

2018 Exempt Org. Return
prepared for:

SOUTHERN CENTER FOR HUMAN RIGHTS
83 POPLAR STREET, N.W.
ATLANTA, GA 30303

FULTON & KOZAK, CPA
7187 JONESBORO RD STE 100A
MORROW, GA 30260-2944

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Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time.

 Only submit original (no copies needed).

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.

Enter filer's identifying number, see instructions

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions.		Employer identification number (EIN) or
	SOUTHERN CENTER FOR HUMAN RIGHTS		62-1025326
	Number, street, and room or suite number. If a P.O. box, see instructions.		Social security number (SSN)
83 POPLAR STREET, N.W.			
City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
ATLANTA, GA 30303			

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► JULIA ROBINSON-HICKS _____

Telephone No. ► 404-688-1202 _____ 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 box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2018 or
- tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.....	3a	\$	0.
b 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.....	3b	\$	0.
c 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.....	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning		, 2018, and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C SOUTHERN CENTER FOR HUMAN RIGHTS 83 POPLAR STREET, N.W. ATLANTA, GA 30303		D Employer identification number 62-1025326
			E Telephone number (404) 688-1202
			G Gross receipts \$ 4,638,852.
F Name and address of principal officer: SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list. (see instructions)</small>
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.SCHR.ORG		H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1978	M State of legal domicile: GA	

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>SCHR PROVIDES LEGAL REPRESENTATION TO PEOPLE FACING THE DEATH PENALTY, CHALLENGES HUMAN RIGHTS VIOLATIONS IN PRISONS AND JAILS, SEEKS THROUGH LITIGATION AND ADVOCACY TO IMPROVE LEGAL REPRESENTATION FOR POOR PEOPLE ACCUSED OF CRIMES, AND ADVOCATES FOR CRIMINAL JUSTICE SYSTEM REFORMS.</u>		
	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	27
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	31
	6	Total number of volunteers (estimate if necessary)	6	35
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	4,338.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,591,571.	2,839,044.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	315,371.	506,943.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	284,736.	313,711.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-27,173.	-42,856.
	12		3,164,505.	3,616,842.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,000.	37,500.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,764,672.	1,922,241.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 278,515.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	957,590.	1,329,939.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,747,262.	3,289,680.
19	Revenue less expenses. Subtract line 18 from line 12	417,243.	327,162.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	8,835,111.	8,387,378.
	22	Net assets or fund balances. Subtract line 21 from line 20	49,894.	134,890.
22		8,785,217.	8,252,488.	

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	Date	
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	SHEILA M. KOZAK, CPA	<i>Sheila M. Kozak, CPA, CVA</i>	
	Firm's name	Firm's EIN	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN
	Firm's address	770-961-4200	P00687026
	FULTON & KOZAK, CPA	20-1403280	
	7187 JONESBORO RD STE 100A		
	MORROW, GA 30260-2944		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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Part 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:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? SEE SCHEDULE O

[X] Yes [] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

[] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,234,845. including grants of \$) (Revenue \$ 506,943.)

CIVIL LITIGATION (IMPACT LITIGATION UNIT) - CHALLENGE DENIALS OF THE RIGHT TO COUNSEL IN COURTS IN GEORGIA THROUGH LITIGATION.

SEE THE ATTACHED LIST FOR DETAIL OF SCHR'S IMPACT LITIGATION UNIT'S ACTIVE LITIGATION FOR 2018. EACH OF THE CASES BENEFIT NOT ONLY THE PLAINTIFFS IN EACH CASE BUT ALL PEOPLE, BY SEEKING TO ESTABLISH PRECEDENT THAT PROTECTS THE CONSTITUTIONAL RIGHTS AT ISSUE IN EACH CASE.

4b (Code:) (Expenses \$ 1,189,034. including grants of \$) (Revenue \$)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 290,396. including grants of \$) (Revenue \$)

SEE SCHEDULE O

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,714,275.

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)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>	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 Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>		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? <i>If 'Yes,' complete Schedule D, Part I.</i>		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? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
f 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)? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I (see instructions).</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	

Part IV Checklist of Required Schedules (continued)

		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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 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 returns? 2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a	X	
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. 3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If 'Yes,' enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	X	
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	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:		
a	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.		
a	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		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If 'Yes,' see 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		X
If 'Yes,' complete Form 4720, Schedule O.			

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

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

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. 1 a 27 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1 b	Enter the number of voting members included in line 1a, above, who are independent 1 b 27		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	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?		X
7 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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 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?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11 b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15 a	The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O.	X	
15 b	Other officers or key employees of the organization. SEE SCHEDULE O.	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ GA DC FL IL MA MD NC NY VA CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in 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. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
 JULIA ROBINSON-HICKS 83 POPLAR STREET, NW ATLANTA GA 30303 404-688-1202

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANET DEWART BELL DIRECTOR	5 0	X						0.	0.	0.
(2) ANN FORT DIRECTOR	5 0	X						0.	0.	0.
(3) WILLIAM ABRAMS DIRECTOR	5 0	X						0.	0.	0.
(4) JAMES M. GARLAND DIRECTOR	5 0	X						0.	0.	0.
(5) MAWULI DAVIS DIRECTOR	5 0	X						0.	0.	0.
(6) RAJESH DE DIRECTOR	5 0	X						0.	0.	0.
(7) HENRY WEINSTEIN DIRECTOR	5 0	X						0.	0.	0.
(8) DONALD VERRILLI DIRECTOR	5 0	X						0.	0.	0.
(9) RONAN DOHERTY DIRECTOR	5 0	X						0.	0.	0.
(10) VIVIANNE GUEVARA, LMSW DIRECTOR	5 0	X						0.	0.	0.
(11) MARY C. KENNEDY DIRECTOR	5 0	X						0.	0.	0.
(12) KATHARINE HUFFMAN DIRECTOR	5 0	X						0.	0.	0.
(13) ELIZABETH ZITRIN DIRECTOR	5 0	X						0.	0.	0.
(14) BLAIR PERILMAN DIRECTOR	5 0	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) ALEXANDER RUNDLET DIRECTOR	5 0	X					0.	0.	0.
(16) MICHAEL A. CAPLAN DIRECTOR	5 0	X					0.	0.	0.
(17) U. W. CLEMON DIRECTOR	5 0	X					0.	0.	0.
(18) DAVID DEBRUIN DIRECTOR	5 0	X					0.	0.	0.
(19) C. ALLEN GARRETT DIRECTOR	5 0	X					0.	0.	0.
(20) LAUREN SUDEALL LUCAS DIRECTOR	5 0	X					0.	0.	0.
(21) JAMES BOSWELL DIRECTOR	5 0	X					0.	0.	0.
(22) L. CHRIS STEWART DIRECTOR	5 0	X					0.	0.	0.
(23) E. MICHELLE DRAKE DIRECTOR	5 0	X					0.	0.	0.
(24) L. JOSEPH LOVELAND SECRETARY	10 0	X		X			0.	0.	0.
(25) JAMES KWAK VICE CHAIR	10 0	X		X			0.	0.	0.
1 b Sub-total							0.	0.	0.
c Total from continuation sheets to Part VII, Section A							91,000.	0.	25,315.
d Total (add lines 1b and 1c)							91,000.	0.	25,315.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0									

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>		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? <i>If 'Yes,' complete Schedule J for such individual.</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>		X

Section B. Independent Contractors

1 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	(B) Description of services	(C) Compensation
NONE ,		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c 473,265.				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 2,365,779.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		2,839,044.			
Program Service Revenue	2 a <u>ATTORNEY_FEE_INCOME</u>	Business Code	506,943.	506,943.		
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		506,943.			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)		191,796.		191,796.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,001,500.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	872,652.	6,933.		
		c Gain or (loss)	128,848.	-6,933.		
	d Net gain or (loss)		121,915.	-6,933.		128,848.
	8 a Gross income from fundraising events (not including \$ 473,265. of contributions reported on line 1c). See Part IV, line 18	a	99,445.			
		b Less: direct expenses	b 142,425.			
c Net income or (loss) from fundraising events			-42,980.		-42,980.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a <u>OTHER_INCOME</u>		124.			124.	
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		124.				
12 Total revenue. See instructions		3,616,842.	500,010.	0.	277,788.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	37,500.	37,500.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	116,315.	93,052.	12,795.	10,468.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	1,347,444.	1,072,627.	143,543.	131,274.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	347,202.	274,733.	37,813.	34,656.
10 Payroll taxes	111,280.	88,133.	12,130.	11,017.
11 Fees for services (non-employees):				
a Management				
b Legal	109,832.	109,832.		
c Accounting	34,073.		34,073.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	60,789.	25,339.	12,055.	23,395.
12 Advertising and promotion	49,808.	41,440.		8,368.
13 Office expenses	131,674.	115,824.	4,231.	11,619.
14 Information technology				
15 Royalties				
16 Occupancy	30,749.	24,353.	3,352.	3,044.
17 Travel	4,486.	1,510.	883.	2,093.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	58,292.	46,167.	6,354.	5,771.
23 Insurance	31,718.	25,120.	3,457.	3,141.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>LITIGATION EXPENSES</u>	538,902.	538,902.		
b <u>STAFF DEVELOPMENT</u>	65,201.	61,300.	2,645.	1,256.
c <u>SUPPLIES</u>	55,127.	38,862.	10,023.	6,242.
d <u>COMPUTER CONSULTING</u>	38,868.	30,783.	4,237.	3,848.
e All other expenses	120,420.	88,798.	9,299.	22,323.
25 Total functional expenses. Add lines 1 through 24e	3,289,680.	2,714,275.	296,890.	278,515.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash – non-interest-bearing.....	269,129.	1	376,202.
	2 Savings and temporary cash investments.....	37,701.	2	132,796.
	3 Pledges and grants receivable, net.....	430,000.	3	12,750.
	4 Accounts receivable, net.....	140,269.	4	68,515.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.....		6	
	7 Notes and loans receivable, net.....		7	
	8 Inventories for sale or use.....		8	
	9 Prepaid expenses and deferred charges.....	10,376.	9	8,520.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 1,200,544.		
	b Less: accumulated depreciation.....	10b 640,796.	620,473.	10c 559,748.
	11 Investments – publicly traded securities.....	7,327,163.	11	7,215,972.
	12 Investments – other securities. See Part IV, line 11.....		12	
	13 Investments – program-related. See Part IV, line 11.....		13	
	14 Intangible assets.....		14	
	15 Other assets. See Part IV, line 11.....		15	12,875.
16 Total assets. Add lines 1 through 15 (must equal line 34).....	8,835,111.	16	8,387,378.	
Liabilities	17 Accounts payable and accrued expenses.....	49,894.	17	114,890.
	18 Grants payable.....		18	
	19 Deferred revenue.....		19	20,000.
	20 Tax-exempt bond liabilities.....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		22	
	23 Secured mortgages and notes payable to unrelated third parties.....		23	
	24 Unsecured notes and loans payable to unrelated third parties.....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.....		25	
	26 Total liabilities. Add lines 17 through 25.....	49,894.	26	134,890.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets.....	7,266,837.	27	7,265,450.
	28 Temporarily restricted net assets.....	1,518,380.	28	987,038.
	29 Permanently restricted net assets.....		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds.....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund.....		31	
	32 Retained earnings, endowment, accumulated income, or other funds.....		32	
	33 Total net assets or fund balances.....	8,785,217.	33	8,252,488.
	34 Total liabilities and net assets/fund balances.....	8,835,111.	34	8,387,378.

Part 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	3,616,842.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,289,680.
3	Revenue less expenses. Subtract line 2 from line 1	3	327,162.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,785,217.
5	Net unrealized gains (losses) on investments	5	-849,001.
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 in Schedule O) SEE SCHEDULE O	9	-10,890.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,252,488.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

BAA

TEEA0112L 08/03/18

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization SOUTHERN CENTER FOR HUMAN RIGHTS	Employer identification number 62-1025326
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

PUBLIC INSPECTION COPY

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Tax revenues levied for the organization'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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here . Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here . Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	3,637,707.	1,329,666.	2,129,145.	2,591,571.	2,839,044.	12,527,133.
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.	40,366.	244,050.	32,442.	315,374.	506,943.	1,139,175.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	3,678,073.	1,573,716.	2,161,587.	2,906,945.	3,345,987.	13,666,308.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	325,323.	98,225.	97,485.	163,204.	190,561.	874,798.
b 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.	175,505.	0.	171,311.	400,806.	747,622.
c Add lines 7a and 7b.	325,323.	273,730.	97,485.	334,515.	591,367.	1,622,420.
8 Public support. (Subtract line 7c from line 6.)						12,043,888.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.	3,678,073.	1,573,716.	2,161,587.	2,906,945.	3,345,987.	13,666,308.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	193,182.	131,955.	152,388.	162,618.	191,796.	831,939.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	193,182.	131,955.	152,388.	162,618.	191,796.	831,939.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI.	601.	325.	750.	1,011.	124.	2,811.
13 Total support. (Add lines 9, 10c, 11, and 12.)	3,871,856.	1,705,996.	2,314,725.	3,070,574.	3,537,907.	14,501,058.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)).	15	83.06 %
16 Public support percentage from 2017 Schedule A, Part III, line 15.	16	94.05 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)).	17	5.74 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17.	18	5.90 %

- 19a 33-1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶
- b 33-1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>		
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)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer (b) and (c) 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).</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If 'Yes,' provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
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)? <i>If 'Yes,' answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
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? Provide details in Part VI.	3a		
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.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 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.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

BAA

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

BAA

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

PART III, LINE 12 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>	<u>2014</u>
OTHER INCOME	\$ 124.	\$ 1,011.	\$ 750.	\$ 325.	\$ 601.
TOTAL	<u>\$ 124.</u>	<u>\$ 1,011.</u>	<u>\$ 750.</u>	<u>\$ 325.</u>	<u>\$ 601.</u>

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

Name of the organization

SOUTHERN CENTER FOR HUMAN RIGHTS

Employer identification number

62-1025326

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization SOUTHERN CENTER FOR HUMAN RIGHTS	Employer identification number 62-1025326
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u> --		\$ <u>665,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u> --		\$ <u>67,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u> --		\$ <u>68,975.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u> --		\$ <u>125,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u> --		\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u> --		\$ <u>73,480.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SOUTHERN CENTER FOR HUMAN RIGHTS	Employer identification number 62-1025326
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 109,357.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization SOUTHERN CENTER FOR HUMAN RIGHTS	Employer identification number 62-1025326
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____ N/A
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	

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SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2018

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.**

Open to Public Inspection

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

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

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

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

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

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

Name of organization SOUTHERN CENTER FOR HUMAN RIGHTS	Employer identification number 62-1025326
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of 'political campaign activities')
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4 a Was a correction made? Yes No
b If 'Yes,' describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying).....														
b Total lobbying expenditures to influence a legislative body (direct lobbying).....														
c Total lobbying expenditures (add lines 1a and 1b).....														
d Other exempt purpose expenditures.....														
e Total exempt purpose expenditures (add lines 1c and 1d).....														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.....														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f).....														
h Subtract line 1g from line 1a. If zero or less, enter -0-.....														
i Subtract line 1f from line 1c. If zero or less, enter -0-.....														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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)).

	(a)		(b)
	Yes	No	Amount
<i>For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 SEE PART IV			
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		X	
b	X		
c		X	
d		X	
e		X	
f		X	
g	X		14,425.
h		X	
i		X	
j			14,425.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b		X	
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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2 a	
b Carryover from last year	2 b	
c Total	2 c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B - DESCRIPTION OF LOBBYING ACTIVITY

THE CENTER EMPLOYS ONE PAID STAFF MEMBER, THE PUBLIC POLICY DIRECTOR WHO SPENDS 20% OF HER TIME WORKING TO AFFECT STATE LEGISLATION. THE METHODS USED INCLUDE FREQUENT UPDATES TO COALITION PARTNERS DETAILING UPCOMING LEGISLATION, ORGANIZING A LOBBY DAY IN CONJUNCTION WITH GFADP AT THE CAPITOL FOR MEMBERS TO TALK WITH THEIR LEGISLATORS AND DIRECTLY CONTACTING LEGISLATORS REGARDING PERTINENT LEGISLATION.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2018

Open to Public Inspection

Employer identification number

SOUTHERN CENTER FOR HUMAN RIGHTS

62-1025326

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor informed status.

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total acreage restricted, and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 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? Yes No

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.

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V Endowment Funds. Complete if the organization 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
1 a 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 _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 3b

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) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		73,335.		73,335.
b Buildings		641,540.	411,994.	229,546.
c Leasehold improvements		309,126.	100,463.	208,663.
d Equipment		165,029.	118,084.	46,945.
e Other		11,514.	10,255.	1,259.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				559,748.



Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. **SEE PART XIII.**



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.

1	Total revenue, gains, and other support per audited financial statements		1	2,767,841.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2 a	-849,001.	
	b Donated services and use of facilities	2 b		
	c Recoveries of prior year grants	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2a through 2d	2 e	-849,001.	
3	Subtract line 2e from line 1		3	3,616,842.
4	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	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4a and 4b	4 c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,616,842.

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.

1	Total expenses and losses per audited financial statements		1	3,300,570.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2 a		
	b Prior year adjustments	2 b		
	c Other losses	2 c		
	d Other (Describe in Part XIII.) SEE PART XIII	2 d	10,890.	
	e Add lines 2a through 2d	2 e	10,890.	
3	Subtract line 2e from line 1		3	3,289,680.
4	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	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4a and 4b	4 c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,289,680.

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

PART X - FIN 48 FOOTNOTE

SCHR QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, IS ONLY SUBJECT TO FEDERAL OR STATE INCOME TAXES ON SPECIFIC TYPES OF INCOME FROM ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE.

SCHR HAD NO INCOME FROM UNRELATED ACTIVITIES AND HAS NO INCOME TAXES DUE AS OF DECEMBER 31, 2018 AND 2017.

SCHR'S APPLICATION OF ASC 740 REGARDING UNCERTAIN TAX POSITIONS HAD NO EFFECT ON ITS

BAA

Schedule D (Form 990) 2018

Part XIII Supplemental Information (continued)

PART X - FIN 48 FOOTNOTE (CONTINUED)

FINANCIAL POSITION AS MANAGEMENT BELIEVES SCHR HAS NO MATERIAL UNRECOGNIZED INCOME TAX BENEFITS, INCLUDING ANY POTENTIAL RISK OF LOSS OF ITS NOT-FOR-PROFIT TAX STATUS. SCHR WOULD ACCOUNT FOR ANY POTENTIAL INTEREST OR PENALTIES RELATED TO POSSIBLE FUTURE LIABILITIES FOR UNRECOGNIZED INCOME TAX BENEFITS AS INCOME TAX EXPENSE. SCHR IS NO LONGER SUBJECT TO EXAMINATION BY FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR PERIODS BEFORE 2015.

**SCHEDULE D, PART XII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

GRANT PASS THROUGH	\$ 10,890.
	TOTAL <u>\$ 10,890.</u>

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

SOUTHERN CENTER FOR HUMAN RIGHTS

Employer identification number

62-1025326

Part I Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
	FREDERICK DOUG (event type)	ATLANTA BENEFI (event type)	2 (total number)	(add column (a) through column (c))		
1	Gross receipts	395,315.	106,865.	70,530.	572,710.	
2	Less: Contributions	356,895.	79,940.	36,430.	473,265.	
3	Gross income (line 1 minus line 2)	38,420.	26,925.	34,100.	99,445.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes	580.	1,686.	2,266.	
	6	Rent/facility costs	80,557.	4,132.	2,374.	87,063.
	7	Food and beverages	4,489.	10,376.	399.	15,264.
	8	Entertainment	479.	9,922.	750.	11,151.
	9	Other direct expenses	15,683.	7,655.	3,343.	26,681.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				142,425.
11	Net income summary. Subtract line 10 from line 3, column (d)				-42,980.	

Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))	
	1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If 'No,' explain: _____

 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If 'Yes,' explain: _____



- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- 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:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations 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, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **SOUTHERN CENTER FOR HUMAN RIGHTS**

Employer identification number
62-1025326

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GEORGIA PUBLIC POLICY INSTITU 3200 COBB GALLERIA PARKWAY ATLANTA, GA 30339	58-1943161	501 (C) (3)	12,500.	0.			CRIMINAL JUSTICE REFORM
(2) FAITH IN PUBLIC LIFE 1990 M STREET NW NO 740 WASHINGTON, DC 20036	20-3798596	501 (C) (3)	12,500.	0.			CRIMINAL JUSTICE REFORM
(3) RACIAL JUSTICE ACTION CENTER 2861 E. POINT ST EAST POINT, GA 30344	95-4116679	501 (C) (3)	12,500.	0.			CRIMINAL JUSTICE REFORM
(4) ----- ----- -----							
(5) ----- ----- -----							
(6) ----- ----- -----							
(7) ----- ----- -----							
(8) ----- ----- -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 3

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

TEEA3901L 07/13/18

Schedule I (Form 990) (2018)

PUBLIC INSPECTION COPY

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

SOUTHERN CENTER FOR HUMAN RIGHTS

Employer identification number

62-1025326

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE SOUTHERN CENTER FOR HUMAN RIGHTS (SCHR) IS WORKING FOR EQUALITY, JUSTICE, AND DIGNITY IN OUR CRIMINAL JUSTICE SYSTEM. SCHR'S MISSION IS TO END CAPITAL PUNISHMENT, MASS INCARCERATION, AND OTHER CRIMINAL JUSTICE PRACTICES THAT ARE USED TO CONTROL THE LIVES OF POOR PEOPLE, PEOPLE OF COLOR, AND OTHER MARGINALIZED GROUPS IN THE SOUTHERN UNITED STATES. WE DO THIS THROUGH DEATH PENALTY REPRESENTATION, IMPACT LITIGATION, POLICY ADVOCACY, AND PUBLIC EDUCATION.

SCHR WAS FOUNDED IN 1976 BY MINISTERS AND ACTIVISTS IN RESPONSE TO THE UNITED STATES SUPREME COURT'S REINSTATEMENT OF THE DEATH PENALTY AND TO THE HORRENDOUS CONDITIONS IN SOUTHERN PRISONS AND JAILS. SCHR'S GROUNDBREAKING LITIGATION CHALLENGING DEBTORS' PRISON PRACTICES HAS HERALDED A NEW ERA IN THE MOVEMENT TO CHALLENGE THE USE OF COURTS AS MONEY GENERATORS AND TO HALT THE CRIMINALIZATION OF POVERTY. THROUGH SIX LAWSUITS, TWO REPORTS, AND WORK WITH A BLUE-RIBBON COMMISSION AND THE GEORGIA LEGISLATURE, SCHR HELPED BRING ABOUT THE CREATION OF A PUBLIC DEFENDER SYSTEM IN GEORGIA. SCHR LEADS CRIMINAL JUSTICE POLICY REFORM EFFORTS THROUGH A PARTNERSHIP WITH GEORGIA GOVERNOR NATHAN DEAL'S CRIMINAL JUSTICE REFORM COUNCIL THAT HAS RESULTED IN THE SUCCESSFUL PASSAGE OF SMART-ON-CRIME MEASURES AND SENTENCING REFORMS ANNUALLY FOR THE LAST EIGHT YEARS. SCHR HAS ARGUED AND WON FIVE DEATH PENALTY CASES AT THE UNITED STATES SUPREME COURT, FOUR OF WHICH DEALT WITH PROFOUND RACE DISCRIMINATION IN CAPITAL TRIALS.

FORM 990, PART III, LINE 2 - NEW SERVICES

IN 2018 WE EXPANDED OUR PUBLIC POLICY AND COMMUNITY ENGAGEMENT WORK WITH THE GOAL OF DEEPENING OUR IMPACT ON CRIMINAL JUSTICE REFORMS AT THE STATE AND LOCAL LEVELS. WE HIRED OUR FIRST COMMUNITY ENGAGEMENT AND MOVEMENT BUILDING COUNSEL AND PUBLIC POLICY FELLOW.

Name of the organization

Employer identification number

SOUTHERN CENTER FOR HUMAN RIGHTS

62-1025326

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

CAPITAL LITIGATION

THE CAPITAL LITIGATION UNIT (CLU) OF THE SOUTHERN CENTER FOR HUMAN RIGHTS REPRESENTS PERSONS FACING THE DEATH PENALTY AT ALL STAGES OF THE LEGAL PROCESS IN THE DEEP SOUTH. SCHR IS INVOLVED IN A SUBSTANTIAL NUMBER OF ALABAMA DEATH PENALTY CASES BECAUSE ALABAMA IS THE ONLY DEATH-PENALTY STATE IN THE NATION THAT DOES NOT PROVIDE REPRESENTATION TO INDIGENT DEATH-SENTENCED INMATES IN STATE POST-CONVICTION PROCEEDINGS. IN ADDITION TO PROVIDING REPRESENTATION TO PERSONS FACING THE DEATH PENALTY WHO ARE IN DESPERATE NEED OF ASSISTANCE, SCHR ALSO SEEKS TO ADDRESS THROUGH ITS CAPITAL LITIGATION CASELOAD ISSUES OF SYSTEMIC UNFAIRNESS IN THE ADMINISTRATION OF CAPITAL PUNISHMENT IN THE DEEP SOUTH: THE FAILURE OF THE STATE TO PROVIDE ADEQUATE FUNDING FOR INDIGENT DEFENSE REPRESENTATION, INCOMPETENT DEFENSE REPRESENTATION, PROSECUTORIAL MISCONDUCT, AND RACIAL DISCRIMINATION IN JURY SELECTION PRACTICES.

SEE THE ATTACHED LIST FOR DETAIL OF SCHR'S CAPITAL LITIGATION UNIT'S ACTIVE LITIGATION FOR 2018.

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

PUBLIC POLICY

SCHR PUBLISHES REPORTS AND ARTICLES ON CRIMINAL JUSTICE ISSUES INCLUDING JUDICIAL INDEPENDENCE AND THE NEED FOR MORE HUMANE AND CONSTRUCTIVE RESPONSES TO CRIME. SCHR ADVOCATES FOR POSITIVE (AND AGAINST NEGATIVE) CRIMINAL JUSTICE POLICIES AND LEGISLATION. SCHR HAS LONG RECOGNIZED THAT COALITION-BUILDING IS CRUCIAL IN ORDER TO DEEPEN THE IMPACT OF OUR WORK. SCHR LEADS A BROAD COALITION OF ATTORNEYS, CIVIL AND HUMAN RIGHTS ORGANIZATIONS, CLIENTS, AND LAWMAKERS SPANNING THE POLITICAL

Name of the organization

Employer identification number

SOUTHERN CENTER FOR HUMAN RIGHTS

62-1025326

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

SPECTRUM TO PRESERVE OUR PUBLIC DEFENDER SYSTEM AND ENSURE THAT GEORGIA'S CIRCUIT PUBLIC DEFENDER OFFICES HAVE THE RESOURCES TO PROVIDE QUALITY REPRESENTATION TO POOR PEOPLE ACCUSED OF CRIMES. SCHR WORKS WITH A VARIETY OF CHILDREN'S ORGANIZATIONS AND THE JUST GEORGIA COALITION TO ADVOCATE FOR PUBLIC POLICY MEASURES TO PROTECT CHILDREN AND PROMOTE PUBLIC SAFETY. SCHR ENGAGES IN STRATEGIC MEDIA CAMPAIGNS TO BUILD BROADER SUPPORT FOR OUR INITIATIVES.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE ORGANIZATION'S ACCOUNTANT PROVIDES A COPY OF FORM 990 TO THE BOARD FINANCE & INVESTMENTS COMMITTEE FOR REVIEW AND APPROVAL PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS MONITORED ANNUALLY AT THE BIENNIAL BOARD MEETINGS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

WHILE APPROVING THE ANNUAL BUDGET EACH YEAR, THE BOARD OF DIRECTORS ALSO REVIEWS THE COMPENSATION LEVEL AND BENEFITS OFFERED TO EMPLOYEES. THIS GENERALLY HAPPENS AT THE FALL BOARD MEETING.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

SCHR'S COMPENSATION IS SET BY ITS EXECUTIVE DIRECTOR IN CONSULTATION WITH ITS ACCOUNTANT USING VARIOUS MEASURES INCLUDING COMPARABILITY DATA AND THIS COMPENSATION STRUCTURE IS MONITORED ANNUALLY AT THE BIENNIAL BOARD MEETING.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION'S ACCOUNTANT PROVIDES A COPY OF FORM 990 SPECIFICALLY FOR PUBLIC INSPECTION. THIS COPY IS AVAILABLE UPON REQUEST. THE ORGANIZATION ALSO POSTS A COPY OF FORM 990 ON THE GUIDESTAR WEBSITE AND PROVIDES A LINK TO IT ON THE SCHR WEBSITE.

Name of the organization

Employer identification number

SOUTHERN CENTER FOR HUMAN RIGHTS

62-1025326

**FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

PASS THROUGH CORRECTION.....	\$	-10,890.
	TOTAL	<u>\$ -10,890.</u>



SUMMARY OF 2018 CASES

SCHR IMPACT LITIGATION UNIT DOCKET

The Impact Litigation Unit (ILU) of the Southern Center for Human Rights brings litigation to increase fairness, racial equality, humanity, and accountability in the criminal justice system. The following is a case-by-case review of the ILU's docket:

Adams, et al. v. Sentinel Offender Services, LLC

In July 2017, SCHR filed suit on behalf of people who were sentenced to "pay-only probation" in the Atlanta Municipal Court and then required to pay illegal fees to Sentinel Offender Services ("Sentinel"), a private probation company. The parties reached a mediated settlement and the district court approved a class settlement in early 2018.

Andrews, et al. v. Allen, et al.

SCHR represented two men who were illegally assaulted by correctional officers at Georgia State Prison. The case was filed in federal court in April 2018 and settled in 2019.

Georgia State Conference of the NAACP, et al. v. City of LaGrange

SCHR represents people who have been threatened with termination of utility services because of unpaid municipal court debt. The district court dismissed the case. In February 2018, SCHR appealed on behalf of our clients. We are awaiting a ruling from the Eleventh Circuit Court of Appeals.

Calhoun v. Pennington

SCHR and other attorneys filed this case on behalf of 28 people who were detained and searched by about 48 police officers at the Atlanta Eagle bar. The case settled with a consent decree. SCHR is now monitoring the decree with Lambda Legal and attorney Dan Grossman.

City of Pine Lake v. Darron Wright

SCHR represented Mr. Wright at a contested evidentiary hearing stemming from a minor traffic offense resulting in involvement with a private probation company. In May 2018, the judge dismissed the warrant and terminated the case.

State v. City Commissioner Olivia Pearson

Olivia Pearson, a 55-year-old, African American, city commissioner in Douglas, Georgia, was prosecuted in Coffee County Superior Court for assisting a 21-year-old black voter who did not know how to work the electronic voting machine in the 2012 Obama-Romney presidential election. SCHR represented her at retrial in March 2018 where she was acquitted.

Davison v. Nicolou

SCHR represented Cindy Davison, the sister of Randall Davison. At Georgia State Prison, Mr. Davison received a tattoo which became infected. He did not receive appropriate treatment and he died of sepsis despite repeated requests for help. The case was settled following mediation in October 2018.

Griggs v. Shepard

SCHR represents Eugene Griggs, Christopher Varner, and Cameron Maddox in a prison-conditions case challenging a longstanding practice of using excessive force against prisoners, particularly those with mental illness, at Augusta State Medical Prison.

Gumm v. Sellers

SCHR represents Timothy Gumm who has challenged his seven years of solitary confinement in Georgia's Special Management Unit. The case, brought on behalf of a putative class of other, similarly situated persons, was settled in 2019.

K.A. v. Jeff Hobby, et al.

In June 2017, SCHR, along with Horsley Begnaud, LLC, brought suit on behalf of nine Worth County High School students who, like hundreds of their peers, were subjected to invasive searches of their persons by employees of the Worth County Sheriff's Office, working at the direction of Sheriff Jeff Hobby. In July 2018, a class action settlement was approved by the Court.

Kelsey v. Withers

SCHR represents people who were adjudicated in the DeKalb Recorder's Court in a proposed class action in which plaintiffs allege that they were wrongly arrested and jailed. Discovery is complete and the parties are moving toward summary judgment proceedings.

Marshall v. Whisant

In 2001, SCHR negotiated a consent decree to remedy the unconstitutional conditions in the Madison County Jail and has since monitored the county's and sheriff's compliance.

Maynor v. Morgan

SCHR filed this case in 2001 on behalf of all people detained in the Morgan County Jail and negotiated a consent decree the same year. In 2017, SCHR filed a motion asking the federal court to hold the Sheriff in contempt for violating the consent decree. The court found the sheriff in contempt. The defendants then moved to terminate the consent decree. Following a hearing in the U.S. District Court for the Northern District of Georgia, the court granted the motion in August 2018.

SCHR and Alabama Appleseed v. 49 Alabama Sheriffs

In January 2018, SCHR attorneys sued 49 Alabama sheriffs in state court after they refused to produce public records showing whether, and if so by how much, they have personally profited from funds allocated for feeding people in their jails. The lawsuit was dismissed without prejudice on procedural grounds.

Walker v. City of Calhoun

SCHR represents Maurice Walker in a certified class action challenging the money bail system in the City of Calhoun. The Eleventh Circuit Court of Appeals overturned the injunction that had been issued by the trial court, and the case is now pending in the U.S. District Court for the Northern District of Georgia.

Williams v. City of Cartersville

In March 2019, SCHR filed a lawsuit on behalf of seven named plaintiffs who represent a potential class of 60+ people who were illegally detained, searched, and arrested at a Cartersville birthday party..

SCHR CAPITAL LITIGATION UNIT DOCKET

The Capital Litigation Unit (CLU) of the Southern Center for Human Rights represents individual clients facing the death penalty at all stages of the legal process in Georgia and Alabama. The following is a case-by-case review of the CLU's docket:

Nicholas Acklin (Alabama)

SCHR has represented Alabama death row inmate Nicholas Acklin in his post-conviction proceedings since 2002. The case is now in federal habeas corpus proceedings.

Bobby Baker (Alabama)

SCHR and attorneys from the law firm of Covington & Burling represent Alabama death row inmate Bobby Baker in his post-conviction proceedings. The case is pending in the Circuit Court of Houston County, Alabama.

Brian Brookins (Georgia)

SCHR started representing Georgia death row inmate Brian Brookins in June 2017. The case is pending on post-trial motions, and the appeal has not yet been docketed.

Janice Buttrum (Georgia)

SCHR represented Janice Buttrum in a resentencing effort. Buttrum was sentenced to death in Whitfield County, Georgia, in the 1980s and was subsequently resentenced to life in prison without parole. She was then resentenced to life in May 2017. SCHR is now representing Ms. Buttrum at the Georgia Board of Pardons and Paroles.

Robert Butts (Georgia)

SCHR attorneys entered an appearance on behalf of Robert Butts on April 18, 2018, two weeks before Butts's May 3 execution date, in order to assist his legal team in litigating a new proportionality challenge based on new research. The Georgia courts summarily denied the challenge by signing proposed orders prepared by the State, and Butts was executed on May 4.

Royheem Deeds (Georgia)

SCHR co-counsels the trial case of Royheem Deeds with attorneys from the Georgia Capital Defender. The case is pending in the Superior Court of Dodge County, Georgia.

Sheila Denton (Georgia)

SCHR is representing Sheila Denton from Ware County. A hearing on an Extraordinary Motion for a New Trial took place in May 2018.

Dionne Eatmon (Alabama)

SCHR works with attorneys from the law firm of Reed Smith to represent Alabama death row inmate Dionne Eatmon in his post-conviction proceedings. Eatmon's case is pending in the Circuit Court of Jefferson County, Alabama.

Johnny Lee Gates (Georgia)

SCHR is representing Johnny Lee Gates with the Georgia Innocence Project. In January 2019, the Muscogee County Superior Court granted a new trial for Gates. That ruling has been appealed to the Georgia Supreme Court.

Westley Harris (Alabama)

SCHR works with attorneys from the law firm of Reed Smith to represent Alabama death row inmate Westley Harris in his post-conviction proceedings. Harris's case is pending in the Circuit Court of Crenshaw County, Alabama.

Jonathan Johnson (Georgia)

SCHR recently began representing Jonathan Johnson, who is serving a life sentence for murder in Georgia, in state habeas proceedings.

Toforest Johnson (Alabama)

SCHR and the Berkeley Law School Death Penalty Clinic represent Alabama death row inmate Toforest Johnson in his post-conviction proceedings. The United States Supreme Court granted, vacated, and remanded the case to the Jefferson County Circuit Court on a habeas corpus petition. An evidentiary hearing was conducted in June 2019.

Heather Leavell-Keaton (Alabama)

SCHR represents Alabama death row inmate Heather Leavell-Keaton in her direct appeal. The case is pending in the Alabama Court of Criminal Appeals.

Brandon Kelley (Alabama)

SCHR represented Alabama death row inmate Brandon Kelley in his direct appeal. The Alabama courts affirmed Kelley's conviction and sentence, and the case has now moved into post-conviction proceedings.

Albert Mack (Alabama)

SCHR and the law firm of Buchanan, Ingersoll & Rooney represent Alabama death row inmate Albert Mack in his state post-conviction proceedings. The case is pending in the Circuit Court of Tuscaloosa County, Alabama.

Calvin McMillan (Alabama)

SCHR represents Alabama death row inmate Calvin McMillan in his federal habeas corpus proceedings. The case is pending in the United States District Court for the Middle District of Alabama.

James McWilliams (Alabama)

SCHR represents Alabama death row inmate James McWilliams in his federal habeas corpus proceedings. The United States Supreme Court issued a decision in June 2017 in favor of Mr. McWilliams. The case is pending in the 11th Circuit Court of Appeals.

Roy Perkins (Alabama)

SCHR represents Alabama death row inmate Roy Perkins in his federal habeas corpus proceedings. The case is now in the United States District Court for the Northern District of Alabama.

Gregory Wynn (Alabama)

SCHR represents Alabama prisoner Gregory Wynn in his resentencing proceedings. Wynn was initially sentenced to death, and he was then resentenced to life in prison without parole. He is now entitled to another resentencing proceedings, which is set for February 2020.

SCHR NON-CAPITAL INDIVIDUAL REPRESENTATION DOCKET

The Southern Center for Human Rights represents certain individuals facing criminal penalties at all stages of the legal process. SCHR's non-capital docket includes representation of individuals engaged in free speech demonstrations, subject to extreme sentences for drug and other low-level offenses, removal from registries, and sentenced to life without the possibility of parole as children. The following is a case-by-case review of SCHR's non-capital individual representation docket:

William Adams (Georgia)

SCHR represents William Adams of Chattooga County in an effort to modify his nonparoleable sentence for a low-level drug offense.

Janet Allison (Georgia)

SCHR represented Janet Allison in her petition for removal from the sex offender registry in White County Superior Court which was granted in 2018.

Mozel Anderson (Georgia)

SCHR represents Mozel Anderson, a 76-year-old woman who is serving a life sentence, in her parole proceedings. Ms. Anderson's case is from Fayette County.

Richard Bathrick, Raymond Harris, Yomara Velez, Devin Ward, Valerie Jean Williams, Ari Willis (Georgia)

SCHR represented six individuals who were arrested at the State Capitol in Atlanta during a 2018 election protest. All charges were ultimately dropped.

Lori Collins (Georgia)

SCHR represents Lori Collins in her petition for removal from the sex offender registry in Screven County Superior Court.

David Crowe (Georgia)

SCHR is working with other attorneys to assist David Crowe, who is serving LWOP in Georgia, in his effort to become eligible for parole. Mr. Crowe's case is from Douglas County.

Garin Daniel (Georgia)

SCHR represented Garin Daniel of in an effort to modify his nonparoleable sentence for a low-level drug offense. SCHR attorneys obtained his release from prison in April 2018.

Elliott Franklin (Georgia)

SCHR represents Elliott Franklin from Newton County in an effort to modify his 20-year sentence for a low-level drug offense.

Milishia Gosha (Georgia)

SCHR represents Milishia Gosha, who was sentenced to life in prison for a murder that occurred when she was 13, in her parole proceedings. Ms. Gosha's case is from Spalding County.

Tommy Ingram (Georgia)

SCHR represents Tommy Ingram in an effort to modify his nonparoleable sentence for a low-level drug offense.

Johnnie Jackson (Georgia)

SCHR represents Johnnie Jackson in an effort to modify his nonparoleable sentence for a low-level drug offense.

Jeremiah Johnson (Georgia)

SCHR is assisting Jeremiah Johnson from Glynn County, with respect to his probation revocation proceedings, which stem from a drug case.

Roger King (Georgia)

SCHR represents Roger King from Worth County, in an effort to modify his 40-year sentence for a drug offense.

Jack Lawrence (Georgia)

SCHR represented Jack Lawrence of Fulton County in an effort to modify his nonparoleable sentence for a low-level drug offense. SCHR attorneys obtained his release from prison in May 2018.

Zack Lyde (Georgia)

SCHR represented an African-American preacher who raised concerns about poll workers behavior. SCHR resolved by consent order a State Election's Board complaint against him for disrupting a polling place.

Samuel Moore (Georgia)

SCHR represents Samuel Moore from Crisp County, who is serving a 20-year, nonparoleable sentence for a low-level drug offense. SCHR is seeking to obtain sentencing relief for Mr. Moore.

Donald Phillips (Georgia)

SCHR represented Donald Phillips from Colquitt County. SCHR attorneys obtained his release from prison in February 2018.

Dantazias Raines (Georgia)

SCHR represents Dantazias Raines from Upson County, in his juvenile life-without-parole case.

Danny Redding (Georgia)

SCHR represented Danny Redding from Fulton County. SCHR attorneys obtained his release from prison in February 2018.

William Robinson (Georgia)

SCHR represents William Robinson of in an effort to modify his life without parole sentence for a low-level drug offense.

Bobby Rutledge (Georgia)

SCHR represents Bobby Rutledge from Houston County, in an effort to modify his life-without-parole sentence for armed robbery.

Markus Seymore (Georgia)

SCHR represents Markus Seymore from Rockdale County, in his juvenile life-without-parole case.

Darron Snipes (Georgia)

SCHR represents Darron Snipes from Muscogee County, who is serving a life sentence for armed robbery, in his parole proceedings.

Lee Teasley (Georgia)

SCHR represents Lee Teasley in an effort to modify his nonparoleable sentence for a low-level drug offense.

Christopher Williams (Georgia)

SCHR represented Christopher Williams in an effort to modify his life without parole sentence for a nonviolent crime. SCHR attorneys obtained his release from prison in December 2018.

Jabari Williams (Louisiana)

SCHR represents Jabari Williams from New Orleans, in his jury discrimination proceedings, which are on remand from the United States Supreme Court. Mr. Williams is serving LWOP for a murder that occurred in 2011.

SOUTHERN CENTER FOR HUMAN RIGHTS

62-1025326

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
<u>AUTO / TRANSPORT EQUIPMENT</u>																
14	2008 TOYOTA COROLLA	2/11/08		14,142							14,142	14,142	S/L	5		0
15	2008 TOYOTA COROLLA	2/11/08		14,142							14,142	14,142	S/L	5		0
33	WORLD TOYOTA-2014 COROLLA	7/01/14		19,200							19,200	13,440	S/L	5		3,840
39	TOYOTA COROLLA 2015	3/30/15		18,578							18,578	10,219	S/L	5		3,716
50	2012 GREY HONDA CIVIC	4/04/16		16,490							16,490	5,772	S/L	5		3,298
51	2013 GREY HONDA CIVIC	4/04/16		16,215							16,215	5,675	S/L	5		3,243
62	2016 NISSAN SENTRA - BLAC	6/16/17		17,901							17,901	1,790	S/L	5		3,580
TOTAL AUTO / TRANSPORT EQUIP				116,668		0	0	0	0	0	116,668	65,180				17,677
<u>BUILDINGS</u>																
2	BUILDING	5/01/90		228,962							228,962	200,802	S/L	31.5		7,269
3	CAPITAL IMPROVEMENTS	8/01/98		5,455							5,455	3,505	S/L	31.5		173
4	81-81 1/2 POPLAR	5/01/99		402,593							402,593	189,828	S/L	39.5		10,192
78	SOUNDPROOF INFRASTRUCTURE	6/30/18		4,500							4,500		S/L	10		225
TOTAL BUILDINGS				641,510		0	0	0	0	0	641,510	394,135				17,859
<u>FURNITURE AND FIXTURES</u>																
9	FURNITURE AND FIXTURES	11/01/87		5,791							5,791	5,791	S/L	5		0
10	CHAIRS	5/01/89		487							487	487	S/L	5		0
11	CHAIRS	6/01/89		212							212	212	S/L	5		0
16	SECURITY SYSTEM	7/08/11		5,024							5,024	3,263	S/L	10		502
TOTAL FURNITURE AND FIXTURE				11,514		0	0	0	0	0	11,514	9,753				502

SOUTHERN CENTER FOR HUMAN RIGHTS

62-1025326

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
IMPROVEMENTS																
5	CAPITAL IMPROVEMENTS	9/01/94		10,567							10,567	7,822	S/L	31.5		335
6	CAPITAL IMPROVEMENTS	7/01/99		17,807							17,807	10,455	S/L	31.5		565
7	CAPITAL IMPROVEMENTS	5/29/08		2,200							2,200	2,200	S/L	7		0
8	OFFICE IMPROVEMENTS	12/23/09		5,222					5,222		0		S/L	7		0
17	BUILDING FACADE RENO	10/11/12		206,320							206,320	33,503	S/L	31.5		6,550
21	HVAC UNITS AND INSTALL	10/11/12		67,010							67,010	32,332	S/L	10		6,701
	TOTAL IMPROVEMENTS			309,126		0	0	0	5,222	0	303,904	86,312				14,151
LAND																
1	LAND	5/01/90		73,335							73,335					0
	TOTAL LAND			73,335		0	0	0	0	0	73,335	0				0
MACHINERY AND EQUIPMENT																
12	BACKFLOW PREVENTION SYSTE	7/09/04		3,825							3,825	3,825	S/L	7		0
13	EXTERNAL STORAGE DRIVE	7/01/06	1/01/18	3,582							3,582	3,582	S/L	5		0
18	TOSHIBA PORTEGE R830-R832	8/13/12		1,368							1,368	1,368	S/L	5		0
19	SONY LAPTOP	3/01/12	1/01/18	1,050							1,050	1,050	S/L	5		0
20	TOS PT R830-S8322	3/07/12		1,367							1,367	1,367	S/L	5		0
22	WIRELESS INFRASTRUCTURE	7/08/13	1/01/18	5,580							5,580	5,022	S/L	5		0
23	PROTEGE Z930 COMPUTER	7/31/13		1,297							1,297	1,297	S/L	3		0
24	POWER EDGE T420 SERVER	2/05/14		4,808							4,808	3,767	S/L	5		962
25	TOSZ30 LAPTOP	3/25/14		1,402							1,402	1,050	S/L	5		280
26	TOSZ30 LAPTOP	3/25/14	1/01/18	1,402							1,402	1,050	S/L	5		0
27	TOSZ30 LAPTOP	3/25/14	1/01/18	1,402							1,402	1,050	S/L	5		0

SOUTHERN CENTER FOR HUMAN RIGHTS

62-1025326

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
28	TOSZ30 LAPTOP	3/25/14	1/01/18	1,401							1,401	1,050	S/L	5		0
29	TOSZ30 LAPTOP	3/25/14	1/01/18	1,401							1,401	1,050	S/L	5		0
30	PROTEGE LAPTOP COMPUTER	8/05/14	1/01/18	1,107							1,107	755	S/L	5		0
31	PROTEGE LAPTOP COMPUTER	8/05/14	1/01/18	1,107							1,107	755	S/L	5		0
32	PROTEGE LAPTOP COMPUTER	8/05/14	1/01/18	1,107							1,107	755	S/L	5		0
34	MICROSOFT SURFACE PRO 3	2/03/15		1,543							1,543	901	S/L	5		309
35	MICROSOFT SURFACE PRO 3	4/03/15	1/01/18	1,536							1,536	844	S/L	5		0
36	MICROSOFT SURFACE PRO 3	4/03/15		1,536							1,536	844	S/L	5		307
37	LENOVO THINKPAD YOGA	4/03/15	1/01/18	1,347							1,347	740	S/L	5		0
38	LENOVO THINKPAD YOGA	6/04/15		1,428							1,428	739	S/L	5		286
40	THINKPAD X1 CARBON	1/01/16		1,361							1,361	544	S/L	5		272
41	THINKPAD YOGA 12 ULTRA	1/01/16		1,268							1,268	508	S/L	5		254
42	THINKPAD YOGA 12 ULTRA	1/01/16		1,268							1,268	508	S/L	5		254
43	THINKPAD YOGA 12 ULTRA	2/01/16		1,660							1,660	636	S/L	5		332
44	THINKPAD YOGA 12 ULTRA	2/01/16		1,660							1,660	636	S/L	5		332
45	THINKPAD YOGA 12 ULTRA	2/01/16		1,660							1,660	636	S/L	5		332
46	THINKPAD YOGA 12 ULTRA	2/01/16		1,660							1,660	636	S/L	5		332
47	THINKPAD YOGA 12 ULTRA	2/01/16		1,660							1,660	636	S/L	5		332
48	MACBOOK PRO 13 INCH	10/04/16	1/01/18	1,295							1,295	324	S/L	5		0
49	LENOVO YOGA 900	10/28/16		1,894							1,894	442	S/L	5		379
52	DELL XPS13 MLK LAPTOP	2/06/17		1,694							1,694	311	S/L	5		339
53	DELL XPS13 MLK LAPTOP	2/06/17		1,694							1,694	311	S/L	5		339
54	DELL XPS15 LAPTOP	2/06/17	1/01/18	2,012							2,012	369	S/L	5		0
55	DELL XPS13 MLK LAPTOP	4/21/17		1,694							1,694	226	S/L	5		339
56	DELL XPS13 MLK LAPTOP	8/04/17		1,694							1,694	141	S/L	5		339
57	DELL XPS13 MLK LAPTOP	8/04/17		1,694							1,694	141	S/L	5		339
58	DELL XPS13 MLK LAPTOP	8/04/17		2,012							2,012	168	S/L	5		402

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SOUTHERN CENTER FOR HUMAN RIGHTS

62-1025326

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
59	DELL XPS13 MLK LAPTOP	8/22/17		1,694							1,694	113	S/L	5		339
60	DELL POWEREDGE T130 SERVE	11/14/17		1,866							1,866	62	S/L	5		373
61	DELL OPTIPLEX MICRO DESKT	11/14/17		1,654							1,654	55	S/L	5		331
TOTAL MACHINERY AND EQUIPME				73,690		0	0	0	0	0	73,690	40,264				8,103
TOTAL DEPRECIATION				<u>1,225,843</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>5,222</u>	<u>0</u>	<u>1,220,621</u>	<u>595,644</u>				<u>58,292</u>
GRAND TOTAL DEPRECIATION				<u>1,225,843</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>5,222</u>	<u>0</u>	<u>1,220,621</u>	<u>595,644</u>				<u>58,292</u>
DEPRECIATION ASSETS SOLD				25,329		0	0	0	0	0	25,329	18,396				0
DEPR REMAINING ASSETS				<u>1,200,514</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>5,222</u>	<u>0</u>	<u>1,195,292</u>	<u>577,248</u>				<u>58,292</u>

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2018

For calendar year 2018 or other tax year beginning _____, 2018, and ending _____,

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Form header section containing checkboxes for 'Check box if address changed', 'Exempt under section', 'Employer identification number', and 'Unrelated business activity code'.

Form section containing 'Book value of all assets at end of year', 'Group exemption number', and 'Check organization type'.

Form section containing 'Enter the number of the organization's unrelated trades or businesses' and a description field.

Form section containing 'During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?'.

Form section containing 'The books are in care of' and 'Telephone number'.

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts, Cost of goods sold, Capital gain, etc.

Table with 4 columns: Part II Deductions Not Taken Elsewhere, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, Salaries and wages, Repairs and maintenance, etc.

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Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	5,338.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	5,338.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	4,338.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	911.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	911.

Part V Tax and Payments

45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45 a	
b	Other credits (see instructions)	45 b	
c	General business credit. Attach Form 3800 (see instructions)	45 c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45 d	
e	Total credits. Add lines 45a through 45d	45 e	0.
46	Subtract line 45e from line 44	46	911.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	911.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50 a	Payments: A 2017 overpayment credited to 2018	50 a	
b	2018 estimated tax payments	50 b	
c	Tax deposited with Form 8868	50 c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50 d	
e	Backup withholding (see instructions)	50 e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50 f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50 g	
51	Total payments. Add lines 50a through 50g	51	0.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	911.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If 'Yes,' see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SHEILA M. KOZAK, CPA	<i>Sheila M. Kozak, CPA, CVA</i>			P00687026
	Firm's name	Firm's EIN	Firm's address		
	FULTON & KOZAK, CPA	20-1403280	7187 JONESBORO RD STE 100A		
			MORROW, GA 30260-2944		
			Phone no.	770-961-4200	

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Schedule A – Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year.....	1		6 Inventory at end of year.....	6	
2 Purchases.....	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.....		
3 Cost of labor.....	3			7	
4 a Additional section 263A costs (attach schedule)	4 a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?.....	Yes	No
b Other costs (attach sch).....	4 b				
5 Total. Add lines 1 through 4b.....	5				X

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)..... ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)..... ▶

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8..... ▶				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).			Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1– 5) ▶	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14. ▶			

BAA

TEEA0204 L 12/31/18

Form 990-T (2018)

Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return.

2018

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

Name SOUTHERN CENTER FOR HUMAN RIGHTS	Employer identification number 62-1025326
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)		1	911.
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty.		3	911.
4 Enter the tax shown on the corporation's 2017 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5. ..		4	
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	911.

Part II Reasons for Filing – Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year.	9	4/15/18	6/15/18	9/15/18	12/15/18
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	227.	228.	228.	228.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions.	11				
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				
14 Add amounts on lines 16 and 17 of the preceding column	14		227.	455.	683.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		227.	455.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	227.	228.	228.	228.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column.	18				

Go to **Part IV** on page 2 to figure the penalty. Do not go to **Part IV** if there are no entries on line 17 – no penalty is owed. WAIVER

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <i>(C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.)</i> See instructions.....	19 5/15/19	5/15/19	5/15/19	5/15/19
20 Number of days from due date of installment on line 9 to the date shown on line 19.....	20 395	334	242	151
21 Number of days on line 20 after 4/15/2018 and before 7/1/2018.....	21 76	15		
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 5% (0.05)	22 2.36	0.47		
23 Number of days on line 20 after 6/30/2018 and before 10/1/2018.....	23 92	92	15	
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 5% (0.05)	24 2.86	2.87	0.47	
25 Number of days on line 20 after 9/30/2018 and before 1/1/2019.....	25 92	92	92	16
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 5% (0.05)	26 2.86	2.87	2.87	0.50
27 Number of days on line 20 after 12/31/2018 and before 4/1/2019.....	27 90	90	90	90
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 6% (0.06)	28 3.36	3.37	3.37	3.37
29 Number of days on line 20 after 3/31/2019 and before 7/1/2019.....	29 45	45	45	45
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x 6%...	30 1.68	1.69	1.69	1.69
31 Number of days on line 20 after 6/30/2019 and before 10/1/2019.....	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x %...	32			
33 Number of days on line 20 after 9/30/2019 and before 1/1/2020.....	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x %...	34			
35 Number of days on line 20 after 12/31/2019 and before 3/16/2020.....	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{366}$ x %...	36			
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36.....	37 13.12	11.27	8.40	5.56
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns.....	AMOUNT WAIVED (38.35)			38 0.

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

PER NOTICE 2018-100, THIS NOTICE PROVIDES CERTAIN TAX-EXEMPT ORGANIZATIONS A WAIVER OF THE ADDITIONAL TAX UNDER SECTION 6655 OF THE INTERNAL REVENUE CODE (CODE) FOR UNDERPAYMENT OF ESTIMATED INCOME TAX PAYMENTS REQUIRED TO BE MADE ON OR BEFORE DECEMBER 17, 2018, TO THE EXTENT THE UNDERPAYMENT OF ESTIMATED INCOME TAX RESULTS FROM THE CHANGES TO THE TAX TREATMENT OF QUALIFIED TRANSPORTATION FRINGES.

California Exempt Organization Annual Information Return

2018

199

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) 01/01/2018, and ending (mm/dd/yyyy) 12/31/2018

Corporation/Organization name SOUTHERN CENTER FOR HUMAN RIGHTS California corporation number 8 8 1 4 3 7 9

Additional information. See instructions. FEIN 6 2 1 0 2 5 3 2 6

Street address (suite or room) 83 POPLAR STREET NW PMB no.

City ATLANTA State GA Zip code 30303

Foreign country name Foreign province/state/county Foreign postal code

- A First Return B Amended Return C IRC Section 4947(a)(1) trust D Final Information Return? E Check accounting method F Federal return filed? G Is this a group filing? H Is this organization in a group exemption I Did the organization have any changes to its guidelines not reported to the FTB? J If exempt under R&TC Section 23701d, has the organization engaged in political activities? K Is the organization exempt under R&TC Section 23701g? L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. M Is the organization a Limited Liability Company? N Did the organization file Form 100 or Form 109 to report taxable income? O Is the organization under audit by the IRS or has the IRS audited in a prior year? P Is federal Form 1023/1024 pending? Date filed with IRS 09/26/1991

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 17 rows for Receipts and Revenues, Expenses, and Filing Fee. Includes line numbers, descriptions, and amounts.

Sign Here section with signature of Sheila M. Kozak, CPA, CVA, Title, Date, Telephone, and PTIN information.

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	●	1	506,943	00
	2	Interest	●	2	191,796	00
	3	Dividends	●	3		00
	4	Gross rents	●	4		00
	5	Gross royalties	●	5		00
	6	Gross amount received from sale of assets (See Instructions)	●	6	1,001,500	00
	7	Other income. Attach schedule	●	7	-42,856	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	●	8	1,657,383	00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	37,500	00
	10	Disbursements to or for members	●	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	116,315	00
	12	Other salaries and wages	●	12	1,347,444	00
	13	Interest	●	13		00
	14	Taxes	●	14	111,280	00
	15	Rents	●	15	30,749	00
	16	Depreciation and depletion (See instructions)	●	16	58,292	00
	17	Other Expenses and Disbursements. Attach schedule	●	17	1,588,100	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	●	18	3,289,680	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		306,830	●	508,998
2	Net accounts receivable		570,269	●	81,264
3	Net notes receivable			●	
4	Inventories			●	
5	Federal and state government obligations			●	
6	Investments in other bonds			●	
7	Investments in stock		7,327,163	●	7,215,972
8	Mortgage loans			●	
9	Other investments. Attach schedule			●	
10	a Depreciable assets	1,148,008		1,200,544	
	b Less accumulated depreciation	(600,870)	620,473	(640,796)	559,748
11	Land			●	
12	Other assets. Attach schedule		10,376	●	21,395
13	Total assets		8,835,111		8,387,378
Liabilities and net worth					
14	Accounts payable		49,894	●	114,890
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule				20,000
19	Capital stock or principal fund			●	
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund		8,785,217	●	8,252,488
22	Total liabilities and net worth		8,835,111		8,387,378

Schedule M-1 Reconciliation of income per books with income per return							
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000							
1	Net income per books	●	-532,729	7	Income recorded on books this year not included in this return. Attach schedule	●	
2	Federal income tax	●		8	Deductions in this return not charged against book income this year. Attach schedule	●	
3	Excess of capital losses over capital gains	●		9	Total. Add line 7 and line 8		
4	Income not recorded on books this year. Attach schedule	●		10	Net income per return. Subtract line 9 from line 6		327,162
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	859,891				
6	Total. Add line 1 through line 5		327,162				

CALIFORNIA EXEMPT ORGANIZATION ANNUAL INFORMATION RETURN

SOUTHERN CENTER FOR HUMAN RIGHTS

CALIFORNIA CORPORATION NUMBER: 8814379

PART II ORGANIZATIONS WITH GROSS RECEIPTS OF MORE THAN \$50,000 AND PRIVATE FOUNDATIONS REGARDLESS OF AMOUNT OF GROSS RECEIPTS – COMPLETE PART II OR FURNISH SUBSTITUTE INFORMATION.

RECEIPTS FROM OTHER SOURCES

7. OTHER REVENUE: (\$42,856)

NET SPECIAL EVENT INCOME: (\$42,980)

OTHER INCOME: \$124

EXPENSES AND DISBURSEMENTS

9. CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID.

TOTAL GRANTS PAID: \$37,500

GEORGIA PUBLIC POLICY FOUNDATION: \$12,500

RACIAL JUSTICE ACTION CENTER: \$12,500

FAITH IN PUBLIC LIFE: \$12,500

11. TOTAL OFFICER COMPENSATION: \$116,315

SARA TONCHI

SALARY AND WAGES: \$85,000

DEPENDENT CARE: \$6,000

HEALTH INSURANCE: \$21,723

401K CONTRIBUTION: \$3,592

17. OTHER EXPENSES AND DISBURSEMENTS

TOTAL OTHER EXPENSES: \$1,588,100

LITIGATION EXPENSES: \$538,902

EMPLOYEE BENEFITS: \$347,202

PROFESSIONAL FEES: \$204,694

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OFFICE EXPENSES: \$131,674
STAFF DEVELOPMENT: \$65,201
OFFICE SUPPLIES: \$55,127
MARKETING: \$49,808
COMPUTER CONSULTING: \$38,868
INSURANCE: \$31,718
PUBLIC POLICY: \$31,195
TELEPHONE: \$25,592
SERVICE CHARGES: \$20,160
REPAIRS AND MAINTENANCE: \$17,569
AUTO EXPENSE: \$13,105
POSTAGE AND SHIPPING: \$12,799
TRAVEL EXPENSES: \$4,486

SCHEDULE L

12B. OTHER ASSETS: \$10,376

PREPAID EXPENSES: \$10,376

12D. OTHER ASSETS: \$21,395

WEBSITE DEVELOPMENT: \$12,875

PREPAID EXPENSES: \$8,520

18D. OTHER LIABILITIES: \$20,000

DEFERRED REVENUE: \$20,000

SCHEDULE M-1

5. EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN: (\$859,891)

NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS: (\$849,001)

PASS THROUGH CORRECTION: (\$10,890)

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Mailing Address:
 Georgia Department of Revenue
 Processing Center
 PO Box 740397
 Atlanta, Georgia 30374-0397

Amended Amended due to IRS Audit Address Change UET Annualization Exception attached

For the taxable year beginning <u>01/01</u> , 20 <u>18</u> and ending <u>12/31</u> , 20 <u>18</u>					
Name of Organization		Name of Fiduciary		Federal Employer ID No. (in case of employees' trust described in section 401 (a) and exempt under section 501 (a), insert the trust's identification number.)	
SOUTHERN CENTER FOR HUMAN RIGHTS				62-1025326	
Number and Street		Number and Street		NAICS Code	Date of current exemption letter.
83 POPLAR STREET, N.W.					
City or Town		City or Town		IRS code section for which you are exempt.	
ATLANTA					
State	Zip Code	State	Zip Code		
GA	30303				09/26/1991
					501(C)(3)

SCHEDULE 1	
1. Unrelated business taxable income from Federal Form 990-T (attach copy).....	4,338
2. Additions	
3. Total (add Line 1 and Line 2)	4,338
4. Subtractions	
5. Georgia unrelated business taxable income (Line 3 less Line 4)	4,338

COMPUTATION OF GEORGIA UNRELATED BUSINESS INCOME TAX		SCHEDULE 2	
1. Line 5, above, multiplied by 6%		1.	260
2. Less: Credits used from Schedule 3, do not enter more than Line 1 of Schedule 2		2.	
3. Less: Payments		3.	
4. Withholding Credits (G2-A, G2-LP and/or G2-RP)		4.	
5. Balance of tax due OR overpayment		5.	260
6. Interest due (See Instructions)		6.	
7. Underestimated tax penalty		7.	
8. Other penalties due (See Instructions)		8.	
9. Balance of tax, interest and penalties due with return		9.	260
10. If Line 5 is an overpayment, amount to be credited on 20 _____			
Estimated Tax ▶ _____ Refunded ▶ _____			

A COPY OF THE FEDERAL 990-T AND SUPPORTING SCHEDULES (AND ANY EXTENSION) MUST BE ATTACHED TO THIS RETURN. DECLARATION:
 I/We declare under penalty of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Signature of Officer

Sheila M. Kozak, CPA, CVA
 Signature of Individual or Firm Preparing Return

Title

Date

P00687026
 Employee ID or Social Security Number