TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

DECEMBER 31, 2015

Prepared for	EQUALITY FLORIDA ACTION, INC. P.O. BOX 13184 ST PETERSBURG, FL 33733-3184
Prepared by	CBIZ MHM, LLC 13577 FEATHER SOUND DRIVE, SUITE 400 CLEARWATER, FL 33762
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY AUGUST 15, 2016.

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Form JJU	

** PUBLIC DISCLOSURE COPY **

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service

AI	A For the 2015 calendar year, or tax year beginning and ending					
B	Check if applicab	C Name of organization		D Employer identific	cation number	
Change EQUALITY FLORIDA ACTION, INC.						
	Name chang	le Doing business as	47-1	338104		
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number		
	Final Feturr			(813)870-3735	
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	68,610.	
	Amer	SI FEIERSBORG, FL 33733-3104		H(a) Is this a group re		
	Appli tion pendi			for subordinates	? Yes 🗶 No	
	penu	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No	
		empt status: 501(c)(3)	or 🛄 527	If "No," attach a	list. (see instructions)	
		te: WWW.EQFL.ORG		H(c) Group exemption		
		forganization: X Corporation Trust Association Other ►	L Year	of formation: 2014	I State of legal domicile: \mathbf{FL}	
Pa	art I	Summary				
é	1	Briefly describe the organization's mission or most significant activities:	RING H	EQUALITY AND	JUSTICE	
Activities & Governance		FOR FLORIDA'S LESBIAN, GAY, BISEXUAL & T				
ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos				
200	3	Number of voting members of the governing body (Part VI, line 1a)			12	
ي ھ	4	Number of independent voting members of the governing body (Part VI, line 1b)			12	
ies	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			0	
tivit	6	Total number of volunteers (estimate if necessary)			500	
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>		0.	
				Prior Year 476,511.	Current Year 64,290.	
iue	8	Contributions and grants (Part VIII, line 1h)		470,511.	395.	
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	<u> </u>	
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	3,925.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		476,511.	68,610.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		85,000.	00,010.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		68,638.	151,408.	
Expenses	15	Professional fundraising fees (Part IX, column (A), line 11e)		00,050.	<u> </u>	
oen			55.	••	0.	
Ă		Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,01 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		69,590.	68,593.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		223,228.	220,001.	
	19	Revenue less expenses. Subtract line 18 from line 12		253,283.	-151,391.	
es	13			eginning of Current Year	End of Year	
Fund Balances	20	Total assets (Part X, line 16)		345,363.	100,647.	
Ass	21	Total liabilities (Part X, line 26)		92,080.	1,880.	
Net- Unc	22	Net assets or fund balances. Subtract line 21 from line 20		253,283.	98,767.	
Pa	Part II Signature Block					
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	nents, and to the best of my	/ knowledge and belief, it is	
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of wh		•	- /	

Sign Here	Signature of officer NADINE SMITH, CEO Type or print name and title			Date		
Paid	Print/Type preparer's name BETTY ISLER, CPA	Preparer's signature	Date	Check PTIN if self-employed P00541979		
Preparer	Firm's name CBIZ MHM, LLC			Firm's EIN \searrow 27-3605969		
Use Only Firm's address 13577 FEATHER SOUND DR. STE 400 CLEARWATER, FL 33762 Phone no. (727)572-1400						
May the IRS discuss this return with the preparer shown above? (see instructions)						
532001 12-1	532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2015)					

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experimentation of the amount of grants and allocations to others, the total experimentation of the amount of grants and allocations to others, the total experimentation of the amount of grants and allocations to others, the total experimentation of the amount of grants and allocations to others, the total experimentation of the amount of grants and allocations to others, the total experimentation of the amount of grants and allocations to others, the total experimentation of the amount of grants and allocations to others, the total experimentation of the amount of grants and allocations to others, the total experimentation of the amount of grants and allocations to others, the total experimentation of the amount of grants and allocations to others, the total experimentation of the amount of grants and allocations to others, the total experimentation of the amount of grants and allocations to others, the total experimentation of the amount of grants and allocations to experimentations are required to report the amount of grants and allocations to experimentations are required to report the amount of grants and allocations to experimentations are required to report the amount of grants and allocations to experimentations are required to expense to a start and the amount of grants and allocations are required to expense to a start and allocations are required to expense to a start and the amount of grants and allocations are required to expense and allocations are required to a start and allocation andit and allocations are required to a start		Page (2015) EQUALITY FLORIDA ACTION, INC. 47-1338104
1 Briefly describe the organization's mission. BQUALITY FLORIDA ACTION IS THE LARGEST CIVIL RIGHTS ORGANIZATION WORKING TO SECURE FULL EQUALITY FOR FLORIDA'S LEGISLATION AN LOCAL POLICIES THAT WOULD BENEFIT FLORIDA'S LGBT COMMUNITY. 2 Did the organization undertake any significant program services during the year which were not listed on the prior forms 900 or 90-027. If 'Yes,' describe these new services on Schedule 0. 3 Did the organization undertake any significant program services dignificant program services on Schedule 0. 4 Did the organization organo: convoluting, or make significant charges in how it conducts, any program services and significant charges in conducting, or make significant charges in program services and significant charges in program services accompletiones to eacompletion the second the program service in 133, 480. Including years of 3	art	
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ADVOCACY: EQUALITY FLORIDA HAS CONTINUED TO BLOCK EVERY PIECE OF PROPOSED ANTI-LGBT LEGISLATION IN TALLAHASSEE SINCE FORMED 17 YEARS AGO. SEVERAL PIECES OF ANTI-LGBT LEGISLATION WERE INTRODUCED INCLUDIN BILL TO BAN TRANSGENDER PEOPLE FROM USING PUBLIC RESTROMS THAT WITH THEIR GENDER IDENTITY AND A BILL TO ALLOW PRIVATE ADOPTION AGENCIES TO REFUSE TO PLACE CHILDREN WITH GAY AND LESBIAN PARENT ON THEIR PERSONAL RELIGIOUS CONVICTIONS. WE WERE SUCCESSFUL IN S BOTH MEASURES. WE CONTINUE TO BUILD BIPARTISAN LEGISLATIVE SUPPORT FOR A STATEW UNIFORM NONDISCRIMINATION POLICY THAT INCLUDES PROTECTIONS FOR L 40 (code	re	
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(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 198,734.		
4e Total program service expenses ▶ 198,734.	a C	Other program services (Describe in Schedule O.)
F	(E	
	эT	
SEE SCHEDIILE O FOR CONTINUETON(S)	002	Form 990
2-16-15 SEE SCHEDULE O FOR CONTINUATION(S)		

Form	aan	(201	5)

EQUALITY FLORIDA ACTION, INC.

Pa	rt 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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	x	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	N/	А
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	Ē		
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
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

Form **990** (2015)

532003 12-16-15

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Form	aan	(2015)
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Part IV Checklist of Required Schedules (continued)

EQUALITY FLORIDA ACTION, INC.

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		v	
	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	040		x
Ь	Schedule K. If "No", go to line 25a	24a 24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	210		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00.		x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		- 23
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 50		
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		x
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		Х
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			v
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
	Note. All Form 990 filers are required to complete Schedule O	38	<u></u>	

Form **990** (2015)

532004 12-16-15

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Form	990 (2015) EQUALITY FLORIDA ACTION, INC. 47-1338	104	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		77	
	any contributions that were not tax deductible as charitable contributions?	6a	Х	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		х	
_	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section $170(c)$.	-		x
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-		x
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		x
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7~	N/	
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h	N/	
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A	70	11/	<u> </u>
8		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	0		
	N/λ	9a		
a b	Did the sponsoring organization make any taxable distributions under section 4966? N/A 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:	50		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders N/A			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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? N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	_	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	000	(2015)

Form	990	(2015)
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532005 12-16-15

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Form 990	(2015)
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EQUALITY FLORIDA ACTION, INC.

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					Σ
Sec	tion A. Governing Body and Management					
			1.0		Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	. 1a	12			
	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 in Schedule O.		1.0			
b	Enter the number of voting members included in line 1a, above, who are independent		12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with a	any other			
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under	the direct	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person? $_{\rm}$			3		
4	Did the organization make any significant changes to its governing documents since the prior Form	n 990 was	s filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?		5		
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 of	one or			
	more members of the governing body?			7a		2
b	Are any governance decisions of the organization reserved to (or subject to approval by) members					
	persons other than the governing body?			7b		2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue	Code.)			
					Yes	1
0a	Did the organization have local chapters, branches, or affiliates?			10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing be	ody befor	e filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
				12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri	ise to confl	licts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
4	Did the organization have a written document retention and destruction policy?			14	Х	\square
15	Did the process for determining compensation of the following persons include a review and appro					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		aoponaone			
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15b	X	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement w	ith a			
				16a		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu			104		Ľ
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org		•			
				16b		
ec	exempt status with respect to such arrangements?			100		
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright FL$					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990)-T (Sectio	n 501(c)(3) s only	availah	le	
	for public inspection. Indicate how you made these available. Check all that apply.			avanac		
	Own website Another's website X Upon request Other (expla	in in Sch	edule ()			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or			d finan	cial	
5	statements available to the public during the tax year.		interest policy, all	u man	oiai	
		hooke and	d records:			
0		JUUKS AN(u records. 🏲			
20	State the name, address, and telephone number of the person who possesses the organization's I					
20	DON WALKER, CPA, CONTROLLER - (813)870-3735					
	DON WALKER, CPA, CONTROLLER - (813)870-3735 4659 26TH AVE S, ST PETERSBURG, FL 33711			Form	000	(20
	DON WALKER, CPA, CONTROLLER - (813)870-3735			Form	990	(20

Part VII	Compensation of Officers,	Directors , Truste	es, Key En	nployees, Highest	Compensated
	Employees, and Independe	ent Contractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Name and hindAverage hours per week (ist any ing per states we hours per week ing per states we hours per week we have mere hear one hours per veek we have mere hear one hours per week we have hear one hours per week we have hear one hours per week we have hear one hours per hours per week we have hear one hours per week we have hear one hours per week we have hear one hours per hear one hear one week we have hear one hours per hear one hear	(A)	(B)	(C)		(D)	(E)	(F)				
hours per week week (list any hours for related organizations (list any hours for ine)box. under persons is contain the contractation from the model and contractation (W-2/1099-MISC)compensation from the organizations (W-2/1099-MISC)compensation from the organizations (W-2/1099-MISC)compensation from the organizations (W-2/1099-MISC)compensation from the organizations and related organizations(1) KEN SHELIN1.00 2.00X0.0.0.(2) MICHELLE OTT TEASOURE1.00 2.00X0.0.0.SECETARY2.00 2.00X0.0.0.0.(3) MARK ANDERSON1.00 2.00X0.0.0.0.(4) B, RODNEY WHITE DIRECTOR1.00 2.00X0.0.0.0.(5) CHUCK V, LORING DIRECTOR1.00 2.00X0.0.0.0.(6) DONN SMITH DIRECTOR1.00 2.00X0.0.0.0.(7) JON HARRIS MAURER DIRECTOR1.00 2.00X0.0.0.0.(10) CHRISTOPHER RUDISILL DIRECTOR1.00 2.00X0.0.0.0.(11) CHRISTOPHER RUDISILL DIRECTOR1.00 2.00X0.0.0.0.(12) TRICTOR DIRECTOR2.000 2.00X0.0.0.0.(13) MARCIT FOOTE DIRECTOR2.000 2.00X0.0.0.0.(14) JIM VARRIPER <b< td=""><td>Name and Title</td><td>Average</td><td colspan="2">Position</td><td>Reportable</td><td>Reportable</td><td colspan="4">Estimated</td></b<>	Name and Title	Average	Position		Reportable	Reportable	Estimated				
Weak (list any hours for related organizations below line) Total (list any busine line) Total (list any busine below line) Total (list any busine list any busin		hours per	box	box, unless person is both an		compensation	compensation	amount of			
(1) KEN SHELIN 1.00 X 0. 0. 0. CHAIRMAN 2.00 X 0. 0. 0. 0. SECRETARY 2.00 X 0. 0. 0. 0. (1) B. RODNEY WHITE 1.00 X 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. (5) CHUCK V. LORING 1.00 X 0. <t< td=""><td></td><td>week</td><td></td><td colspan="2"></td><td>from</td><td></td><td></td></t<>		week				from					
(1) KEN SHELIN 1.00 X 0. 0. 0. CHAIRMAN 2.00 X 0. 0. 0. 0. SECRETARY 2.00 X 0. 0. 0. 0. (1) B. RODNEY WHITE 1.00 X 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. (5) CHUCK V. LORING 1.00 X 0. <t< td=""><td></td><td></td><td>rector</td><td></td><td></td><td></td><td></td><td></td><td></td><td>•</td><td></td></t<>			rector							•	
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(17) STRATTON POLITZER 5.00									0 004		4 605
					X				9,394.	84,541.	4,605.
ער ארא אראסער א							₁ ,		12 454	101 064	C 004
532007 12-16-15 Form 990 (2015)	DEPUTY DIRECTOR	45.00					X		13,451.	121,064.	

532007 12-16-15

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Form 990 (2015)

Form	1 990 (2015) EQUALITY	FLORIDA	A Z	AC1	ΓIC	DN	, -	INC	с.	47-133	8104	: P	age 8
Pa	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week	box	not c , unle	Pos i heck ss pe id a d	ition more rson	than is bot	h an	(D) Reportable compensation from	compensation an		(F) stimate mount	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	ons compensati		ation le tion ted
			-										
1b c	Sub-total Total from continuation sheets to Part VI	I, Section A							37,202.	334,818	•	6,7	0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization						e) wł	no re	37,202. eceived more than \$100	334 , 818 0,000 of reportable	• 2	6,7	/8.
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s				-		-		highest compensated e		3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab 0,000? <i>If "Yes,</i>	le co " co	ompe mple	ensa ete S	atior Sche	n and e <i>dul</i> é	d otł e <i>J f</i>	her compensation from for such individual	the organization	4	x	
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> tion B. Independent Contractors	-				-		elat	ed organization or indiv	dual for services	5		X
1	Complete this table for your five highest contract the organization. Report compensation for the organization for the organization of the organiza										nsation	from	
	(A) Name and business			ONE					(B) Description of s		(Compe	C) ensatic	n
2	Total number of independent contractors (i \$100,000 of compensation from the organiz	•	iot li	mite	d to		se li: 0	sted	d above) who received n	nore than			
53200 12-16	8 15										Form	990 (2015)

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		Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII			
			•	, , , , , , , , , , , , , , , , , , ,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
S, G		Fundraising events						
ar J		Related organizations		35,655.				
inil inil		Government grants (contribut						
r Si	f	All other contributions, gifts, gran	ts, and					
ibu		similar amounts not included abo	ve 1f	28,635.				
dut	g	Noncash contributions included in lines	1a-1f:\$	4,759.				
<u>a C</u>	h	Total. Add lines 1a-1f		►	64,290.			
				Business Code		205		
ice	2 a	LOBBY DAY REGIS	TRATION	813311	395.	395.		
Program Service Revenue	b							
ven S	С							
Be	d							
5 Č	e							
-		All other program service reve			395.			
	<u> </u>	Total. Add lines 2a-2f Investment income (including			555.			
	3	other similar amounts)						
	4	Income from investment of tax						
	5	Royalties						
	•		(i) Real	(ii) Personal				
	6 a	Gross rents	()					
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		>				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		····· ►				
en	8 a	Gross income from fundraising	g events (not					
/en		including \$	of					
Other Reven		contributions reported on line	,					
Jer		Part IV, line 18						
₹		Less: direct expenses						
		Net income or (loss) from func Gross income from gaming ac		/				
	9 d	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale		-				
Γ		Miscellaneous Revenu	е	Business Code				
Ī	11 a							
	b							
	с			010011				
		All other revenue			3,925.	3,925.		
		Total. Add lines 11a-11d			3,925.	1 220	0.	0.
	12	Total revenue. See instructions.		>	68,610.	4,320.	υ.	Form 990 (2015)
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EQUALITY FLORIDA ACTION, INC.

532009 12-16-15

Form 990 (2015)

Part VIII Statement of Revenue

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9

2015.04010 EQUALITY FLORIDA ACTION, IN 5669.41

47-1338104 Page 9

EQUALITY FLORIDA ACTION, INC.

Secti	on 501(c)(3) and 501(c)(4) organizations must com	•		omplete column (A).	X
	Check if Schedule O contains a resport not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
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,	25,820.	18,338.	4,166.	3,316.
•	trustees, and key employees	23,020.	10,550.	4,100.	5,510.
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	100 069	95,008.	<u> </u>	
7	Other salaries and wages	100,968.	95,008.	5,960.	
8	Pension plan accruals and contributions (include	2 040	2 7 2 0	207	0
	section 401(k) and 403(b) employer contributions)	2,946. 9,937.	2,730.	207.	<u> </u>
9	Other employee benefits	9,937.	9,043.	746.	148.
10	Payroll taxes	11,737.	10,514.	931.	292.
11	Fees for services (non-employees):				
а	Management				
b	Legal	1,967.	1,762.	156.	49.
с	Accounting	1,250.	1,119.	100.	31.
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.)	41,910.	40,857.	2.	1,051.
12	Advertising and promotion	661.	661.		
13	Office expenses	7,706.	5,303.	152.	2,251. 763.
14	Information technology	5,009.	3,915.	331.	763.
15	Royalties				
16	Occupancy	7,849.	7,250.	456.	143.
17	Travel	1,063.	1,063.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,178.	1,171.	5.	2.
20	Interest		,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
22	Insurance				
23 24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
	amount, list line 24e expenses on Schedule O.) '				
a					
b					
c					
d					
е	All other expenses	000 001		12 010	
25	Total functional expenses. Add lines 1 through 24e	220,001.	198,734.	13,212.	8,055.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

532010 12-16-15

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10 2015.04010 EQUALITY FLORIDA ACTION, IN 5669.41

Form **990** (2015)

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EQUALITY FLORIDA ACTION, INC.

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

		Check if Schedule O contains a response or note	e to any line in this Part X			······ L
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		219,853.	1	95,948.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	1,425.
	4	Accounts receivable, net			4	2,045.
	5	Loans and other receivables from current and fo			-	
	-	trustees, key employees, and highest compensation				
					5	
	6	Loans and other receivables from other disqualif			_	
	-	section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sect				
n,		employees' beneficiary organizations (see instr).			6	
-	7	Notes and loans receivable, net			7	
Ĩ	8	Inventories for sale or use	F		8	
	9	Prepaid expenses and deferred charges			9	1,229.
		Land, buildings, and equipment: cost or other			_	
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		125,510.	15	0.
	16	Total assets. Add lines 1 through 15 (must equa		345,363.	16	100,647.
	17	Accounts payable and accrued expenses		50,080.	17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
2	22	Loans and other payables to current and former	officers, directors, trustees,			
LIAUIIIUES		key employees, highest compensated employee	s, and disqualified persons.			
an		Complete Part II of Schedule L			22	
1	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pay	yables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
				42,000.	25	1,880.
	26	Total liabilities. Add lines 17 through 25		92,080.	26	1,880.
		Organizations that follow SFAS 117 (ASC 958)				
ŝ		complete lines 27 through 29, and lines 33 and		052 002		07 240
alle	27	Unrestricted net assets	·····	253,283.	27	97,342.
םם	28				28	1,425.
	29	· · · · · · · · · · · · · · · · · · ·			29	
		Organizations that do not follow SFAS 117 (As				
5		and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
2	31	Paid-in or capital surplus, or land, building, or eq			31	
NGL	32	Retained earnings, endowment, accumulated inc	F	153 101	32	00 767
-	33	Total net assets or fund balances		253,283. 345,363.	33	98,767.
	34	Total liabilities and net assets/fund balances		343,303.	34	100,647.

Form 990 (2015)

Form 990 (2015)

Assets

Liabilities

Net Assets or Fund Balances

Part X Balance Sheet

Form	1990 (2015) EQUALITY FLORIDA ACTION, INC.	47-13	338104	Pag	je 12
Ра	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			10.
2	Total expenses (must equal Part IX, column (A), line 25)	2	220		
3	Revenue less expenses. Subtract line 2 from line 1	3	-151		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	253	5,20	53.
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		. 14	25
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-:	3,12	<u> </u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		0.0	3,70	67
Da	column (B)) rt XII Financial Statements and Reporting	10	90	, /	57.
га					X
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 🔲 Other				
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	<u> </u>	-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	x	
24	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe				
	separate basis, consolidated basis, or both:	uonu			
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa				
	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 th	ne 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 in Sch	iedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	uired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form S	990 (2	2015)

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

INC.

OMB No. 1545-0047

2015

Employer identification number

47	_1	2	2	Q	1	n	1

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

Name of the organization

Organization type (check one):

Section:
X 501(c)(4) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

EQUALITY FLORIDA ACTION,

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

General Rule

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

Special Rules

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Employer identification number

EOIIAT.	ITY FLORIDA ACTION, INC.		47-1338104
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	1, 1000101
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	
<u> 1</u>		\$35,6	55. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2		\$5,5	00. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
3		\$5,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
523452 10-26	3-15	Schedule	B (Form 990, 990-EZ, or 990-PF) (20

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

14

2015.04010 EQUALITY FLORIDA ACTION, IN 5669.41

09320809 144584 5669.4

EQUALITY FLORIDA ACTION, INC.

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

	Noncash Property (see instructions). Ose duplicate copies of Part	In it additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	PLEDGES RECEIVABLE		
1		—	
		\$\$,759 .	11/30/15
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(see instructions)	Date received
		_	
— I		_	
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
		_	
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
- un cr			
		—	
		\$	
(a)		(c)	<i>.</i>
No. from	(b)	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(see instructions)	Date received
		\$	
(-)			
(a) No.	(1-)	(c)	(ام /
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncean property given	(see instructions)	Batereceiveu
		<u> </u>	
		\$	
	-15	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2

09320809 144584 5669.4

2015.04010 EQUALITY FLORIDA ACTION, IN 5669.41

47 - 1338104

me of orga			Employer identification number
art III	the year from any one contributor. Complete c	ributions to organizations described in s olumns (a) through (e) and the following	$\frac{47-1338104}{\text{section 501(c)(7), (8), or (10) that total more than $1,000 to}}$ g line entry. For organizations
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additionation		s for the year. (Enter this info. once.) \$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
a) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
454 10-26-1	5		Schedule B (Form 990, 990-EZ, or 990-PF) (2

09320809 144584 5669.4

2015.04010 EQUALITY FLORIDA ACTION, IN 5669.41

SCHEDULE C (Form 990 or 990-EZ)	For Organizations Exempt From Income Tax Under section 501(c) and section 527	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. 	Open to Public Inspection

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

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

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

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

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

 Section 501(c)(4), (5), 	or (6) organizations: Complete Part III.
News of every	

Nar	ne of organization	Employe	r identification number
	EQUALITY FLORIDA ACTION, INC.		47-1338104
Pá	art I-A Complete if the organization is exempt under section 501(c) or is a section	527 orga	anization.
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV.		
2	Political expenditures	▶\$	40,337.
3	Volunteer hours	<u> </u>	115.
_			
Pa	art I-B Complete if the organization is exempt under section 501(c)(3).		
1	Enter the amount of any excise tax incurred by the organization under section 4955	····.	
2	Enter the amount of any excise tax incurred by organization managers under section 4955	🏲 💲 🔄	
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		Yes No
4	a Was a correction made?		Yes No
_	b If "Yes," describe in Part IV.		2
Pa	art I-C Complete if the organization is exempt under section 501(c), except section	n 501(c)(•
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	🏲 \$	40,337.
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527		
	exempt function activities	🏲 💲 _	0.
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,		
	line 17b	🏲 💲 _	40,337.
4	Did the filing organization file Form 1120-POL for this year?		Yes X No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations	to which th	ne filing organization
	made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also		
	contributions received that were promptly and directly delivered to a separate political organization, such as a	a separate s	segregated fund or a
	political action committee (PAC). If additional space is needed, provide information in Part IV.		

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 532041 10-05-15

Schedule C (Form 990 or 990-EZ) 2015

09320809 144584 5669.4

Schedule C (Form 990 or 990-EZ) 2015 E	QUALI	TY FL	ORIDA ACTIO	N, INC.	47-1	L338104 Page 2
Part II-A Complete if the orga section 501(h)).	inizatio	n is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5/68 (election under
		- +ff	listed averue (aved list in			
•••	Ũ		iliated group (and list in	Part IV each affiliateo	l group member's nar	ne, address, EIN,
expenses, and share		, ,	. ,	visions apply		
B Check ► if the filing organization	on checke	ed box A a	nd "limited control" pro	ovisions apply.		(h) Affiliated success
		ying Expe eans amou	nditures unts paid or incurred.))	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence publi	c opinion (arass roots lobbving)			
b Total lobbying expenditures to influe	•	•				
c Total lobbying expenditures (add line						
d Other exempt purpose expenditures						
e Total exempt purpose expenditures						
f_Lobbying nontaxable amount. Enter						
If the amount on line 1e, column (a) or						
, , ,	(0) 15.		bying nontaxable am			
Not over \$500,000	000		the amount on line 1e.			
Over \$500,000 but not over \$1,000,			00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500		. ,	00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,00	00,000		00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (ente		,				
h Subtract line 1g from line 1a. If zero	or less, ei	nter -0				
i Subtract line 1f from line 1c. If zero o						
j If there is an amount other than zero	on either	line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this ye	ear?					Yes No
(Some organizations that	at made a	section 5	eraging Period Under 01(h) election do not ate instructions for lir	have to complete all	of the five columns I	below.
	Lobb	vina Expe	nditures During 4-Yea	ar Averaging Period		
		,	,			
Calendar year (or fiscal year beginning in)	(a) 2	012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2015

532042 10-05-15

Schedule C (Form 990 or 990-EZ) 2015 EQUALITY FLORIDA ACTION, INC.

47-1338104 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity.	Yes	No	Amo	ount	
 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter 					
or referendum, through the use of:					
a Volunteers?b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		(5)	ation		
Part III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).		(b), or se	clion		
501(0)(0).			Yes	No	
 Mare substantially all (000/, as mare) dues resained panels dustible by mare bare? 			X		
 Were substantially all (90% or more) dues received nondeductible by members? Did the event instance while have a labeling our and three of \$0,000 or loss? 				X	
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 				X	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), sect			ction		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	• •			ne 3. is	
answered "Yes."	,	. (,	,	,	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polit					
expenses for which the section 527(f) tax was paid).					
a Current year		2a			
b Carryover from last year					
c Total					
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political				
expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	p list); Part II	-A, lines 1 a	and 2 (see		
instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1:					
THE ORGANIZATION CONDUCTED CANDIDATE SCREENING, VOTE	R EDUCA	TION,	AND		

VOTER TURNOUT EFFORTS FOR SEVERAL MUNICIPAL ELECTIONS.

Schedule C (Form 990 or 990-EZ) 2015

532043 10-05-15

SC	HEDULE D	Supplementa	l Financia	I Statements		OMB No. 1545-0047
	n 990)	► Complete if the orga Part IV, line 6, 7, 8, 9, 10,	nization answere	ed "Yes" on Form 990,		2015
	-	Part IV, line 6, 7, 8, 9, 10,	11a, 11b, 11c, 11 Attach to Form 99	d, 11e, 11f, 12a, or 12b.		Open to Public
	ment of the Treasury A Revenue Service	Information about Schedule D (Formation about Schedule D)			form990	Inspection
Nam	e of the organizat				Empl	oyer identification number
		EQUALITY FLORIDA AC				47-1338104
Pa	rt I Organiza	ations Maintaining Donor Advised	d Funds or Ot	her Similar Funds or A	ccour	nts.Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, line				
			(a) Donor a	advised funds	(b) Fund	s and other accounts
1		nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5	-	on inform all donors and donor advisors in w	-			
		on's property, subject to the organization's e				Yes II No
6	-	on inform all grantees, donors, and donor ac	-	-	-	
		poses and not for the benefit of the donor or	^r donor advisor, o	for any other purpose confe	rring	
De	impermissible priv				<u> </u>	Yes No
		vation Easements. Complete if the orga			, line 7.	
1		servation easements held by the organizatio	`			
		n of land for public use (e.g., recreation or ed	ducation)	Preservation of a historically	•	
		of natural habitat		Preservation of a certified h	istoric si	tructure
•		n of open space				
2		through 2d if the organization held a qualifi	ed conservation c	contribution in the form of a co		
	day of the tax yea					Held at the End of the Tax Year
a		onservation easements			2a	
a	•			(-)	2b	
C L		rvation easements on a certified historic stru			2c	
d		rvation easements included in (c) acquired a				
~		nal Register vation easements modified, transferred, rele			2d	al unita a Ala a Ala y
3		valion easements modified, transferred, refe	eased, extinguishe	ed, or terminated by the organ	lization	during the tax
4	year	where property subject to conservation eas	amont is located			
4		ation have a written policy regarding the peri				
5		forcement of the conservation easements it				Yes No
6		er hours devoted to monitoring, inspecting, h				
6		er nours devoted to monitoring, inspecting, r		איז איזע איזע איזע איזע איזע איזע איזע א	UII Ease	ments during the year
7		ses incurred in monitoring, inspecting, handl	ling of violations	and enforcing conservation of	seamont	s during the year
'	► \$	ses meaned in monitoring, inspecting, handl	ing of violations, a	and entorcing conservation ea		s during the year
8		rvation easement reported on line 2(d) above	e satisfy the requi	rements of section 170(b)(4)(l	3) <i>(</i> i)	
5	and section 170(h	• • • • •			-////	Yes No

9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for
	conservation easements.

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.

b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts
	relating to these items:

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2015
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, prov	vide
	(ii) Assets included in Form 990, Part X	· \$
	(i) Revenue included on Form 990, Part VIII, line 1	• \$

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Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar AssetScontinued) a Using the organization accession, and other records, check any of the following that are a significant use of its collection items (check at that apply): a Public exhibition d Loan or exchange programs b Scholary research e Other c Prevention for Atture generations e Other c Drevention for the organization solic or receive dorbations of art, historical treasures, or other similar assets to be addorbation on the organization accelection? Part IV Escrow and Custodial Arrangement in ear Maint and a part of the organization answered "Yes" on Form 390, Part IV, line 9, or reported an ancount on Form 390, Part X, line 21. Ta is the organization include an anown on Form 390, Part X, line 21. Amount to c Beginning balance Amount to d Additions during the year to to to Part V Endowment functions (b) Current year (b) If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided or Part XIII. Part V Fording balance a If the organization and the current year end balance (ine 1g, polumn (a)) held as: a conthicutions (e) Four y	-		Y FLORIDA						47-13			age 2
clock all that apply: d Loan or exchange programs a Police exhibition d Data or exchange programs b Scholarly research e Other	Pa	rt III Organizations Maintaining C	Collections of A	rt, Historie	cal Tr	reasures, or	Othe	r Simila	ar Asse	ts (contii	nued)	
a Public exhibition definition of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, do the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, do the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, do the organization as outer of the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ta is the organization and outer, tustese, custodian or other intermediary for contributions or other assets not included on Form 980, Part X = 1. Ta is the organization and outer, tustese, custodian or other intermediary for contributions or other assets not included on Form 980, Part X = 1. Ta is the organization and outer other intermediary for contributions or other assets not included on Form 980, Part X = 1. Ta is the organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability? Additions during the year C Ending balance (a) Current year (b) Priver, 'explain the arrangement in Part XIII. Part V Endowrment FundS. Complete if the organization answered "Yes" on Form 980, Part X, line 21. Ta Beginning of year balance (a) Current year (b) Priver, 'explain the arrangement in Part XIII. Part V Endowrment FundS. Complete if the organization answered "Yes" on Form 980, Part X, line 24. Ta Beginning of year balance (a) Current year (b) Priver, 'explain the arrangement in Part XIII. Part V Endowrment FundS. Complete the organization answered "Yes" on Form 980, Part X, line 24. Ta Beginning of year balance (b) Contributions (c) The years back (c) Three years back (c) Fire years	3	Using the organization's acquisition, access	ion, and other record	ls, check any	of the	e following that a	are a się	gnificant	use of its	collectio	n item	S
b Scholarly research e Other 4 Provide a description of twice generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise hunds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or responded an amount on Form 990, Part X, line 21. 13 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Intermediation an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. b If 'Yes', explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance Intermediation include an amount on Form 990, Part X, line 21. No b If 'Yes', explain the arrangement in Part XIII. Check here if the organization has been provided on Part XIII. Part Y Ind 2a Did the organization includes an amount on Form 990, Part X, line 21. (o) For year balance (a) Current year (b) Inviewestback (d) Hure years back (e) Four years back and programs a Ke interee estimated procentage of the current year on balance (line 1g, column (a)) Theid as: Board d												
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, dd the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form B90, Part IV, line 9, or reported an amount on Form 390, Part X, line 21. 1 Is the organization angements. Computed if the organization answered 'Yes' on Form B90, Part IV, line 9, or reported an amount on Form 390, Part X, line 21. 1 Is the organization nustee, custodian or other intermediary for contributions or other assets not included on Form 390, Part X? b If 'Yes', explain the arrangement In Part XIII and complete the following table:	а	Public exhibition	d									
Provide a description of the organization's collectors and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collectors' or other similar assets to be soid to raise funds rather than to be mantained as part of the organization's collectors' Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or resported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2 Is disting balance Caliform 10 Part XIII and complete the following table: Amount It di Distributions during the year It di Distributions It are arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization incluses Id Gurrent year (a) Current year (b) Prir year: (b) Prir year: (c) It was back. (d) It regists back. (e) Four years back (e) Four years back. If a Beginning of year balance If a Contributions If a Beginning of year balance If a Contributions If a Contrestrue as contributions If a Contributions If a Contrib	b	Scholarly research	e	U Othe	r							
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to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IW Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21. Ta Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. A mount Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: A mount Id Id <th>4</th> <th>Provide a description of the organization's c</th> <th>ollections and explai</th> <th>n how they f</th> <th>urther 1</th> <th>the organization</th> <th>'s exen</th> <th>npt purpo</th> <th>ose in Par</th> <th>t XIII.</th> <th></th> <th></th>	4	Provide a description of the organization's c	ollections and explai	n how they f	urther 1	the organization	's exen	npt purpo	ose in Par	t XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part XP No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions of the granications during the year Image: Complete intermediary for contributions of complete intermediary for control to the system intermediary for control to the granication and the year Image: Complete intermediary for control to the anamount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No D If "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII Image: Complete in the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete in the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance Image: Complete in the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete in the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance Image: Complete in the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete in the organizatio	5									-		7
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrew or custodial account lability? c Beginning balance 1c d Additions during the year 1e 1a Is the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account lability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete If the organization nawered 'Ves' on Form 990, Part X, line 10. Part V Endowment Funds. Complete If the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account lability? Yes No b If 'Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Im 1 Im 1 Part V Endowment Funds. Complete If the organization answered 'Ves' on Form 990, Part X, line 10. Im 1 Im 1 1a Beginning of year balance (a) Current year (b) Pror year (c) Two years back (c) Four years back 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Bead designated organization Im 64 3 A we there endowment funds not in the possession of the organization that are held and administered fo	D											No
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on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization naswered "Yes" on Form 990, Part W, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Ture years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Ture years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Ture years back (e) Four years back 1b Cher expenditures for facilities and programs (a) Current year end balance (line 1g, column (a) held as: (b) Permanent endowment b % 2 Provide the estimated percentage of the current year end balance (line 1g, column (a) held as: abcard designated or quasi-adoment by % 3 Are there endowment thumber to the possession of the organization that are held and adm												
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1a Beginning of year balance Image: Second Se									ears back	(e) Fou	r vears	back
b Contributions	1a	Beginning of year balance	(,	(-			(-)	<u> </u>	
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % b Permanent funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? d Description of property (a) Cost or other b Board billidings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Image: Description of property (a) Cost or other b b b c Leasehold improvements c leasehold improvements leasehold improvements leasehold improvements la la Land b b b c leasehold improvements leasehold improvements leasehold improvements												
d Grants or scholarships												
e Other expenditures for facilities and programs												
and programs												
f Administrative expenses												
g End of year balance	f											
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% main percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:												
b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No (i) unrelated organizations 3a(i)	-			e (line 1g, co	lumn (a)) held as:						
c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) (i) unrelated organizations 3a(i) 3a(i) (ii) related organizations 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated b Buildings	а	Board designated or quasi-endowment		%								
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(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land	3a	Are there endowment funds not in the posse	ession of the organiza	ation that are	held a	and administere	d for th	ne organiz	zation			
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land				wment fund	S.							
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b Buildings Image: Constraint of the system of the syste		Description of property		•			• •		d	(d) Boo	k valu	Э
b Buildings Image: Constraint of the system of the syste	1a	Land										
c Leasehold improvements d Equipment e Other												
e Other												
e Other	d	Equipment										
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	e	Other										
	Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (E), line	10c.)						0.

Schedule D (Form 990) 2015

532052 09-21-15

Schedule D (Form 990) 2015 EQUALITY FLORIDA ACTION, INC

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" (a) Description of security or Category (including name of security)				
	(b) Book value	(C) Method of Valuati	on: Cost or end-of-year m	larket value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part	(line 13	
(a) Description of investment	(b) Book value	(c) Method of valuati	on: Cost or end-of-year m	narket 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"	on Form 990, Part IV, line	e 11d. See Form 990, Part 2	X, line 15.	
(a)	Description		(b) E	Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		►	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line		, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) DUE TO AFFILIATE		1,880.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line		1,880.		
2. Liability for uncertain tax positions. In Part XIII, provide				
organization's liability for uncertain tax positions under	FIN 48 (ASC 740). Chec	k here if the text of the foot	note has been provided	in Part XIII 🛛 🗙
			Schedule D (Form 990) 201

Sche	dule D (Form 990) 2015 EQUALITY FLORIDA ACTION, I	NC.	47-	1338104	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per F	Returi	າ.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	32	,955.
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	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	32	,955.
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				
b	Other (Describe in Part XIII.)	4b 35,655.	•		
с	Add lines 4a and 4b		4c		,655.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5		,610.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				100
1	Total expenses and losses per audited financial statements		1	223	,126.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d 3,125.	<u>.</u>		
е	Add lines 2a through 2d		2e		,125.
3	Subtract line 2e from line 1		3	220	,001.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	220	,001.
Pa	t XIII Supplemental Information.				

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

PART X, LINE 2:

0

THE ORGANIZATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A
TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE
CODE. INCOME EARNED IN FURTHERANCE OF THE ORGANIZATION'S TAX-EXEMPT
PURPOSE IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES. THE ORGANIZATION IS
TREATED AS A PUBLICALLY SUPPORTED ORGANIZATION, AND NOT AS A PRIVATE
FOUNDATION. THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF ASC TOPIC 740,
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 OPEN EXAMINATION PERIODS ARE 2014 AND 2015.

PART X	I, LINE	4B -	OTHER	ADJUSTMENTS:					
532054 09-21-15					0.2		Sche	dule D (Form 990) 201	5
9320809	144584	5669.	4	2015.04010	Z3 EOUALTTY	FLORTDA	ACTTON.	IN 5669.41	

Schedule D (Form 990) 2015 EQUALITY FLORIDA ACTION, INC. Part XIII Supplemental Information (continued)	47-1338104 Page 5
PLEDGES TRANSFERRED FROM AFFILIATE	4,759.
CONTRIBUTIONS FROM AFFILIATE	30,896.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	35,655.
PART XII, LINE 2D - OTHER ADJUSTMENTS: PROVISION FOR UNCOLLECTIBLE PLEDGES	3,125.
532055 09-21-15	Schedule D (Form 990) 2015
24 320809 144584 5669.4 2015.04010 EQUALITY FLORIDA 2	ACTION, IN 5669.41

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	20	15	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IJ	,
Depa	tment of the Treasury	Attach to Form 990.		Open to		
Intern	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/formation		Inspe		
Nan	ne of the organizatio		Employer i			mber
		EQUALITY FLORIDA ACTION, INC.	4/-	133810	4	
Pa	rt I Question	s Regarding Compensation			×	
4-	Obeels the energy	ista hav/aa) if the even institut must ideal any of the following to average listed on Four	- 000		Yes	No
а		iate box(es) if the organization provided any of the following to or for a person listed on Forn line 1a. Complete Part III to provide any relevant information regarding these items.	1990,			
	First-class or o					
	Travel for com					
		cation and gross-up payments I Health or social club dues or initiation fee				
		spending account Personal services (e.g., maid, chauffeur, e				
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
		ers, including the CEO/Executive Director, regarding the items checked in line 1a?		2		
3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organiz	ation's			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	tion to			
	establish compens	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant				
	X Form 990 of c	ther organizations Approval by the board or compensation of	committee			
4		d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re			10		x
a b	Participato in or ro	ce payment or change-of-control payment? ceive payment from, a supplemental nonqualified retirement plan?		4a 4b		X
		ceive payment from, an equity-based compensation arrangement?				X
C	-	nes 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 compensati	on			
	contingent on the r					
а	-			5a		X
		ration?				X
		r 5b, describe in Part III.				
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the r	net earnings of:				
а						X
b		ation?		6b		X
		or 6b, describe in Part III.				
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed paymen				v
-		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				v
~		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		d the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?			n 000	
LHA	гог нарегwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	dule J (Forr	11 990	<i>j</i> 2015

532111 10-14-15

47-1338104

Page **2**

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 are not 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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(D)	reported as deferred on prior Form 990
(1) NADINE SMITH	(i)	14,343. 129,083.	0.	14.		1,306.	15,965.	0.
CEO	(ii)	129,083.	0.	130.	2,718.	11,753.	143,684.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(ii)							
	(i) (ii)							
	(ii)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2015

Part III Supplemental Information

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

Schedule J (Form 990) 2015

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.

OMB No 1545-0047 5 Open to Public Inspection

Name of the organization EQUALITY FLORIDA ACTION, INC. Employer identification number 47-1338104

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

FLORIDIANS. IN 2015 WE CONTINUED TO BUILD BIPARTISAN SUPPORT FOR THE

MEASURE WITH A REPUBLICAN STATE REPRESENTATIVE INTRODUCING THE MEASURE

IN THE HOUSE AND A DEMOCRATIC SENATOR INTRODUCING THE BILL IN THE

SENATE. A BOB GRAHAM CENTER AT THE UNIVERSITY OF FLORIDA POLL IN 2013

SHOWED 73% OF FLORIDIANS SUPPORT THE PASSAGE OF A STATEWIDE INCLUSIVE

NONDISCRIMINATION LAW.

ON THE LOCAL LEVEL, EQUALITY FLORIDA HAS BEEN INSTRUMENTAL IN THE PASSAGE OF MORE THAN 170 LOCAL POLICIES, INCLUDING NONDISCRIMINATION, DOMESTIC PARTNERSHIP, SAFE SCHOOLS, TAX EQUITY AND EQUAL BENEFITS ORDINANCES. EQUALITY FLORIDA IS ONE OF THE LARGEST STATEWIDE LGBT RIGHTS ORGANIZATION IN THE NATION AND OUR SUCCESS IN FLORIDA HAS BECOME A MODEL FOR OTHER STATES, ESPECIALLY IN THE SOUTHEAST.

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

THE ORGANIZATION'S EMPLOYEES ARE COMPENSATED BY EQUALITY FLORIDA

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

PAYROLL RELATED RETURNS (EIN: 59-3435235). THE SALARIES AND RELATED

EXPENSES REPORTED IN PART IX, LINES 5 THROUGH 10, REPRESENT THE

EMPLOYEE EXPENSES ALLOCATED TO THIS ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11: 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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015) 5322 i i 09-02-15 28

09320809 144584 5669.4

2015.04010 EQUALITY FLORIDA ACTION, IN 5669.41

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer identification number
EQUALITY FLORIDA ACTION, INC.	47-1338104

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 INTERST WAS PRESENT, AND THE DECISION AS TO WHETHER A CONFLICT OF INTEREST IN FACT EXISTED; AND (B) THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN IN CONNECTION WITH THE PROCEEDINGS. THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY WITH ALL INTERESTED PERSONS.

FORM 990, PART VI, SECTION B, LINE 15: THE CEO'S COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. THE PROCESS INCLUDES APPROVAL BY PERSONS WITHOUT A CONFLICT OF INTEREST, USE OF COMPARABILITY DATA, AND RECORDING COMPENSATION DELIBERATIONS. RELEVANT INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO, COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS, THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA OF THE ORGANIZATION, CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS, AND ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS COMPETING FOR 502212 09-02-15 129 09320809 144584 5669.4 2015.04010 EQUALITY FLORIDA ACTION, IN 5669.41

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization EQUALITY FLORIDA ACTION, INC.	Employer identification number 47-1338104
THE SERVICES OF THE COMPENSATED PERSON. REVIEW AND APPROV	AL 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 PRES	ENT 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 INTERE	ST WITH RESPECT TO
THE COMPENSATION; AND (E) IF THE REASONABLE COMPENSATION	IS HIGHER OR LOWER
THAN THE RANGE OF COMPARABILITY DATA OBTAINED, AND THE BA	SIS FOR THE
DECISION. THE CURRENT SALARY OF OUR CEO HAS BEEN FOUND TO	BE IN THE
MID-RANGE OF RESEARCHED SALARIES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACT LABOR:	
PROGRAM SERVICE EXPENSES	600.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	300.
TOTAL EXPENSES	900.
GRAPHIC DESIGN FEES:	
PROGRAM SERVICE EXPENSES	3,689.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,689.

532212 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

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2015.04010 EQUALITY FLORIDA ACTION, IN 5669.41

30

Name of the organization EQUALITY FLORIDA ACTION, INC.	Employer identification num 47-1338104
OUTSIDE SERVICES:	
PROGRAM SERVICE EXPENSES	36,54
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	75
TOTAL EXPENSES	37,29
PAYROLL PROCESSING FEES:	
PROGRAM SERVICE EXPENSES	2
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	2
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	41,91
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: PROVISION FOR UNCOLLECTIBLE PLEDGES	-3,12
FORM 990, PART XII, LINE 2C:	
THE FINANCE COMMITTEE APPROVES THE RFP, REVIEWS PROPOSA	LS, AND SELECTS
THE INDEPENDENT CPA FIRM. THE CPA FIRM COMMUNICATES DIR	ECTLY WITH THE
FINANCE COMMITTEE DURING REVIEW PLANNING WITH RESPECT T	O THE EXPECTED
TIMING AND SCOPE OF THE REVIEW AND AT THE CONCLUSION OF	THE REVIEW WITH
RESPECT TO VARIOUS QUALITATIVE ASPECTS OF THE REVIEW, D	IFFICULTIES
ENCOUNTERED, AND ANY SIGNIFICANT FINDINGS.	
	chedule O (Form 990 or 990-EZ) (2

SCH	EDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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		X
EQUALITY FLORIDA, INC 59-3540715	CIVIL RIGHTS ADVOCACY						
P.O. BOX 13184	DEDICATED TO EQUALITY FOR				EQUALITY FLORIDA		
ST PETERSBURG, FL 33733	THE LGBT COMMUNITY	FLORIDA	501(C)(4)		INSTITUTE, INC.		X
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
	1						
	7						

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

OMB No. 1545-0047

2015 Open to Public Inspection

Employer identification number

47-1338104

Schedule R (Form 990) 2015 EQUALITY FLORIDA ACTION, INC.

47-1338104 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)	(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 sections 512-514)	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera managi partne	or Percentag ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	YesN	lo
	1										

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	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?
		country)						Yes	No
									<u> </u>
									\vdash
									<u> </u>

Schedule R (Form 990) 2015 EQUALITY FLORIDA ACTION, INC.

Part V	Fransactions 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 transaction		0							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		X X			
b	b Gift, grant, or capital contribution to related organization(s)									
с	Gift, grant, or capital contribution from related organization(s)				1c	X				
d	Loans or loan guarantees to or for related organization(s)				1d		X			
	Loans or loan guarantees by related organization(s)					X				
f	Dividends from related organization(s)				1f		X			
g	Sale of assets to related organization(s)				1g		X			
h	Purchase of assets from related organization(s)				1h		X			
i	Exchange of assets with related organization(s)				1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X			
Т	Performance of services or membership or fundraising solicitations for related orga	anization(s)			. 11		X			
m	Performance of services or membership or fundraising solicitations by related orga	nization(s)			1m		X			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organizati	ion(s)			1n	X				
						X				
р	Reimbursement paid to related organization(s) for expenses				1p	X				
q	Reimbursement paid by related organization(s) for expenses				1q		X			
			*							
r	Other transfer of cash or property to related organization(s)						X			
	Other transfer of cash or property from related organization(s)						X			
	If the answer to any of the above is "Yes," see the instructions for information on w									
	(a)	(b)	(c)	(d)						
	Name of related organization	Transaction	Amount involved	Method of determining amount	involved					
		type (a-s)								
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										

Schedule R (Form 990) 2015 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)	(b)	(c)	(d)	(e Are a	e) all	(f) Share of	(g) Share of		ר)	(i)	(j) General ((k)																	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are a partners 501 (c orgs	s sec. c)(3) s.?	total income	end-of-year	alloca	opor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin partner?	ownership																	
		country)	Sections 512-514)	Yes	No			Yes	No		Yes NO																		
												1																	

Schedule R (Form 990) 2015

EQUALITY FLORIDA ACTION, INC.

Part VII	Supplemental	Information
	(Form 990) 2015	EQUALI

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

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