Form	990
------	-----

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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. 2022 Open to Public Inspection

		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and t	-		Open to Public Inspection
			ar year, or tax year beginning and	ending		
	Check if	C Name o	forganization		D Employer identific	ation number
	Addro Chan		LITY FLORIDA ACTION, INC.			
	chan	ge Doing b	usiness as		**-***81(
	Final Final	Number	and street (or P.O. box if mail is not delivered to street address) BOX 13184	Room/suite	E Telephone number (813) 870	
	termi		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,230,413.
	Amer	nded cm D	ETERSBURG, FL 33733-3184		H(a) Is this a group re	
	Appli		nd address of principal officer: NADINE SMITH			?
	pend		AS C ABOVE		H(b) Are all subordinates ind	
11	Tax-e>	empt status:	501(c)(3) X $501(c)$ (4) (insert no.) 4947(a)(1)	or 🗌 527		list. See instructions
	Nebs		EQFL.ORG		H(c) Group exemptior	number
KF	[:] orm o	f organization:	X Corporation Trust Association Other	L Year	of formation: 2014	I State of legal domicile: ${f FL}$
Pa	art I	Summary				
	1	Briefly describ	e the organization's mission or most significant activities: SECU	RING E	QUALITY AND	JUSTICE
nce		FOR FLO	<u>RIDA'S LESBIAN, GAY, BISEXUAL & TR</u>	ANSGEN	DER COMMUNI	ГY
Governance	2	Check this bo	x if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
ove	3	Number of vo	ting members of the governing body (Part VI, line 1a)			12
	4		lependent voting members of the governing body (Part VI, line 1b)			12
ses	5		of individuals employed in calendar year 2022 (Part V, line 2a)			38
viti	6	Total number	of volunteers (estimate if necessary)			1500
Activities &	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
					Prior Year	Current Year
ē	8	Contributions	and grants (Part VIII, line 1h)		753,374.	1,184,731.
Revenue	9	•	ce revenue (Part VIII, line 2g)		0.	24,114.
se v	10		come (Part VIII, column (A), lines 3, 4, and 7d)		1,929.	2,329.
	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		17,078.	9,114.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		772,381.	1,220,288.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		241,000.	1,500.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, othe	compensation, employee benefits (Part IX, column (A), lines 5-10)	·····	260,263.	368,754.
sue	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) <u>158, 3'</u>		0.	0.
Expenses	b	Total fundrais	ing expenses (Part IX, column (D), line 25)	/3.	007 050	400 070
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		227,250.	489,279.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		728,513.	859,533.
	19	Revenue less	expenses. Subtract line 18 from line 12		43,868.	360,755.
S OL				Ве	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (F		······	1,165,109.	1,583,189.
et A.	21		(Part X, line 26)	······	74,036.	131,361.
			fund balances. Subtract line 21 from line 20		1,091,073.	1,451,828.
	art II					
Und	er pen	aities of perjury,	I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date	
Here	NADINE SMITH, CEO				
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN	
Paid	PAUL DUNHAM			self-employed P00100222	
Preparer	Firm's name CBIZ MHM, LLC	LLC Firm's EIN **-**5969			
Use Only	Firm's address 140 FOUNTAIN PKW	Y N, STE 410			
	ST. PETERSBURG,	FL 33716		Phone no. 727 - 572 - 1400	
May the I	RS discuss this return with the preparer shown a	bove? See instructions		X Yes No	
Here NADINE SMITH, CEO Type or print name and title Print/Type preparer's name Paid PAUL DUNHAM Preparer's signature Display Preparer Firm's name CBIZ MHM, LLC Use Only Firm's address 140 FOUNTAIN PKWY N, STE 410				Form 990 (2022)	

Part III Statement of Program Service Accomplishments Cabekt Schedule Contains a response or note to any line in this Part III Firstly describe the organization measure: EQUALTRY FLOR TLA ACTION IS THE ADVOCACY ARM OF THE LARGEST CIVIL EQUALTY FLOR TLA ACTION NORKING TO SECURE FULL EQUALITY FOR FLORIDA'S LESEIAN, GAY, BISEVUAL, AND TRANSGENDER (LGBT) COMMUNITY. (CONTINUED ON SCHEDULE 0) COMMUNITY, FLORIDA ACTION IS THE ADVOCACY ARM OF THE LARGEST CIVIL EQUALITY FLORIDA ON SCHEDULE 0) D ON SCHEDULE 0. CONTINUED ON SCHEDULE 0. D ON SCHEDULE 0. D ON BOOKEZ UT 'Yes, 'describe these new services on Schedule 0. D of the organization case conducting, or make significant changes in how it conducts, any program services? □ Yes [X UT'Yes, 'describe these changes on Schedule 0. Describe these changes on Schedule 0. D on Schedule 0. Describe these changes on Schedule 0. D	Page
 Besky describe the organization's mission: EQUALITY FLORIDA ACTION IS THE ADVOCACY ARM OF THE LARGEST CIVIL RIGHTS ORGANIZATION WORKING TO SECURE FULL EQUALITY FOR FLORIDA'S LESBIAN, GAY, BISEXUAL, AND TRANSGENDER (LGBT) COMMUNITY. (CONTINUED ON SCHEDULE O) Did the organization undertake any significant program services during the year which were not listed on the prior FOR 900 e800 e800 e800 e800 e800 e800 e800	X
EQUALITY FLORIDA ACTION IS THE ADVOCACY ARM OF THE LARGEST CIVIL RIGHTS ORGANIZATION WORKING TO SECURE FULL EQUALITY FOR FLORIDA'S LESBIAN, GAY, BISEXUAL, AND TRANSGENDER (LGBT) COMMUNITY. (CONTINUED ON SCHEDULE O) DId the organization undertake any significant program services (LGBT) COMMUNITY. (CONTINUED ON SCHEDULE O) DId the organization cases conducting, or make significant changes in how it conducts, any program services?	. 🔼
RIGHTS ORGANIZATION WORKING TO SECURE FULL EQUALITY FOR FLORIDA'S LESBIAM, GAY, BISENUAL, AND TRANSGENDER (LGBT) COMMUNITY. (CONTINUED ON SCHEDULE O) 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 360 r306.27 Image: Communication cause conducting, or make significant changes in how it conducts, any program services? Image: Communication cause conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 5016(2) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplications are required to report the amount of grants and allocations to others, the total expenses, discussion 5016(2) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplications are required to report the amount of grants and allocations to others, the total expenses, discussion 5016(2) and 5016(2) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplications are required to report the amount of grants and allocations to others, the total expenses, discussion 5016(2) and 5016(2) organizations are required to report the amount of grants and allocations to others, the total expenses, discussion 5016(2) and 5016(2) organizations are required to report the amount of grants and allocations to others, the total expenses, and the organization cause complexity is a state of the second state	
LESPIAN, GAY, BISEXUAL, AND TRANSGENDER (LGBT) COMMUNITY. (CONTINUED ON SCHEDULE O) 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 980 cr Image: Communication comparison of the communication of the organization cases conducting, or make significant changes in how it conducts, any program services? Image: Communication comparison of schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services? Image: Communication comparison of schedule 0. 4 Obscribe these changes on Schedule 0. Obscribe the organization cases conducting, or make significant changes in how it conducts, any program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alcocations to others, the total expenses, and reverse. (and the organization cases conducting, or make significant changes and intervention.) Image: Communication comparison com	
Image: CONTINUED ON SCHEDULE 0) 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 980 cF20. □ Yes IX If 'Ves, 'describe these new services on Schedule 0. Image: Control of the organization case conditionments for each of its three targest program services, as measured by expenses. Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and adocations to others, the total expenses, and revenue, if any for each program service accompliations are required to report the amount of grants and adocations to others, the total expenses, and revenue, if any for each program service accompliations are required to report the amount of grants and adocations to others, the total expenses, and revenue, if any for each program service accompliations are required to report the amount of grants and adocations to others, the total expenses, and revenue, if any for each program services accompliations are required to report the amount of grants and adocations to others, the total expenses, and revenue, if any for each program service accompliations are required to report the amount of grants and adocations to others, the total expenses, and revenue, if any for each program services accompliations are required to report the amount of grants and adocations to others, the total expenses, and revenue, if any for each program service accompliations are required to report the amount of grants and adocations to others, the total expenses, and revenue, if any for each program services, and the services any for each program services accompliations are required to report the amount of grants and adocations to others, the total expenses, and the services are accomplications are required to report the amount of grants and adocations to others, the services	
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 580 or 990-E27 [Ves [X] if Yes, 'describe these new services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services. The two it was a service as a completion of the struce largest program services. The total expenses. Section 50(16)(8) and 50(16)(6)(8) and 50(16)(8) and 50(16)(16)(16)(16)(16)(16)(16)(16)(16)(16)	
<pre>prior Form 580 or 590 C27</pre>	
If 'Yes,' describe these enames on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services, and measured by expenses. 40 Describe the organization's program service accompliahments for each of its three largest program services, as measured by expenses. Section 501(6)(3) and 501(4)(0) ganizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 40 (code:) (Commuts) (Commuts	XN
 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?	14
H 'Yes,' describe these changes on Schedule 0. 40 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 50(68) and 50(16(8) and 50(16(9) organization accomplishments for each of its three largest program services, at the total expenses, and revenue, if any, for each program service reported. 40 Cost:	XN
 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service proted. 4a (cose:	14
<pre>Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4</pre>	
<pre>revenue, if any, for each program service reported (come) (services 3 375,805. including grants of \$1,000.) (Revenue \$</pre>	d
<pre>4a (cot:</pre>	u
OUTREACH: HOSTED MONTHLY GATHERINGS OF ORGANIZATIONAL AND GOVERNMENTAL LEADERS IDENTIFYING AND ADDRESSING KEY ISSUES FOR THE LGBTQ COMMUNITY, WITH PARTICIPATION FROM MORE THAN 50 LEADERS THAT INCLUDED FEDERAL, STATE, AND LOCAL ELECTED OFFICIALS; STATE AGENCY REPRESENTATIVES; AND LGBTQ, HIV, AND REPRODUCTIVE FREEDOM ORGANIZATION LEADERS.	
HOSTED MONTHLY GATHERINGS OF ORGANIZATIONAL AND GOVERNMENTAL LEADERS IDENTIFYING AND ADDRESSING KEY ISSUES FOR THE LGPTQ COMMUNITY, WITH PARTICIPATION FROM MORE THAN 50 LEADERS THAT INCLUDED FEDERAL, STATE, AND LOCAL ELECTED OFFICIALS; STATE AGENCY REPRESENTATIVES; AND LGBTQ, HIV, AND REPRODUCTIVE FREEDOM ORGANIZATION LEADERS. 	
<pre>IDENTIFYING AND ADDRESSING KEY ISSUES FOR THE LGBTQ COMMUNITY, WITH PARTICIPATION FROM MORE THAN 50 LEADERS THAT INCLUDED FEDERAL, STATE, AND LOCAL ELECTED OFFICIALS; STATE AGENCY REPRESENTATIVES; AND LGBTQ, HIV, AND REPRODUCTIVE FREEDOM ORGANIZATION LEADERS</pre>	
PARTICIPATION FROM MORE THAN 50 LEADERS THAT INCLUDED FEDERAL, STATE, AND LOCAL ELECTED OFFICIALS; STATE AGENCY REPRESENTATIVES; AND LGBTQ, HIV, AND REPRODUCTIVE FREEDOM ORGANIZATION LEADERS. 40 (code)(Expenses229,448. mcLuding grants of \$500) (Revenue \$24,11 MOBILIZATION: - EQUALITY FLORIDA FIELD STAFF RECRUITED 100 CITIZEN LOBBYISTS TO TALLAHASSEE TO MEET WITH 71 LAWMAKERS FOR OUR LOBBY DAYS PROGRAM. IN ADDITION, WE HELD OUR VIRTUAL LOBBY DAYS PROGRAM WHERE 65 VOLUNTEERS HAD 12 MEETINGS WITH LEGISLATORS. - THROUGHOUT SESSION, WE MOBILIZED 300 PEOPLE TRAVELING TO TALLAHASSEE TO SPEAK AT FIVE SENATE AND HOUSE HEARINGS ON THE DON'T SAY GAY BILL O STOP WOKE ACT. (CONTINUED ON SCHEDULE O)) (Revenue \$) (Revenue \$) ADVOCACY: - SUPPORTED SUCCESSFUL LOCAL EFFORTS TO UPDATE BROWARD COUNTY'S HUMAN RIGHTS ORDINANCE AND REMOVE RELIGIOUS EXEMPTIONS SPECIFIC TO THE LGBTQ COMMUNITY. - WORKED WITH LOCAL GOVERNMENTS TO RECOGNIZE NONDISCRIMINATION BASED O SEXUAL ORIENTATION AND GENDER IDENTITY IN EXISTING SEX-BASED NONDISCRIMINATION POLICIES. 40 Other program services (Describe on Schedule 0.) (Expenses) (Revenue \$	
AND LOCAL ELECTED OFFICIALS; STATE AGENCY REPRESENTATIVES; AND LGBTQ, HIV, AND REPRODUCTIVE FREEDOM ORGANIZATION LEADERS. HIV, AND REPRODUCTIVE FREEDOM ORGANIZATION LEADERS. 40 (Code)(Expenses229,448. moluding grants of s500.) (Revenue s24,11 MOBILIZATION: - EQUALITY FLORIDA FIELD STAFF RECRUITED 100 CITIZEN LOBBYISTS TO TALLAHASSEE TO MEET WITH 71 LAWMAKERS FOR OUR LOBEY DAYS PROGRAM. IN ADDITION, WE HELD OUR VIRTUAL LOBEY DAYS PROGRAM WHERE 65 VOLUNTEERS HAD 12 MEETINGS WITH LEGISLATORS. - THROUGHOUT SESSION, WE MOBILIZED 300 PEOPLE TRAVELING TO TALLAHASSEE TO SPEAK AT FIVE SENATE AND HOUSE HEARINGS ON THE DON'T SAY GAY BILL O STOP WOKE ACT. (CONTINUED ON SCHEDULE 0) 40 (Code)(Expenses28,528. moluding grants of s) (Revenue s) Revenue s) (Revenue s) (Revenue s) - SUPPORTED SUCCESSFUL LOCAL EFFORTS TO UPDATE BROWARD COUNTY'S HUMAN RIGHTS ORDINANCE AND REMOVE RELIGIOUS EXEMPTIONS SPECIFIC TO THE LGBTQ COMMUNITY. - WORKED WITH LOCAL GOVERNMENTS TO RECOGNIZE NONDISCRIMINATION BASED O SEXUAL ORIENTATION AND GENDER IDENTITY IN EXISTING SEX-BASED NONDISCRIMINATION POLICIES. - MONDISCRIMINATION POLICIES. - MORKED WITH LOCAL GOVERNMENTS TO RECOGNIZE NONDISCRIMINATION BASED O SEXUAL ORIENTATION AND GENDER IDENTITY IN EXISTING SEX-BASED NONDISCRIMINATION POLICIES. - MORKED WITH LOCAL GOVERNMENTS TO RECOGNIZE NONDISCRIMINATION BASED O SEXUAL ORIENTATION AND GENDER IDENTITY IN EXISTING SEX-BASED NONDISCRIMINATION POLICIES. - MORKED WITH LOCAL GOVERNMENTS TO RECOGNIZE NONDISCRIMINATION BASED O SEXUAL ORIENTATION AND GENDER IDENTITY IN EXISTING SEX-BASED NONDISCRIMINATION POLICIES. - MORKED WITH LOCAL GOVERNMENTS TO RECOGNIZE NONDISCRIMINATION BASED O SEXUAL ORIENTATION AND GENDER IDENTITY IN EXISTING SEX-BASED NONDISCRIMINATION POLICIES. - MORKED WITH LOCAL GOVERNMENTS O RECOGNIZE NONDISCRIMINATION BASED O SEXUAL ORIENTATION SCHEDUUE()) (Expenses	
HIV, AND REPRODUCTIVE FREEDOM ORGANIZATION LEADERS. HIV, AND REPRODUCTIVE FREEDOM ORGANIZATION LEADERS. HIV, AND REPRODUCTIVE FREEDOM ORGANIZATION LEADERS. 40 (Code:)(Expenses29,448. including grants of \$500.) (Revenue \$24,11 MOBILIZATION: 200.) (Revenue \$24,11 MOBILIZATION: 200.) (Revenue \$24,11 MOBILIZATION: 200.0 CITIZEN LOBBYISTS TO TALLAHASSEE TO MEET WITH 71 LAWMAKERS FOR OUR LOBBY DAYS PROGRAM. IN ADDITION, WE HELD OUR VIRTUAL LOBBY DAYS PROGRAM WHERE 65 VOLUNTEERS HAD 12 MEETINGS WITH LEGISLATORS. - THROUGHOUT SESSION, WE MOBILIZED 300 PEOPLE TRAVELING TO TALLAHASSEE TO SPEAK AT FIVE SENATE AND HOUSE HEARINGS ON THE DON'T SAY GAY BILL O STOP WOKE ACT. (CONTINUED ON SCHEDULE O) 46 (code:)(Expenses28,528. including grants of \$) (Revens \$) - SUPPORTED SUCCESSFUL LOCAL EFFORTS TO UPDATE BROWARD COUNTY'S HUMAN RIGHTS ORDINANCE AND REMOVE RELIGIOUS EXEMPTIONS SPECIFIC TO THE LGBTQ COMMUNITY. - WORKED WITH LOCAL GOVERNMENTS TO RECOGNIZE NONDISCRIMINATION BASED O SEXUAL ORIENTATION AND GENDER IDENTITY IN EXISTING SEX-BASED NONDISCRIMINATION POLICIES. 40 Other program services (Describe on Schedule 0.) (Expense \$)(Revens \$	
4b (Code:)(Expenses \$229,448. including grants of \$500) (Revenue \$24,11 MOBILIZATION: - EQUALITY FLORIDA FIELD STAFF RECRUITED 100 CITIZEN LOBBYISTS TO TALLAHASSEE TO MEET WITH 71 LAWMAKERS FOR OUR LOBBY DAYS PROGRAM. IN ADDITION, WE HELD OUR VIRTUAL LOBBY DAYS PROGRAM WHERE 65 VOLUNTEERS HAD 12 MEETINGS WITH LEGISLATORS. - THROUGHOUT SESSION, WE MOBILIZED 300 PEOPLE TRAVELING TO TALLAHASSEE TO SPEAK AT FIVE SENATE AND HOUSE HEARINGS ON THE DON'T SAY GAY BILL O STOP WOKE ACT. (CONTINUED ON SCHEDULE 0) 4c (code:)(Expenses28,528. including grants of \$) (Revenue \$) ADVOCACY: - - SUPPORTED SUCCESSFUL LOCAL EFFORTS TO UPDATE BROWARD COUNTY'S HUMAN RIGHTS ORDINANCE AND REMOVE RELIGIOUS EXEMPTIONS SPECIFIC TO THE LGBTQ COMMUNITY. - WORKED WITH LOCAL GOVERNMENTS TO RECOGNIZE NONDISCRIMINATION BASED O SEXUAL ORIENTATION AND GENDER IDENTITY IN EXISTING SEX-BASED NONDISCRIMINATION POLICIES.	
MOBILIZATION: - EQUALITY FLORIDA FIELD STAFF RECRUITED 100 CITIZEN LOBBYISTS TO TALLAHASSEE TO MEET WITH 71 LAWMAKERS FOR OUR LOBBY DAYS PROGRAM. IN ADDITION, WE HELD OUR VIRTUAL LOBBY DAYS PROGRAM WHERE 65 VOLUNTEERS HAD 12 MEETINGS WITH LEGISLATORS. - THROUGHOUT SESSION, WE MOBILIZED 300 PEOPLE TRAVELING TO TALLAHASSEE TO SPEAK AT FIVE SENATE AND HOUSE HEARINGS ON THE DON'T SAY GAY BILL O STOP WOKE ACT. (CONTINUED ON SCHEDULE O) 46 (code:)(Expenses28,528. including grants of \$) (Revenue \$	
MOBILIZATION: - EQUALITY FLORIDA FIELD STAFF RECRUITED 100 CITIZEN LOBBYISTS TO TALLAHASSEE TO MEET WITH 71 LAWMAKERS FOR OUR LOBBY DAYS PROGRAM. IN ADDITION, WE HELD OUR VIRTUAL LOBBY DAYS PROGRAM WHERE 65 VOLUNTEERS HAD 12 MEETINGS WITH LEGISLATORS. - THROUGHOUT SESSION, WE MOBILIZED 300 PEOPLE TRAVELING TO TALLAHASSEE TO SPEAK AT FIVE SENATE AND HOUSE HEARINGS ON THE DON'T SAY GAY BILL O STOP WOKE ACT. (CONTINUED ON SCHEDULE O) 46 (code:)(Expenses28,528. including grants of \$) (Revenue \$	
MOBILIZATION: - EQUALITY FLORIDA FIELD STAFF RECRUITED 100 CITIZEN LOBBYISTS TO TALLAHASSEE TO MEET WITH 71 LAWMAKERS FOR OUR LOBBY DAYS PROGRAM. IN ADDITION, WE HELD OUR VIRTUAL LOBBY DAYS PROGRAM WHERE 65 VOLUNTEERS HAD 12 MEETINGS WITH LEGISLATORS. - THROUGHOUT SESSION, WE MOBILIZED 300 PEOPLE TRAVELING TO TALLAHASSEE TO SPEAK AT FIVE SENATE AND HOUSE HEARINGS ON THE DON'T SAY GAY BILL O STOP WOKE ACT. (CONTINUED ON SCHEDULE O) 46 (code:)(Expenses28,528. including grants of \$) (Revenue \$	
MOBILIZATION: - EQUALITY FLORIDA FIELD STAFF RECRUITED 100 CITIZEN LOBBYISTS TO TALLAHASSEE TO MEET WITH 71 LAWMAKERS FOR OUR LOBBY DAYS PROGRAM. IN ADDITION, WE HELD OUR VIRTUAL LOBBY DAYS PROGRAM WHERE 65 VOLUNTEERS HAD 12 MEETINGS WITH LEGISLATORS. - THROUGHOUT SESSION, WE MOBILIZED 300 PEOPLE TRAVELING TO TALLAHASSEE TO SPEAK AT FIVE SENATE AND HOUSE HEARINGS ON THE DON'T SAY GAY BILL O STOP WOKE ACT. (CONTINUED ON SCHEDULE O) 46 (code:)(Expenses28,528. including grants of \$) (Revenue \$	
MOBILIZATION: - EQUALITY FLORIDA FIELD STAFF RECRUITED 100 CITIZEN LOBBYISTS TO TALLAHASSEE TO MEET WITH 71 LAWMAKERS FOR OUR LOBBY DAYS PROGRAM. IN ADDITION, WE HELD OUR VIRTUAL LOBBY DAYS PROGRAM WHERE 65 VOLUNTEERS HAD 12 MEETINGS WITH LEGISLATORS. - THROUGHOUT SESSION, WE MOBILIZED 300 PEOPLE TRAVELING TO TALLAHASSEE TO SPEAK AT FIVE SENATE AND HOUSE HEARINGS ON THE DON'T SAY GAY BILL O STOP WOKE ACT. (CONTINUED ON SCHEDULE O) 46 (code:)(Expenses28,528. including grants of \$) (Revenue \$	
MOBILIZATION: - EQUALITY FLORIDA FIELD STAFF RECRUITED 100 CITIZEN LOBBYISTS TO TALLAHASSEE TO MEET WITH 71 LAWMAKERS FOR OUR LOBBY DAYS PROGRAM. IN ADDITION, WE HELD OUR VIRTUAL LOBBY DAYS PROGRAM WHERE 65 VOLUNTEERS HAD 12 MEETINGS WITH LEGISLATORS. - THROUGHOUT SESSION, WE MOBILIZED 300 PEOPLE TRAVELING TO TALLAHASSEE TO SPEAK AT FIVE SENATE AND HOUSE HEARINGS ON THE DON'T SAY GAY BILL O STOP WOKE ACT. (CONTINUED ON SCHEDULE O) 46 (code:)(Expenses28,528. including grants of \$) (Revenue \$	
MOBILIZATION: - EQUALITY FLORIDA FIELD STAFF RECRUITED 100 CITIZEN LOBBYISTS TO TALLAHASSEE TO MEET WITH 71 LAWMAKERS FOR OUR LOBBY DAYS PROGRAM. IN ADDITION, WE HELD OUR VIRTUAL LOBBY DAYS PROGRAM WHERE 65 VOLUNTEERS HAD 12 MEETINGS WITH LEGISLATORS. - THROUGHOUT SESSION, WE MOBILIZED 300 PEOPLE TRAVELING TO TALLAHASSEE TO SPEAK AT FIVE SENATE AND HOUSE HEARINGS ON THE DON'T SAY GAY BILL O STOP WOKE ACT. (CONTINUED ON SCHEDULE O) 46 (code:)(Expenses28,528. including grants of \$) (Revenue \$	114.
TALLAHASSEE TO MEET WITH 71 LAWMAKERS FOR OUR LOBBY DAYS PROGRAM. IN ADDITION, WE HELD OUR VIRTUAL LOBBY DAYS PROGRAM WHERE 65 VOLUNTEERS HAD 12 MEETINGS WITH LEGISLATORS. - THROUGHOUT SESSION, WE MOBILIZED 300 PEOPLE TRAVELING TO TALLAHASSEE TO SPEAK AT FIVE SENATE AND HOUSE HEARINGS ON THE DON'T SAY GAY BILL O STOP WOKE ACT. (CONTINUED ON SCHEDULE O) 40 (code:)(Expenses28,528. including grants of \$) (Revenue \$	
ADDITION, WE HELD OUR VIRTUAL LOBBY DAYS PROGRAM WHERE 65 VOLUNTEERS HAD 12 MEETINGS WITH LEGISLATORS. - THROUGHOUT SESSION, WE MOBILIZED 300 PEOPLE TRAVELING TO TALLAHASSEE TO SPEAK AT FIVE SENATE AND HOUSE HEARINGS ON THE DON'T SAY GAY BILL O STOP WOKE ACT. (CONTINUED ON SCHEDULE O) 4c (code:)(Expenses \$28,528. including grants of \$)(Revenue \$) ADVOCACY: - SUPPORTED SUCCESSFUL LOCAL EFFORTS TO UPDATE BROWARD COUNTY'S HUMAN RIGHTS ORDINANCE AND REMOVE RELIGIOUS EXEMPTIONS SPECIFIC TO THE LGBTQ COMMUNITY WORKED WITH LOCAL GOVERNMENTS TO RECOGNIZE NONDISCRIMINATION BASED O SEXUAL ORIENTATION AND GENDER IDENTITY IN EXISTING SEX-BASED NONDISCRIMINATION POLICIES. 4d Other program services (Describe on Schedule 0.) (Expenses \$ including grants of \$) (Revenue \$)	
HAD 12 MEETINGS WITH LEGISLATORS. - THROUGHOUT SESSION, WE MOBILIZED 300 PEOPLE TRAVELING TO TALLAHASSEE TO SPEAK AT FIVE SENATE AND HOUSE HEARINGS ON THE DON'T SAY GAY BILL O STOP WOKE ACT. (CONTINUED ON SCHEDULE O) 4c (code:)(Expenses \$28,528. including grants of \$) (Revenue \$	
- THROUGHOUT SESSION, WE MOBILIZED 300 PEOPLE TRAVELING TO TALLAHASSEE TO SPEAK AT FIVE SENATE AND HOUSE HEARINGS ON THE DON'T SAY GAY BILL O STOP WOKE ACT. (CONTINUED ON SCHEDULE O) 4c (Code:)(Expenses \$28,528. including grants of \$) (Revenue \$ ADVOCACY: - SUPPORTED SUCCESSFUL LOCAL EFFORTS TO UPDATE BROWARD COUNTY'S HUMAN RIGHTS ORDINANCE AND REMOVE RELIGIOUS EXEMPTIONS SPECIFIC TO THE LGBTQ COMMUNITY. - WORKED WITH LOCAL GOVERNMENTS TO RECOGNIZE NONDISCRIMINATION BASED O SEXUAL ORIENTATION AND GENDER IDENTITY IN EXISTING SEX-BASED NONDISCRIMINATION POLICIES. 4d Other program services (Describe on Schedule O.) (Expenses \$	
TO SPEAK AT FIVE SENATE AND HOUSE HEARINGS ON THE DON'T SAY GAY BILL O STOP WOKE ACT. (CONTINUED ON SCHEDULE O) 4c (code:)(Expenses \$28,528. including grants of \$) (Revenue \$	
TO SPEAK AT FIVE SENATE AND HOUSE HEARINGS ON THE DON'T SAY GAY BILL O STOP WOKE ACT. (CONTINUED ON SCHEDULE O) 4c (code:)(Expenses \$28,528. including grants of \$) (Revenue \$	
STOP WOKE ACT. (CONTINUED ON SCHEDULE O) 4c (Code:)(Expenses \$28,528. including grants of \$) (Revenue \$	3E
(CONTINUED ON SCHEDULE O) 4c (Code:)(Expenses \$28,528. including grants of \$) (Revenue \$	OR
4c (Code:) (Expenses \$28,528. including grants of \$) (Revenue \$	
4c (Code:) (Expenses \$28,528. including grants of \$) (Revenue \$	
ADVOCACY: - SUPPORTED SUCCESSFUL LOCAL EFFORTS TO UPDATE BROWARD COUNTY'S HUMAN RIGHTS ORDINANCE AND REMOVE RELIGIOUS EXEMPTIONS SPECIFIC TO THE LGBTQ COMMUNITY. - WORKED WITH LOCAL GOVERNMENTS TO RECOGNIZE NONDISCRIMINATION BASED O SEXUAL ORIENTATION AND GENDER IDENTITY IN EXISTING SEX-BASED NONDISCRIMINATION POLICIES. 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
ADVOCACY: - SUPPORTED SUCCESSFUL LOCAL EFFORTS TO UPDATE BROWARD COUNTY'S HUMAN RIGHTS ORDINANCE AND REMOVE RELIGIOUS EXEMPTIONS SPECIFIC TO THE LGBTQ COMMUNITY. - WORKED WITH LOCAL GOVERNMENTS TO RECOGNIZE NONDISCRIMINATION BASED O SEXUAL ORIENTATION AND GENDER IDENTITY IN EXISTING SEX-BASED NONDISCRIMINATION POLICIES. 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
 SUPPORTED SUCCESSFUL LOCAL EFFORTS TO UPDATE BROWARD COUNTY'S HUMAN RIGHTS ORDINANCE AND REMOVE RELIGIOUS EXEMPTIONS SPECIFIC TO THE LGBTQ COMMUNITY. WORKED WITH LOCAL GOVERNMENTS TO RECOGNIZE NONDISCRIMINATION BASED O SEXUAL ORIENTATION AND GENDER IDENTITY IN EXISTING SEX-BASED NONDISCRIMINATION POLICIES. 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 	
RIGHTS ORDINANCE AND REMOVE RELIGIOUS EXEMPTIONS SPECIFIC TO THE LGBTQ COMMUNITY. - WORKED WITH LOCAL GOVERNMENTS TO RECOGNIZE NONDISCRIMINATION BASED O SEXUAL ORIENTATION AND GENDER IDENTITY IN EXISTING SEX-BASED NONDISCRIMINATION POLICIES. 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
COMMUNITY. - WORKED WITH LOCAL GOVERNMENTS TO RECOGNIZE NONDISCRIMINATION BASED O SEXUAL ORIENTATION AND GENDER IDENTITY IN EXISTING SEX-BASED NONDISCRIMINATION POLICIES. 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	1
- WORKED WITH LOCAL GOVERNMENTS TO RECOGNIZE NONDISCRIMINATION BASED O SEXUAL ORIENTATION AND GENDER IDENTITY IN EXISTING SEX-BASED NONDISCRIMINATION POLICIES. 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	ľQ
SEXUAL ORIENTATION AND GENDER IDENTITY IN EXISTING SEX-BASED NONDISCRIMINATION POLICIES. 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
SEXUAL ORIENTATION AND GENDER IDENTITY IN EXISTING SEX-BASED NONDISCRIMINATION POLICIES. 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
NONDISCRIMINATION POLICIES. 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	ON
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
(Expenses \$ including grants of \$) (Revenue \$)	
(Expenses \$ including grants of \$) (Revenue \$)	
(Expenses \$ including grants of \$) (Revenue \$)	
(Expenses \$ including grants of \$) (Revenue \$)	
(Expenses \$ including grants of \$) (Revenue \$)	
(Expenses \$ including grants of \$) (Revenue \$)	
4e Total program service expenses 633, 781.	
Form 990	90 (202
32002 12-13-22 SEE SCHEDULE O FOR CONTINUATION(S)	
2	

Form	990	(2022)

 Form 990 (2022)
 EQUALITY FLORIDA ACTION, INC.

 Part IV
 Checklist of Required Schedules

			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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	N/	A
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	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,	_		77
_	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			77
-	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
10	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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,	44.		х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		<u></u>
D		11b		х
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u		11d		х
۵	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D. Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	Х
232003	12-13-22	Form	990	(2022)

232003 12-13-22

Form	990	(2022)
	000	

 Form 990 (2022)
 EQUALITY FLORIDA ACTION, INC.
 -8104
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Continued)
 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
D	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	0.5%		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		х
07	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		
27				
	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	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			
u	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	N/	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Dat	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				v
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.0	X	
000000	(gambling) winnings to prize winners?	1c	 990	(2022)
232004	12-13-22	Form	550	2022)

	990 (2022) EQUALITY FLORIDA ACTION, INC. **-**8	104	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Tes	
	filed for the calendar year ending with or within the year covered by this return 28 28			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		<u> </u>
	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		v	
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>	X	
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6h	х	
7	Organizations that may receive deductible contributions under section 170(c).	6b	- 23	
	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	- 10		
-	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	<u>A</u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?N/A	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders <u>N/A</u> 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
D.	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{12b}$			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <u>N/A</u>	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
	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			v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
232005	12-13-22	Form	990	(2022)
202000		. 0111		()

1	53	30	918	31	43	39	9	331	16	43
-	55	50	~			52	-	55.	L O	± 3

Form	aan	(2022)
FUIII	990	(2022)

EQUALITY FLORIDA ACTION, INC.

-*8104 Page 6

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.

Ser	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management	<u></u>		-
Jec	tion A. doverning body and Management		Ye	
10	Enter the number of voting members of the governing body at the end of the tax year	12	16	Î
Ia	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b		12		
-	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2				
•	officer, director, trustee, or key employee?	. 2		-
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?			-
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			-
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		-	-
6	Did the organization have members or stockholders?	. 6	_	-
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?	. <u>7a</u>	-	-
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	. 7b	_	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?		X	-
b	Each committee with authority to act on behalf of the governing body?	8b	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			-
			Yes	5
10a	Did the organization have local chapters, branches, or affiliates?	. 10a		_
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?		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	X	
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?		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	X	
		·		-
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	. 155		ī
160				
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	. <u>16a</u>		ī
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	10		
200	exempt status with respect to such arrangements?	16b		-
				-
17	List the states with which a copy of this Form 990 is required to be filed <u>FL</u>			-
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)	avaii	i
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own 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 finar	ncial	
	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			7
32006	5 12-13-22	For	n 99	C
Ŋα	6 018 143399 331643 2022.04020 EQUALITY FLORIDA ACT	TON	3	ł
צנ				

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, box 6 of 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.

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

(A)	(B)	(C)						(D)	(E)	(F)		
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)				ne	Reportable	Reportable	Estimated		
	hours per	box,					nan	compensation	compensation	amount of		
	week						tee)	from	from related	other		
	(list any	Individual trustee or director						the	organizations	compensation		
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization		
	organizations	ruste	l trus		/ee	npen		1099-NEC)	1099-1120)	and related		
	below	dual t	nstitutional trustee	L	m ploy	st coi iyee	ar.	1000 1120/		organizations		
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			5		
(1) NADINE SMITH	6.00											
CEO	34.00			х				48,782.	276,433.	41,555.		
(2) STRATTON POLLITZER	6.00											
DEPUTY DIRECTOR	35.00			Х				44,105.	249,927.	23,578.		
(3) JOSEPH SAUNDERS	10.00											
SENIOR POLITICAL DIRECTOR	32.00					Х		29,963.	89,889.	14,784.		
(4) JEFF DELMAY	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) DANA FARMER	0.50											
DIRECTOR	0.50	Х						0.	0.	0.		
(12) ANASTASIA HIOTIS	0.50								_			
DIRECTOR	0.50	Х						0.	0.	0.		
(13) PAULINE PARRISH	0.50											
DIRECTOR	0.50	Х						0.	0.	0.		
(14) BARBARA SIGNER	0.50											
DIRECTOR	0.50	Х						0.	0.	0.		
(15) DAN VAN TICE	0.50											
DIRECTOR	0.50	Х						0.	0.	0.		
										ļ		

232007 12-13-22

Form 990 (2022)

15330918 143399 331643

	990 (2022) EQUALITY	FLORIDA	A	CT	IO	N,	I	NC	1 • •	**_**	**81	104	Pa	age 8
Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	nours per bo						than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		fro orga anc	pensat om the anizati I relate nizatio	e on ed
	<u>Quiktotol</u>								122,850.	616,24	19	70	9,91	17
С	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.	616,24	0.),91	0.
	Total number of individuals (including but n compensation from the organization													0
3	Did the organization list any former officer,	diractor truct			mol	01/01	o or	hia	host componented ampl		1		Yes	No
	line 1a? If "Yes," complete Schedule J for s	uch individual								•		3		X
	For any individual listed on line 1a, is the su and related organizations greater than \$150											4	x	
	Did any person listed on line 1a receive or a											•		
	rendered to the organization? <i>If</i> "Yes." com ion B. Independent Contractors	plete Schedule	e J fo	or su	ich r	oers	on .					5		Х
1	Complete this table for your five highest co										ensat	ion fro	m	
	the organization. Report compensation for 1 (A) Name and business			ndin DNE		ith c	or wi	thin	the organization's tax yet (B) Description of s		c	(C omper		 า
					-				·					
	Total number of independent contractors (ir \$100,000 of compensation from the organiz	0	ot lin	nited	to	thos (ted	above) who received mo	ore than			200	

Form **990** (2022)

232008 12-13-22

Ра	rt	VIII									
			Check if Schedule O c	conta	iins a respor	ise	or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
								i otal i ovolido	function revenue	business revenue	from tax under
	-										sections 512 - 514
ts t	1	la	Federated campaigns								
our ai		b	Membership dues								
°, A		С	Fundraising events		1c						
ar jit		d	Related organizations		1d		350,000.				
s, s		е	Government grants (contri	ibutio	ons) 1e						
Sig		f	All other contributions, gifts,	grant	s, and						
put			similar amounts not included	abov	e 1f		834,731.				
ÖĘ		g	Noncash contributions included in I	lines 1	a-1f 1g \$		10,125.				
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f					1,184,731.			
							Business Code				
Ð	2	2 a	LOBBY DAY REG	IST	TRATIO	J	813311	24,114.	24,114.		
, ki		b							-		
Ser		с				_					
E		d									
Program Service Revenue		е				_					
Pro		f	All other program service	rever	nue						
			Total. Add lines 2a-2f					24,114.			
	3		Investment income (includ								
				•				2,160.			2,160.
	4	L	Income from investment o								
	5		Royalties								
					(i) Real		(ii) Personal				
	6	ба	Gross rents	6a	()		(
		b, a	Gross rents Less: rental expenses	6b							
		c	Rental income or (loss)	6c							
			Net rental income or (loss)	· · · ·							
	-		Gross amount from sales of	·	(i) Securiti		(ii) Other				
	'	a	assets other than inventory	7a							
		I 4	· · · · · · · · · · · · · · · · · · ·	7 a	10,25	± •					
đ		D	Less: cost or other basis	76	10,12	5					
ň		_	and sales expenses	7D 7C		<u>.</u>					
Revenue			(/	<u> </u>				169.			169.
er B	_		Net gain or (loss)				1	109.			109.
Othe	8	sa	Gross income from fundraisin								
0			including \$								
			contributions reported on			~					
			Part IV, line 18			8a					
						8b					
	_		Net income or (loss) from t		Ũ	s					
	9) a	Gross income from gamin			_					
			Part IV, line 19			9a					
						9b					
			Net income or (loss) from	-	-						
	10) a	Gross sales of inventory, le				0 5 2 5				
			and allowances			10a	•				
			Less: cost of goods sold			10b		0 5 2 5			0 5 2 5
	-	С	Net income or (loss) from	sales	of inventory	/		8,525.			8,525.
S							Business Code				
eor	11	la				_					
lan		b				_					
Miscellaneous Revenue		С				_	012211				EOO
Mis]		All other revenue				813311	589.			589.
			Total. Add lines 11a-11d					589.	04 114		11 440
	12		Total revenue. See instructio	ns	<u></u>			1,220,288.	24,114.	0.	11,443.
23200	9 12	2-13-	22					•			Form 990 (2022)

EQUALITY FLORIDA ACTION, INC. **-**8104 Page 9

Form 990 (2022)

9

Form 990 (2022) EQUALITY FLORIDA ACTION, INC.
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons			<u></u>	
	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 and domestic governments. See Part IV, line 21	1,500.	1,500.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	102,658.	92,391.	10,267.	
6	trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and	102,050.	<u> </u>	10,207.	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	209,380.	149,651.	37,319.	22,410.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	11,778.	9,365. 19,315.	1,498.	<u>915</u>
9	Other employee benefits	23,864.	19,315.	1,498. 2,947. 3,295.	915. 1,602. 1,578.
10	Payroll taxes	21,074.	16,201.	3,295.	1,578.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	11,254.	11,254.		
с	Accounting	9,800.		9,800.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	49,593. 211,277.	<u>17,142.</u> 114,370.		32,451. 96,907. 2,201.
12	Advertising and promotion	211,277.			96,907.
13	Office expenses	131,776.	128,565.	1,010.	2,201.
14	Information technology	8,665.	8,665.		
15	Royalties	4 . 0.0.0	4 000		
16	Occupancy	4,823.	4,823.	RAC.	
17		47,331.	46,584.	746.	1.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	7 204	C 00C		
19	Conferences, conventions, and meetings	7,304.	6,996.		308.
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	481.	481.		
23	Insurance	401.	401.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MEMBERSHIP DUES	6,500.	6,500.		
b	INCOME TAX (1120-POL)	467.	-22.	489.	
с					
d					
е	All other expenses	8.		8.	
25	Total functional expenses. Add lines 1 through 24e	859,533.	633,781.	67,379.	158,373.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
			1		
	educational campaign and fundraising solicitation. Check hereif following SOP 98-2 (ASC 958-720)				

15330918 143399 331643

22,800.

74,036.

705,073.

386,000.

1,091,073.

1,165,109.

25

26

27

28

29

30

31

32

33

(A) Beginning of year End of year 45,399. 1 1 Cash - non-interest-bearing 1,085,278. 1,487,437. Savings and temporary cash investments 2 2 9. 3 3 Pledges and grants receivable, net 6,568. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 844. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 27,011. 15 Other assets. See Part IV, line 11 15 1,165,109. 1,583,189. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 51,236. 103,885. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

X

EQUALITY FLORIDA ACTION, INC. Part X | Balance Sheet

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

of Schedule D

Net assets without donor restrictions Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here

19,816.

27,476.

131,361.

1,432,012.

1,583,189. Form 990 (2022)

1,451,828.

(B)

68,846.

5,000.

409.

0.

21,497.

Form 990 (2022)

Assets

Liabilities

Net Assets or Fund Balances

26

27

28

29

30

31

32

33

	1990 (2022) EQUALITY FLORIDA ACTION, INC.	**_**	<u>*8104</u>	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,220		
2	Total expenses (must equal Part IX, column (A), line 25)	2	859	<u> </u>	
3	Revenue less expenses. Subtract line 2 from line 1	3	360		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,091	.,07	<u>73.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			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	1,451	.,82	28.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			_ (

Form **990** (2022)

232012 12-13-22

Schedule of Contributors

** PUBLIC DISCLOSURE COPY

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

	EQUALITY FLORIDA ACTION, INC.	**-***8104
Organization type (chec	sk one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox{X} 501(c)(4) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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., etc., contributions totaling \$5,000 or more during the year for an *exclusively* for the parts unless to the second during the year for the year for an *exclusively* religious, charitable, etc., for the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., for the parts unless to the second during the year for the parts unless to the second during the year for the parts unless to the second during the year for the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year **for the parts for the part**

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) (2022)

Contributors (see instructions). Ose duplicate copies of Part I il additiona	a space is needed.	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$18,950.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$350,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$20,000.	Person X Payroll Noncash (Complete Part II for

instructions). Lise duplicate Part I

(a)

No.

(a)

No.

(a)

No.

(a)

No.

(a)

No.

(a)

No.

6

5

4

3

2

1

Employer identification number

-*8104

Schedule B (Form 990) (2022)

noncash contributions.)

Page 2

14 2022.04020 EQUALITY FLORIDA ACTION, 331643_1

223452 11-15-22

Name of organization

Page 3
Employer identification number

-8104

EQUALITY FLORIDA ACTION, INC.

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

art II	Noncash Property (see instructions). Use duplicate copies of Part I	i 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
		\$	
(a) No. rom 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. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

15

223453 11-15-22

Schedule B (Form 990) (2022)

Schedule B	6 (Form 990) (2022)			Page 4						
Name of or	ganization			Employer identification number						
EOUALI	TY FLORIDA ACTION, INC.			**-**8104						
Part III	Exclusively religious, charitable, etc., contribution	ns to organizations described in so	ection 501(c)(7), (8), or (10) t	hat total more than \$1,000 for the year						
	from any one contributor. Complete columns (a) t completing Part III, enter the total of exclusively religious, ch	aritable, etc., contributions of \$1,000 or	less for the year. (Enter this info.	once.) \$						
(a) No.	Use duplicate copies of Part III if additional sp	bace is needed.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held						
F	I	(e) Transfer of gi	 ft							
		(-)								
F	Transferee's name, address, and	d ZIP + 4	Relationship of tra	ansferor to transferee						
	T									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held						
Part I										
-		(e) Transfer of gi	#							
Ļ	Transferee's name, address, and	d ZIP + 4	Relationship of tr	ansferor to transferee						
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held						
Part I		()								
-										
	(e) Transfer of gift									
	Transferee's name, address, and	d ZI P + 4	Relationship of tr	ansferor to transferee						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held						
Part I		(0) 000 01 9.11	(4) 200							
F										
		(e) Transfer of gi	ft							
	Transferee's name, address, and	d ZI P + 4	Relationship of tr	ansferor to transferee						
Γ			·							
223454 11-15-	22	I		Schedule B (Form 990) (2022)						

15330918 143399 331643

SCHEDULE I	D
------------	---

Department of the Treasury

(Form	990)
-------	------

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. OMB No. 1545-0047

Internal Revenue Service Name of the organization

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

EQUALITY FLORIDA ACTION, INC.

Employer identification number **-**8104

		(a) Donor ad	uvised iunids	()		l other acco	unto
1	Total number at end of year						
2	A gave gets velue of contributions to (during veer)						
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 w			rised funds			
	are the organization's property, subject to the organization's e	exclusive legal contr	rol?			Yes	N
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that	at grant funds can b	e used onl	у		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or fe	or any other purpos	e conferrin	g		
	impermissible private benefit?					Yes	N
Pai	rt II Conservation Easements. Complete if the orga	anization answered	l "Yes" on Form 990), Part IV, li	ne 7.		
1	Purpose(s) of conservation easements held by the organization	· ·	ply).				
	Preservation of land for public use (for example, recreati	ion or education)	Preservation		• •		ea
	Protection of natural habitat		Preservation	of a certifie	ed historic s	tructure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation co	ntribution in the forr	n of a cons			
	day of the tax year.			-	Held a	t the End of t	the Tax Yea
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
С	Number of conservation easements on a certified historic strue			·····	2c		
d	Number of conservation easements included in (c) acquired af						
	historic structure listed in the National Register				2d		
3	No wells any of a superson well and a superson to we additional durate forward wells	acad autinguiched	or terminated by the	ne organiza	ation during	the tax	
4 5	Number of conservation easements modified, transferred, rele year Number of states where property subject to conservation ease Does the organization have a written policy regarding the perior violations, and enforcement of the conservation easements it l	ement is located odic monitoring, ins holds?	spection, handling o	_ f		Yes	
	year Number of states where property subject to conservation ease Does the organization have a written policy regarding the period	ement is located odic monitoring, ins holds?	spection, handling o	_ f		Yes	
5	year Number of states where property subject to conservation ease Does the organization have a written policy regarding the perior violations, and enforcement of the conservation easements it l	ement is located odic monitoring, ins holds? handling of violation	spection, handling o	_ f nservation	easements	Yes during the y	
5 6	yearNumber of states where property subject to conservation ease Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it I Staff and volunteer hours devoted to monitoring, inspecting, here Amount of expenses incurred in monitoring, inspecting, handling Does each conservation easement reported on line 2(d) above	ement is located odic monitoring, ins holds? handling of violation ing of violations, an	spection, handling o s, and enforcing co d enforcing conserv ments of section 17	f nservation vation ease 0(h)(4)(B)(i)	easements ments durir	Yes during the year	
5 6 7	year Number of states where property subject to conservation ease Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it I Staff and volunteer hours devoted to monitoring, inspecting, here Amount of expenses incurred in monitoring, inspecting, handli 	ement is located odic monitoring, ins holds? nandling of violation ing of violations, an e satisfy the required	spection, handling o is, and enforcing co id enforcing conserv ments of section 17	f nservation vation ease 0(h)(4)(B)(i)	easements ments durir	Yes during the y	year
5 6 7	year Number of states where property subject to conservation ease Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it I Staff and volunteer hours devoted to monitoring, inspecting, handli 	ement is located odic monitoring, ins holds? handling of violation ing of violations, an e satisfy the required n easements in its i	spection, handling o is, and enforcing co id enforcing conserv ments of section 17 revenue and expens	f nservation vation ease 0(h)(4)(B)(i) se stateme	easements ments durir nt and	Yes during the y mg the year	year
5 6 7 8	year Number of states where property subject to conservation ease Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it I Staff and volunteer hours devoted to monitoring, inspecting, he 	ement is located odic monitoring, ins holds? andling of violation ing of violations, an e satisfy the required n easements in its ote to the organizat	spection, handling o us, and enforcing co ud enforcing conserv ments of section 17 revenue and expension's financial state	f nservation vation ease 0(h)(4)(B)(i) se stateme	easements ments durir nt and	Yes during the y mg the year	year
5 6 7 8 9	year Number of states where property subject to conservation ease Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it I Staff and volunteer hours devoted to monitoring, inspecting, handli 	ement is located odic monitoring, ins holds? handling of violation ing of violations, an e satisfy the required n easements in its in ote to the organizat	spection, handling o us, and enforcing co ad enforcing conserv ments of section 17 revenue and expension's financial state	f nservation vation ease 0(h)(4)(B)(i) se statements that	easements ments durir nt and describes t	Yes during the y the year Yes he	year
5 6 7 8 9	year Number of states where property subject to conservation ease Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it I Staff and volunteer hours devoted to monitoring, inspecting, handli 	ement is located odic monitoring, ins holds? andling of violation ing of violations, an e satisfy the required n easements in its in ote to the organizat Art, Historical	spection, handling on the section, handling of the section and enforcing conserved ments of section 17 revenue and expension's financial state Treasures, or (f nservation vation ease 0(h)(4)(B)(i) se statements that	easements ments durir nt and describes t	Yes during the y the year Yes he	year
5 6 7 8 9 Pa i	yearNumber of states where property subject to conservation ease Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it I Staff and volunteer hours devoted to monitoring, inspecting, handli 	ement is located odic monitoring, ins holds? handling of violation ing of violations, an e satisfy the required n easements in its ote to the organizat Art, Historical 990, Part IV, line 8.	spection, handling o us, and enforcing co ad enforcing conserv ments of section 17 revenue and expension's financial state Treasures, or C	f nservation vation ease 0(h)(4)(B)(i) se statements ments that Other Sir	easements ments durir nt and describes th nilar Ass	Yes during the y ng the year Yes he ets.	
5 6 7 8 9 Pa i	year Number of states where property subject to conservation ease Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it I Staff and volunteer hours devoted to monitoring, inspecting, hardling Amount of expenses incurred in monitoring, inspecting, handling Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements. T III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form S If the organization elected, as permitted under FASB ASC 958	ement is located odic monitoring, ins holds? handling of violation ing of violations, an e satisfy the required n easements in its ote to the organizat Art, Historical 990, Part IV, line 8. 3, not to report in its	spection, handling o us, and enforcing co ad enforcing conserv ments of section 17 revenue and expension's financial state Treasures, or C	f nservation vation ease 0(h)(4)(B)(i) se statements ments that Other Sir and balan	easements ments durir nt and describes th nilar Ass ce sheet wo	Yes during the y ng the year Yes he ets.	year
5 6 7 8 9 Pa i	yearNumber of states where property subject to conservation ease Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it I Staff and volunteer hours devoted to monitoring, inspecting, handling Amount of expenses incurred in monitoring, inspecting, handling Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements. rt III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form S If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publication publication is accounting to publication in the section of the publication of the organization beloved and the organization publication beloved and section for publication beloved and the organization belove	ement is located odic monitoring, ins holds? handling of violation ing of violations, an e satisfy the required in easements in its ote to the organizat Art, Historical 990, Part IV, line 8. 9, not to report in its ic exhibition, educa	spection, handling o spection, handling o us, and enforcing conser- ments of section 17 revenue and expens- ion's financial state Treasures, or C s revenue statement ation, or research in	f nservation vation ease 0(h)(4)(B)(i) se statements ments that Other Sir and balan furtheranc	easements ments durir nt and describes th nilar Ass ce sheet wo	Yes during the y ng the year Yes he ets.	year
5 6 7 8 9 Pai 1a	yearNumber of states where property subject to conservation ease Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it I Staff and volunteer hours devoted to monitoring, inspecting, handli 	ement is located odic monitoring, ins holds? handling of violation ing of violations, an e satisfy the required n easements in its in ote to the organizat Art, Historical 990, Part IV, line 8. 8, not to report in its ic exhibition, education cial statements that	spection, handling o hs, and enforcing co nd enforcing conserv ments of section 17 revenue and expension's financial state Treasures, or C s revenue statement ation, or research in t describes these ite	f nservation vation ease 0(h)(4)(B)(i) se statements that Dther Sin sand balan furtheranc ems.	easements ments durir nt and describes ti nilar Ass ce sheet wo e of public	Yes during the y ng the year Yes he ets.	year
5 6 7 8 9 Pai 1a	year Number of states where property subject to conservation ease Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it I Staff and volunteer hours devoted to monitoring, inspecting, handli 	ement is located odic monitoring, ins holds? andling of violation ing of violations, an e satisfy the required n easements in its in ote to the organizat Art, Historical 990, Part IV, line 8. 3, not to report in its ic exhibition, education cial statements that 3, to report in its rev	spection, handling o is, and enforcing co id enforcing conserv ments of section 17 revenue and expens- ion's financial state Treasures, or C is revenue statement ation, or research in t describes these ite renue statement and	f nservation vation ease 0(h)(4)(B)(i) e statements that Dther Sir and balan furtherance sms. d balance s	easements ments durir nt and describes th nilar Ass ce sheet works	Yes during the y of	year
5 6 7 8 9 Pai 1a	year Number of states where property subject to conservation ease Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it I Staff and volunteer hours devoted to monitoring, inspecting, handli 	ement is located odic monitoring, ins holds? andling of violation ing of violations, an e satisfy the required n easements in its in ote to the organizat Art, Historical 990, Part IV, line 8. 3, not to report in its ic exhibition, education cial statements that 3, to report in its rev	spection, handling o is, and enforcing co id enforcing conserv ments of section 17 revenue and expens- ion's financial state Treasures, or C is revenue statement ation, or research in t describes these ite renue statement and	f nservation vation ease 0(h)(4)(B)(i) e statements that Dther Sir and balan furtherance sms. d balance s	easements ments durir nt and describes th nilar Ass ce sheet works	Yes during the y of	year
5 6 7 8 9 Pai 1a	yearNumber of states where property subject to conservation ease Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it I Staff and volunteer hours devoted to monitoring, inspecting, handli 	ement is located odic monitoring, ins holds? handling of violation ing of violations, an e satisfy the required n easements in its ote to the organizat Art, Historical 990, Part IV, line 8. 8, not to report in its ic exhibition, educa- cial statements that 8, to report in its rev exhibition, education	spection, handling o us, and enforcing co ad enforcing conserv ments of section 17 revenue and expension's financial state Treasures, or C s revenue statement ation, or research in t describes these ite renue statement and on, or research in ful	f nservation vation ease 0(h)(4)(B)(i) se statements that Other Sir and balan furtherance ms. d balance so	easements ments durir nt and describes th nilar Ass ce sheet works e of public sheet works of public ser	Yes during the y of the	vear N
5 6 7 8 9 Pai 1a	year	ement is located odic monitoring, ins holds? handling of violation ing of violations, an e satisfy the required n easements in its ote to the organizat Art, Historical 990, Part IV, line 8. 8, not to report in its ic exhibition, education is to report in its reve exhibition, education	spection, handling o us, and enforcing co ad enforcing conserv- ments of section 17 revenue and expens- ion's financial state Treasures, or C s revenue statement ation, or research in t describes these ite venue statement and on, or research in ful	f nservation vation ease 0(h)(4)(B)(i) se statements that Other Sir and balan furtherance ms. d balance so therance of	easements ments durir mants durir nt and describes the nilar Ass ce sheet works of public ser sheet works of public ser	Yes during the y of	vear N
5 6 7 8 9 Par 1a b	year	ement is located odic monitoring, ins holds? handling of violation ing of violations, an e satisfy the required n easements in its ote to the organizat Art, Historical 990, Part IV, line 8. 3, not to report in its ic exhibition, educa- cial statements that 3, to report in its rev exhibition, educatio	spection, handling o us, and enforcing co ad enforcing conserve ments of section 17 revenue and expension's financial state Treasures, or C s revenue statement ation, or research in t describes these ite renue statement and on, or research in fun	f nservation vation ease 0(h)(4)(B)(i) se statements that Dther Sir and balan furtherance sms. d balance s therance of	easements ments durir mants durir nt and describes th nilar Ass ce sheet works of public sheet works of public ser \$	Yes during the y of the	vear N
5 6 7 8 9 Pai 1a	year	ement is located odic monitoring, ins holds? handling of violation ing of violations, an e satisfy the required in easements in its ote to the organizat Art, Historical 990, Part IV, line 8. 8, not to report in its ic exhibition, education attements that b, to report in its rev exhibition, education sures, or other similar	spection, handling o is, and enforcing co ad enforcing conserv ments of section 17 revenue and expension's financial state Treasures, or C is revenue statement ation, or research in t describes these ite renue statement and on, or research in fun-	f nservation vation ease 0(h)(4)(B)(i) se statements that Dther Sir and balan furtherance sms. d balance s therance of	easements ments durir mants durir nt and describes th nilar Ass ce sheet works of public sheet works of public ser \$	Yes during the y of the	vear N
5 6 7 8 9 Pai 1a b	year	ement is located odic monitoring, ins holds? handling of violation ing of violations, an e satisfy the required in easements in its ote to the organizat Art, Historical 990, Part IV, line 8. 8, not to report in its ic exhibition, education cial statements that b, to report in its rev exhibition, education sures, or other similar SC 958 relating to the	spection, handling o is, and enforcing co ad enforcing conserv ments of section 17 revenue and expension's financial state Treasures, or C is revenue statement ation, or research in t describes these ite renue statement and on, or research in fun- tial assets for financial hese items:	f nservation vation ease 0(h)(4)(B)(i) se statements ments that Other Sir and balan furtherance ms. d balance s therance of ial gain, pr	easements ments durir nt and describes th nilar Ass ce sheet works of public sheet works of public ser \$ \$ 	Yes during the y ang the year Yes he ets. of vice,	year N
5 6 7 8 9 Pai 1a b 2 2 a	year	ement is located odic monitoring, ins holds? andling of violation ing of violations, an e satisfy the required n easements in its ote to the organizat Art, Historical 990, Part IV, line 8. 3, not to report in its ic exhibition, education cial statements that 8, to report in its rev exhibition, education sures, or other simi SC 958 relating to th	spection, handling o is, and enforcing co id enforcing conserv ments of section 17 revenue and expension's financial state Treasures, or C is revenue statement ation, or research in t describes these ite renue statement and on, or research in fun- ilar assets for financial nese items:	f nservation vation ease 0(h)(4)(B)(i) se statements that Dther Sir and balance furtherance ms. d balance s therance of ial gain, pr	easements ments durir mants durir nt and describes the milar Ass ce sheet works of public sheet works of public ser \$ ovide \$	Yes during the y of the	year N
5 6 7 8 9 Pai 1a b 2 a b	year	ement is located odic monitoring, ins holds? andling of violations, an e satisfy the required n easements in its ote to the organizat Art, Historical 990, Part IV, line 8. 8, not to report in its ic exhibition, education cial statements that 8, to report in its rev exhibition, education sures, or other simi SC 958 relating to th	spection, handling o is, and enforcing co id enforcing conserv ments of section 17 revenue and expension's financial state Treasures, or C is revenue statement ation, or research in t describes these ite renue statement and on, or research in fun- ilar assets for financial nese items:	f nservation vation ease 0(h)(4)(B)(i) se statements that Dther Sir and balance furtherance ms. d balance s therance of ial gain, pr	easements ments durir mants durir nt and describes th nilar Ass ce sheet works of public sheet works of public ser \$ ovide \$	Yes during the y ang the year Yes he ets. of vice,	year N

Sche	dule D (Form 990) 2022 EQUALIT	Y FLORIDA	ACTI	ON, IN	с.			**_**	*8104	4 р	age 2
Par	t III Organizations Maintaining C					r Other	Simila	r Assets	contir		
3	Using the organization's acquisition, accession	on, and other record	ls, checl	k any of the	following that	t make sig	nificant u	use of its			
	collection items (check all that apply):			-	-	-					
а	Public exhibition	(d 🗌	Loan or exc	change progra	am					
b	Scholarly research		e 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explai	n how th	ney further tl	he organizatio	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	istorical trea	sures, or othe	er similar a	issets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrangereported an amount on Form 990, Par		lete if th	e organizatio	on answered '	"Yes" on F	orm 990	, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodi								Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							∟	1 1 1 2 5		
5		and complete the lo	nowing	lable.					Amoun	t	
с	Beginning balance						1c			-	
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on Fo						·		Yes		No
	If "Yes," explain the arrangement in Part XIII.								_		
Par	t V Endowment Funds. Complete i	f the organization ar	nswered	"Yes" on Fo	orm 990, Part	IV, line 10					
		(a) Current year		Prior year	(c) Two yea			/ears back	(e) Four	years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	nd administer	red for the			r		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered			Í							
	Description of property	(a) Cost or o basis (investi		• • •	t or other (other)	. ,	cumulate reciation	ed	(d) Boo	k valu	ie
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X. colur	mn (B), line 1	0c.)						0.
								Schedule	D (Forn	n 990) 2022

(a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
1) Financial derivatives			-
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd of year market value
	(b) BOOK value	(c) Method of Valuation. Cost of e	nu-oi-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED COMPENSATION			5,713
(3) DUE TO AFFILIATES			21,763
(4)			,
(5)			
(6)			
(7)			
(8)			
(9) Fotal. <u>(Column (b) must equal Form 990, Part X, col. (B) line</u>	05.)		27,476
Utal, (Column (b) must equal Form 99() Part X col (R) line	25.1		

X

Schedule D (Form 990) 2022

232053 09-01-22

Part VII Investments - Other Securities.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value					
1) Financial derivatives							
2) Closely held equity interests							
3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)							

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) 2022

Sche	EQUALITY FLORIDA ACTION	, INC.	**_*	***8104 Page 4
	t XI Reconciliation of Revenue per Audited Financial Stat		ue per Return.	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,220,288.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,220,288.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		1,220,288.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Exper	ises per Returr).
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total expenses and losses per audited financial statements		1	859,533.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			859,533.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		859,533.
Pa	rt XIII Supplemental Information.			

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

PART X, LINE 2:

THE ORGANIZATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A
TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE
CODE. INCOME EARNED IN FURTHERANCE OF THE ORGANIZATION'S TAX-EXEMPT
PURPOSE IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES. THE ORGANIZATION IS
TREATED AS A PUBLICLY SUPPORTED ORGANIZATION, AND NOT AS A PRIVATE
FOUNDATION. THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF ASC TOPIC 740,
INCOME TAXES, RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND
DOES NOT BELIEVE IT HAS ANY MATERIAL INCOME TAX EXPOSURE RELATING TO
UNCERTAIN TAX POSITIONS. THE ORGANIZATION'S TAX FILINGS ARE GENERALLY OPEN
FOR EXAMINATION BY TAXING AUTHORITIES FOR THREE YEARS AFTER THE DATE OF
FILING.
232054 09-01-22 Schedule D (Form 990) 2022

20

Schedule D	(Form 990) 2022

Part XIII	Supplemental Informatio	n (continued)		
				Schedule D (Form 990) 2022
				Solicadie D (1 0111 330) 2022

232055 09-01-22

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	2022)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		ZU		-
Dena	tment of the Treasury	Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization		Employer ic			mber
		EQUALITY FLORIDA ACTION, INC.	**_*	**8104	4	
Ра	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	·	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffer	ir, chet)			
la la						
D		on line 1a are checked, did the organization follow a written policy regarding payment or		41.		
~		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		<u> </u>
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2		
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		🖊		
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's				
5	,	ector. Check all that apply. Do not check any boxes for methods used by a related organization s				
		ation of the CEO/Executive Director, but explain in Part III.	51110			
	Compensation					
		ompensation consultant X Compensation survey or study				
	X Form 990 of o		ommittee			
			Ommittee			
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 re					
а	-	e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?				X
c	-	eive payment from an equity-based compensation arrangement?				X
	-	hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	,					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	-			. 5a		X
		ation?				X
		r 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r	et earnings of:				
а	The organization?			. 6a		X
		ation?				X
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i			
		nes 5 and 6? If "Yes," describe in Part III		7	Х	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	ule J (Forn	n 990)) 2022

232111 10-18-22

Schedule J (Form 990) 2022

-*8104

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	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)	36,097.	9,660.	3,025.	2,195.	4,039.	55,016.	0.
CEO	(ii)	204,550.	54,740.	17,143.	12,436.	22,885.	311,754.	0.
(2) STRATTON POLLITZER	(i)	35,098.	6,240.	2,767.	1,977.	1,560.	47,642.	0.
DEPUTY DIRECTOR	(ii)	198,890.	35,360.	15,677.	11,201.	8,840.	269,968.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

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

PART I, LINE 7:

THE BOARD APPROVES THE CEO'S COMPENSATION INCLUDING THE TIMING AND AMOUNT

OF HER BONUS UPON COMPLETION OF HER ANNUAL PERFORMANCE REVIEW. THE CEO

APPROVES BONUSES FOR ALL OTHER STAFF WITHIN THE CONFINES OF THE

BOARD-APPROVED BUDGET.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



EQUALITY FLORIDA ACTION, INC.

Employer identification number **-**8104

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

WE WORK TO PASS LEGISLATION AND LOCAL POLICIES THAT WOULD BENEFIT

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

POLICIES.

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

- EQUALITY FLORIDA FIELD STAFF MOBILIZED 130 VOLUNTEERS INTO 23 VIRTUAL

DAYS OF ACTION TARGETING FLORIDA STATE LEADERSHIP. VOLUNTEERS MADE

67,675 CALLS INSPIRING 994 EQUALITY FLORIDA MEMBERS AND SUPPORTERS TO

MAKE PATCH-THRU CALLS TO THE OFFICES OF THE FLORIDA SENATE PRESIDENT

AND HOUSE SPEAKER.

- SUPPORTED 10 RALLIES ACROSS THE STATE ON DON'T SAY LGBTQ AND MORE

THAN 10 SCHOOL WALKOUTS.

- IN SUPPORT OF 2022 ELECTIONS, EQUALITY FLORIDA HOSTED 65 DAYS OF

ACTION FOR BOTH PRIMARY AND GENERAL ELECTIONS. THIS INCLUDED 417

VOLUNTEER SHIFTS, 156,801 CALLS, 473,513 TEXTS, AND 3,182 DOORS KNOCKED

TO ENCOURAGE PRO-EQUALITY VOTER TURNOUT.

- MOBILIZED MORE THAN 100 PEOPLE TO THE FLORIDA BOARD OF EDUCATION

MEETING AND A TOTAL OF 375 PEOPLE TO THREE FLORIDA BOARD OF MEDICINE

MEETINGS, WHERE ANTI-LGBTQ POLICIES WERE BEING CONSIDERED.

- HELPED ORGANIZE WITH OUR PARTNERS IN THE FLORIDIANS FOR REPRODUCTIVE

FREEDOM COALITION TWO PRESS CONFERENCES FOR REPRODUCTIVE FREEDOM, ON

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211
 10-28-22

25

PEOPLE TO TALLAHASSEE ON FEBRUARY 22.

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

THE ORGANIZATION'S EMPLOYEES ARE COMPENSATED BY EQUALITY FLORIDA

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

PAYROLL RELATED RETURNS (EIN: 59-3435235). THE NUMBER OF EMPLOYEES

REPORTED ON LINE 2A REPRESENTS THE NUMBER OF EMPLOYEES ALLOCATED TO

THIS ORGANIZATION. THE SALARIES AND RELATED EXPENSES REPORTED IN PART

IX, LINES 5 THROUGH 10, REPRESENT THE EMPLOYEE EXPENSES ASSOCIATED WITH THOSE EMPLOYEES.

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 Schedule O (Form 990) 2022 232212 10-28-22 26

15330918 143399 331643

Schedule O (Form 990) 2022	Page 2
Name of the organization EQUALITY FLORIDA ACTION, INC.	Employer identification number **-**8104
INTEREST IN FACT EXISTED; AND (B) THE NAMES OF THE PERSONS	WHO WERE PRESENT
FOR DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION OR A	RRANGEMENT, THE
CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO T	HE PROPOSED
TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKE	N IN CONNECTION
WITH THE PROCEEDINGS. THE CONFLICT OF INTEREST POLICY IS R	EVIEWED ANNUALLY
WITH ALL INTERESTED PERSONS.	

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

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

27

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

232212 10-28-22

Schedule O (Form 990) 2022

Name of the organization	Employer identification number
EQUALITY FLORIDA ACTION, INC.	**-**8104
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	PON REQUEST.
FORM 990, PART XII, LINE 2C:	
THE FINANCE COMMITTEE APPROVES THE RFP, REVIEWS PROPOSALS,	AND SELECTS
THE INDEPENDENT CPA FIRM. THE CPA FIRM COMMUNICATES DIRECT	LY WITH THE

FINANCE COMMITTEE DURING REVIEW PLANNING WITH RESPECT TO THE EXPECTED

TIMING AND SCOPE OF THE REVIEW AND AT THE CONCLUSION OF THE REVIEW WITH

RESPECT TO VARIOUS QUALITATIVE ASPECTS OF THE REVIEW, DIFFICULTIES

ENCOUNTERED, AND ANY SIGNIFICANT FINDINGS. THIS PROCESS HAS NOT CHANGED

FROM THE PRIOR YEAR.

15330918 143399 331643

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.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number **-**8104

Department of the Treasury Internal Revenue Service

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

Name of the organization

EQUALITY FLORIDA ACTION, INC.

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
EQUALITY FLORIDA INSTITUTE, INC	CIVIL RIGHTS EDUCATION						
59-3435235, P.O. BOX 13184, ST PETERSBURG,	DEDICATED TO EQUALITY FOR						
FL 33733	THE LGBT COMMUNITY	FLORIDA	501(C)(3)	LINE 7	N/A		х
EQUALITY FLORIDA, INC 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
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		N/A		Х
	-						

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 EQUALITY FLORIDA ACTION, INC.

-*8104 Page 2

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

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

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	(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	512(b contr	(i) ction b)(13) rolled tity?
		country)				400010		Yes	No

Schedule R (Form 990) 2022 EQUALITY FLORIDA ACTION, INC.

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

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

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

Schedule R (Form 990) 2022 EQUALITY FLORIDA ACTION, INC.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org	e) all rs sec. c)(3) s.?	(f) Share of total		(h Dispr tior allocat	n) opor- ate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne	or Percentage ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes I	

Schedule R (Form 990) 2022

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

Schedule R (Form 990) 2022

232165 09-14-22