

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2023**  
Open to Public Inspection

**A** For the **2023** calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **REQUITY FOUNDATION, INC**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**20 S MADEIRA ST**  
 City or town, state or province, country, and ZIP or foreign postal code  
**BALTIMORE MD 21231**

**D** Employer identification number: **84-5001046**

**E** Telephone number: \_\_\_\_\_

**G** Gross receipts\$ **230,198**

**F** Name and address of principal officer:  
**MICHAEL ROSEN BAND**  
**20 S MADEIRA ST**  
**BALTIMORE MD 21231**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **REQUITY.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **2020**

**M** State of legal domicile: \_\_\_\_\_

**H(c)** Group exemption number: \_\_\_\_\_

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	2 Check this box <input type="checkbox"/> 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)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	523,291	230,198
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	523,291	230,198
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	31,120	14,224
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	104,722	282,728
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	135,842	296,952
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	387,449	-66,754
	20 Total assets (Part X, line 16)	405,351	336,821
	21 Total liabilities (Part X, line 26)	3,703	828
	22 Net assets or fund balances. Subtract line 21 from line 20	401,648	335,993

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: **MICHAEL ROSEN BAND** Date: \_\_\_\_\_  
 Type or print name and title: **EXECUTIVE DIRECTOR**

**Paid Preparer Use Only**  
 Print/Type preparer's name: **FRED H. BURKE, CPA** Preparer's signature: **FRED H. BURKE, CPA** Date: **11/15/24**  
 Check  if PTIN self-employed P01382810  
 Firm's name: **FRED H. BURKE, CPA, LLC** Firm's EIN: **26-0612272**  
 Firm's address: **925 FELL ST FL 1 BALTIMORE, MD 21231** Phone no.: **410-563-0848**