2017

Form **990** Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A	For the	2017 calendar year, or tax year beginning , 2017, and ending	<u> </u>	,			
В	Check if	applicable C	D Employer ide	ntification number			
	Add	ress change SOUTHERN CENTER FOR HUMAN RIGHTS	62-102	5326			
	Nan	ne change 83 POPLAR STREET, N.W.	E Telephone nu				
	\vdash	ATLANTA, GA 30303	(404)	688-1202			
	H	return/terminated	(101)	(404) 688-1202			
	\vdash	ended return	G Gross receipt	. \$ 1 072 120			
	\vdash		(a) Is this a group return for su				
	L. Apr	median penang	• •	L 163 E 110			
-	Ŧ	SAME AS C ABOVE	(b) Are all subordinates incluing if 'No,' attach a list (see	instructions)			
<u> </u>		empt status X 501(c)(3) 501(c) ()					
<u>J</u>			(c) Group exemption number				
K		of organization X Corporation Trust Association Other L Year of formation	n 1978 M State o	f legal domicile GA			
Pa	rt I	Summary					
	1	riefly describe the organization's mission or most significant activities. SCHR_PROVI	DES LEGAL REPR	ESENTATION TO			
ė		PEOPLE FACING THE DEATH PENALTY, CHALLENGES HUMAN RIGHT					
аĽ		JAILS, SEEKS THROUGH LITIGATION AND ADVOCACY TO IMPROVE					
ern	1 - :	POOR PEOPLE ACCUSED OF CRIMES, AND ADVOCATES FOR CRIMIN					
્ર્		Check this box • Uif the organization discontinued its operations or disposed of more dumber of voting members of the governing body (Part VI, line 1a)	1				
જ		lumber of rothing members of the governing body (Part VI, line 1a)	3	25			
es		Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	26			
Activities & Governance		otal number of volunteers (estimate if necessary)	6	20			
Ç		otal unrelated business revenue from Part VIII, column (C), line 12	72				
		let unrelated business taxable income from Form 990-T, line-34	71				
Revenue		T RECEIVED	Prior Year	Current Year			
3 3	8 (Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,129,145	2,591,571.			
age -	9 1	Program service revenue (Part VIII, line 2g)	32,742				
že.	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	169,364				
æ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-42,169				
	12	otal revenue – add lines 8 through 11 (must equal Part VIII (column (A), line 12)	2,289,082.	3,164,505.			
	13 (Grants and similar amounts paid (Part IX, column (A), lines-1-3)		25,000.			
	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)	1,660,958	1,764,672.			
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)					
ben	_Б -	otal fundraising expenses (Part IX, column (D), line 25) ►148,329.	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1			
찣	}	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	673,001	 			
		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,333,959				
		Revenue less expenses Subtract line 18 from line 12	-44,877				
გ წ		Section 122 - particle American into 12 february 12	Beginning of Current Yea				
		otal assets (Part X, line 16)	7,574,370	8,835,111.			
88		otal liabilities (Part X, line 26)	53,719				
Not Assets Fund Baland	1	let assets or fund balances. Subtract line 21 from line 20		 			
	22 1 rt		7,520,651	8,785,217.			
		Signature Block					
Com	r penaltie plete Dec	of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of laration of preparer (other than officer) is based on all information of which preparer has any knowledge	my knowledge and belief, it is t	rue, correct, and			
_		K	T				
c:		Signature of officer	Date				
Sign Here							
110	10	Type or print name and title					
		Print/Type preparer's name Preparer's signature Date	Check if	PTIN			
_	•	$1 \times 1 \times$	Self-employed	P00687026			
Pa			John Schreinployed	11 0000 1020			
	epare e Onl		Firm's EIN ► 2	0_1402200			
J 3	J J 111			<u>770-961-4200</u>			
D40:	tibe IF	MORROW, GA 30260-2944 S discuss this return with the preparer shown above? (see instructions)	Phone no 77	X Yes No			
_			01131 09/09/17	Form 990 (2017)			
DA	m rori	aperwork neuticularit mouce, see the separate instructions. IEEA	.0113L 08/08/17	1 01111 330 (2017)			

	n 990 (2017) SOUTHERN CENTER FOR HUMAN RIGHTS	62-1	02532	26	Р	age 2
Par	rt III Statement of Program Service Accomplishments					
	Check if Schedule O contains a response or note to any line in this Part III					X
1	Briefly describe the organization's mission					
•	SEE SCHEDULE O					
2	Did the organization undertake any significant program services during the year which were not listed on t	he prior			·	
	Form 990 or 990-EZ?			Yes	X	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 servi	ices?	\Box	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 service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations and revenue, if any, for each program service reported	es, as m to others	easured s, the to	d by ex tal exp	pense enses	es ,
4 a	a (Code) (Expenses \$ 841, 032, including grants of \$) (Re	evenue	\$			<u> </u>
	SEE SCHEDULE O	,,,,,,,	` 			
	SEE SCHEDULE O					
			~ _			
4 b	(Code) (Expenses \$ 839, 947. including grants of \$) (Re	evenue	\$	31	5.3	71.)
	CIVIL LITIGATION (IMPACT LITIGATION UNIT) - CHALLENGE DENIALS OF T					
	IN COURTS IN GEORGIA THROUGH LITIGATION.			<u> </u>	20112	
	SEE THE ATTACHED LIST FOR DETAIL OF SCHR'S IMPACT LITIGATION UNIT	76 20	TIVE	T.TT1	CAT	TON
	FOR 2017. EACH OF THE CASES BENEFIT NOT ONLY THE PLAINTIFFS IN E					101
	PEOPLE, BY SEEKING TO ESTABLISH PRECEDENT THAT PROTECTS THE CONST					~ _
		11011	ONAL	KIG	112	A1
	ISSUE IN EACH CASE.					
40	: (Code) (Expenses \$673,030. including grants of \$) (Re	evenue	\$)
	SEE SCHEDULE O					
			- -			
4 d	Other program services (Describe in Schedule O)					
	(Expenses \$ including grants of \$) (Revenue \$)	
4 e	Total program service expenses ► 2,354,009.					
BAA				Form	990 ((2017)

Form 990 (2017) SOUTHERN CENTER FOR HUMAN RIGHTS [Part IV:] Checklist of Required Schedules

	•		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
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? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ا	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
•	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? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	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)? If 'Yes,' complete Schedule D, Part X	11 f	х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
1	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
1	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? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х

Yes No

Form 990 (2017) SOUTHERN CENTER FOR HUMAN RIGHTS Part IV | Checklist of Required Schedules (continued)

20	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
1	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
1	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
i	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b	i 	Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26	_	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? If 'Yes,' complete Schedule L, Part III	27		Х
	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)			
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
1	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28Ь		x
	c 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>	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.	35a		X
1	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35ь		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
	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	38	Х	
3AA		Form	990 (2	2017)

 \overline{X}

14 a

14 b

Form 990 (2017)

Page 5 Form 990 (2017) SOUTHERN CENTER FOR HUMAN RIGHTS 62-1025326 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 a 70 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 10 2 a 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 26 Ż b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a Х b If Yes, has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O 3 b 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account) 4 a 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) X 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c 6 a 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 Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b 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 X services provided to the payor? 7 a 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file X Form 82827 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7 7 F 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? 9 a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . 11 b 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 2 b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12 b 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? 13 a 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 13 b which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

13 c

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 No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 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 b Enter the number of voting members included in line 1a, above, who are independent 25 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? 2 Χ̈ 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? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? X 6 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? 7 a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? X 8 a b Each committee with authority to act on behalf of the governing body? 8ь X 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10 a Did the organization have local chapters, branches, or affiliates? 10 a 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? 10 b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X to conflicts? 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in SEE SCHEDULE O Schedule O how this was done 12 c X 13 Did the organization have a written whistleblower policy? 13 X X 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O 15 a SEE SCHEDULE O . X **b** Other officers or key employees of the organization 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?... 16 a bilf '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? 161 Section C. Disclosure 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 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website |X| Upon request Other (explain in Schedule O) Own website 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 State the name, address, and telephone number of the person who possesses the organization's books and records: >

NW

ATLANTA GA 30303 404-688-1202

JULIA ROBINSON-HICKS 83 POPLAR STREET,

Form 990 (2017\	SOUTHERN	CENTED	EOD	LITIMANI	DICUTE
- OHIII 990 (i	2017)	POUTHERN	CENTER	ruk	HUMAN	RIGHIS

62-1025326

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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 boy if neither the organization nor	arry related org	ariiZa	uon			usate	ea a	my current officer	, airector, or trustee	
(A) Name and Title	(B) Average hours per	than IS	one both dire	box,	ot che unles fficer truste		son a	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W 2/1099-MISC)	compensation from the organization and related organizations
(1) JANET DEWART BELL	11									-
DIRECTOR	0	Х					_	0.	0.	0.
(2) ANN FORT DIRECTOR	$\frac{1}{0}$	x	i							
(3) WILLIAM ABRAMS	1	12			-	-	\vdash	0.	0.	0.
DIRECTOR		x						0.	0.	0.
(4) JAMES M. GARLAND	1							<u>_</u>		
DIRECTOR	0	Х				L		0.	0.	0.
(5) MAWULI DAVIS	1									
DIRECTOR	0	Х	_					0.	0.	0.
(6) RAJESH DE		ا ا		-						_
DIRECTOR CO. HENCE IN	0	Х	\dashv	-			<u> </u>	0.	0.	0.
O HENRY WEINSTEIN DIRECTOR	$\frac{1}{0}$	x	İ					0.	0.	0
(8) DONALD VERRILLI	1	^		\dashv		H	\vdash	0.		0.
DIRECTOR		x		ļ				0.	0.	0.
(9) RONAN DOHERTY	1			t						
DIRECTOR		x		ı			1	0.	0.	0.
(10) VIVIANNE GUEVARA, LMSW	11									
DIRECTOR	0	X		_				0.	0.	0.
(11) MARY C. KENNEDY										
DIRECTOR	0	Х	_	_				0.	0.	<u> </u>
(12) KATHARINE HUFFMAN		,						, ,]		_
DIRECTOR (13) ELIZABETH ZITRIN	0	Х		-			Н	0.	0.	0.
DIRECTOR		x			ļ			0.1	0.	0.
(14) BLAIR PERILMAN	1		\dashv	\dashv		\vdash	\vdash	0.		0.
DIRECTOR		x	1		Ì			0.	0.	0.
RAA	TEFANI		00,00							Form 990 (2017)

	(B)			(C	;)					
(A)	Average	(do	Position (do not check more than one			one	(D)	(E)	(F)	
Name and title	hours per	box.	, unies cer and	s pe d a d	rson Irect	is both or/trust	n an tee)	Reportable compensation from	Reportable compensation from	Estimated amount of other
	week (list any hours	Q 3	22	유	€.	9 E	Fo	the organization (W-2/1099 MISC)	related organizations (W-2/1099-MISC)	compensation from the
	for	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest co employee	me			organization and related
	organiza - tions	ridual to	<u>a</u>		ploy	8 3	,			organizations
	below dotted	uste	ह्य	- }	ee) g				
	line)	0	8	1		Highest compensated employee			1	
(15) ALEXANDER RUNDLET	1	-	┝							
DIRECTOR	 -	X		Į		ll		0.	0.	0.
(16) MICHAEL A. CAPLAN	1	 ^				\vdash		· · ·	<u>_</u>	<u></u>
DIRECTOR	1	X		ŀ		1 [0.	0.	0.
(17) U.W CLEMON	1	1		╗					 _	
DIRECTOR	7-0-] x	1	ł		{ }	. 1	0.	0.	0.
(18) DAVID DEBRUIN	1_1_									
DIRECTOR	0	X	Ш					0.	0.	0.
(19) C. ALLEN GARRETT	11]	1	- 1		1 1	1			
DIRECTOR	0	X	$\vdash \downarrow$	_			ш	0.	0.	0.
(20) LAUREN SUDEALL LUCAS	11]	Ì		1 1				
DIRECTOR	0	X						0.	0.	0.
(21) L. CHRIS STEWART DIRECTOR	$-\frac{1}{0}$	X		- 1		l l		,	0	0
(22) L. JOESPH LOVELAND	1	1				\vdash	-	0.	0.	0.
SECRETARY	1	X		X		1 1		0.	0.	0.
(23) JAMES KWAK	1									<u> </u>
VICE CHAIR	0	<u>x</u>	_ }	X				0.	0.	0.
(24) GREGORY T. CAMP	1_1_									
TREASURER	0	X		X				0.	0.	0.
(25) MAUREEN F. DEL DUCA	11					1 1		ľ		
CHAIR	0	X		X		<u> </u>		0.1	0.	0.
1 b Sub-total c Total from continuation sheets to Part VII. Section	A						•	0.	0.	0.
d Total (add lines 1b and 1c)	m A					1		154,519. 154,519.	<u> </u>	6,181. 6,181.
Total number of individuals (including but not lim	ited to tho	se lis	ted a	abov	ve)	who r	rece			
from the organization > 0					,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	io companication
										Yes No
3 Did the organization list any former officer, direct	tor, or trus	tee.	kev e	emp	love	ee. or	r hid	ahest compensate	d emplovee	
on line 1a ⁵ If 'Yes,' compléte Schedule J for suc	h individua	a/	•	·	_	,	-	•	, ,	3 X
4 For any individual listed on line 1a, is the sum of	reportable	com	pens	satio	on _. a	and o	the	r compensation fro	om	15 - 4
the organization and related organizations greate such individual	er than \$15	0,000	U? If	'Ye	5, '	comp	lete	Schedule J for		4 X
5 Did any person listed on line 1a receive or accrue	e compens	ation	fron	n ar	างเม	ınrela	ited	organization or in	ndividual	
for services rendered to the organization? If 'Yes	,' complet	e Scl	hedu	le J	for	such	pe	rson		5 X
Section B. Independent Contractors 1 Complete this table for your five highest compens		2000		1		0-0-1	L-1	rooply and more than	= #100 000 at	
compensation from the organization. Report com	pensation	for th	ne ca	den	dar	year	enc	ding with or within	the organization's t	ax year.
(A)								(B)		(C)
Name and business add	ress						_	Description o	r services	Compensation
NONE ,							_			
			-	_						
										
2 Total number of independent contractors (including	ng but not	limite	ed to	tho	se	listed	ab	ove) who received	I more than	
\$100,000 of compensation from the organization	-			•				,		
ВАА		TEEA0	108L	08/0	8/17					Form 990 (2017)

Form 990

Continuation Sheet for Form 990

OMB No 1545 0047

2017

Department of the Treasury Internal Revenue Service

Name of the Organization
SOUTHERN CENTER FOR HUMAN RIGHTS

Employler Identification number

62-1025326

Part VII | Continuation: Officers, Directors, Trustees, Key Employees, and **Highest Compensated Employees** (C) (D) (E) **(F)** Estimated amount of other compensation from the organization and related organizations Position (check all that apply) Reportable compensation from the organization (W 2/1099-MISC) Reportable compensation from related organizations (W 2/1099-MISC) Name and Title Average Individual trustee or director hours per week (list any hours for related Highest compensated employee Former Institutional trustee y employee organiza-tions below dotted line) SARA TOTONCHI 40 DIRECTOR SCHR 0 X 84,519. 0. 3,381. STEPHEN B. BRIGHT 1 PRESIDENT 0 Х 70,000 0 2,800.

Part VIII Statement of Revenue

		 Check if Schedule O contains a response or note to an 	y line in this Part VI	H		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	2,591,571.		,	
e E	_	Business Code				
Program Service Revenue	2a b c	ATTORNEY FEE INCOME	315,371.	315,371.		
ëZ:	d		 	 		
Š	٥					
Ē	•	All other program service revenue	 	 		
ဦ	'	Total. Add lines 2a-2f	215 271	 		<u> </u>
			315,371.			
	3	Investment income (including dividends, interest and other similar amounts)	162 610		:	162 610
	4	Income from investment of tax-exempt bond proceeds	162,618.			162,618.
	4		J 			
	5	Royalties • Royalties				
	_	(i) Real (ii) Personal	4	,		,
		Gross rents	4	-		
		Less rental expenses	_		•	
		Rental income or (loss)	<u> </u>			
	d	Net rental income or (loss)	7			
	7 a	Gross amount from sales of (i) Securities (ii) Other				
	, "	assets other than inventory 1,674,306.	1			
			1			
	D	Less. cost or other basis and sales expenses 1,552,188.	Í		,	
	_	12/332/2331	-	a'	1.	,
		Gain or (loss) 122,118.	100 110			
	a	river gain or (1055)	122,118.			122,118.
Other Revenue	8 a	Gross income from fundraising events (not including \$ 431,573. of contributions reported on line 1c)		. , , , ,	,	
ř	!	See Part IV, line 18 a 127, 253.			* **	
Je.	b	Less direct expenses b 155, 437.	7			
₹.	С	Net income or (loss) from fundraising events	-28,184.			-28,184.
		Gross income from gaming activities See Part IV, line 19 a				,
	b	Less direct expenses b	<u> </u>			
	c	Net income or (loss) from gaming activities	•			-
		Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b]			
	С	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				:
ļ	11 a	OTHER INCOME	1,011.			1,011.
	b		T			
ĺ	С		1			
	d	All other revenue				
		Total. Add lines 11a-11d	1,011.			
		Total revenue. See instructions	3,164,505.	215 271	0.	257 562
	<u> </u>		3,104,303.	315,371.	0.	<u>257,563.</u>

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 (D) Do not include amounts reported on lines Total expenses Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 25,000 25,000 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 160,700 125,470 17,831 17,399 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described ın section 4958(c)(3)(B) n Λ O Other salaries and wages 1,162,016 999,258 94,572 68,186. Pension plan accruals and contributions (include section 401(k) and 403(b) èmployer contributions) 36,980 5,547 28,475 2,958. Other employee benefits 244,046. 313,208 41,724 27,438. 10 Payroll taxes 91,768 70,662 13,765 7.341 Fees for services (non-employees) a Management **b** Legal c Accounting 18,690 18,690 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 7,711 6,939 686 86. (A) amount, list line 11g expenses on Schedule O) Advertising and promotion 12 13 Office expenses 199,098 189,839 6,427 2,832 Information technology 14 15 Royalties Occupancy 33,670 25,926 5,050 2,694. 16 14,186 13,048 569 569 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 55,276 44,221 422 6,633 4 23 Insurance 24,608 22,299 1,840 469 Other expenses Itemize expenses not 24 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) 382,501 a LITIGATION EXPENSES 382.501 b STAFF DEVELOPMENT 51.170 50,857 313 c COMPUTER CONSULTING 31,700 31,700 23,791 23,791 d PUBLIC POLICY 115,189 25,024 76,230 13,935 e All other expenses Total functional expenses Add lines 1 through 24e 2,747,262. 2,354,009 244,924. 148,329 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)

Balance Sheet

Part X

BAA

Form 990 (2017)

Check if Schedule O contains a response or note to any line in this Part X **(B)** End of year (A) Beginning of year Cash - non-interest-bearing 286,604 269,129. 1 Savings and temporary cash investments. 28,938 2 37,701. 2 Pledges and grants receivable, net 37,500 3 3 430,000. Accounts receivable, net 17,628 4 140,269 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 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 ر میں ۔ 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 29,895 10,376 10 a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10 a 221,343 10b b Less accumulated depreciation 600,870 640,140 10 c 620,473 Investments - publicly traded securities 11 327,163 11 6,533,665 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets See Part IV. line 11 15 16 Total assets, Add lines 1 through 15 (must equal line 34) 7,574,370 16 835,111 53,719 17 Accounts payable and accrued expenses 17 49,894 18 18 Grants payable Deferred revenue 19 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees. 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 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 49,894 Total liabilities. Add lines 17 through 25 53,719 26 Organizations that follow SFAS 117 (ASC 958), check here Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 5,904,855 7,266,837 28 Temporarily restricted net assets 1,615,796 28 1,518,380 29 Permanently restricted net assets Fund Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 33 Set 33 Total net assets or fund balances 7,520, 651 8,785,217. Total liabilities and net assets/fund balances 34 34 7,574,370 8,835,111.

orr	n 990 (2017) SOUTHERN CENTER FOR HUMAN RIGHTS 6	2-1025326		Page	12
Рa	rt XI Reconciliation of Net Assets				_
	· Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,164	,50	<u>5.</u>
2	'Total expenses (must equal Part IX, column (A), line 25)	2	2,747	,26	2.
3	Revenue less expenses Subtract line 2 from line 1	3	417	,24	<u>3.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,520	65	1.
5	Net unrealized gains (losses) on investments	5	860), 36	<u>3.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments Other changes in not assets or fund halances (explain in Schodule C). SEE SCHEDULE 0	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-13	3,04	<u>0.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,785	5,21	<u>7.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			Y	es N	10
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		7.00 4 % . V	887 (1). 10.	
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O					
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie	wed on a	137 5		, 1
	separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis		ننا ختا		أحد
	b Were the organization's financial statements audited by an independent accountant?		2 b	x	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	arate	14 1	/3 1 [3	
	basis, consolidated basis, or both		受制護		
	X Separate basis				1
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	ne Single	3 a		X
b 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					
BA/			3 b Form 99	90 (20	17)
	·			•	

BAA

SCHEDULE A (Form 990.or 990-EZ)

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

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number SOUTHERN CENTER FOR HUMAN RIGHTS 62-1025326 Part | 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) 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 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. 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. 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. 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. 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) (iii) Type of organization (described on lines 1-10 above (see instructions)) (i) Name of supported organization (v) Amount of monetary (vi) Amount of other (iv) is the organization listed in your governing document? support (see instructions) support (see instructions) Yes No (A) (B) (C) (D) (E)

Total

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) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants') Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 3 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) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year (c) 2015/ (a) 2013 **(b)** 2014 (d) 2016 (e) 2017 (f) Total beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 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 Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2016 Schedule A, Part II, line 14. 15 b 33-1/3% support test-2016. 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 17a 10%-facts-and-circumstances test-2017. 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 b 10%-facts-and-circumstances test-2016. 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. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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											
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
1	Gifts, grants, contributions, and membership fees										
	received (Do not include										
2	any 'unusual grants ') Gross receipts from admissions.	2,401,488.	<u>3,637,707.</u>	1,329,666.	2,129,145.	2,591,571.	12,089,577.				
2	merchandise sold or services										
	performed, or facilities										
	furnished in any activity that is related to the organization's										
	tax-exempt purpose	321,181.	40,366.	244,050.	32,442.	315,374.	953,413.				
3	Gross receipts from activities	3==,===		211/0001	327 112.	313/3/1.	333,413.				
	that are not an unrelated trade or business under section 513										
4	Tax revenues levied for the						0.				
·	organization's benefit and										
	either paid to or expended on its behalf						,				
5	The value of services or						0.				
	facilities furnished by a governmental unit to the										
	organization without charge						0.				
6	Total. Add lines 1 through 5	2,722,669.	3,678,073.	1,573,716.	2,161,587.	2,906,945.	13,042,990.				
	Amounts included on lines 1,	2,,22,000.	5,575,075.	2,010,110.	2,131,301.	4, 700, 743.	13,042,330.				
	2, and 3 received from disqualified persons.		^	_	_	_ [_				
h	Amounts included on lines 2	0.	0.	0.	0.	0.	0.				
b	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.	0.	0.	0.	0.	0.				
С	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.				
8	Public support. (Subtract line				· · · · · · · · · · · · · · · · · · ·	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
<u>C</u>	7c from line 6)	<u> </u>	7.87 3.5 3	`4 7x`		The state of	13,042,990.				
	tion B. Total Support	() 0012	43.0014	(),0015	4 15 001 6	4 > 222					
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
_	Amounts from line 6	2,722,669.	3,678,073.	1,573,716.	2,161,587.	2,906,945.	13,042,990.				
iua	Gross income from interest, dividends, payments received on securities loans.										
	rents, royalties, and income from	450 440	400 400								
h	similar sources Unrelated business taxable	178,110.	193,182.	131,955.	152,388.	162,618.	818,253.				
-	income (less section 511										
	taxes) from businesses acquired after June 30, 1975						0				
c	Add lines 10a and 10b	178,110.	193,182.	131,955.	152,388.	162,618.	818,253.				
11	Net income from unrelated business	170,110.	175,102.	131, 333.	132,300.	102,010.	010,233.				
	activities not included in line 10b,										
	whether or not the business is regularly carried on						0.				
12	Other income Do not include	-					<u></u>				
	gain or loss from the sale of					-					
	capital assets (Explain in Part VI) SEE PART VI	4,879.	601.	325.	750.	1,011.	7,566.				
13	Total support. (Add lines 9,										
• •	10c, 11, and 12.)	2,905,658.	3,8/1,856.	1,705,996.	2,314,725.	3,070,574.	13,868,809.				
14	First five years. If the Form 990 is organization, check this box and	s for the organizat stop here	ion's first, second	i, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ 🗍				
Sec	tion C. Computation of Pu		Percentage	· •		· · · · · ·					
15	Public support percentage for 20			13, column (f))		15	94.05 %				
16	Public support percentage from 2	016 Schedule A, I	Part III, line 15			16	94.11 %				
Sec	tion D. Computation of Inv			e			<u> </u>				
17	Investment income percentage for		<u> </u>		n (f))	17	5.90 %				
18	Investment income percentage fr		= *	•		18	5.82 %				
	33-1/3% support tests-2017. If the	ne organization did	not check the bo	x on line 14, and	line 15 is more th	an 33-1/3%, and I	ine 17				
	is not more than 33-1/3%, check	this box and stop	here. The organiz	ation qualifies as	a publicly support	ted organization.	► <u>X</u>				
b	33-1/3% support tests—2016. If the line 18 is not more than 33-1/3%,	e organization did	not check a box	on line 14 or line	19a, and line 16 is	more than 33-1/3	3%, and □				
20					· -		zation -				
20	i mate roundation. If the Organiz	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? 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.	1		· ·
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b	·	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		:]
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	- 4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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)	5a		- - -
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	ر پ ^ر ا	* * * * * * * * * * * * * * * * * * * *	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	<u>};;,</u> 7	eri.	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7° If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	• / - 9a	· .)
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? If 'Yes,' provide detail in Part VI.	9b	-	
С	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? If 'Yes,' provide detail in Part VI	9с		
0 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		لــ ـــا

<u> </u>	IN 19 Supporting Organizations (continues)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
•	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		j
	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		
Se	ction B. Type I Supporting Organizations	<u></u>		
			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		
	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		
Se	ction 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		
Se	ction 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?	<u>-</u> 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	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
Se	ction 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 instruction)	ons).		
	a The organization satisfied the Activities Test Complete line 2 below			
	b The organization is the parent of each of its supported organizations. Complete line 3 below			
	c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	tructio	ons)	
2	Activities Test Answer (a) and (b) below.		Yes	No
_			103	-110
	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.			
3	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		
ВΑ		<u></u>		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	zation	IS	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on No	ov 20, 1970 (explain in Pa t complete Sections A thro	rt VI) See ough E
Sec	tion 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		<u></u>
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion 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		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	i Total (add lines 1a, 1b, and 1c)	1d		
-	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	<u> </u>	
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		
Sec	tion C — Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	· 1000年的	
2	Enter 85% of line 1	2	サージ は高さり開発し	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	一种一种大学	
_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 integer (see instructions).	grated	Type III supporting organ	ızatıon
BAA			Schedule A (For	m 990 or 990-EZ) 2017

1 01	Type in troil t unetrollary integrated 303(a)(3) Supp	forting Organization	13 (continuca)	
Sect	ion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purp			
2	Amounts paid to perform activity that directly furthers exempt purpor in excess of income from activity	zations,		
3	Administrative expenses paid to accomplish exempt purposes of sup	oported 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 organ in Part VI) See instructions	iization is responsive (p	rovide details	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required — explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013 .			-
С	From 2014	<u> </u>		
d	From 2015	<u> </u>		
е	From 2016		<u> </u>	, ,
f	Total of lines 3a through e	<u> </u>		
g	Applied to underdistributions of prior years	, , , , , , , , , , , , , , , , , , , ,		
h	Applied to 2017 distributable amount	·	<u> </u>	
i	Carryover from 2012 not applied (see instructions)	<u> </u>	 	
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D, line 7 \$			
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4		<u> </u>	
5	Remaining underdistributions for years prior to 2017, 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 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		-	
7	Excess distributions carryover to 2018. Add lines 3j and 4c			
8	Breakdown of line 7			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			
BAA			Schedule A (For	rm 990 or 990-EZ) 2017

62-1025326

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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

NATURE AND SOURCE	2017	2016	2015	2014	2013
OTHER INCOME TOTAL	\$ 1,011.	\$ 750.	\$ 325.	\$ 601.	\$ 4,879.
	\$ 1,011.	\$ 750.	\$ 325.	\$ 601.	\$ 4,879.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545 0047

Open to Public &

Department of the Treasury Internal Revenue Service Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
► Go to at www.irs.gov/Form990 for instructions and the latest information

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

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

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

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

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

• 5	Section 501(c)(4), (5), or (6) oi	rganizations Complete Part III				
Name	of organization SOUTHERN	N CENTER FOR HUMAN RIGHTS		Employer identific	ation number	
				62-102532		
Pa	t I-A: Complete if the or	ganization is exempt under section	501(c) or is a sec	tion 527 organization	n.	
1	•	organization's direct and indirect political can n of 'political campaign activities')	ampaign activities in F	Part IV		
2	Political campaign activity ex	penditures (see instructions)		▶ \$	3	
3_	Volunteer hours for political	campaign activities (see instructions)				
Pa	t I-Bt Complete if the o	rganization is exempt under sect	ion 501(c)(3).			
1	Enter the amount of any exc	ise tax incurred by the organization under s	section 4955	▶ 4	0.	
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955	► \$	0.	
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for t	this year?		Yes No	
4 a	a Was a correction made?				Yes No	
ŧ	If 'Yes,' describe in Part IV					
Pă	tા-િ Complete if the o	rganization is exempt under sect	ion 501(c), exce	pt section 501(c)(3	·).	
1	Enter the amount directly ex	pended by the filing organization for section	527 exempt function	activities > \$	3	
2	Enter the amount of the filing function activities	g organization's funds contributed to other of	organizations for sect	on 527 exempt ► §		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b.					
4	4 Did the filing organization file Form 1120-POL for this year?					
5						
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds (f 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)						
BAA	For Paperwork Reduction Ad	ct Notice, see the Instructions for Form 990	or 990-EZ.	Schedule C (Fo	rm 990 or 990-EZ) 2017	

Schedule C (Form 990 or 990-EZ) 201	7 SOUTHERN CE	ENTER FOR HUMAN R	IGHTS	62-1025	326 Page 2
Part II-A Complete if section 501	the organization	is exempt under secti	on 501(c)(3) and fil	ed Form 5768 (electio	
address,	, EIN, expenses, an	ngs to an affiliated group (d share of excess lobbying cked box A and 'limited coi	expenditures)	n affiliated group member's	s name,
	Limits on Lobby	ying Expenditures		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditi	<u>`</u>				
b Total lobbying expendition	ures to influence a l	egislative body (direct lobb	ying)		
c Total lobbying expenditi	ures (add lines 1a a	nd 1b)			
d Other exempt purpose of	•				
e Total exempt purpose e	expenditures (add lin	es 1c and 1d)			
both columns		ount from the following tab			
If the amount on line 1e, coli	umn (a) or (b) is	The lobbying nontaxable	amount is		
Not over \$500,000	000 000	20% of the amount on line 1e	0500.000	• ,	
Over \$500,000 but not over \$1		\$100,000 plus 15% of the excess		•	
Over \$1,000,000 but not over \$ Over \$1,500,000 but not over \$		\$175,000 plus 10% of the excess \$225,000 plus 5% of the excess			
Over \$17,000,000	\$17,000,000	\$1,000,000	over \$1,500,000		,
g Grassroots nontaxable	amount (enter 25%			 	
h Subtract line 1g from lin		•			
i Subtract line 1f from lin					
•	her than zero on eit	her line 1h or line 1i, did th	ne organization file For	m 4720 reporting	☐Yes ☐No
(So		4-Year Averaging Period at made a section 501(h) e elow. See the separate ins	lection do not have to		
	Ļobb	ying Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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					

Schedule C (Form 990 or 990-EZ) 2017

BAA

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)).

	(0.000.000.000.000.000.000.000.000.000.					
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description						
	he lobbying activity	Yes	No	An	nount	
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 Volunteers?		x		•	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х		ſ		;
	c Media advertisements?		Х			
	d Mailings to members, legislators, or the public?		Х			
	e Publications, or published or broadcast statements?		Х			
	f Grants to other organizations for lobbying purposes?		Х			
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			40,	483.
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
	i Other activities?		X			
	j Total Add lines 1c through 1i				40,	483.
2	a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		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?			ì.		
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5), or			
_					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	1	1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	 	1
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the pr	or yea	ar?	3		$\overline{}$
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	(c)(5 Part), or III-A	section , line 3,	501(d	;)
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 politic expenditure next year?	al	4			

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

Taxable amount of lobbying and political expenditures (see instructions)

THE CENTER EMPLOYS ONE PAID STAFF MEMBER, THE PUBLIC POLICY & COMMUNICATIONS

MANAGER, 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

5

Part IV | Supplemental Information (continued)

PART II-B - DESCRIPTION OF LOBBYING ACTIVITY (CONTINUED)

LEGISLATION.

SCHEDULE D (Form 990)

Department of the Treasury Internat 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

		•		
SOUTHERN	CENTER	FOR	HUMAN	RIGHTS

	SOUTHERN CENTER FOR HUMAN		62-1025326
Par	t Organizations Maintaining Done	or Advised Funds or Other Similar	Funds or Accounts.
	Complete if the organization ans	wered 'Yes' on Form 990, Part IV, I	ine 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		<u> </u>
5	Did the organization inform all donors and don are the organization's property, subject to the	or advisors in writing that the assets held in d organization's exclusive legal control?	donor advised funds Yes No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	s, and donor advisors in writing that grant fur of the donor or donor advisor, or for any other	nds can be used only er purpose conferring Yes No
Par	t II Conservation Easements.		
	Complete if the organization ans	wered 'Yes' on Form 990, Part IV, I	ine 7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply)	
	Preservation of land for public use (e.g., re	ecreation or education) Preservation	n of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year	n held a qualified conservation contribution in	
	Tital out of control of control		Held at the End of the Tax Year
	a Total number of conservation easements.		2 a
	Total acreage restricted by conservation easer		2 b
(Number of conservation easements on a certification	ed historic structure included in (a)	2 c
(d Number of conservation easements included in structure listed in the National Register		
3	Number of conservation easements modified, tax year	ransferred, released, extinguished, or termina	ated by the organization during the
4	Number of states where property subject to co	nservation easement is located 🕨	
5	Does the organization have a written policy reg and enforcement of the conservation easemen		andling of violations, Yes No
6	Staff and volunteer hours devoted to monitorin	g, inspecting, handling of violations, and enfo	orcing conservation easements during the year
7	Amount of expenses incurred in monitoring, in: \$\Bigs\\$	specting, handling of violations, and enforcing	g conservation easements during the year
8	Does each conservation easement reported on and section $170(h)(4)(B)(u)^2$	line 2(d) above satisfy the requirements of s	ection 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reprinctude, if applicable, the text of the footnote to conservation easements.		
Par	Complete if the organization ans	ions of Art, Historical Treasures, or C wered 'Yes' on Form 990, Part IV, Ii	Other Similar Assets. ine 8.
1 a	alf the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its finance	held for public exhibition, education, or research	
t	o If the organization elected, as permitted under historical treasures, or other similar assets heli following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, I	ine 1	►\$
	(ii) Assets included in Form 990, Part X		▶\$
2	If the organization received or held works of ar amounts required to be reported under SFAS 1		for financial gain, provide the following
ä	Revenue included on Form 990, Part VIII, line	l	► \$
t	Assets included in Form 990, Part X		. ▶\$

•						
Schedule D (Form 990) 2017 SOUTHERN C					62-102	
Part III Organizations Maintaining Co	llections	of Art, Histori	cal Tre	asures, or Ot	her Similar Assets	(continued)
3 Using the organization's acquisition, accessitems (check all that apply)	ssion, and c	other records, ch	eck any	of the following	that are a significant us	se of its collection
a Public exhibition		d \ Loan	or exch	ange programs		
b Scholarly research		e Othe	r			
c Preservation for future generations						
4 Provide a description of the organization's Part XIII	collections	and explain how	v they fu	rther the organi	zation's exempt purpos	e in
5 During the year, did the organization solici to be sold to raise funds rather than to be	t or receive maintained	donations of ar as part of the o	t, histori rganizat	cal treasures, o ion's collection?	r other similar assets	Yes No
Part IV Escrow and Custodial Arranger line 9, or reported an amoun	nents. Con t on Forn	mplete if the one of t	organiza , line 2	ation answere 21.	d 'Yes' on Form 990), Part IV,
1 a Is the organization an agent, trustee, custoon Form 990, Part X?	odian or oth	ner intermediary	for cont	ributions or othe	er assets not included	☐Yes ☐No
b If 'Yes,' explain the arrangement in Part X	III and com	plete the follow	ng table			الا
•						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 escr	ow or custodial	account liability?	Yes No
b If 'Yes,' explain the arrangement in Part X					•	П
Part V Endowment Funds. Complete	if the ord	anization and	wered	'Yes' on For	m 990 Part IV line	<u> 10</u>
	irrent year	(b) Prior yea		(c) Two years back		(e) Four years back
1 a Beginning of year balance					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(4)
b Contributions		1				
c Net investment earnings, gains, and losses						
d Grants or scholarships		<u> </u>				
e Other expenditures for facilities and programs						
f Administrative expenses		-				
g End of year balance						
2 Provide the estimated percentage of the co	urrent year	end balance (lin	ne 1g, co	lumn (a)) held a	95	
a Board designated or quasi-endowment		%				
b Permanent endowment ►	%					
c Temporarily restricted endowment	_	%				
The percentages on lines 2a, 2b, and 2c s	hould equa	1 100%.				
3 a Are there endowment funds not in the pos organization by	session of t	the organization	that are	held and admir	nistered for the	Yes No
(i) unrelated organizations						3a(i)
(ii) related organizations						3a(ii)
b If 'Yes' on line 3a(ii), are the related organ	izations list	ed as required of	on Sched	dule R?		3b
4 Describe in Part XIII the intended uses of	the organiz	ation's endowme	ent funds	·		
Rart-VI Land, Buildings, and Equipm						
Complete if the organization a	nswered	'Yes' on For	m 990,	Part IV, line	11a. See Form 99	0, Part X, Iine 10.
Description of property		st or other basis		Cost or other	(c) Accumulated	(d) Book value
		nvestment)		isis (other)	depreciation	

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.	进入对外保护	73,335.
b Buildings		936,048.	475,585.	460,463.
c Leasehold improvements		10,088.	10,088.	0.
d Equipment		190,358.	105,444.	84,914.
e Other		11,514.	9,753.	1,761.
Total. Add lines 1a through 1e (Column (d) m	620,473.			

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Schedule D (Form 990) 2017

Part VII Investments - Other Securities.		N/A	
	<u>'Yes' on Form 990</u>	, Part IV, line 11b. See Form 990, Part X, li	ne 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	е
(1) Financial derivatives	-		
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
<u>`</u>	····		
<u>(l)</u>			
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, Ii	ne 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 'Y		art IV, line 11d. See Form 990, Part X, line 15	
	cription	(b) Book v	alue
(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		1f Son Form 990 Part Y June 25	
(a) Description of liability	(b) Book value	in occioni sso, ran A, me 25	
(1) Federal income taxes	(1)	-	
(2)			
(3)			!
(4)			
(5)			
(6)			ļ
(7)			
(8)			i
(9)			1
(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 fool	note to the organization's fina	encial statements that reports the progression's liability for uncertain	n

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.

Schedule D (Form 990) 2	D17 SOUTHERN	CENTER FOR	HUMAN RIGHTS

62-1025326

Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements	With Revenue per Return	i.	
*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	4,041,843.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2a 860,363.		
b Donated services and use of facilities	2b 6,000.	1 1	
c Recoveries of prior year grants	2 c	•	
d Other (Describe in Part XIII) SEE PART XIII	2d 10,975.		
e Add lines 2a through 2d		2 e	877,338.
3 Subtract line 2e from line 1		3	3,164,505.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 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	3,164,505.
Part XII Reconciliation of Expenses per Audited Financial Statements	With Expenses per Retu	m.	
Complete if the organization answered 'Yes' on Form 990,	Part IV, line 12a.		
1 Total expenses and losses per audited financial statements		1	2,777,277.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2a 6,000.	1 1	
b Prior year adjustments	2 b	1 1	
c Other losses	2 c		
d Other (Describe in Part XIII) SEE PART XIII	2d 24,015.		
e Add lines 2a through 2d		2 e	30,015.
3 Subtract line 2e from line 1		3	2,747,262.
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	0.747.000
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	2,747,262.
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, 2017 AND 2016.

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

BAA

Schedule **D** (Form 990) 2017

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 2014.

SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

GRANT PASS THROUGH

TOTAL $\frac{$}{$}$ $\frac{10,975}{10,975}$.

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

GRANT PASS THROUGH

\$ 24,015. TOTAL \$ 24,015.

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 the latest instructions.

2017

OMB No 1545-0047

Name of the organization Employer identification number SOUTHERN CENTER FOR HUMAN RIGHTS 62-1025326 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 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants e Internet and email solicitations Solicitation of government grants C Phone solicitations Special fundraising events In-person solicitations d 2 a 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? XNo **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 (v) Amount paid to (vi) Amount paid to (i) Name and address of individual (III) Did fundraiser (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 2 3 6 8 10 Total 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration 3 or licensing

		G (Form 990 or 990-EZ) 2017 SOUTHER Fundraising Events. Complete if the more than \$15,000 of fundraising List events with gross receipts gro	organization answe	red 'Yes' on Form 99	62-102 90, Part IV, line 18, e on Form 990-EZ	or reported
RE	•	List events with gross receipts gr	(a) Event #1 FREDERICK DOUG (event type)	(b) Event #2 ATLANTA BENEFI (event type)	(c) Other events 2 (total number)	(d) Total events (add column (a) through column (c))
RE>ENDE	1	Gross receipts	374,040.	89,645.	95,141.	558,826.
Ě	2	Less Contributions	317,750.	68,725.	45,098.	431,573.
	3	Gross income (line 1 minus line 2)	56,290.	20,920.	50,043.	127,253.
	4	Cash prizes				
	5	Noncash prizes				· · · · · · · · · · · · · · · · · · ·
DIRECT	6	Rent/facility costs	1,756.	9,520.		11,276.
	7	Food and beverages	60,305.	9,358.	29.	69,692.
EXPENSES	8	Entertainment	21,928.	2,900.	1,177.	26,005.
N S	9	Other direct expenses	23,756.	13,778.	6,027.	43,561.
	11	Direct expense summary Add lines 4 thro Net income summary Subtract line 10 fro Gaming. Complete if the organizatio	m line 3, column (d)	Form 990 Part IV	line 19 or reported	150, 534. -23, 281.
<u>. u.</u>		\$15,000 on Form 990-EZ, line 6a				
RE>E20E			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ë	1	Gross revenue				
	2	Cash prizes				
D X I P R E E N	3	Noncash prizes				
E N C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
}	6	Volunteer labor	Yes%	Yes%	Yes 8	
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)		•	
	8	Net gaming income summary Subtract lin	ne 7 from line 1, column	ı (d)	.	
	Is th	er the state(s) in which the organization con ne organization licensed to conduct gaming o,' explain				Yes No
10 a	— — Wer	e any of the organization's gaming licenses	s revoked, suspended, o	or terminated during the	tax year?	Yes No

b If 'Yes,' explain

	tule G (Form 990 or 990-EZ) 2017 SOUTHERN CENTER FOR HUMAN RIGHTS	62-102	5326	Page 3
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 administer charitable gaming?	formed to	Yes	No
13	Indicate the percentage of gaming activity conducted in	1 1		
a ·	The organization's facility	13 a		%
b /	An outside facility	13 b		8
14	Enter the name and address of the person who prepares the organization's gaming/special events books a	nd records		
ſ	Name •			
,	Address >			
15 a l	Does the organization have a contract with a third party from whom the organization receives gaming rever	nue?	Yes	□No
ь	If 'Yes,' enter the amount of gaming revenue received by the organization <a> \$ and		nt	
(of gaming revenue retained by the third party > \$			
c	If 'Yes,' enter name and address of the third party			
1	Name •			
•	Address •			į
16	Gaming manager information			
1	Name ►			
ı	Gaming manager compensation ► \$			
1	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to reserve houses?	etain the	Yes	□ No
	state gaming license?	r spent in t		∐No
	organization's own exempt activities during the tax year > \$			
Pärt	Supplemental Information. Provide the explanations required by Part I, line 2b and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide information. See instructions.	, columns any addi	(III) and Itional	(v);
BAA	TEEA3703L 09/18/17 Schee	lule G (For	n 990 or 99	0-EZ) 2017

SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations.

OMB No 1545-0047

% ⊠

Yes

(Form 990)	Governments, and Individuals in the United States	20
	Complete if the expenienced Wee' on Earn 600 Bart IV line 21 or 22	
	Complete in the organization and the property in the contract of the property in the contract of the property	Onen
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for the latest information	d Sull
Name of the organization	Name of the organization COTITUTED IN CENTRED FOR UTIMAN DICTUTE	Employer identification number
•		62-1025326
Part∜ General I	Part্যাগ্ধ General Information on Grants and Assistance	
1 Does the organize the selection critical	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

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part計画 Grants and Other Assistance to Domestic Organizat	ce to Domestic O	rganizations and	tions and Domestic Governments. Complete if the organization answered 'Yes' on	nents. Complete if	the organization a	inswered 'Yes' o	
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	, for any recipien	it that received i	nore than \$5,000.	Part II can be dup	icated if additiona	al space is need	ed.
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							TO CULTIVATE
3200 COBB GALLERIA PARKWAY							CONSERVATIVE
	58-1943161 501 (C)	501 (C) (3)	12,500.	0.			CHAMPIONS
(2) FAITH IN PUBLIC LIFE							TO CULTIVATE
1990 M STREET NW NO 740							FAITH LEADERS
WASHINGTON , DC 20036	20-3798596 501 (C)	501 (C) (3)	12,500.	0.			AS CHAMP
(3)							
(4)							
					•		
(5)							
(9)							
<u>ω</u>							
(8)							
	:						
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3) and government or	ganizations listed in	the line 1 table			•	2
3 Enter total number of other organizations listed in the line 1 table	ions listed in the line	1 table				•	0
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instructions	for Form 990.		TEEA3901L	08/10/17	Schedu	Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017) SOUTHERN CENTER FOR HUMAN RIGHTS

[Paritilist 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.

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SCHEDULE O (Form 990 or 990-EZ)

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.

2017

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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 4A - 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

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

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 2017.

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 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 FROTECT

Employer identification number

62-1025326

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

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 DISCUSSED ANNUALLY AT 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

COMPENSATION IS MONITORED ANNUALLY AT THE BIANNUAL BOARD MEETINGS.

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.

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

PASS THROUGH CORRECTION

TOTAL $\frac{$}{$}$ $\frac{-13,040}{-13,040}$.