% of Subtract line 1g from line 1a. If zero or less, Subtract line 1f from line 1c. If zero or less, If there is an amount other than zero on eith reporting section 4911 tax for this year? | enter -(enter -0 er line |). - 1h or line 1i, did 1 | he organization file F | Form 4720 | 90,560. | Yes | □ No |
| | (Some organizations that made | 4-Yea a sect | ar Averaging Pe ion 501(h) electi separate instruc | riod Under Section | 501(h) complete all c rough 2f.) | | | |
| | LOI | uyınıg | Expenditures Di | aring 4- tear Averag | jiriy Perioa | | | |

| Lobbying Expenditures During 4-Year Averaging Period | | | | | | | | |
|---|-----------------|-----------------|-----------------|------------------|------------|--|--|--|
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total | | | |
| 2a Lobbying nontaxable amount | 307,962. | 330,206. | 335,427. | 362,238. | 1,335,833. | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 2,003,750. | | | |
| c Total lobbying expenditures | 132. | | 300,427. | 320,000. | 620,559. | | | |
| d Grassroots nontaxable amount | 76,991. | 82,552. | 83,857. | 90,560. | 333,960. | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 500,940. | | | |
| f Grassroots lobbying expenditures | | | | 86,843. | 86,843. | | | |

Schedule C (Form 990) 2021

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? | No | 0 | | |
|--|-------------------|---------------|-------|-------|
| 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? | | | Amo | ount |
| 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? | | | | |
| 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? | | | | |
| 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? | | | | |
| 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? | | | | |
| d Mailings to members, legislators, or the public? | | | | |
| | | | | |
| Publications or published or broadcast statements? | | | | |
| | | | | |
| f Grants to other organizations for lobbying purposes? | | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| i Other activities? | | | | |
| j Total. Add lines 1c through 1i | | | | |
| a 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)(4) | <u> </u> 5) or | 500 | tion | |
| 501(c)(6). | 0), 01 | 300 | LIOII | |
| 33 · (4)(4). | | | Yes | N |
| Were substantially all (90% or more) dues received nondeductible by members? | Γ | 1 | | |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | | |
| | г | 3 | | |
| 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR | • | | | 3, is |
| art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." | (b) P | art II | | 3, is |
| art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members | (b) P | | | 3, is |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6)) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political | (b) P | art II | | 3, is |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | (b) P | art II | | 3, is |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members 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 | (b) P | 1 2a | | 3, is |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members 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 b Carryover from last year | (b) P | art II | | 3, is |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members 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 b Carryover from last year c Total | (b) P | 1 2a 2b | | 3, is |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members 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 b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | (b) P | 1 2a 2b 2c | | 3, is |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members 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 b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | (b) P | 1 2a 2b 2c | | 3, is |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members 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 b Carryover from last year 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 | (b) P | 1 2a 2b 2c | | 3, is |
| Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year 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 | (b) P | 1 2a 2b 2c 3 | | 3, is |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

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

| Pai | organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line | | nds or Ac | counts. Complete if the |
|-----|--|---------------------------------------|----------------------|---------------------------------|
| | organization anomored 100 orn orn 000,1 artify, into | (a) Donor advised funds | (1 | b) Funds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in v | vriting that the assets held in donor | advised fund | s |
| | are the organization's property, subject to the organization's e | exclusive legal control? | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ad | | | |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or for any other pur | oose conferri | ng |
| | impermissible private benefit? | | | Yes No |
| Pai | t II Conservation Easements. Complete if the org | anization answered "Yes" on Form | 990, Part IV, | line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | | |
| | Preservation of land for public use (for example, recreat | ion or education) Preservat | ion of a histo | rically important land area |
| | Protection of natural habitat | Preservat | ion of a certit | fied historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifi | ed conservation contribution in the | form of a cor | servation easement on the last |
| | day of the tax year. | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | 2a |
| b | Total acreage restricted by conservation easements | | | 2b |
| С | Number of conservation easements on a certified historic stru | cture included in (a) | | 2c |
| d | Number of conservation easements included in (c) acquired a | fter 7/25/06, and not on a historic s | tructure | |
| | listed in the National Register | | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated b | y the organiz | zation during the tax |
| | year ▶ | | | |
| 4 | Number of states where property subject to conservation eas | ement is located | | |
| 5 | Does the organization have a written policy regarding the peri | • • • • • | g of | |
| | violations, and enforcement of the conservation easements it | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, I | nandling of violations, and enforcing | conservation | n easements during the year |
| | <u> </u> | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ling of violations, and enforcing con | servation eas | ements during the year |
| _ | > \$ | | . = = (1) (1) (=) (| |
| 8 | Does each conservation easement reported on line 2(d) above | • | . , . , . , . | |
| _ | and section 170(h)(4)(B)(ii)? | | | |
| 9 | In Part XIII, describe how the organization reports conservation | · | | |
| | balance sheet, and include, if applicable, the text of the footn organization's accounting for conservation easements. | • | atements ma | it describes the |
| Pai | t III Organizations Maintaining Collections of | Art. Historical Treasures. c | r Other Si | milar Assets. |
| | Complete if the organization answered "Yes" on Form | | | |
| 12 | If the organization elected, as permitted under FASB ASC 958 | | ent and hala | nce sheet works |
| ıu | of art, historical treasures, or other similar assets held for pub | , , | | |
| | service, provide in Part XIII the text of the footnote to its finan | , | | oc of public |
| h | If the organization elected, as permitted under FASB ASC 958 | | | sheet works of |
| | art, historical treasures, or other similar assets held for public | | | |
| | provide the following amounts relating to these items: | childright, education, or recearer in | r iai ti ioi ai ioo | or public corvice, |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | > \$ |
| | | | | k 4 |
| 2 | If the organization received or held works of art, historical trea | | | provide |
| _ | the following amounts required to be reported under FASB AS | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | · · | | > \$ |
| | Assets included in Form 990, Part X | | | |
| | For Paperwork Reduction Act Notice, see the Instructions | | | Schedule D (Form 990) 2021 |

132051 10-28-21

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value | | | |
|--------------------------|--|---------------------------------|------------------------------|----------------|--|--|--|
| 1a Land | | | | | | | |
| b Buildings | | | | | | | |
| c Leasehold improvements | | | | | | | |
| d Equipment | | 16,209. | 12,237. | 3,972. | | | |
| e Other | | 3,658. | 2,134. | 1,524. | | | |
| | otal. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.) | | | | | | |

Schedule D (Form 990) 2021

| Schedule D (Form 990) 2021 EQUALITY FLO Part VII Investments - Other Securities. | RIDA INSTITU | TE, INC. 59 | 0-3435235 Page 3 |
|--|--|---|------------------------|
| Complete if the organization answered "Yes" o | n Form 990, Part IV, line | 11b. See Form 990, Part X, line 12. | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or en | d-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" o | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or en | d-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. | | | |
| | n Form 000 Dort IV line | 11d Coo Form 000 Port V line 15 | |
| Complete if the organization answered "Yes" o | n Form 990, Part IV, line Description | Trd. See Form 990, Part X, line 15. | (b) Pook value |
| | <i>Jescription</i> | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| <u>(4)</u> | | | |
| <u>(5)</u> (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 15) | | |
| Part X Other Liabilities. | 10.) | | 1 |
| Complete if the organization answered "Yes" o | n Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | j. |
| 1. (a) Description of liability | <u> </u> | , | (b) Book value |
| (1) Federal income taxes | | | ` ` |
| (2) DUE TO AFFILIATE | | | 27,011. |
| (3) | | | , |
| (4) | | | |
| (5) | | | |

27,011. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

(6) (7) (8)

| Pa | rt XI Reconciliation of Revenue per Audited Financial Stateme | nts With I | Revenue per Re | turn. | |
|----|---|------------|----------------|--------|------------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | • | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 4,889,429. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | 66,988. | | |
| b | Donated services and use of facilities | 2b | 111,614. | | |
| С | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 178,602. |
| 3 | Subtract line 2e from line 1 | | | 3 | 4,710,827. |
| 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 | 8,007. | | |
| b | Other (Describe in Part XIII.) | 4b | 248,207. | | |
| С | Add lines 4a and 4b | | | 4c | 256,214. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 4,967,041. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Stateme | ents With | Expenses per F | Returi | n. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 4,100,165. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | 111,614. | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 2,107. | | |
| е | Add lines 2a through 2d | | | 2e | 113,721. |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,986,444. |
| 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 | 8,007. | | |
| b | Other (Describe in Part XIII.) | 4b | 250,314. | | |
| С | Add lines 4a and 4b | | | 4c | 258,321. |
| | Add lines 4d and 4b | | | 70 | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. | | | 5 | 4,244,765. |

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 PUBLICLY 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) 2021

| Schedule D (Form 990) 2021 EQUALITY FLORIDA INSTITUTE, INC. Part XIII Supplemental Information (continued) | 59-3435235 Page 5 |
|---|-------------------|
| BELIEVE IT HAS ANY MATERIAL INCOME TAX EXPOSURE RELATING TO | UNCERTAIN TAX |
| POSITIONS. THE ORGANIZATION'S TAX FILINGS ARE GENERALLY OPEN | I FOR |
| EXAMINATION BY TAXING AUTHORITIES FOR THREE YEARS AFTER THE | DATE OF |
| FILING. | |
| | |
| PART XI, LINE 4B - OTHER ADJUSTMENTS: | |
| GALA EXPENSES NET WITH CONTRIBUTIONS IN AUDIT REPORT | 362,199. |
| GALA FUNDRAISING EXPENSES REPORTED ON LINE 8B OF PART VIII | -111,885. |
| LOSS ON DISPOSAL OF ASSETS REPORTED ON LINE 7C(II) OF PART | |
| VIII | -2,107. |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B | 248,207. |
| | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | |
| LOSS ON DISPOSAL OF ASSETS REPORTED ON LINE 7C(II) OF PART | |
| VIII | 2,107. |
| | |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | |
| GALA EXPENSES NET WITH CONTRIBUTIONS IN AUDIT REPORT | 362,199. |
| GALA FUNDRAISING EXPENSES REPORTED ON LINE 8B OF PART VIII | -111,885. |
| TOTAL TO SCHEDULE D, PART XII, LINE 4B | 250,314. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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

2021

Open to Public Inspection

Name of the organization

EQUALITY FLORIDA INSTITUTE, INC.

Employer identification number 59-3435235

Part I 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. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations f X Solicitation of government grants X Phone solicitations g X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) HUDSON BAY COMPANY OF PHONE CANVASSING, OUTREACH Yes No EDUCATION OF SUPPORTERS Х ILLINOIS - 941 O ST, STE 625 167,750 136,577 31,173. 167,750 136 577 31 173. Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. FL, CA, NY

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2021

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

| | | of fundraising event contributions and gro | oss income on | Form 990 | EZ, lines 1 and 6b. List e | events with gross receipt | s greater than \$5,000. |
|-----------------|------|--|-----------------|---------------|--|---------------------------|----------------------------|
| | | | (a) Even | | (b) Event #2 | (c) Other events | (d) Total events |
| | | | | | SUNCOAST | | (add col. (a) through |
| | | | BROWARD | GALA | CELEBRATION | 7 | col. (c)) |
| | | | (event ty | /pe) | (event type) | (total number) | Coi. (C)) |
| lle u | | | | | | | |
| Revenue | 1 | Gross receipts | 533 | ,066. | 420,411. | 399,293. | 1,352,770. |
| ا۳ | | | | | | | |
| | 2 | Less: Contributions | 521 | <u>,915.</u> | 412,631. | 355,593. | 1,290,139. |
| | | | | | | | |
| | 3 | Gross income (line 1 minus line 2) | 11 | <u>,151.</u> | 7,780. | 43,700. | 62,631. |
| | _ | | | | | | |
| | 4 | Cash prizes | | | | | |
| | _ | Namanah miinaa | 1 11 | 151 | 7,780. | 43,700. | 62 631 |
| S | 5 | Noncash prizes | | <u>,151.</u> | 1,100. | 43,700. | 62,631. |
| Direct Expenses | 6 | Rent/facility costs | 7 | ,730. | 13,586. | | 21,316. |
| ×pe | Ü | Tient tability code | , | <i>,,,,,,</i> | 23/3001 | | 21/3100 |
| 핅 | 7 | Food and beverages | 27 | ,722. | 18,020. | | 45,742. |
| je | | | | , | , , , | | - , |
| ٦ | 8 | Entertainment | | | | | |
| | 9 | Other direct expenses | 15 | ,957. | 1,235. | 30,808. | 48,000. |
| | 10 | Direct expense summary. Add lines 4 through | 9 in column (d | d)(b | | > | 177,689. |
| | | Net income summary. Subtract line 10 from li | | d) | | > | -115,058. |
| Pa | rt I | | answered "Yes | " on Form | 990, Part IV, line 19, or r | reported more than | |
| | | \$15,000 on Form 990-EZ, line 6a. | | | | | |
| <u>e</u> | | | (a) Bin | go | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add |
| Revenue | | | | | niligo/progressive niligo | | col. (a) through col. (c)) |
| Be | | | | | | | |
| | 1 | Gross revenue | | | | | |
| | 2 | Cash prizes | | | | | |
| ses | 2 | Casir prizes | | | | | |
| Expenses | 3 | Noncash prizes | | | | | |
| Ä | Ŭ | Tronbadir prizad | | | | | |
| Direct | 4 | Rent/facility costs | | | | | |
| اة | | | | | | | |
| | 5 | Other direct expenses | | | | | |
| | | | Yes | % | Yes % | Yes % | |
| | 6 | Volunteer labor | ☐ No | | ☐ No | No | |
| | | | | | | | |
| | 7 | Direct expense summary. Add lines 2 through | 5 in column (c | d) | | > | |
| | | | | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, co | lumn (d) | | > | |
| | _ | | | | | | |
| | | ter the state(s) in which the organization condu | | _ | | | |
| | | the organization licensed to conduct gaming ac | | | states? | | Yes No |
| D | 11 " | No," explain: | | | | | |
| | _ | | | | | | |
| 10a | We | ere any of the organization's gaming licenses re | voked, suspen | ided, or te | rminated during the tax v | vear? | Yes No |
| | | Yes," explain: | | | | | |
| _ | | | | | | | |
| | | | | | | | |
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Schedule G (Form 990) 2021

132082 10-21-21

| Schedule G (Form 990) 2021 EQUALITY FLORIDA INSTITUTE, INC. | 59-3435235 Page 3 |
|--|--|
| 11 Does the organization conduct gaming activities with nonmembers? | Yes No |
| 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for | |
| to administer charitable gaming? | Yes No |
| 13 Indicate the percentage of gaming activity conducted in: | |
| a The organization's facility | 13a % |
| b An outside facility | |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books a | |
| | |
| Name ▶ | |
| Address | _ |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming rever | nue? Yes No |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and | d the amount |
| of gaming revenue retained by the third party \$ | |
| c If "Yes," enter name and address of the third party: | |
| - · · · · · · · · · · · · · · · · · · · | |
| Name | |
| Address > | |
| 16 Gaming manager information: | |
| Name ▶ | |
| | |
| Gaming manager compensation > \$ | |
| Description of convices provided | |
| Description of services provided | |
| | |
| | |
| Director/officer Employee Independent contractor | |
| | |
| 17 Mandatory distributions: | |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to | |
| retain the state gaming license? | Yes No |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations of | or spent in the |
| organization's own exempt activities during the tax year \$ Supplemental Information | |
| Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii | ii) and (v); and Part III, lines 9, 9b, 10b, |
| 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | |
| COMPONED OF DADM T. LINE OR LIGHT OF MEN MICHEM DAID DE | NDD A T GED G |
| SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FU | NDRAISERS: |
| | |
| | |
| /T) NAME OF THEODATORS WIDON DAY COMPANY OF THE MOTO | |
| (I) NAME OF FUNDRAISER: HUDSON BAY COMPANY OF ILLINOIS | |
| /T ADDRESS OF FINDDATSED. 041 O SM SME 625 I INCOIN N | E 60500 |
| (I) ADDRESS OF FUNDRAISER: 941 O ST, STE 625, LINCOLN, N | E 68508 |
| | |
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| Schedule G | (Form 990) | EQUALITY | FLORIDA | INSTITUTE, | INC. | 59-3435235 | Page 4 |
|------------|----------------------------------|------------------|---------|------------|------|------------|--------|
| Part IV | (Form 990) Supplemental Infor | mation (continue | ed) | | | | |
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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.

2021
Open to Public

Inspection

Schedule I (Form 990) 2021

| Name of the organization EQUALITY | FLORTDA T | NSTITUTE, I | NC. | | | | Employer identification number 59-3435235 |
|---|---------------------------|------------------------------------|--------------------------|----------------------------------|---|---------------------------------------|---|
| Part I General Information on Grants a | | MOIIIOIL, I | | | | | 33 3433233 |
| Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro | stance?ocedures for monit | toring the use of grant | t funds in the United | d States. | | | X Yes No |
| Part II Grants and Other Assistance to recipient that received more than to | | | | | anization answered "Y | es" on Form 990, Par | t IV, line 21, for any |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| EQUALITY FLORIDA ACTION, INC. PO BOX 13184 ST. PETERSBURG, FL 33733 | 47-1338104 | 501(C)(4) | 320,000. | 0 | N/A | N/A | FUNDING TO SUPPORT LOBBYING ACTIVITIES |
| 21. 1212X32XXX, 12 00.00 | 1, 2000201 | 3213/(1/ | 320,000 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization | - | - | lne line 1 table | | | | |

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

| Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed. | . Complete il trie | organization answ | ered res on Form 9 | 90, Part IV, line 22. | |
|--|---------------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| | | | | | |
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| | | | | | |
| Part IV Supplemental Information. Provide the information req | uired in Part I, lin | e 2; Part III, column | ı (b); and any other ac | Iditional information. | |
| PART I, LINE 2: | | | | | |
| THE ORGANIZATION MONITORS THE USE (| OF GRANT | FUNDS VIA | APPROVED B | UDGETS, | |
| PERIODIC BUDGET VS. ACTUAL AND PRO | GRESS REP | ORTS, AND | SITE VISIT | S. | |
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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.

► 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 | | | l |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| | | | | l |
| 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 | | |
| 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 | | |
| | | | | |
| 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. | | | l |
| | Compensation committee Written employment contract | | | |
| | Independent compensation consultant X Compensation survey or study | | | |
| | Form 990 of other organizations Approval by the board or compensation committee | | | l |
| | | | | |
| 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: | _ | | 37 |
| a | Receive a severance payment or change-of-control payment? | 4a | | X |
| b | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | X |
| С | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | l |
| | Only position 504(a)(2), 504(a)(4), and 504(a)(90) aggregations must consulate lines 5.0 | | | |
| _ | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | l |
| 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: | | | l |
| _ | | 5a | | х |
| | | 5b | | X |
| J | Any related organization? If "Yes" on line 5a or 5b, describe in Part III. | <u> </u> | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | l |
| · | contingent on the net earnings of: | | | l |
| а | The organization? | 6a | | Х |
| | Any related organization? | 6b | | Х |
| | 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 | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | х | |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | Х |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | |

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

Schedule J (Form 990) 2021

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.

| | | (B) Breakdown of W | /-2 and/or 1099-MIS0 compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B) |
|------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------|-----------------------------------|-------------------------|---|---------------|
| (A) Name and Title | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 | |
| (1) NADINE SMITH | (i) | 160,723. | 75,990. | 16,803. | 12,487. | 18,171. | 284,174. | 0. |
| CEO | (ii) | 28,363. | 13,410. | 2,965. | 2,204. | 3,207. | | 0. |
| (2) STRATTON POLLITZER | (i) | 156,390. | 73,610. | 15,677. | 11,642. | 8,570. | 265,889. | 0. |
| DEPUTY DIRECTOR | (ii) | 27,598. | 12,990. | 2,767. | 2,054. | 1,512. | 46,921. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | <u> </u> |
| | (i) | | | | | | | |
| | (ii) | | | | | | | <u> </u> |

| 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. |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

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

| Pai | rt I Types of Property | | | | | | |
|-----|--|----------------|----------------------------|--|-----------------|-------------|----|
| | | (a) | (b) | (c) | (d) | | |
| | | Check if | Number of contributions or | Noncash contribution amounts reported on | Method of d | • | |
| | | applicable | items contributed | Form 990, Part VIII, line 1g | noncash contrib | ution amoun | is |
| 1 | Art - Works of art | Х | 107 | | WINNING BID | <u> </u> | |
| 2 | Art - Historical treasures | | | , | | | |
| 3 | Art - Fractional interests | | | | | | |
| 4 | Books and publications | | | | | | |
| 5 | Clothing and household goods | | | | | | |
| 6 | Cars and other vehicles | | | | | | |
| 7 | Boats and planes | | | | | | |
| 8 | Intellectual property | | | | | | |
| 9 | Securities - Publicly traded | Х | 4 | 437,041. | AVERAGE EXC | HANGE | |
| 10 | Securities - Closely held stock | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | |
| | trust interests | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | |
| | Historic structures | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | |
| 15 | Real estate - Residential | | | | | | |
| 16 | Real estate - Commercial | | | | | | |
| 17 | Real estate - Other | | | | | | |
| 18 | Collectibles | | | | | | |
| 19 | Food inventory | X | 7 | 41,924. | FAIR MARKET | ' VALUE | |
| 20 | Drugs and medical supplies | | | | | | |
| 21 | Taxidermy | | | | | | |
| 22 | Historical artifacts | | | | | | |
| 23 | Scientific specimens | | | | | | |
| 24 | Archeological artifacts | | | | | | |
| 25 | Other () | | | | | | |
| 26 | Other () | | | | | | |
| 27 | Other () | | | | | | |
| 28 | Other (| | | | | | |
| 29 | Number of Forms 8283 received by the organization which the property of the second state of Forms 8283 | - | | | | 0 | ı |
| | for which the organization completed Form 828 | 33, Part V, L | onee Acknowleag | ement 29 | | | 1 |
| 200 | During the year, did the organization receive by | , contributio | n any proporty rop | arted in Dart L lines 1 throug | sh 20 that it | Yes | No |
| SUA | must hold for at least three years from the date | | | | | | |
| | exempt purposes for the entire holding period? | | , | · | | 30a | Х |
| h | If "Yes," describe the arrangement in Part II. | | | | | 30a | 1 |
| 31 | Does the organization have a gift acceptance p | oolicy that re | equires the review (| of any nonstandard contribut | rions? | 31 X | |
| | Does the organization hire or use third parties of | | | | | 31 22 | _ |
| JŁU | contributions? | | _ | | | 32a X | |
| b | If "Yes," describe in Part II. | | | | | 32u 11 | |
| 33 | If the organization didn't report an amount in c | olumn (c) fo | r a type of property | for which column (a) is chec | cked. | | |
| | describe in Part II. | | , p. c. p. oport) | 25.41111 (4) 10 01100 | ··· | | |
| | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

> EQUALITY FLORIDA INSTITUTE, INC.

Employer identification number 59-3435235

| FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: |
|--|
| - EMBEDDED THE "SAFE SCHOOLS EQUALITY INDEX," A CLEARLY ARTICULATED |
| GUIDE HALLMARKING BOTH MACRO AND MICRO GOLD STAR BEST PRACTICES THAT |
| SCHOOL DISTRICTS INCORPORATE INTO ALL STRATEGIC, ONGOING EFFORTS TO |
| ENSURE THE WELL-BEING AND RESILIENCY OF LGBTQ+ STUDENTS IN THEIR |
| RESPECTIVE DISTRICTS. |
| |
| - DESIGNED, MANAGED, AND HOSTED THE EIGHTH ANNUAL "ALL TOGETHER NOW: |
| SECURING SAFE LEARNING ENVIRONMENTS FOR LGBTQ+ STUDENTS IN FLORIDA" |
| CONFERENCE THIS YEAR WITH OVER 400 ATTENDEES FROM OVER 40 SCHOOL |
| DISTRICTS PRESENT. THE CONFERENCE FEATURED A KEYNOTE ADDRESS BY THE |
| U.S. DEPARTMENT OF EDUCATION'S ASSISTANT SECRETARY FOR THE OFFICE OF |
| CIVIL RIGHTS. |
| |
| - LAUNCHED THREE HALF-DAY "TRANSGENDER MENTAL HEALTH SUMMITS" ACROSS |
| THE STATE IN LARGE, URBAN SCHOOL DISTRICTS AS WELL AS SMALL, RURAL |
| DISTRICTS, BRINGING TOGETHER 450 SCHOOL DISTRICT LEADERS, |
| PSYCHOLOGISTS, SOCIAL WORKERS AND COUNSELORS TO LEARN FROM A SUITE OF |
| PROFESSIONALS SPECIALIZING IN TRANSGENDER NEEDS IN SCHOOLS, HOME AND |
| THE COMMUNITY. |
| |
| - CONTINUED "LEGAL NOTES" VIA OUR EQUALITY FLORIDA SCHOOL DISTRICT |
| ATTORNEY ADVISORY GROUP AND SOUTHERN LEGAL LAW FIRM FOR THE PURPOSE OF |
| ENSURING THE KNOWLEDGE GAPS BETWEEN POLICY, LAW, AND PRACTICE WERE |
| BRIDGED. |
| |

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

Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization EQUALITY FLORIDA INSTITUTE, INC.

Employer identification number 59-3435235

- HOSTED THE YOUTH LEADERSHIP COUNCIL WHICH SUPPORTED 15 YOUTH FROM

ACROSS THE STATE FOR A YEAR-LONG LEADERSHIP JOURNEY TO TEACH LEADERSHIP

SKILLS, SELF-AGENCY, AND YOUTH EMPOWERMENT IN AN INCLUSIVE ENVIRONMENT.

- SUSTAINED ONGOING RELATIONSHIPS AND CONTINUED PROFESSIONAL

DEVELOPMENT TO IMPACT ALL 67 FLORIDA SCHOOL DISTRICTS. OUR ONGOING

RELATIONSHIPS WITH MANY OF OUR SMALL, RURAL SCHOOL DISTRICTS AND EVERY

MID-SIZED AND LARGE, URBAN DISTRICT STATEWIDE, HELPS TO EXPAND OUR

PROFESSIONAL DEVELOPMENT TRAINING TO PRINCIPALS, ASSISTANT PRINCIPALS,

COUNSELORS, SOCIAL WORKERS, SCHOOL PSYCHOLOGISTS, AND TEACHERS TO OVER

34,250 INDIVIDUALS.

- WORKED CLOSELY WITH SCHOOL BOARD MEMBERS WHO NEEDED CONSULTATION AND
GUIDANCE DURING ONGOING CHALLENGES AND PUSHBACK FROM ANTI-LGBTQ+
ORGANIZATIONS.

TRANSGENDER INCLUSION:

- CONDUCTED OVER 50 TRANSGENDER CULTURAL COMPETENCY WORKSHOPS FOR

 FLORIDA'S MAJOR EMPLOYERS, WHICH INCLUDED CORPORATIONS, LAW

 ENFORCEMENT, FAITH-BASED ORGANIZATIONS, AND GOVERNMENTAL ORGANIZATIONS.

 WE CONDUCTED TRANSGENDER CULTURAL COMPETENCY WORKSHOPS IN 5 SHRM COUNTY

 CHAPTERS AND AT THE ANNUAL SHRM STATE CONFERENCE.
- CONDUCTED NUMEROUS VIRTUAL TOWN HALL EDUCATIONAL EVENTS FEATURING
 RESPECTED EXPERTS AND PANELISTS WITH LIVED EXPERIENCE THAT INCLUDED
 TOPICS SUCH AS THE TRANSGENDER IMMIGRANT EXPERIENCE, ADDRESSING THE
 IMPLICATIONS OF HARMFUL GUIDANCE FROM THE DEPARTMENT OF HEALTH, AND

TRANSITIONING WHILE BLACK.

<u>Schedule O (Form 990) 2021</u> Page **2**

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

- CONDUCTED OUR SECOND AND THIRD TRANSACTION LEADERSHIP ACADEMY CLASSES
IN ORLANDO AND SARASOTA/MANATEE. BOTH CLASSES WERE WELL ATTENDED,
ENGAGED AND HELPED DEVELOP 20 TRANS AND NONBINARY FUTURE COMMUNITY
LEADERS AND ADVOCATES IN FLORIDA. THE SARASOTA/MANATEE CLASS HEAVILY
PARTICIPATED IN VOTER TURNOUT EFFORTS TARGETING UNDERSERVED AND
UNDERREPRESENTED COMMUNITIES SUCH AS TRANS AND NONBINARY FLORIDIANS.

TRANSGENDER FLORIDIANS. A TRANS HEALTHCARE BAN BILL WAS INTRODUCED AND

FAILED AND A TRANSGENDER YOUTH SPORTS BAN WAS PASSED DESIGNED TO

PROHIBIT TRANS FEMALE YOUTH FROM PARTICIPATING IN SPORTS AT THE HIGH

SCHOOL, COLLEGE, OR ADULT LEVELS. OUR EFFORTS WERE FOCUSED ON

MOBILIZING TRANS YOUTH AND THEIR PARENTS TO PUSH BACK AGAINST THIS

HARMFUL LEGISLATION. OUR EFFORTS ARE CONTINUING AS WE EDUCATE AND

PREPARE TO PUSH BACK AGAINST ANTI-TRANS LEGISLATION IN THE FUTURE.

- OUR STATEWIDE TRANSACTION FLORIDA NETWORK NOW CONSISTS OF OVER 1,200

MEMBERS FORMING A STATEWIDE MOVEMENT TO INCREASE AWARENESS OF THE

TRANSGENDER AND NONBINARY COMMUNITY AND TO SHARE INFORMATION AND

RESOURCES ACROSS THE STATE.

- INITIATED A TRANSACTION PARENT NETWORK TO SUPPORT PARENTS OF LGBTQ+

CHILDREN IN THE STATE OF FLORIDA TRANS ACTION HAS PARTICIPATED IN

AND/OR HELPED COORDINATE MULTIPLE LISTENING SESSIONS FOR TRANSGENDER

AND NONBINARY YOUTH AND LEADERS INCLUDING THOSE HOSTED BY THE WHITE

HOUSE, DEPARTMENT OF HOMELAND SECURITY AND THE DEPARTMENT OF EDUCATION.

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

HIV MODERNIZATION:

- FACILITATED CONVERSATIONS BETWEEN PEOPLE AFFECTED BY HIV/AIDS AND
 ALLIES AND THEIR ELECTED OFFICIALS AND AGENCY LEADERS TO DISCUSS POLICY
 PRIORITIES FOR PEOPLE LIVING WITH HIV/AIDS.
- OUR PUBLIC POLICY DIRECTOR, DIRECTOR OF TRANSGENDER EQUALITY, HEALTH

 EQUITY TRAINER, AND PUBLIC POLICY ASSOCIATE BRIEFED THE HOUSE

 DEMOCRATIC STAFF AND 12 REPRESENTATIVES' OFFICES ON HIV MODERNIZATION

 AND PREP & PEP ACCESS LEGISLATION. THIS WAS A UNIQUE CHANCE TO CENTER

 HIV ISSUES WHEN LEGISLATIVE LEADERSHIP REFUSED TO GIVE US A HEARING TO

 DEBATE THE ISSUES.
- MANAGED THE "EQUALITY FLORIDA HIV ADVOCACY GROUP" FACEBOOK PAGE OF

 OVER 250 MEMBERS WHERE INDIVIDUALS AND HIV-FOCUSED AND HIV-LED

 ORGANIZATIONS SHARE IN-DEPTH INFORMATION, PROMOTE OR LIVE STREAM

 COMMUNITY EVENTS, AND NETWORK VIRTUALLY, IN ENGLISH AND SPANISH.

LGBTO+ HEALTHCARE EOUITY:

- IN 2021, EQUALITY FLORIDA LAUNCHED OUR STATEWIDE HEALTHCARE EQUITY

 INITIATIVE DESIGNED TO BRING AFFIRMING HEALTHCARE TO THE FLORIDA LGBTQ+

 COMMUNITY. WE ACHIEVED OUR GOAL OF EXPANDING TO FLORIDA'S WEST COAST

 AND HAVE ESTABLISHED A PARTNERSHIP WITH PLANNED PARENTHOOD OF SOUTHWEST

 AND CENTRAL FLORIDA TO BETTER UNDERSTAND BARRIERS TO CARE FOR LGBTQ

 PEOPLE AND INCREASE CULTURAL COMPETENCE. WE ARE FINALIZING OUR THIRD

 PARTNERSHIP IN FLORIDA, FOCUSING ON THE MIAMI-DADE AREA.
- A DEDICATED HEALTH EQUITY TRAINER WAS HIRED AND HELD OUR FIRST TWO
 LGBTQ+ AFFIRMING HEALTHCARE TRAININGS WITH BROWARD HEALTH, QUICKLY AND

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

EFFICIENTLY TRAINING OVER 40 STAFF, INCLUDING BROWARD HEALTH IMPERIAL POINT'S CEO, TO HELP THEM IMPROVE THEIR HEALTH EQUITY INDEX SCORE WITH THE HUMAN RIGHTS CAMPAIGN.

- WE PARTNERED WITH THE SOUTH FLORIDA TRANSGENDER MEDICAL CONSORTIUM TO

PROVIDE EDUCATIONAL AND NETWORKING OPPORTUNITIES TO 100 OF BROWARD

HEALTH'S FRONTLINE MEDICAL STAFF.

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

- MOBILIZED AGAINST SCHOOL BOARD ATTACKS, ATTEMPTS TO INTRODUCE

SO-CALLED SANCTUARY CITY ORDINANCES, AND FOUGHT AGAINST ST. PETERSBURG

MUNICIPAL FUNDING ALLOCATION TO ANTI-ABORTION CLINICS.

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.

FEDERAL LEVEL: TRAINED ADVOCATES FOR, PARTICIPATED IN, AND LED MULTIPLE

MEETINGS WITH FLORIDA'S CONGRESSIONAL DELEGATION REGARDING THE NEED FOR

FEDERAL LGBTQ NONDISCRIMINATION PROTECTIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MOBILIZATION:

- MOBILIZED 400 VOLUNTEERS IN SUPPORT OF LGBTQ EQUALITY
- GREW OUR SUPPORTER BASE BY 15,000

EXPENSES \$ 302,018. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization EQUALITY FLORIDA INSTITUTE, INC.

Employer identification number 59-3435235

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

FORM 990 IS FIRST REVIEWED BY THE CEO, TREASURER AND FINANCE COMMITTEE. THE
FORM IS THEN DISTRIBUTED TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND
COMMENT PRIOR TO FILING.

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

ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING
BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST,
MUST DISCLOSE THE EXISTENCE OF THE ACTUAL OR POSSIBLE FINANCIAL INTEREST

IMMEDIATELY UPON DISCOVERY. PROCEDURES FOR ADDRESSING THE CONFLICT ARE

DOCUMENTED IN THE MINUTES. THE MINUTES SHALL CONTAIN: (A) THE NAMES OF THE
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

Name of the organization

EQUALITY FLORIDA INSTITUTE, INC.

Employer identification number 59-3435235

LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE
POSITIONS, THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA OF
THE ORGANIZATION, CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT
FIRMS, AND ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS COMPETING FOR
THE SERVICES OF THE COMPENSATED PERSON. REVIEW AND APPROVAL IS PROMPTLY
RECORDED IN THE MINUTES AND CONTAIN: (A) THE TERMS OF THE COMPENSATION AND
DATE APPROVED; (B) THE NAMES OF THE MEMBERS WHO WERE PRESENT AND VOTED ON
THE COMPENSATION; (C) THE COMPARABILITY DATA OBTAINED AND RELIED UPON, AND
HOW IT WAS OBTAINED; (D) ANY ACTION TAKEN WITH RESPECT TO CONSIDERATION OF
THE COMPENSATION BY A MEMBER WHO HAD A CONFLICT OF INTEREST WITH RESPECT TO
THE COMPENSATION; AND (E) IF THE REASONABLE COMPENSATION IS HIGHER OR LOWER
THAN THE RANGE OF COMPARABILITY DATA OBTAINED, AND THE BASIS FOR THE
DECISION. THE CURRENT SALARY OF OUR CEO HAS BEEN FOUND TO BE IN THE

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

THE ORGANIZATION'S FORM 990 IS MADE AVAILABLE ON EQUALITY FLORIDA ACTION, INC.'S WEBSITE AT WWW.EQFL.ORG.

FORM 990, PART XII, LINE 2C:

THE FINANCE COMMITTEE APPROVES THE RFP, REVIEWS PROPOSALS, AND SELECTS
THE INDEPENDENT CPA FIRM. THE CPA FIRM COMMUNICATES DIRECTLY WITH THE
FINANCE COMMITTEE DURING AUDIT PLANNING WITH RESPECT TO THE EXPECTED
TIMING AND SCOPE OF THE AUDIT AND AT THE CONCLUSION OF THE AUDIT WITH
RESPECT TO VARIOUS QUALITATIVE ASPECTS OF THE AUDIT, DIFFICULTIES

ABDITION TO VARIOUS QUARTIATIVE ABILITY OF THE AUDIT, DITTIONETED

| Scriedule O (Form 990) A | 2021 | | | | | | | | | | | Page 2 |
|--------------------------|-------|-------|-------|-------|------|-----------|--------|---------|----|---------------|---------------------------------|--------|
| Name of the organization | | UALI' | TY FL | ORIDA | A II | NSTITUTE, | INC. | | | Employe 59 | er identification n -3435235 | umber |
| ENCOUNTERED, | AND | ANY | SIGN | IFICA | NT | FINDINGS | . THIS | PROCESS | на | S NOT | CHANGED | |
| FROM THE PRI | OR YE | EAR. | | | | | | | | | | |
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

| EQUALITY | 59-3435 | 235 | | | | | | | | | | |
|---|--|--------------------------------|---|----------------------|-----------------------|-------------------------|-----------------------------|--|--|--|--|--|
| Part I Identification of Disregarded Entition | Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. | | | | | | | | | | | |
| (a) Name, address, and EIN (if applicable of disregarded entity | ₽) F | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total incor | (e) ne End-of-year | assets Direct | (f) controlling ntity | | | | | |
| | | | | | | | | | | | | |
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| Part II Identification of Related Tax-Exem organizations during the tax year. | pt Organizations. Comp | lete if the organization a | unswered "Yes" on Form 990, F | Part IV, line 34, be | ecause it had one | or more related tax-exe | empt | | | | | |
| (a) | | (b) | (c) | (d) | (e) | (f) | (g) | | | | | |

Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Primary activity Direct controlling controlled of related organization section status (if section entity foreign country) entity? 501(c)(3)) Yes No EQUALITY FLORIDA, INC. - 59-3540715 CIVIL RIGHTS ADVOCACY P.O. BOX 13184 DEDICATED TO EQUALITY FOR ST PETERSBURG, FL 33733 THE LGBT COMMUNITY FLORIDA 501(C)(4) N/A Х CIVIL RIGHTS ADVOCACY EQUALITY FLORIDA ACTION, INC. - 47-1338104 P.O. BOX 13184 DEDICATED TO EQUALITY FOR ST PETERSBURG, FL 33733 THE LGBT COMMUNITY FLORIDA 501(C)(4) N/A Х EQUALITY FLORIDA ACTION PAC, INC. -POLITICAL ACTION COMMITTEE 20-5335568, P.O. BOX 13184, ST PETERSBURG, DEDICATED TO ELECTING FL 33733 PRO-EQUALITY CANDIDATES FLORIDA 527 Х N/A

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

Schedule R (Form 990) 2021

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

| (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? | | (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 |
| | | | | | | | | | | | |
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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) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | ent | entity: | |
|--|--------------------------------|---|-------------------------------------|---|---------------------------------|--|--------------------------------|-----|---------|--|
| | | , | | | | | | Yes | No | |
| | | | | | | | | | | |
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| Part V 1 | Transactions With Related Organizations. | Complete if the organization answered | "Yes" on Form 99 | 0, Part IV, line 34. | , 35b, or 36. |
|----------|--|---------------------------------------|------------------|----------------------|---------------|
|----------|--|---------------------------------------|------------------|----------------------|---------------|

| Not | ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | oxdot | Yes | No | |
|--|--|-----------|----------------------------|----------------|-------|-----|----|--|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more | ore relat | ed organizations listed ir | n Parts II-IV? | | | | |
| а | a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | | | | |
| | b Gift, grant, or capital contribution to related organization(s) | | | | 1b | X | | |
| | | | | | 1c | | X | |
| | | | | | 1d | | X | |
| | | | | | 1e | X | | |
| | | | | | | | | |
| f | f Dividends from related organization(s) | | | | 1f | | X | |
| g | | | | | 1g | | X | |
| | | | | | 1h | | X | |
| i | | | | | 1i | | X | |
| j | | | | | 1j | | X | |
| | | | | | | | | |
| k | k Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | X | |
| | | | | | | | | |
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| | | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | | 1p | | Х | |
| | | | | | 1q | Х | | |
| | | | | | | | | |
| r | r Other transfer of cash or property to related organization(s) | | | | 1r | | Х | |
| | | | | | 1s | | X | |
| d Loans or loan guarantees to or for related organization(s) 1de loans or loan guarantees by related organization(s) 1fe loans or loans guarantees by related organization(s) 1fe loans o | | | | | | | | |
| | | | (c) | (d) | olved | | | |

(1) EQUALITY FLORIDA ACTION, INC. В 320,000.CASH (2) EQUALITY FLORIDA ACTION, INC. 260,263. ALLOCATION BASED ON HOURS 0 (3) (4) (5)

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) Disproptionat allocatio | Code V-UBI amount in box 2 of Schedule K- | General of managing partner? Yes No | (k) Percentage ownership |
|--|----------------------|-----|---|--|------------------------------------|--|-----------------------------|---|--------------------------------------|--------------------------|
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