EXTENDED TO NOVEMBER 15, 2024

# 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.

OMB No. 1545-0047

Department of the Treasury

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

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change FAMILY EQUALITY Name change 52-1438455 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 646-880-3005 475 PARK AVENUE SOUTH 2100 3,844,740. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return NEW YORK, NY 10016 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ALEXIS KANTOR for subordinates? ..... Yes X No SAME AS C ABOVE Yes **H(b)** Are all subordinates included? Tax-exempt status:  $\mathbf{X}$  501(c)(3)  $\mathbf{\Box}$  501(c) ( 527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.FAMILYEQUALITY.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other L Year of formation: 1982 M State of legal domicile: DC Trust Part I Summary Briefly describe the organization's mission or most significant activities: FAMILY EQUALITY IS CREATING A **Activities & Governance** WORLD WHERE EVERYONE CAN EXPERIENCE THE LOVE, SAFETY, AND BELONGING if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 31 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 2,741,448. 2,674,496. Contributions and grants (Part VIII, line 1h) 8 34,000. 141,585. Program service revenue (Part VIII, line 2g) 115. 381. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 479,244. 595,589. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11  $\overline{3,254,807}$ 3,412,051. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 49,201. 200. 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) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,009,664. 2,275,756. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,449,801. 1,252,944. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,508,666. 3,528,900. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -253,859. -116,849. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,355,179. 1,171,927. Total assets (Part X, line 16) 177,244. 110,841 21 Total liabilities (Part X, line 26) 三年 177.935. 061,086 Net assets or fund balances. Subtract line 21 from line 20 .... Part II | Signature Block Under penalties of persunged peclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| 11/15/2024 Signature87F8FfF8F7640C. Date Sign ALEXIS KANTOR, INTERIM PRESIDENT/CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature CAITLIN LIMOGES, CPA CAITLIN LIMOGES, CPA 11/14/24 P01633588 Paid self-employed AAFCPAS, INC. Firm's name Firm's EIN 04-2571780 Preparer Firm's address 50 WASHINGTON STREET Use Only Phone no. 508 - 366 - 9100 WESTBOROUGH, MA 01581 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

		-1438455	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	FAMILY EQUALITY IS CREATING A WORLD WHERE EVERYONE CAN EXPER	RIENCE TH	E
	LOVE, SAFETY, AND BELONGING OF FAMILY. AS THE LEADING NATION	JAL	
	ORGANIZATION FOR CURRENT AND FUTURE LGBTQ+ FAMILIES, WE WORK		RE
	THAT EVERYONE HAS THE FREEDOM TO FIND, FORM, AND SUSTAIN THE		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_		Ves	X No
		L res	LZZ INO
_	If "Yes," describe these new services on Schedule O.		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	LA_ No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measur	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the t	otal expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$2, 107, 909. including grants of \$) (Revenue \$	<u>225,</u>	<u>565.</u> )
	IN 2023, FAMILY EQUALITY PROGRAM FOCUS AREAS INCLUDED:		
	CONNECTING LGBTQ+ FAMILIES		
	IN A YEAR WHERE OUR FAMILIES FACED ATTACKS FROM SCHOOL BOARD	S AND ST	ATE
	LEGISLATURES ALIKE, FAMILY EQUALITY PROVIDED LGBTQ+ FAMILIES	FROM	
	ACROSS THE COUNTRY OPPORTUNITIES TO CONNECT AND ACCESS SUPPO		
	EXAMPLE, WE LAUNCHED A NEW VIRTUAL PEER RESOURCE GROUP FOR I		
	PARENTS OF SCHOOL-AGED CHILDREN TO ACCESS THE SUPPORT THEY N		ACE
	CHALLENGES IN THEIR CLASSROOM, AND WE HOSTED OUR REINVIGORAT		
	WEEKEND IN THE MIDWEST, A WEEKEND OF LGBTQ+ FAMILY FUN AND C		
	IN CHICAGO, ILLINOIS. IN ADDITION TO THESE TWO NEW INITIATIV		N .
		-	
	HOSTED FAMILY WEEK IN PROVINCETOWN, THE LARGEST ANNUAL GATHE		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$		
70	(Code) (Expenses \$		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 2,107,909.		
	, , , , , , , , , , , , , , , , , , , ,	Form 9	90 (2023)
			. ,

# Form 990 (2023) FAMILY EQUALITY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
ŭ	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	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	- 115		<del></del>
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u		11d		x
•	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
		116		1
'	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
10-				$\vdash$
124	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100	Х	
	Schedule D, Parts XI and XII	12a		$\vdash$
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	405		x
40	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		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	444		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			x
4=	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			🗸
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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		l X

Pai	rt IV Checklist of Required Schedules (continued)			<u> </u>
	100.11.11.00		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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			ı
	Schedule J	23	Х	
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			ı
	Schedule K. If "No," go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ı
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ı
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			ı
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			ı
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		х
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a	х	I
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			ı
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		<u>X</u>
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		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	ı
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		ı
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
50		36		х
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 54	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		7.7	
	(gambling) winnings to prize winners?	1c	X O	(0.000)
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Form	990 (2023) FAMILY EQUALITY		52-1438	455	P	age 5
Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		[			
	filed for the calendar year ending with or within the year covered by this return	2a	31			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	D. I			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	•		4a		х
h	If "Yes," enter the name of the foreign country	oodani,				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FF	BAR)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	•	•	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax years.			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			30		
Va				60		х
<b>L</b>	any contributions that were not tax deductible as charitable contributions?			6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contribution		·	Ch		
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_	v	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	•		7a	X	<del></del>
				7b	Х	<del>                                     </del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_		77
	to file Form 8282?	1 1		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				77
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a F	orm 1098-C?	7h		X
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	by the				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		[			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	tivities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
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Form 990 (2023)

#### FAMILY EQUALITY

52-1438455

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 22 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 22 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed DC, CA, NYSection 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request X Another's website \_\_ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

Form **990** (2023)

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State the name, address, and telephone number of the person who possesses the organization's books and records

THE ORGANIZATION - 646-880-3005

PARK AVENUE SOUTH, 2100, NEW YORK,

### Form 990 (2023) FAMILY EQUALITY

52-1438455

<u> Page</u> **7** 

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average hours per	box	not cl	Posi heck i ss per	ition		one n an	(D)  Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) STACEY STEVENSON CEO	40.00			х				259,210.	0.	2,709.
(2) MATTHEW RAMSEY	40.00									
CHIEF DEVELOPMENT OFFICER		1				x		121,245.	0.	9,073.
(3) KIM SIMES	40.00							, -	-	- <b>,</b> -
CHIEF OF STAFF						x		120,710.	0.	1,351.
(4) REBECCA WILLMAN	40.00							,		•
VP, COMMUNITY IMPACT AND PROGRAMS						X		107,553.	0.	9,755.
(5) TONYA AGNEW	40.00							-		-
VP, COMMUNICATIONS AND MARKETING						Х		103,675.	0.	9,691.
(6) MICHEL DUBOIS	40.00									
CFO (UNTIL 4/2023)				Х				52,184.	0.	2,497.
(7) LAUREN MARDER	6.75									
CHAIR, TREASURER		Х		Х				0.	0.	0.
(8) ALEXIS KANTOR	6.75									
CO CHAIR		Х		Х				0.	0.	0.
(9) SCOTT GATZ	6.75									
CO CHAIR		Х		Х				0.	0.	0.
(10) ALEX HABIB	6.75									
CO VICE CHAIR		Х		Х				0.	0.	0.
(11) BECK FINEMAN	6.75									
CO VICE CHAIR		Х		Х				0.	0.	0.
(12) KIRK FORDHAM	6.75							_	_	_
INTERIM CO CHAIR	<u> </u>	Х		Х				0.	0.	0.
(13) NANCY LYONS	6.75	1								
CHAIR EMERITUS	<u> </u>	Х		Х				0.	0.	0.
(14) WESTON CHARLES-GALLO	6.75	1						_		_
SECRETARY		Х		Х				0.	0.	0.
(15) ALVIN MCCRAY	6.75	ļ								
GOVERNANCE	4 55	Х						0.	0.	0.
(16) CAROLYN BERGER	4.75							_	_	_
DIRECTOR	4 75	Х			_	_		0.	0.	0.
(17) STEVE BRISTER	4.75	٦,						_	<b>^</b>	_
DIRECTOR		X						0.	0.	0. Form <b>990</b> (2022)

332007 12-21-23

Form **990** (2023)

Form 990 (2023) F'AMILY E	QUALITY								52-1438	455	Pa	age <b>8</b>
Part VII   Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for related organizations below	box	not c , unle:	ss per	more rson i irecto	Highest compensated than compensated than compensated that is a second tha	an tee)	Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	am comp fro orga and	imate ount o other oensa om the anizati	of tion e ion ed
	line)	bivibr	stitut	Officer	ey em	lighest mploy	Former			orgai	nizatio	ons
(18) LUIGI CAIOLA	4.75	_	_			1 0						
DIRECTOR		Х						0.	0.			0.
(19) DON HRIBEK	4.75											
DIRECTOR		Х						0.	0.			0.
(20) SAMANTHA LIPPITT	4.75											
DIRECTOR		Х						0.	0.			0.
(21) TALISHA BEKAVAC	4.75											
DIRECTOR		Х						0.	0.			0.
(22) ANTHONY HYNES	4.75											
DIRECTOR		Х						0.	0.			0.
(23) VANESSA LEON	4.75											
DIRECTOR	<del> </del>	Х						0.	0.			0.
(24) DOUG LONDON	4.75											
DIRECTOR	<b>_</b>	Х						0.	0.			0.
(25) ALEC MAPA	4.75											_
DIRECTOR	4 85	Х						0.	0.			0.
(26) JIM OBERGEFELL	4.75	.,							_			^
DIRECTOR		X						764,577.	0.	2.5		0.
1b Subtotal								0.	0.	33	, 0	76.
c Total from continuation sheets to Part V								764,577.	0.	2 5	· ^'	<u>0.</u> 76.
d Total (add lines 1b and 1c)								,		33	, 0	70.
2 Total number of individuals (including but i	not limited to th	ose	liste	a ac	ove	) wn	o re	ceived more than \$100,	000 of reportable			5
compensation from the organization											Yes	No
3 Did the organization list any former officer	director trust	ا مد	(AV C	mpl	OVE	2 Ar	hial	hest compensated amp	lovee on		. 00	110
line 1a? If "Yes," complete Schedule J for s			•	•	•	•	·	nest compensated emp	ioyoc on	3		Х
4 For any individual listed on line 1a, is the s									he organization			
,						_			5			

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		Х
_				

# **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address NONE	(B) Description of service	s (C) Compensation
2	Total number of independent contractors (including but not limited	to those listed above) who received more that	an

Form **990** (2023)

Form 990 FAMILY EQUALITY 52-1438455

Form 990 FAMILY EQ	YTIJAUÇ								52-143	8455
Part VII   Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd F	lighe	est (	Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(c	heck	all '	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				em pl		organization	(W-2/1099-MISC)	from the
	hours for related	ord	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	ll trus		/ee	треп				organizations
	below	Individual trustee or director	Institutional trustee	<u></u>	Key employee	Highest compensated employee	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(27) MARK TROLICE	4.75									
DIRECTOR		Х						0.	0.	0.
(28) ADAIR CURTIS	4.75									
DIRECTOR		Х						0.	0.	0.
(29) MARIA BATES	4.75									
DIRECTOR (UNTIL 4/2013)		Х						0.	0.	0.
(30) DENISE HINDS	4.75	1								
DIRECTOR (UNTIL 9/2023)		Х						0.	0.	0.
(31) MALINA SIMARD-HALM	4.75	ļ								
DIRECTOR (UNTIL 9/2023)		Х						0.	0.	0.
		-								
		1								
		1								
		1								
		-								
		1								
		1								
		1								
		1								
		L	L	L	L					
		1								
Total to Part VII, Section A, line 1c										

Par	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response or	note to any lin				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c c e f	Fundraising events  Related organizations  Government grants (contributions)  All other contributions, gifts, grants, and	517,565.	2,674,496.			
			Business Code				
Program Service Revenue	2 a		624100	141,585.	141,585.		
Score	C						
Jan Sev	C	i					
Š	6	All all and a second and a second as a					
_	1	All other program service revenue		141,585.			
	3	Investment income (including dividends, interest		111/3031			
		other similar amounts)		381.			381.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
	D	C Rental income or (loss) 6c 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	b	Less: cost or other basis					
ne		and sales expenses <b>7b</b>					
Revenue		Gain or (loss) 7c					
	0	d Net gain or (loss)					
Other			940,977. 129,368.				
		Less: direct expenses     Net income or (loss) from fundraising events	29,300	511,609.			511,609.
		a Gross income from gaming activities. See		311,000.			311,000.
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns	05 001				
		and allowances 10a	87,301. 3,321.				
				83,980.	83,980.		
-		Net income or (loss) from sales of inventory	Business Code	03,300.	03,300.		
Sno	11 a	-					
anec	b						
Miscellaneous Revenue	c	·					
Misc	c	d All other revenue					
		Total. Add lines 11a-11d		2 410 051	225 565		F11 000
	12	Total revenue. See instructions		3,412,051.	225,565.	υ.	511,990.

# Form 990 (2023) FAMILY EQUALITY Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp		or organizations must con	polete column (Δ)	
<u>36011</u>	Check if Schedule O contains a respon			, ,	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations		схропосс	gorioral exponees	одроново
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	200.	200.		
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,				
	trustees, and key employees	312,420.	236,680.	62,743.	12,997.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,619,458.	1,042,588.	261,131.	315,739.
8	Pension plan accruals and contributions (include	4.4.654		2 442	0 0 6 4
	section 401(k) and 403(b) employer contributions)	14,651.	9,348.	2,442.	2,861. 29,717.
9	Other employee benefits	172,323.	115,025.	27,581.	
10	Payroll taxes	156,904.	104,034.	26,161.	26,709.
11	Fees for services (nonemployees):				
а	Management	7 000		7 000	
b	Legal	7,208.		7,208.	
С	Accounting	34,054.	2 700	34,054.	
	Lobbying	3,700.	3,700.		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	351,830.	185,599.	142,283.	22 040
	column (A), amount, list line 11g expenses on Sch 0.)	15,053.	15,051.	142,203.	23,948.
12	Advertising and promotion	112,511.	14,413.	52,279.	45,819.
13	Office expenses	112,511.	14,413.	34,419.	45,019
14	Information technology				
15	Royalties				
16	Occupancy	270,279.	92,971.	71,496.	105,812.
17	Travel Payments of travel or entertainment expenses	210,213	72,7110	71,400	105,012.
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	50,274.	7,413.	38,822.	4,039.
20		30/2/10	7,1130	30,0221	1,000
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,504.		23,504.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	EVENT EXPENSES	214,002.	214,002.		
b	REPAIRS & MAINTENANCE	132,618.	61,800.	62,706.	8,112.
С	MISCELLANEOUS	18,453.	1,457.	12,659.	4,337.
d	DUES & SUBSCRIPTIONS	17,440.	3,628.	13,812.	
е	All other expenses	2,018.			2,018.
25	Total functional expenses. Add lines 1 through 24e	3,528,900.	2,107,909.	838,881.	582,110.
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2023)

Form 990 (2023)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		908,786.	1	766,974.	
	2	Savings and temporary cash investments			10,595.	2	50,372
	3	Pledges and grants receivable, net		29,243.	3	13,480	
	4	Accounts receivable, net		219,936.	4	200,490	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	ed in secti	on 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			128,753.	9	103,900
	10a	Land, buildings, and equipment: cost or other	·				
		basis. Complete Part VI of Schedule D	10a	178,657. 141,946.			
	b	Less: accumulated depreciation	10b	141,946.	57,866.	10c	36,711
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			4 055 450	15	4 4 7 4 0 0 7
	16	Total assets. Add lines 1 through 15 (must e			1,355,179.	16	1,171,927
	17	Accounts payable and accrued expenses			164,292.	17	108,611
	18	Grants payable	12 052	18	2 220		
	19	Deferred revenue	12,952.	19	2,230.		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
Ë		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr				23	
	24 25	Unsecured notes and loans payable to unrela Other liabilities (including federal income tax,				24	
	25	parties, and other liabilities not included on lin					
		of O also also by	•	· .		25	
	26	of Schedule D  Total liabilities. Add lines 17 through 25		·····	177,244.	25 26	110,841.
	20	Organizations that follow FASB ASC 958, or	heck here	X	27772114	20	110,011
es		and complete lines 27, 28, 32, and 33.	neok nere				
ğ	27				880,490.	27	883,148.
3ali	28		297,445.	28	177,938.		
<u> </u>		Organizations that do not follow FASB ASC		ck here	- ,		, , , , , ,
Ē		and complete lines 29 through 33.	, 000, 000				
þ	29	Capital stock or trust principal, or current fund			29		
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32			other farido	1,177,935.	32	1,061,086.
2	33	Total liabilities and net assets/fund balances			1,355,179.	33	1,171,927.
					•		Form <b>990</b> (2023

	990 (2023) FAMILY EQUALITY	52-143	8455	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,412	2,0	<u>51.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,528		
3	Revenue less expenses. Subtract line 2 from line 1	3	-116		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,17	7,9:	<u>35.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,061	L,0	86.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Employer identification number** 

Open to Public Inspection

		FAMI	LY EQUALITY	Y				5	2-14384	155	
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.				
The o	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).				
2		A school described in sect									
3	$\Box$	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	Ħ	A medical research organiz					•	ii). Enter	the hospital's	s name.	
•		city, and state:									
5			An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
5	ш										
6			section 170(b)(1)(A)(iv). (Complete Part II.)								
6	믐		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
7				ntial part of its support if	om a gove	ernmentai	unit or from the	general p	oublic describ	ea in	
_	$\overline{}$	section 170(b)(1)(A)(vi). (C									
8	믬	A community trust describe									
9		An agricultural research org				-		-	-		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of th	ne college	or		
	- <del></del> -	university:									
10	X	An organization that norma									
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support fi	rom gross inv	estment	
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the orga	nization a	ifter June 30,	1975.	
		See section 509(a)(2). (Con	mplete Part III.)								
11	Щ	An organization organized a	and operated exclusi	vely to test for public sa	fety.See	section 50	)9(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to carr	y out the	purposes of o	one or	
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section 50</b>	)9(a)(3). 🤇	Check the box	∢ on	
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and 1	2g.			
а			anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typ	ically by	giving		
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees	of the su	ipporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(	s), by hav	ring		
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage	the supp	orted		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally	integrate	ed with,		
		its supported organization	-				•	Ü			
d		Type III non-functionally		-				ed organiz	zation(s)		
		that is not functionally int						-	* *		
		requirement (see instructi	-		-		-				
е		Check this box if the orga	,	• ′	•			Type III			
		functionally integrated, or					31 · 7 31 · 7	71			
f	Ente	er the number of supported o		, 3	5 5						
g	Prov	vide the following information	n about the supporte	d organization(s).							
	(	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of n	nonetary	(vi) Amoun	t of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see inst	tructions)	support (see ii	nstructions)	
				asovo (oco mondonomo))							
	_										

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support			_			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	•				12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	
<u> </u>	organization, check this box and stor						
	tion C. Computation of Publi			. (0)		T I	
	Public support percentage for 2023 (I					14	<u>%</u>
	Public support percentage from 2022					15	<u>%</u>
16a	33 1/3% support test - 2023. If the contract the second state of t	-					
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2022. If the condition have	-					
47-	and <b>stop here.</b> The organization qual						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the fact					vi now the organiz	auon
ı.	meets the facts-and-circumstances te	-			-	170 and line 15 :- 1	L
O	10% -facts-and-circumstances test	-					1U70 UI
	more, and if the organization meets the organization meets the facts-and-circumstance and circumstance and c				-		
12	<b>Private foundation.</b> If the organization				•		
10	Tivate roundation. If the organization	TI GIG HOL CHECK A I	DON OF THE TO, TO	a, 100, 17a, 01 17k	o, oriech triis bux a		(Form 990) 2023

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

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

Se	qualify under the tests listed be ction A. Public Support	elow, please comp	lete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(4) = 0 + 0	(2) 2020	(5) = 5 = 1	(4) = = =	(0) = 0 = 0	(1) 10101
·	membership fees received. (Do not						
	include any "unusual grants.")	3470929.	2989983.	2862605.	2741448.	2674496.	14739461.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	32,512.	22,350.	33,360.	70,947.	228,886.	
3	Gross receipts from activities that	-		-		-	
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	3503441.	3012333.	2895965.	2812395.	2903382.	15127516.
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
C	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						15127516.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	3503441.	3012333.	2895965.	2812395.	2903382.	15127516.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11,578.	3,038.	42.	115.	381.	15,154.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
(	Add lines 10a and 10b	11,578.	3,038.	42.	115.	381.	15,154.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	3515019.	3015371.	2896007.	2812510.	2903763.	<u> 15142670.</u>
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), di	vided by line 13, c	olumn (f))		15	99.90 %
16	Public support percentage from 2022					16	99.90 %
		tment Income	Percentage				
	ction D. Computation of Inves	tillellt illeelle					
Se	ction D. Computation of Inves Investment income percentage for 20			ne 13, column (f))		17	.10 %
<b>Se</b> 17	•	<b>23</b> (line 10c, colun	nn (f), divided by lir			17 18	.10 % .10 %
17 18	Investment income percentage for 20	<b>123</b> (line 10c, colun <b>2022</b> Schedule A, l	nn (f), divided by lir Part III, line 17			18	.10 %
17 18 19	Investment income percentage for 20 Investment income percentage from 2 a 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box ar	123 (line 10c, colun 2022 Schedule A, l organization did n nd stop here. The	nn (f), divided by lir Part III, line 17 ot check the box c organization qualif	on line 14, and line lies as a publicly si	15 is more than 3	18 3 1/3%, and line 1	.10 % 7 is not X
17 18 19	Investment income percentage for 20 Investment income percentage from 2 a 33 1/3% support tests - 2023. If the	123 (line 10c, colun 2022 Schedule A, l organization did n nd stop here. The organization did n	nn (f), divided by lin Part III, line 17 ot check the box o organization qualif ot check a box on	on line 14, and line ies as a publicly si line 14 or line 19a	15 is more than 30 upported organizat , and line 16 is mo	18 3 1/3%, and line 1 icion	.10 % 7 is not X

332023 12-21-23

Schedule A (Form 990) 2023

# Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	_		
	За		
	- Oa		
	26		
	3b		
	3c		
	_		
	4a		
	4b		
	4c		
	5a		
	- Gu		
	5b		
	5c		
	50		
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	6		
	_		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
_	_		

332025 12-21-23 Schedule A (Form 990) 2023

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." describe in **Part VI** the role played by the organization in this regard.

За

3b

52-1438455 Page 6 FAMILY EQUALITY Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 」Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part Ⅵ). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. 4

Schedule A (Form 990) 2023

5

Income tax imposed in prior year

instructions)

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Schedule A (Form 990) 2023 FAMILY EQUALITY 52-1438455 Page 7

	dule A (Form 990) 2023 FAMILY EQUALI			5	2-1438455 Page 7
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	ınizations <sub>(continu</sub>	ıed)	
Sect	ion D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
_4_	Amounts paid to acquire exempt-use assets		4		
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6	Other distributions (describe in Part VI). See instructions.			6	
_7_	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T	ı	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023
_1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
	From 2019				
c	From 2020				
d	From 2021				
<u> </u>	From 2022				
	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u>i</u> _	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D, line 7:				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
a	Excess from 2019				

Schedule A (Form 990) 2023

b Excess from 2020c Excess from 2021d Excess from 2022e Excess from 2023

Schedule A	(Form 990) 2023	FAMILY	EQUALITY	52-1438455 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, line 1; Part IV, Section D,	<b>mation.</b> Pro , 2, 3b, 3c, 4b, lines 2 and 3;	vide the explanations required by Part II, line 10; Part II, line 17a c 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section E, lines 2, 5, and 6. Also complete this part for any additi	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

Schedule A (Form 990) 2023

# SCHEDULE C (Form 990)

# **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			Emı	oloyer identification number
	FAMILY	EQUALITY			52-1438455
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			\$
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(	3).	
1	Enter the amount of any excise tax			-	\$
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955		\$
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	anization is exempt und	er section 501(c),	except section 501(	c)(3).
	Enter the amount directly expended	, ,	·	***************************************	\$
2	Enter the amount of the filing organ		~		
	exempt function activities				\$
3	Total exempt function expenditures		•		•
	line 17b				\$N.
	Did the filing organization file <b>Form</b> Enter the names, addresses, and er				
5	made payments. For each organizar				
	contributions received that were pro	•	0 0		•
	political action committee (PAC). If			•	
	<b>(a)</b> Name	(b) Address	(o) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023	FAMILY EQUA	LITY		52-1	438455 Page 2
Part II-A Complete if the org	anization is exem	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).					
A Check if the filing organiza	tion belongs to an affili	ated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and shar	re of excess lobbying e	xpenditures).			
B Check if the filing organiza	tion checked box A an	d "limited control" pro	visions apply.		
Limi	ts on Lobbying Expen	diturae		(a) Filing	(b) Affiliated group
	ditures" means amou			organization's totals	totals
1a Total lobbying expenditures to influ	uence public opinion (g	rassroots lobbying)		2,225.	
<b>b</b> Total lobbying expenditures to influ	uence a legislative bod	y (direct lobbying)		1,475.	
c Total lobbying expenditures (add li	nes 1a and 1b)			3,700.	
d Other exempt purpose expenditure	es			3,525,200.	
e Total exempt purpose expenditure	s (add lines 1c and 1d)			3,528,900.	
f Lobbying nontaxable amount. Enter	er the amount from the	following table in both	n columns.	326,445.	
If the amount on line 1e, column (a) o	or (b) is: The lob!	oying nontaxable am	ount is:		
not over \$500,000,	20% of t	he amount on line 1e.			
over \$500,000 but not over \$1,000	),000, \$100,00	0 plus 15% of the exce	ess over \$500,000.		
over \$1,000,000 but not over \$1,5	00,000, \$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
over \$1,500,000 but not over \$17,000 but not over \$	000,000, \$225,00	0 plus 5% of the exces	ss over \$1,500,000.		
over \$17,000,000,	\$1,000,0	000.			
g Grassroots nontaxable amount (en	iter 25% of line 1f)			81,611.	
h Subtract line 1g from line 1a. If zer	o or less, enter -0			0.	
i Subtract line 1f from line 1c. If zero	o or less, enter -0			0.	
j If there is an amount other than ze	ro on either line 1h or li	ne 1i, did the organiza	tion file Form 4720	_	
reporting section 4911 tax for this	year?				Yes No
		raging Period Under	` '		
(Some organizations t			•	of the five columns be	low.
	<u> </u>	te instructions for lin			
	Lobbying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	314,531.	302,139.	309,308.	326,445.	1,252,423.
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))					1,878,635.
c Total lobbying expenditures	144,422.	12,389.	6,980.	3,700.	167,491.
	70 622	75 535	77 207	01 611	212 106
d Grassroots nontaxable amount	78,633.	75,535.	77,327.	81,611.	313,106.
e Grassroots ceiling amount (150% of line 2d, column (e))					469,659.

Schedule C (Form 990) 2023

5,654.

2,225.

f Grassroots lobbying expenditures

3,429.

Schedule C (Form 990) 2023

# FAMILY EQUALITY

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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)).

r each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(6	a)	(b)
the lobbying activity.	Yes	No	Amount
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>b</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?			
<ul><li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li><li>i Other activities?</li></ul>			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
<b>b</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?	F04' \	[	4:
art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(	b), or se	ction
			Yes
			100
Were substantially all (90% or more) dues received nondeductible by members?		1	100
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?			100
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section	e prior year n 501(c)(	2 ? 3 5), or se	ction
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Schedule C (Form 990) 2023

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

**Employer identification number** 

Inspection

Name of the organization

	FAMILY EQUALITY		52-1438455
Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose of	conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreated	tion or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	•		
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included on line 2c acqui		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
_	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		□ v □ N.
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nariding of violations, and emorcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	tion easements during the year
•	Amount of expenses mounted in morntoning, inspecting, name	ing of violations, and emoreing conservat	non casements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)	)(4)(B)(i)
_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	•	
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these item	IS.
b	If the organization elected, as permitted under FASB ASC 956	8, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
			·
2	If the organization received or held works of art, historical treatments		I gain, provide
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<b>S</b>

332051 09-28-23

Schedule D (Form 990) 2023

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

Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)			EQUALITY								Page 2
a   Public arbiblition   d   Loan or exchange program	Par	t III   Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, or	Other S	Similar	Assets	(continu	ued)
a Public exhibition   d	3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	make sign	nificant u	se of its		
b Scholarly research 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, did the organization solicit or receive donations of art, historical treasures, or other similar asserts to be soft to raise funds rather than to be maintained as part of the organization scellection?    Part W  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.   Is 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 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 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 is the organization and the year		collection items (check all that apply).									
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, did 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 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 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.  1b I "Yes," explain the arrangement in Part XIII and complete the following table:    Amount   Ic   Ic   Ic   Ic   Ic   Ic   Ic   I	а	Public exhibition	C	ı 🖳	Loan or excl	hange progra	ım				
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 sold to raise funds rather than to be maintained as part of the organization's collection?  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 X, line 21.  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  1c   Amount	b	Scholarly research	6	• 🔲	Other						
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Lo be sold to raise funds rather than to be maintained as part of the organization's collection?  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 X, line 21.  1b If "Yes," explain the arrangement in Part XIII and complete the following table:    C	4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	e organizatio	n's exemp	t purpos	e in Part	XIII.	
Part W   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 X?	5	3 , ,		,		,				_	
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 10.  c Beginning balance  d Additions during the year  f Ending balance  2 Distributions during the year  f Ending balance  1 Ending balance  2 Distributions during the year  f Ending balance  2 Distributions during the year  f Ending balance  8 Distributions during the year  1 Ending balance  9 Distributions include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?  Part V Endowment Funds Complete if the organization has been provided in Part XIII  Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year  (b) Prior year  (c) Two years back  (d) Three years back  (e) Four years back  (e) Four years back  (e) Four years back  (e) Four years back  f Endowment earnings, gains, and losses  d Grants or scholarships  c Net investment earnings, gains, and losses  d Grants or scholarships  c 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 (al) held as:  a Board designated or quasi-endowment  96  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment undos not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations?  (ii) Related organizations?  5 If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment tunds.  Part V I 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 (investment)  basis (other)  depreciation  (d) Book value  basis (investment)  basis (other)	_										No
1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?	Par			te if the	organization	answered "Y	es" on Fo	rm 990,	Part IV, li	ne 9, or	
on Form 990, Part X?    It is a province of the earning ement in Part XIII and complete the following table:		reported an amount on Form 990, Pa	rt X, line 21.								
b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance	1a		·	•					_	_	
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Beginning of year balance									L	Yes	No
c Beginning balance	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:						
d Additions during the year    Distributions during the year   1 d   1   1   1   1   1   1   1   1										Amount	
e Distributions during the year  f Ending balance  2a 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 in Part XIII  Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [a] Beginning of year balance  [b] Contributions  [a] Current year (b) Prior year (c) Two years back (d) Three years back  [a] Current year (b) Prior year (c) Two years back (d) Three years back  [a] Current year (b) Prior year (c) Two years back (d) Three years back  [a] Beginning of year balance  [b] Contributions  [a] Current year (b) Prior year (c) Two years back (d) Three years back  [a] Beginning of year balance  [b] Contributions  [c] Other expenditures for facilities  [a] Grants or scholarships  [a] Grants or scholarships  [b] Chere expenditures for facilities  [a] Administrative expenses  [a] End of year balance  [b] Chere expenditures for facilities  [a] Administrative expenses  [a] End of year balance  [b] Permanent endowment  [b] Permanent endowment  [c] Permanent endowment  [c] Accumulated for the organization sy  [c] Two years back  [c] Two								1c			
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds Complete if the explanation has been provided in Part XIII  Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back on the contributions (b) Contributions (c) Net investment earnings, gains, and losses d Grants or scholarships (e) Cotter expenditures for facilities and programs for Administrative expenses generally and programs for the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment 9/6  b Permanent endowment 9/6  c Term endowment 1/96  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) Unrelated organizations?  (ii) Related organizations?  5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  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.  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.  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.  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment (a) Cost or other basis (other)  4 Describe in Part XIII the intended of the control of the b								1d			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization in Form 990, Part IV, line 10.    Complete if the organization in Form 990, Part IV, line 10.    Complete if the organization in Form 990, Part IV, line 10.    Complete if the organization in Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 10.    Complete if the organization in Form 990, Part IV, line 11a. See Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 10.    Complete if the organization 94	е										
Bill TYes, "explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.										<del>-</del>	
Endowment Funds   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   Call Describe in Part XIIII the intended uses of the organization's endowment funds.   Call Describe in Part XIII the intended uses of the organization's endowment funds.   Call Describe in Part XIII the intended uses of the organization's condensity improvements   Call Describe in Part XIII the intended uses of the organization significance   Call Describe in Part XIII the intended where the case of the case hold improvements   Call Describe in Part XIII the intended where the case of the ca		•		•			•	?		<b>」Yes</b>	∐ No
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years   (									<u></u>		
1a Beginning of year balance b Contributions 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 g/c b Permanent endowment g/c 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) Unrelated organizations? (ii) Related organizations? (iii) Related organizations listed as required on Schedule R? 4 Describe in Part XII 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 (investment) b Buildings c Leasehold improvements d Equipment 178,657. 141,946. 36,711.	Fai	Elidowillent Fullus Complete if						N Thron w	aara baali	(a) Four	vooro book
b Contributions 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			(a) Current year	(B) F	rior year	(C) Two year	s back (d	i) Tilree y	ears back	(e) Four	years Dack
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							-				
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										
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							-				
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											
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	е	•									
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											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	f										
a Board designated or quasi-endowment				<u> </u>		<u> </u>					
b Permanent endowment					g, column (a)	) held as:					
c Term endowment		<u> </u>		%							
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) Unrelated organizations?  (ii) Related organizations?  (iii) Related organizations?  (iii) Related organizations?  (iii) Related organizations?  (iv) In a Sa(iii) Sa(	b										
Are there endowment 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?  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 (investment)  b Buildings  c Leasehold improvements  d Equipment  178,657. 141,946. 36,711.  e Other	С		•								
organization by:  (i) Unrelated organizations?  (ii) Related organizations?  (iii) Related organizations?  (iii) Pelated organizations?  (iv) Tyes" on line 3a(ii), are the related organizations listed as required on Schedule R?  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)  (b) Cost or other depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  178,657. 141,946. 36,711.  e Other	_	• • • • • • • • • • • • • • • • • • • •	•								
(i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations?  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  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)  (b) Cost or other depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  d Equipment  178,657. 141,946. 36,711.	за	·	ssion of the organiza	ation tha	t are neid an	ia administere	ea for the			Г	Voc No
(ii) Related organizations?  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  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)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other		,									169 140
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  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 (investment)  b Buildings  c Leasehold improvements  d Equipment  e Other											
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 (investment)  b Buildings  c Leasehold improvements  d Equipment  e Other		(ii) Helated organizations?	tions lists discussion		obodula DO						
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)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other	_									30	
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)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other				wment t	unas.						
Description of property  (a) Cost or other basis (investment)  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  178,657.  141,946.  36,711.	· ui			) Part IV	/ line 11a S	ee Form 900	Part Y lin	ne 10			
basis (investment) basis (other) depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other						T			<u> </u>	(d) Dasis	· volue
1a Land         b Buildings         c Leasehold improvements         d Equipment       178,657.       141,946.       36,711.         e Other		Description of property	` , ' ' '		. ,				u	(a) Book	value
b Buildings         c Leasehold improvements           c Leanehold improvements         178,657.         141,946.         36,711.           e Other         178,657.         141,946.         36,711.		Land	<del>-   ` ` </del>	nong	Dasis	(50101)	чери	JOIGHOIT			
c Leasehold improvements       178,657.       141,946.       36,711.         e Other       178,657.       141,946.       36,711.											
d Equipment 178,657. 141,946. 36,711.											
e Other			<b>I</b>		17	8 657	1 /	11 9/	16.	3.6	711
						<del>5,05,0</del>		<u> , , , =</u>			,,,•
				Y line 1	Oc. column	/R))				36	711.

Schedule D (Form 990) 2023

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

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

Schedule D (Form 990) 2023

(9)

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

FAMILY EQUALITY 52-1438455 Page 4 Schedule D (Form 990) 2023 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 3,925,807. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments 84,388. Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIII.) 84,388. Add lines 2a through 2d 2e 3,841,419. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 368 Other (Describe in Part XIII.) -429,368. c Add lines 4a and 4b 4c 3,412,051. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 4,042,656. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 84.388. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c Other losses 429, **d** Other (Describe in Part XIII.) 513,756. Add lines 2a through 2d 2e 3,528,900. 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 4c c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part 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 XI, line 2; Part XI,

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT DECEMBER 31, 2023. THE ORGANIZATION'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE JURISDICTIONS.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 FAMILY EQUALITY	52-1438455 Page 5
Schedule D (Form 990) 2023 FAMILY EQUALITY  Part XIII Supplemental Information (continued)	

# **SCHEDULE G** (Form 990)

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization	EQUALITY					Employer ide 52-1438	ntification number ルちち
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 17		
required to complete this par							
1 Indicate whether the organization rais							
<ul><li>a Mail solicitations</li><li>b Internet and email solicitations</li></ul>			-	overnment grants nment grants			
c Phone solicitations	g Special						
d In-person solicitations							
2 a Did the organization have a written of	•		-		tees,		
key employees listed in Form 990, P <b>b</b> If "Yes," list the 10 highest paid indiv	•				ne fuir	Yes draiser is to be	
compensated at least \$5,000 by the		ant to	agreei	nents under which ti	ic iui	idiaisci is to be	•
		(iii)	Did		(v)	Amount paid	
(i) Name and address of individual	(ii) Activity	(iii) Did fundraiser have custody		from activity	to (c	to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
or entity (fundraiser)			trol of utions?				
		Yes	No				
Tatal							
Total  3 List all states in which the organization	n is registered or licensed to solicit c		 utions	or has been notified	it is e	exempt from red	l gistration
or licensing.							

332081 09-13-23

Schedule G (Form 990) 2023

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

Pa	rt II	- :								
	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.									
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events				
			NATP	LA IMPACT	NONE	(add col. (a) through				
			(event type)	(event type)	(total number)	col. <b>(c)</b> )				
e e			(Stom type)	(or our type)	(retainteninger)					
Revenue	1	Gross receipts	1,081,535.	377,007.		1,458,542.				
٣										
	2	Less: Contributions	398,473.	119,092.		517,565.				
			602.062	257 015		040 077				
	3	Gross income (line 1 minus line 2)	683,062.	257,915.		940,977.				
	4	Cash prizes								
	-									
	5	Noncash prizes								
ses			F.C. 44.F	46.006		100 501				
tber	6	Rent/facility costs	56,415.	46,286.		102,701.				
Direct Expenses	7	Food and beverages	214,151.	112,516.		326,667.				
)ire	•	Tood and beverages				0_0,00.0				
	8	Entertainment								
		Other direct expenses				100 250				
		Direct expense summary. Add lines 4 through				429,368.				
Pa	rt II	Net income summary. Subtract line 10 from line III Gaming. Complete if the organization a		990 Part IV line 19 or a		511,609.				
-		\$15,000 on Form 990-EZ, line 6a.	answered res on romi	330, 1 art 10, iii c 13, 01 1	cported more than					
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add				
Revenue			(a) Birigo	bingo/progressive bingo	(c) Other garming	col. (a) through col. (c))				
Rev										
	_1_	Gross revenue								
	2	Cash prizes								
ses	_									
ğ	3	Noncash prizes								
Direct Expenses										
Dire	4	Rent/facility costs								
	5	Other direct expenses								
			Yes %	Yes %	Yes %					
	6	Volunteer labor	No No	No No	No No					
	7	Direct expense summary. Add lines 2 through	5 in column (d)							
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)							
		Thet garming moome summary. Subtract mile /	TOTT III C 1, COIGITIT (G)							
9	Ent	er the state(s) in which the organization condu	cts gaming activities:							
a Is the organization licensed to conduct gaming activities in each of these states?										
<b>b</b> If "No," explain:										
	_					_				
10a	We	re any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax v	rear?	Yes No				
		Yes," explain:								
	_									
33300	0 00	.13.23			Scho	dule G (Form 990) 2023				

Schedule G (Form 990) 2023

Schedule G (Form 990) 2023 FAMILY EQUALITY	52-1438455 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other en	
to administer charitable gaming?	. — —
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	<b>13a</b>   %
<ul><li>b An outside facility</li><li>14 Enter the name and address of the person who prepares the organization's gaming/special events bo</li></ul>	
14 Enter the name and address of the person who prepares the organization's gaming/special events bo	oks and records.
Nama	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming	revenue? Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization \$	and the amount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
the res, effect hame and address of the third party.	
Name	
Name	
Address	
Address	
46 Coming manager information:	
16 Gaming manager information:	
Name	
Name	
0	
Gaming manager compensation \$	
Description of any incommended	
Description of services provided	
District of the control of the contr	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceed	
retain the state gaming license?	
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizate	tions or spent in the
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, colur	
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instruction	<u>S.</u>

Schedule G (Form 990)	FAMILY EQUALITY	52-1438455 Page 4
Schedule G (Form 990)  Part IV Supplemental Inform	nation (continued)	<u> </u>

Schedule G (Form 990)

# SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

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

FAMILY EQUALITY

 $\begin{array}{c} \textbf{Employer identification number} \\ 52-1438455 \end{array}$ 

**Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? 4a X **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a X **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

FAMILY EQUALITY

52-1438455

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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		compensation i	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) STACEY STEVENSON	(i)	239,210.	20,000.	0.	2,592.	117.	261,919.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023 FAMILY EQUALITY			52-1438455	Page <b>3</b>
Part III Supplemental Information				
Provide the information, explanation, or descriptions required for Part	t I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a,	6b, 7, and 8, and for Part II. Also complete this	s part for any additional informatio	n.

### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990)

# **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

FAMILY EOUALITY

Employer identification number

52-1438455

		- <b>~</b>					
Pa	art I Excess Benefit Tran	sactions (section 501(c)(3), section 50	11(c)(4), and section 501(c)(29) organ	nizations only)			
	Complete if the organization	n answered "Yes" on Form 990, Part IV,	line 25a or 25b; or Form 990-EZ, Pa	art V, line 40b.			
1	(a) Name of discussified severe	(b) Relationship between disqualified	(a) Description of twen		(d) Correct		
	(a) Name of disqualified person	person and organization	(c) Description of tran	saction	Yes	No	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
2	Enter the amount of tax incurred by	y the organization managers or disqualific	ed persons during the year under				
	section 4958			\$			
3	Enter the amount of tax, if any, on	line 2, above, reimbursed by the organiza	ıtion	\$			
Pa	art II Loans to and/or Fro	m Interested Persons					
	Complete if the organization	on answered "Yes" on Form 990-EZ, Part	V, line 38a, or Form 990, Part IV, lir	ne 26; or if the organiz	ation		
	reported an amount on For	rm 990, Part X, line 5, 6, or 22.		_			
	(a) Name of (b) Relation interested person with organ	from the	e) Original (f) Balance due cipal amount	(g) In by board	חר   עי	Written eement?	

	(a) Name of interested person	<b>(b)</b> Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		( <b>h)</b> Ap by bo comm	proved ard or ittee?	(i) Written agreement?	
				То	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Tota	1	_	_			\$							

## Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

52-1438455 Page 2 FAMILY EQUALITY Schedule L (Form 990) 2023 Part IV Business Transactions Involving Interested Persons Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (d) Description of (a) Name of interested person (c) Amount of organization's person and the organization transaction transaction revenues? Yes No (1)MARIA BATES DIRECTOR 10,275. MARIA BATES X (2) (3) (4) (5) (6) (7) (8) (9) (10)Part V Supplemental Information Provide additional information for responses to questions on Schedule L. See instructions. PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: MARIA BATES (D) DESCRIPTION OF TRANSACTION: MARIA BATES LAW PLLC PROVIDED CONSULTING SERVICES TO POLICY DEPARTMENT.

# SCHEDULE O (Form 990)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

FAMILY EQUALITY

Employer identification number 52-1438455

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OF FAMILY. AS THE LEADING NATIONAL ORGANIZATION FOR CURRENT AND FUTURE LGBTQ+ FAMILIES, WE WORK TO ENSURE THAT EVERYONE HAS THE FREEDOM TO AND SUSTAIN THEIR FAMILIES BY ADVANCING LGBTQ+ EQUALITY FORM, FIND, STORYTELLING, AND EDUCATION. THROUGH ADVOCACY, SUPPORT, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PART III, FAMILIES BY ADVANCING LGBTQ+ EQUALITY THROUGH ADVOCACY, SUPPORT STORYTELLING, AND EDUCATION. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: LGBTQ+ FAMILIES IN THE WORLD, LGBTQ+ FAMILIES ARE INCREDI-BOWL IN NEW YORK CITY, AND SEVERAL IMPACTFUL GATHERINGS IN WASHINGTON, D.C., MIAMI. NEW JERSEY, AND MORE. IN ADDITION TO THE NEW VIRTUAL PEER RESOURCE GROUP FOR PARENTS OF SCHOOL-AGED CHILDREN, WE CONTINUED HOSTING VIRTUAL OPPORTUNITIES FOR LGBTO+ FAMILIES TO CONNECT THROUGH OUR TWO BI-WEEKLY PEER SUPPORT THE TRYING TO CONCEIVE SUPPORT SPACE AND THE TRANS, NONBINARY GENDER NON-CONFORMING PARENTS SUPPORT SPACE. OUR VIRTUAL AND IN-PERSON EVENTS AND ACTIVITIES THROUGHOUT 2023 PROVIDED HUNDREDS OF FAMILIES THE OPPORTUNITY TO BUILD CONNECTIONS, CREATE RESILIENCE, SHARE IDEAS, ASK QUESTIONS, AND ULTIMATELY, SUPPORT

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

Schedule O (Form 990) 2023

EACH OTHER.

<u>Schedule O (Form 990) 2023</u> Page **2** 

Name of the organization Employer identification number FAMILY EQUALITY 52-1438455

SHARING THE STORIES OF LGBTQ+ FAMILIES

A KEY PIECE OF FAMILY EQUALITY'S WORK IS ACTING AS A BRIDGE BETWEEN

EVERYDAY LGBTQ+ FAMILIES AND THEIR COMMUNITIES. IN 2023, WE SHARED THE

STORIES OF OUR FAMILIES THROUGH OUR PARTNERSHIP WITH EQUAL PRIDE, WHERE

WE WROTE SEVERAL IMPACTFUL PIECES ABOUT THE FIGHTS LGBTQ+ FAMILIES ARE

FACING. WE ALSO BROUGHT THE LGBTQ+ FAMILY VOICE TO THE 60TH

ANNIVERSARY OF THE HISTORIC MARCH ON WASHINGTON, WHERE MOVEMENT

LEADERS, INCLUDING OUR OWN CEO, SPOKE ON THE STEPS OF THE LINCOLN

MEMORIAL THE SAME SPOT WHERE DR. MARTIN LUTHER KING JR. SPOKE ALL

THOSE DECADES BEFORE.

RECOGNIZING THAT WE CANNOT DO THIS STORYTELLING AND ADVOCACY WORK

WITHOUT MAINTAINING A CLEAR PICTURE OF OUR FAMILIES' NEEDS, WE LAUNCHED

THE FAMILY EQUITY AND JUSTICE PROJECT, AN INITIATIVE THAT SEEKS TO

BETTER SERVE ALL LGBTQ+ FAMILIES PARTICULARLY THOSE WHO ARE BIPOC,

LOW-INCOME, AND/OR IN GEOGRAPHICALLY REMOTE AREAS BEGINNING WITH OUR

DATA COLLECTION PROJECT.

FAMILY IS THE GREAT UNITER AND SHARING THE STORIES ABOUT THE JOYS AND

THE CHALLENGES LGBTQ+ FAMILIES FACE HELPS FOSTER UNDERSTANDING AND, WE

HOPE, SHIFTS PERSPECTIVES.

PROTECTING LGBTQ+ FAMILIES

IN 2023, WE CONTINUED OUR EFFORTS TO PROTECT LGBTQ+ FAMILIES THROUGH

OUR ADVOCACY AND POLICY WORK AT THE FEDERAL AND STATE LEVELS. ALONGSIDE

MOVEMENT PARTNERS, WE PURSUED OUR TRADITION OF LEADING COALITIONS TO

SHARE SUBJECT MATTER EXPERTISE, PROVIDE OBJECTIVE EDUCATION, AND ENGAGE

IN STORYTELLING TO ADVANCE THE RIGHTS OF LGBTQ+ PEOPLE AND FAMILIES.

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization FAMILY EQUALITY

Employer identification number 52-1438455

OUR TIRELESS FOCUS LED MOVEMENT PARTNERS, ALONG WITH STATE AND FEDERAL

LEGISLATORS, TO RELY ON FAMILY EQUALITY FOR OUR COALITION BUILDING,

LEGISLATIVE TRACKING, OBJECTIVE BILL ANALYSIS, AND RESOURCE CREATION ON

MATTERS AFFECTING LGBTQ+ FAMILY FORMATION, MARRIAGE EQUALITY, AND

PARENTAL RECOGNITION LAWS IN THE STATES AND FEDERALLY.

DUE TO THE HUNDREDS OF ANTI-LGBTQ+ BILLS INTRODUCED IN STATE

LEGISLATURES ACROSS THE COUNTRY THROUGHOUT 2023, WE CREATED TOOLS,

EDUCATIONAL MATERIALS, EVENTS, AND RESOURCES FOR LGBTQ+ FAMILIES.

THOUSANDS OF LGBTQ+ PARENTS AND PARENTS-TO-BE LEARNED ABOUT THEIR

RIGHTS AND THEN REACHED OUT TO THEIR ELECTED OFFICIALS TO MAKE THEIR

VOICES HEARD AND ENSURE THEIR FAMILY'S PROTECTION AND RECOGNITION.

ADDITIONALLY, WE ALSO DEVELOPED RESOURCES TO EMPOWER FAMILIES TO TAKE

THE STEPS NECESSARY TO PROTECT THEMSELVES. WE HONORED NATIONAL ADOPTION

MONTH WITH THE LAUNCH OF A ROBUST AND COMPREHENSIVE STATE-BY-STATE

GUIDE TO STEPPARENT, SECOND PARENT/CO-PARENT, AND CONFIRMATORY ADOPTION

SO THAT PARENTS CAN ENSURE THEIR PARENTAL RIGHTS ARE RECOGNIZED AND

FULLY PROTECTED NO MATTER WHAT THE FUTURE HOLDS.

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

PRIOR TO THE ANNUAL FILING OF FORM 990, THE VP OF FINANCE WILL PROVIDE TO

THE BOARD OF DIRECTORS' FINANCE COMMITTEE (BODFC) THE COMPLETED FORM 990

FOR FINAL REVIEW AND APPROVAL. THE BODFC WILL THEN PROVIDE A COPY OF THE

APPROVED FORM 990 TO ALL MEMBERS OF THE BOARD OF DIRECTORS (BOD) FOR

REVIEW.

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

FAMILY EQUALITY SURVEYS ITS CURRENT AND PAST OFFICERS, DIRECTORS, AND KEY

Schedule O (Form 990) 2023 Page 2 **Employer identification number** Name of the organization FAMILY EQUALITY 52-1438455 EMPLOYEES EVERY JANUARY TO IDENTIFY CERTAIN RELATIONSHIPS THAT MAY BE CONSIDERED A CONFLICT OF INTEREST. THE BOD ALSO SURVEYS ALL INCOMING AND OUTGOING OFFICERS, DIRECTORS, AND KEY EMPLOYEES AT THE TIME THE RELATIONSHIP WITH FEC TRANSPIRES OR TERMINATES. QUESTIONNAIRES ARE REVIEWED AND VOTED ON BY THE BOD TO DETERMINE IF ANY DISCLOSED RELATIONSHIP WITH FAMILY EQUALITY MEETS THE IRS DEFINITION OF A CONFLICT OF INTEREST AND IF SO, DISCUSSES AND VOTES ON THE APPROPRIATE ACTION TO ADDRESS THIS CONFLICT OF INTEREST. ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES AGREE TO DISCLOSE ANY CONFLICT OF INTEREST AT THE TIME IT OCCURS. FORM 990, PART VI, SECTION B, LINE 15: FAMILY EQUALITY'S BOARD OF DIRECTORS (BOD) DETERMINES REASONABLE COMPENSATION FOR DIRECTORS, OFFICERS, AND ANYONE DETERMINED TO BE A KEY EMPLOYEE, AS DEFINED IN THE ORGANIZATION'S POLICY. THE PROCESS INCLUDES THE FOLLOWING ELEMENTS: 1. ADVANCE APPROVAL BY THE BOD OR COMPENSATION COMMITTEE OF THE ORGANIZATION 2. USE OF APPROPRIATE COMPARABILITY DATA 3. CONTEMPORANEOUS DOCUMENTATION THE PROCESS IS THE SAME AS DESCRIBED ABOVE FOR THE TOP OFFICIAL. FORM 990, PART VI, SECTION C, LINE 19: COPIES OF THE GOVERNING DOCUMENTS AND 990S FOR THE PAST THREE YEARS ARE AVAILABLE FOR INSPECTION AT THE FAMILY EQUALITY'S HEADOUARTERS, LOCATED AT Schedule O (Form 990) 2023

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Schedule O (Form 990) 2023	Page 2
Name of the organization FAMILY EQUALITY	Employer identification number 52-1438455
475 PARK AVENUE SOUTH, SUITE 2100, NEW YORK, NY 10016. PA	YMENT OF A \$.20
PER PAGE COPY IS REQUIRED FOR PROCESSING THE REQUESTS. TE	LEPHONE AND
WRITTEN REQUESTS WILL BE FULFILLED WITHIN 30 DAYS OF RECEI	PT. IN-PERSON
REQUESTS WILL BE FULFILLED IMMEDIATELY.	
FORM 990, PART XII, LINE 2C:	
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

**SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

FAMILY EQUALIT	Ϋ́				52-14384	<u> 155</u>	
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes	s" on Form 990, Part IV, line 30	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea	r assets Direct of	<b>(f)</b> Direct controlling entity	
	_						
	-						
	_						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	), Part IV, line 34, I	pecause it had one	or more related tax-exe	mpt	
(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 501(c)(3))	(f) Direct controlling entity		rolled ity?
FAMILY EQUALITY ACTION, INC 83-4269954						Yes	No
475 PARK AVENUE SOUTH, SUITE 2100 NEW YORK, NY 10016	SUPPORTING ORGANIZATION	NEW YORK	501(C)(4)		FAMILY EQUALITY	Х	
	-						
For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	1	ı	L	Schedule R	(Form 99	0) 2023

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.

	3															
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I		(i)	(		(k)				
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Predominant income Sha	Share of total			Share of total Share income end-o	Share of end-of-year	Disproportiona		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	ral or	Percentage ownership
or related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	liicome	assets	allocations?		20 of Schedule	parti	ner?	ownership				
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No					
				l	l	l	l .	l .	ı	I						

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

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

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

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions with on	ne or more rela	ated organizations listed ir	Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х			
	Gift, grant, or capital contribution to related organization(s)				1b		Х			
С	Gift, grant, or capital contribution from related organization(s)				1c		Х			
	Loans or loan guarantees to or for related organization(s)				1d		Х			
	Loans or loan guarantees by related organization(s)				1e		X			
f	Dividends from related organization(s)				1f		<u>X</u>			
g	Sale of assets to related organization(s)				1g		X			
h Purchase of assets from related organization(s)										
i Exchange of assets with related organization(s)										
j Lease of facilities, equipment, or other assets to related organization(s)										
k	k Lease of facilities, equipment, or other assets from related organization(s)									
	Performance of services or membership or fundraising solicitations for related organization(				11		<u>X</u>			
	n Performance of services or membership or fundraising solicitations by related organization(s				1m		<u>X</u>			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		<u>X</u>			
0	Sharing of paid employees with related organization(s)				10		<u>X</u>			
	Reimbursement paid to related organization(s) for expenses				1p		<u>X</u>			
q	Reimbursement paid by related organization(s) for expenses				1q		X			
	Other transfer of cash or property to related organization(s)				1r		<u>X</u>			
S	Other transfer of cash or property from related organization(s)				1s		X			
2	If the answer to any of the above is "Yes," see the instructions for information on who must	complete this	s line, including covered re	lationships and transaction thresholds.						
		(b) nsaction pe (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount inv	olved					
1)										
٥١										
2)										
2)										
3)		+								
4)										
•,										
5)										
-,										
6)										
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52-1438455

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# Schedule R (Form 990) 2023 FAMILY EQUALITY

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

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

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

Schedule R	(Form 990) 2023	FAMILY	EQUALITY	52-1438455	Page 5
Part VII	,				
	Provide additional inform	ation for respor	nses to questions on Schedule R. See instructions.		

Schedule R (Form 990) 2023 332165 09-28-23

Form **8868** 

(Rev. January 2024)

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** 52-1438455 FAMILY EQUALITY File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 475 PARK AVENUE SOUTH, 2100 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10016 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of THE ORGANIZATION 475 PARK AVENUE SOUTH, 2100 - NEW YORK, NY 10016 Telephone No. 646-880-3005 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box ..... and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning \_\_\_\_\_ , 20 \_\_\_\_ , and ending \_\_ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.