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Form	9	91	0
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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

OMB No 1545-0047

Department of the Treasury

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

Open to Public

Inten	nal Reve	nue Service	► Informat	ion about Form 99	0 and its instruction	ons is at www.irs.go	ov/form	990		Inspection
Α	For th	e 2014 calend	dar year, or tax year begir	nning		, 2014, and e	nding		-	, 20
В	Check if	fapplicable	C Name of organization Sout	hern Coaliti	on for Social	Justice			D Emp	oloyer identification no
	Address	change	Doing business as					_	- 1	0688375
Ħ	Name c		Number and street (or PO bo	y if mail is not delivered t	n street address)		Room/s		1	phone number
Ħ	Initial re		1415 West High		o street address)		101	ounc	I '	9) 323-3380
Ħ		turn/terminated					1 101			
\Box			City or town, state or province	•	ign postal code					,427,272
씜									G Gros	ss receipts\$
ш	Applicat	ion pending	F Name and address of principal	а опісег			H(a)	Is this a group	return for	⊓. ভ
					7	1	⊢	subordinates		Yes X No
<u>'</u>			501(c)(3) 501(c) () (insert no)	4947(a)(1) or	527	— Н(Б)	Are all subord If "No " a	inates includ ittach a list (ted? Yes No (see instructions)
<u></u>	Website		v.southercoalition			·	H(c)	Group exemp	lion number	
K				ociation Other		L Year of formation 2	007	M State of	egal domicil	e NC
	art I	Summai								
	1	Briefly desci	ribe the organization's miss	ion or most signification	ant activities The	Southern Co	alıti	on for S	ocıal	<u>Justice</u>
9			with communities							
Activities & Governance		to defen	d and advance the	ir political	, social and	economic righ	ts th	rough th	re comp	oination
e.			advocacy, resear							
Š	2	Check this b	oox 🏲 🔲 if the organization	n discontinued its of	perations or dispose	d of more than 25%	of its ne		ı	
ತ	3		oting members of the gove		· ———			⊢	3	9
es	4		ndependent voting member		li i	MECEIV:		e s∥· · ·	4	8
Ξ	5	Total numbe	r of individuals employed in	n calendar year 201	4 (Part V, line 2a)				5	11
ĆĖ	6	Total numbe	er of volunteers (estimate if	necessary) · ·	11 (((1)))		ეგ : -	Ç∥··· <u> </u> _	6	12
Q.	7a	Total unrelat	ted business revenue from	Part VIII, column (C	C), line 12 · · · 🥱	Auu # . <i>B 4</i> 9	∥		7a	0
	<u> </u>	Net unrelate	d business taxable income	from Form 990-T, I	ine 34 · · · ·				/b	0
					l l	OGDEN,		rior Year		Current Year
	8	Contribution	s and grants (Part VIII, line	1h) • • • • • •				343,9	51	1,401,641
e	9	Program sei	rvice revenue (Part VIII, line	e 2g)		· · · · · · · <u>·</u>				0
Revenue	10	Investment i	ncome (Part VIII, column (/	A), lines 3, 4, and 7	d)			1,3	40	1,115
ě	11	Other reven	ue (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10	Oc, and 11e)	[_	1,6	21	17,784
	12	Total revenu	ie - add lines 8 through 11 (must equal Part VII	I, column (A), line 1	2)		346,9	12	1,420,540
	13		similar amounts paid (Part							0
	14	Benefits par	d to or for members (Part I)	K, column (A), line 4)					. 0
	15		ner compensation, employe			10)		654,4	59	666,089
ses	168		I fundraising fees (Part IX,			1				0
Expenses	t		ising expenses (Part IX, col		_	122,897				
EXE	17		ises (Part IX, column (A), li					345,1	62	608,699
_	18	•	ses Add lines 13-17 (must			[-	999,6	21	1,274,788
	19		ss expenses Subtract line					(652,7	09)	145,752
							Beginnin	g of Current Ye		End of Year
Net Assets or	ğ 20	Total assets	(Part X, line 16)					567,4		737,035
Asse	m 21		es (Part X, line 26)					24,0	57	47,891
Jet /	E 22		or fund balances Subtract	line 21 from line 20				543,3		689,144
	rt II		re Block							
Unde	r nonaltı	os of persury I dec	lare that I have examined this return	n including accompanying	g schedules and statemen	nts, and to the best of my k	nowledge	and belief, it is		
true	correct,	and complete Dec	claration of preparer (other than office	cer) is based on all inform	nation of which preparer ha	as any knowledge				
			Mit Ede	l,					aus	. 5,2016
Sig	ın	Signatu	re of officer					Ċ	ate	
He		 	a Earls, Executiv	e Director						
	. •		print name and title	- 51160001						
		<u> </u>	·	Preparer's signature		Date		Check X if	PTIN	
Pai	id		eparer's name	, reparci a signature		08-05-2016		self-employed		.321736
	epare	Mark S		DROS CDA DIT		<u></u>	Firm's E		= - =	
	e On			anes CPA PLL spring Drive			Phone n			
US	e OII	Y Firm's addres							-452-19	999
		C duna : 41-1-	Durham N return with the preparer sh		estructions)					
			ion Act Notice, see the se							Form 990 (2014)
FOF	raper	WOLK KEGUCT	IUII ALL MULICE, 588 LIIB 58	Parate monucuon	··					(=017)

	m 990 (2014) Southern Coalition for Social Justice	26-0688375	Page 2
Pa	art III Statement of Program Service Accomplishments	<u>-</u>	
	Check if Schedule O contains a response or note to any line in this Part III		· · · 🔲
1	Briefly describe the organization's mission		
	The Southern Coalition for Social Justice partners with communities of color a	and economica	ally
	disadvantaged communities in the south to defend and advance their political,	social and	
	economic rights through the combination of legal advocacy, research, organizing	ng &	
	communications.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
		· · · · · Yes 🗶	No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	· · · · Yes 🗶	No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	•	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	iers,	
	the total expenses, and revenue, if any, for each program service reported		
4a		\$)
	Voting Rights: Work to ensure that minority voting rights are fully protected,		
	election administration policies that restrict voter participation, including		
	voter identification, limits on voting registration, administrative barriers a		
	and protection of the Voting Rights Act. Advice, research and litigation relat		
	redistricting plans at the state and local levels, including policy research of		ing
	commissions, race and redistricting, and alternatives to single-member distric	ts.	
46	(Code) (Expenses \$ 358,489 including grants of \$) (Revenue	<u> </u>	
4b		\$	— '
	Criminal Justice: Reverse the negative impacts of the war on drugs on communit		
	and economically disadvantaged communities, work to eliminate racial bias in t		
	justice system and to end mass incarceration, expand the of use available legal mitigate the collateral consequences of criminal convictions so that more indi		
	obtain education, housing and employment.	VIGUALS CAN	
	obtain education, nousing and employment.		
			
4c	(Code) (Expenses \$ 119,342 including grants of \$) (Revenue	\$)
	Human Rights: Protect and advance the fundamental human rights of all people.		<i>'</i>
	recognition of expanded political, civil, economic, social and cultural rights		
	Also includes work on the right to a sound basic education for all students an	d litigation	to
	guarantee equal opportunities in employment.		
	quarantee equal opportunities in employment.		
			
4d	Other program services (Describe in Schedule O)		
→u	(Expenses \$ 29,676 including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,036,464		
FFA	-1	Form 99	90 (2014)

EEA

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," Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Χ 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х 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 Χ 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 98-197 if "Yes," complete Schedule C, Х 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 Х 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 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 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 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," 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Χ 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 11c 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 Х Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Χ 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 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if 12b the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Х for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Χ assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Form 990 (2014)

Part IV Checklist of Required Schedules (continued) Yes No 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 Χ 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Χ 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 23 Χ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Χ b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х 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 Χ 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 Х disqualified persons? If "Yes," complete Schedule L, Part II 26 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 27 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 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 Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ - 28b 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? If "Yes," complete Schedule L, Part IV 28c Χ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M 30 Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Х Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes," complete Schedule R, Part V, line 2 Χ 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 Form 990 (2014)

Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V Part V

	Check it Schedule O Contains a response of note to any line in this Part V		<u> </u>	<u>. LJ</u>
1a	Enter the number reported in Pay 2 of Form 4000 Foto 0 of an analysis		Yes	No
b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
c	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			İ
ŭ	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	X	<u> </u>
	Statements, filed for the calendar year ending with or within the year sovered by the ration			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		١ , ا	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			,,
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
-	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	40		v
b	If "Yes," enter the name of the foreign country	· 4a		<u>X</u>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	\dashv	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	İ	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		_	
	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	7		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ŀ		
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year		ĺ	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u>X</u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	ľ		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b .a				
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	- 1		
a	Gross income from other sources (Do not net amounts due or paid to other sources	ŀ		
b	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
a	· · · · · · · · · · · · · · · · · · ·	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O		$\neg \uparrow$	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
		14a		Χ
		14b		

	The second bioquests information about policies from the mountain about		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
Ь	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?	10b		ł
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			Ī
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	L
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13	Χ	L
14	Did the organization have a written document retention and destruction policy?		Χ	
15	Did the process for determining compensation of the following persons include a review and approval by			1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			l
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	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			l
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			l
	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?	16b		
Sec	ction C. Disclosure			

7	List the states with which a copy of this Form 990 is required to be filed							
8	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							
	Own website Another's website Upon request Other (explain in Schedule O)							
9	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							
0	State the name, address, and telephone number of the person who possesses the organization's books and records							
	Anita Earls (919)323-3380, 1415 West Highway 54, Durham, NC 27707							

Form 990 (201		for Soc	ial .	Jus	tic	:e				26-06883	75 Page 7
Part VII	Compensation of Officers, Direct	tors, Trus	stees	, K	еу	Em	ploy	ees	s, Highest Co	mpensated En	nployees, and
	Independent Contractors										
	Check if Schedule O contains a response or									<u> </u>	<u> </u>
Section A.	Officers, Directors, Trustees, Key Employ										
organization's	this table for all persons required to be listed tax year	Report comp	ensatı	on f	or th	e ca	llenda	r yea	ar ending with or wi	ithin the	
 List all o compensation 	f the organization's current officers, directors Enter -0- in columns (D), (E), and (F) if no co	, trustees (wi	hether was pa	ındı aıd	vidu	als o	or orga	iniza	itions), regardless	of amount of	
 List all o 	f the organization's current key employees, if	any. See ins	structio	ns f	or de	efini	tion of	"ke	employee "		
 List the 	organization's five current highest compensa	ted employee	es (oth	er th	nan a	an o	fficer.	dire	ctor, trustee, or key	employee)	
who received i	reportable compensation (Box 5 of Form W-2 and any related organizations	and/or Box 7	of Fo	rm 1	099	-MIS	SC) of	mor	e than \$100,000 fr	om the	
• List all o \$100,000 of re	f the organization's former officers, key emploportable compensation from the organization	oyees, and h and any rela	ighest ted org	com ganı	pen zatio	sate	ed emp	oloye	es who received n	nore than	
 List all o organization, n 	f the organization's former directors or trus t nore than \$10,000 of reportable compensation	t ees that reconstruction that reconstruction the construction that reconstruction that reconstructin the reconstruction that reconstruction that reconstruction that	eived, ı ganıza	in th	e ca and	pac any	ity as a	a for ed or	mer director or trus ganizations	stee of the	
List persons in	the following order individual trustees or dire	ctors, institu	tional t	rust	ees.	offic	cers. k	ev e	mplovees, highest		
	employees, and former such persons				,			, -	p.oyooo, mgmood		
_	box if neither the organization nor any related	d organizatio	n com	pens	sate	d an	y curr	ent c	officer, director, or t	rustee	
						(C)					
	(4)	450				sition			4=.		
	(A) Name and Title	(B)	,				than one		(D)	(E)	(F)
	Name and tide	Average hours per					is both a r/trustee		Reportable compensation	Reportable compensation from	Estimated amount of
		week (list any hours for							from	related	other
		related	악	Ins	JJO	Key	Hıç	5	the organization	organizations (W-2/1099-MISC)	compensation from the
	•	organizations below dotted	Individual trustee or director	Institutional trustee	Officer	y em	ploy	Former	(W-2/1099-MISC)		organization
		line)	or all	onal		employee	8 CO				and related organizations
			ıstee	truste		8	ipen				_
			"	e			Highest compensated employee				
							_				
	71	0.60									
Chair			Х		Х			-	0	0	0
	Alzamora	060_	,,		Х						
Treasur	1 1 -	50.00	Х		<u> </u>			\vdash	0	0	0
(3) Anıta E		50.00	х		x				106 250	ا م	15 252
(4) James F	ve Director	0.60	<u> </u>		^		ļ		106,250	0	15,352
Directo			х						0	o	0
	int	0.60							<u>_</u>		
Directo		- =	x						o	ا ہ	0
	Holland	0.60									
Directo			X						0	0	0
(7) Diane S	tandaert	0.60									
Directo			Х						0	0	0_
(8) Barry W	/illiams	0.60									
Directo			Х						0	0	0
(9) Trina J Board S	ones ecretary	0.60	Х		Х				0	0	0
(10)											
(11)											
<u>(12)</u>											
<u>(13)</u>											
(14)			-								

Form 990 (2014)

Southern Coalition for Social Justice

Form 990 (2014)

EEA

Part VII	Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd I	High	est	Comp	ens	ated Employees (continued)			
	(A) Name and utle	Average box, unless person is both an hours per week (list any week (list any both an box).				(D) Reportable compensation from	(E) Reportable compensation from related	ı	(F) Estimated amount of other				
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	0	mpensat from the rganization and relate ganization	e on ed
<u>(15)</u>													
(16)													
(17)													
(18)												-	
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
													_
c To	b-total	on A · ·						▶	106,2 <u>50</u>	0		15,3	352
2 Tot	tal number of individuals (including but not limited								than \$100,000 of				
rep	portable compensation from the organization								-	2		Yes	No
	the organization list any former officer, director iployee on line 1a? If "Yes," complete Schedule J		-				_		oensated		. 3		Х
4 Fo	r any individual listed on line 1a, is the sum of repairing anization and related organizations greater than	oortable com	pensa	tion	and	othe	er comp	pens	ation from the				
ınd	lividual										. 4	ļ	X
	d any person listed on line 1a receive or accrue of services rendered to the organization? If "Yes,"								tion or individual		5		X
	B. Independent Contractors	complete oci	icadic	. 0 10	1 34	<u> </u>	<u> </u>					<u>. </u>	
	mplete this table for your five highest compensal mpensation from the organization. Report compe												
	(A) Name and business address						_	-	(B) Description of	services	Com	(C) pensatio	ın
	Tame and beamess address												
									 				
	tal number of independent contractors (including	but not limits	ad to #	2000	liete	d at	ove) "	who.			-		
	erived more than \$100,000 of compensation from				ate	.u al							

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Related or exempt function Unrelated business revenue Revenue excluded from tax under sections 512-514 Total revenue Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 1a 1a b 1b C 1c 1d Government grants (contributions) . . 10 12,235 All other contributions, gifts, grants, and similar amounts not included above 1f 1,389,406 Noncash contributions included in lines 1a-1f \$ 1,401,641 Business Code Program Service Revenue 2a b f All other program service revenue g Total. Add lines 2a-2f · · · · · · · · · · · · · ▶ 3 Investment income (including dividends, interest, and other similar amounts) <u>1,1</u>30 1,130 Income from investment of tax-exempt bond proceeds (II) Personal (ı) Real 6a Gross rents **b** Less rental expenses · · · · c Rental income or (loss) · · · d Net rental income or (loss) . (i) Securities (II) Other 7a Gross amount from sales of 5,246 assets other than inventory b Less cost or other basis 5,261 and sales expenses c Gain or (loss) (15 (15)(15 Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) Other See Part IV, line 18 a 10,727 **b** Less direct expenses · · · · · · · b 1,471 c Net income or (loss) from fundraising events 9,256 9,256 9a Gross income from gaming activities See Part IV, line 19 a b Less. direct expenses b c Net income or (loss) from gaming activities · · · · · · · ▶ 10a Gross sales of inventory, less returns and allowances a **b** Less cost of goods sold b c Net income or (loss) from sales of inventory · · · · · · · · ▶ **Business Code** Miscellaneous Revenue 3,000 3,000 11a Reimbursed travel 900099 1,790 1,790 900099 b Credit card rewards 700 700 541900 C Honoraria 3,038 3,038 d All other revenue e Total. Add lines 11a-11d 8,528 0 18,899 1,420,540

Form 990 (2014)

Southern Coalition for Social Justice

Part IX | Statement of Functional Expenses

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

Sec	tion 501(c)(3) and 501(c)(4) organizations must complete all c	olumns All other organi	zations must complete	column (A)	
	Check if Schedule O contains a response or note to a			 	· · · · · · · · · · · · · · · · · · ·
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b,	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			general expenses	<u> </u>
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign		-		
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	121,602	97,282	6,080	18,240
6	Compensation not included above, to disqualified				20/240
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · · ·				
7	Other salaries and wages	421,850	320,779	52,962	48,109
8	Pension plan accruals and contributions (include	111/000	520,	- 32,332	40,103
	section 401(k) and 403(b) employer contributions)	37,435	29,196	4,029	4,210
9	Other employee benefits	34,111	26,295	4,556	3,260
10	Payroll taxes	51,091	31,101	15,045	4,945
11	Fees for services (non-employees)	9-199-	327232	25,045	4,343
а	Management				
b	Legal	70,604	70,604	·	
С	Accounting	8,092	,	8,092	
đ	Lobbying	- /	*		
е	Professional fundraising services See Part IV, line 17				<u> </u>
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O)	255,472	227,233	3,855	24,384
12	Advertising and promotion				
13	Office expenses	88,668	56,172	31,701	795
14	Information technology	8,197	4,246	2,502	1,449
15	Royalties	•		<u> </u>	
16	Occupancy	68,351	53,164	7,877	7,310
17	Travel	73,904	69,113	1,586	3,205
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,739	6,792	426	521
23	Insurance	7,612		7,612	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If	:			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Staff development	8,083	3,755	3,274	1,054
b	Membership dues	10,930	4,541	5,789	600
С	Miscellaneous	1,047	718	329	
d	Allocation of indirect costs		35,473	(40,288)	4,815
6	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,274,788	1,036,464	115,427	122,897
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs	İ	ľ		
	from a combined educational campaign and fundraising solicitation. Check here	[
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 22,681 116,689 2 2 450,768 157,748 3 3 60,000 439,232 4 4 2,425 1,468 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 14,369 4,952 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 62,454 Less accumulated depreciation 10b 45,508 10c 17,206 16,946 11 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 15 15 16 16 567,449 737,035 17 17 24,057 47,891 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, -iabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 26 24,057 26 47,891 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 245,059 586,144 28 298,333 103,000 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🔲 and complete lines 30 through 34. 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31

Retained earnings, endowment, accumulated income, or other funds

689,144

32

33

34

543,392

567,449

32

33

Form	990 (2014) Southern Coalition for Social Justice 2	6-068837	75	P	age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,4	420,	540
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	1,:	274,	788
3	Revenue less expenses Subtract line 2 from line 1	- 3		L45,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5 4 3,	
5	Net unrealized gains (losses) on investments	5			_
6	Donated services and use of facilities	6			
7	Investment expenses	. 7			
8	Prior period adjustments	8	_		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	- 10		589,	144
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			<u>. </u>
				Yes	No
1	Accounting method used to prepare the Form 990	_	Î		l
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O		İ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		· 2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		1		
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in		l l		1
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		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	· · · · · ·	3b		
EEA			Form	990 (2014)

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.

OMB No 1545-0047 **2014**

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Nam	e of th	e organization		Employer identif	cation number							
Sou	the	rn Coalition for Social					26-06883					
Pa	ırt I	Reason for Public Charit	y Status (All o	rganizations must c	omplete	this par	t) See instruction	ns				
The	orga	nization is not a private foundation bec	•	•	•	•						
1	닏	A church, convention of churches, or			on 170(b)(1)(A)(i).						
2	님	A school described in section 170(b)		•								
3	님	A hospital or a cooperative hospital se										
4	Ш	A medical research organization oper	ated in conjunction	with a hospital describe	d in section	on 170(b)(1)(A)(iii). Enter the					
_		hospital's name, city, and state	- · · · · · · · · · · · · · · · · · · ·									
5	Ш	An organization operated for the bene	_	iniversity owned or opera	ated by a g	jovernmen	ital unit described in					
		section 170(b)(1)(A)(iv). (Complete F	•									
6		A federal, state, or local government of										
7	M	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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)										
8 9	H	An organization that normally receive			a contributi	one mom	horobia food, and are					
3	ш						• •	55				
		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 Jur		•		•	nom businesses					
10	П	An organization organized and operation				•						
11	Ħ	An organization organized and operation	•	•			o carry out the purpo	ses of				
	_		•	•								
	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g											
	а	Type I. A supporting organization	operated, supervis	sed, or controlled by its s	supported of	organizatio	n(s), typically by givii	ng				
		the supported organization(s) the	power to regularly	appoint or elect a major	ity of the d	rectors or	trustees of the suppo	orting				
		organization You must complet	e Part IV, Sections	s A and B.					•			
	b	Type II. A supporting organization	n supervised or cor	ntrolled in connection wit	h its suppo	rted organ	nization(s), by having					
		control or management of the sup		· · · · · · · · · · · · · · · · · · ·	rsons that	control or	manage the supporte	ed				
		organization(s) You must comp	lete Part IV, Section	ons A and C.								
	C	Type III functionally integrated.	A supporting organ	nization operated in conr	nection with	h, and fund	ctionally integrated wi	th,				
		its supported organization(s) (see		·								
	d	Type III non-functionally integra		-								
		that is not functionally integrated		-		•	ent and an attentivene	ess				
		requirement (see instructions) Ye	-				+					
	0	Check this box if the organization				satypet,	, Type II, Type III					
		functionally integrated, or Type III	•					г	_			
	T	Enter the number of supported organ							_			
	<u>g</u>	Provide the following information about			() In the c	rganization	Last Amount of manatan	(vd) America				
	(I) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9	listed in you	-	(v) Amount of monetary support (see	(vi) Amoun other suppor				
				above or IRC section	docum	ient?	instructions)	instructio	ns)			
				(see instructions))	Yes	No	1					
						1						
(A)					j							
(B)							_		_			
(C)												
(D)												
(D)			_			ļ			_			
(E)												
(=)				<u> </u>	ļ				_			
							 					
Tota	al				F	1						

Schedule A (Form 990 or 990-EZ) 2014 Southern Coalition for Social Justice Page 2 26-0688375 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) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 1,944,233 728,457 1,426,552 343,951 1,401,641 5,844,834 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 1,944,233 728,457 1,426,552 343,951 1,401,641 5,844,834 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) 4,430,365 Public support. Subtract line 5 from line 4 · · 1,414,469 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Amounts from line 4 1,944,233 728,457 1,426,552 343,951 1,401,641 5,844,834 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 806 2,972 2,126 1,340 1,115 8,359 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) 4,828 4,828 Total support. Add lines 7 through 10 11 5,858,021 12 Gross receipts from related activities, etc. (see instructions) 82,686 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) Section C. Computation of Public Support Percentage

-	don of compatation of rabbic oupport refeemage							
14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	24.15	%				
15	Public support percentage from 2013 Schedule A, Part II, line 14	15	21.14	%				
16a	33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check	k this						
	box and stop here . The organization qualifies as a publicly supported organization			▶ □				
b	3 1/3% support test - 2013. 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 - 2014. 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 support	ed						
	organization			• X				
b	10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and lin	ne						
	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 public	cly						
	supported organization			· 🗌				
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see							

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

(Complete only if you checked the box on line 9 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							
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513 · · · ·						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	·					
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Se	ction B. Total Support		11				<u> </u>
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	(4) 25 15		(0) = 0 :=	(4)2515	(0) 2011	(i) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b · · · · · · · · · ·						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	janization's first, s	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	▶ 🔲
Se	ction C. Computation of Public Su	 				 -	
15	Public support percentage for 2014 (line 8, co	•	-	(1)			<u>%</u>
16	Public support percentage from 2013 Schedu					. 16	%
	ction D. Computation of Investme					1 1	
17 18	Investment income percentage for 2014 (line Investment income percentage from 2013 Sc			column (f))		17	<u>%</u> %
	33 1/3% support tests - 2014. If the organization is not more than 33 1/3%, check this box a	ation did not chec	k the box on line 1	4, and line 15 is m	ore than 33 1/3%,	and line	▶ □
b	33 1/3% support tests - 2013. If the organization 18 is not more than 33 1/3%, check this b	oox and stop her	e. The organization	n qualifies as a pub	licly supported org	anızatıon	▶ 🔲
20	Private foundation. If the organization did no	ot check a box on	line 14, 19a, or 19	b, check this box a	and see instructions	<u> </u>	▶ 🔲

chedule A (Form 990 or 990-EZ) 2014 Southern Coalition for Social Justice	26-0688375	Page
Part VI Supplemental Information. Provide the explanations required by Part II, line 10); Part II, line 17a or 17	b; and
Part III, line 12 Also complete this part for any additional information (See instructions)		
01. 10% Facts and Circumstances Test (Part II, line 17a	or 17b)	
SCSJ meets the facts and circumstances test as follows:		
		_
a) Representative governing body. The Southern Coalition for Social Justic	e is governed	
y an nine-person Board of Directors who are individuals with specialized k	nowledge and	
expertise in the substantive issue areas in which the organization carries	out its	
programs. These include a former city council member, law school professor	s, the chairman	
6		
of a community-based organization, experienced civil rights attorneys, and	other civic	
eaders from a broad section of the community.		
) Availability of mublic facilities on samurace, mublic montresses is		
a) Availability of public facilities or services: public participation in p	rograms or	
colicies. SCSJ provides services directly for the benefit of the general pu	blic on a	
continuing basis through its regular Clean Slate Clinics held in community		
continuing basis through its regular Clean State Clinics held in community	centers around	•
the state, its free representation of clients, its dissemination of educati	onal materials	
which include original research publications, and video presentations, and	ita offico	
mich include Oliginal laseatch publications, and video presentations, and	ICS OTTICE	_
space, which is made available for community meetings upon request.		
(c) Broad public participation: Members of the public having special exper	tise volunteer	
coutinely to participate in the programs of the organization, most particul	arlv law	
,,		
student interns and volunteer lawyers. Graduate students complete research	projects for	
the organization, and civic and community leaders routinely request SCSJ st	aff to make	
presentations at public meetings. SCSJ maintains regular contact with the	general public	
about its activities and programs through a website, facebook page and twit	ter account.	
The organization has a robust and growing list of supporters who have joine	d an email list	
to receive routine updates about our work.		
(d) General public fundraising activities: In 2014 the organization used n	umerous tools	
to solicit public donations, including in-person fundraising events based i	n the	
community, on-line email solicitations, and personal appeals in small group	meetings. The	

	n 990 or 990-EZ) 2014	Southern Coal:	ition for Social	l Justice	26-0688375	Page 8
Part VI	Supplemental Info	ormation. Provide	the explanations	required by Part II, line	10, Part II, line 17a or 17b	o, and
	Part III, line 12 Also	complete this part fo	or any additional info	rmation (See instructions	s)	•
		<u>'</u>			,	
annual fi	and domalow	1				
aimidal I	na development p.	tan was devised	Dy the Board s	development commi	ttee, and carried	
out by or	ganization staff	throughout the	year. A speci	al year-end fundra	ising initiative	
raised ac	ditional funds f	rom new individ	lual donors who	previously had not	made	
				<u></u>		
contribut	long to the engage	ni-ntion Wo -	had a			
CONCILIDA	crons to the organ	ilzation. we a	iso nad a grass	roots fundraising	campaign and a	
	_					
monthly o	lonor solicitation	n that attracte	d financial sur	port from the gene	ral public.	
						
					· · · · · · · · · · · · · · · · · · ·	
_						
					<u> </u>	
				=		
		· · · · · · · · · · · · · · · · · · ·				
						
	-				•	
						
		· · · · · · · · · · · · · · · · · · ·				
			<u> </u>			

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

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ▶ Information about Sch. C (Form 990 or 990-EZ) and its inst. is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

10.11					
If the organization answered "Yes	s," to Form 990, Part IV, line 3, or Form 99	0-EZ, Part V, line 46 (Po	olitical Campaign Activitie	s), 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 "Ver	mplete Part I-A only	0 F7 D=+1/0 U 48/0			
• Section 501(c)(3) organization	s," to Form 990, Part IV, line 4, or Form 99	U-EZ, Part VI, line 47 (L	obbying Activities), then	-	
Section 501(c)(3) organization	s that have filed Form 5768 (election under s s that have NOT filed Form 5768 (election u	section 501(n)) Complete	e Part II-A Do not complete	e Part II-B	
If the organization answered "Yes	s that have 1901 filled Follin 5766 (election d	(see section 50 I(n)) Col	mplete Part II-B Do not con	nplete Part II-A	
Tax) (see separate instructions), Section 501(c)(4), (5), or (6) or	then	(See Separate Instructi	ons) or Form 990-EZ, Pan	t V, line 35c (Proxy	
Name of organization	ganizations Complete Fait III		Employee	ido máisic calo a combi	
J				identification number	
Southern Coalition for Part I-A Complete if t	he organization is exempt under	cootion FO4/s) s-	26-068	8375	
				anization.	
	rganization's direct and indirect political cam				
	• • • • • • • • • • • • • • • • • • • •		·		
3 Volunteer hours	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · <u> </u>		
Part I-B Complete if t	he organization is exempt under	section 501(c)(3).			
	se tax incurred by the organization under sec				
	se tax incurred by organization managers un				
	section 4955 tax, did it file Form 4720 for this			Yes No	
		•			
b If "Yes," describe in Part IV					
	he organization is exempt under	section 501(c) ex	cent section 501/c/	31	
	ended by the filing organization for section 5		toopt section so r(c)(
	· · · · · · · · · · · · · · · · · · ·	•	b •		
	organization's funds contributed to other org		· · · · · · · · · · · · · · · · · · ·		
•			· · · · · · · · · · · · · · · · · · ·	···	
	itures Add lines 1 and 2 Enter here and on				
	• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·		
	Form 1120-POL for this year?				
5 Enter the names, addresses a	and employer identification number (EIN) of a	all section 527 political or	ganızatıons to which the filir	ng	
organization made payments	For each organization listed, enter the amount	unt paid from the filing or	ganization's funds. Also ente	ег	
the amount of political contrib	utions received that were promptly and direc	tly delivered to a separat	e political organization, suc	h	
as a separate segregated fun	d or a political action committee (PAC) If ad-	ditional space is needed,	provide information in Part	IV	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

		lition for So			26-06883	375 Page 2
Pa	rt II-A Complete if the organization section 501(h)).	on is exempt un	ider section 50	1(c)(3) and filed	Form 5768 (ele	ction under
_			and bot in Don't N. c.	ate a ffill at a discourse		
	Check Lifthe filing organization belongs to name, address, EIN, expenses, a				embers	
В	Check if the filing organization checked					
		bying Expenditures		У		
	(The term "expenditures"				(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public of				organization's totals	group totals
b	Total lobbying experiditures to influence a legisla					
c	Total lobbying expenditures (add lines 1a and 1	= -				
d	Other exempt purpose expenditures	•			1 150 251	
8	Total exempt purpose expenditures (add lines 1				1,159,361	
f	Lobbying nontaxable amount Enter the amount	•			1,159,361	
	columns	nom are ronowing ta	bic iii boiii		100 036	
1	If the amount on line 1e, column (a) or (b) is:	The Johnving	nontaxable amount	ie	190,936	
	Not over \$500,000	20% of the am		13.		
	Over \$500,000 but not over \$1,000,000		15% of the excess o	ver \$500 000		
	Over \$1,000,000 but not over \$1,500,000		10% of the excess o			
	Over \$1,500,000 but not over \$17,000,000		5% of the excess ov			
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lir				47,734	
h	Subtract line 1g from line 1a If zero or less, enti-	er-0				
i	Subtract line 1f from line 1c If zero or less, ente					
j	If there is an amount other than zero on either li	ne 1h or line 1i, did th	ne organization file F	orm 4720	·	
	reporting section 4911 tax for this year?					Yes No
	(Some organizations that made a s	_	ng Period Under s	, ,	of the five column	s below.
		e the separate in		•		
	Lobb	ying Expenditures	During 4-Year Avera	iging Period		
	Calendar year (or fiscal year	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
	beginning in)					_
2a	Lobbying nontaxable amount					
		139,863	142,024	156,195	190,936	629,018
b	Lobbying ceiling amount (150% of line 2a, column (e))					943,527
c	Total lobbying expenditures					
d	Grassroots nontaxable amount	34,966	35,506	39,049	47,734	157,255
е	Grassroots ceiling amount (150% of line 2d, column (e))					235,883
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

EEA

Schedule C (Form 990 or 990-EZ) 2014 Southern Coalition for Social Justice 26-0688375 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (a) (b) For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity Yes No **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? h Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No." OR (b) Part III-A, line 3, is answered "Yes." 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). 2b 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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 Taxable amount of lobbying and political expenditures (see instructions) 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

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No 1545-0047 2014

Open to Public Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number Southern Coalition for Social Justice 26-0688375 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 ☐ Yes ☐ No 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Schedule D	/Earm	000	004	
ochequie L	TOTAL	9901	201	4

D	•
Page	4

Par	Organizations Maintaining	Collections of	Art, His	torical	reasures	or O	ther Similar A	ssets	(cont	inued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and of	ther reco	rds, ched	k any of th	e follo	wing that are a	signific	cant u	se of its
а	☐ Public exhibition		d	☐ Loan	or exchanç	ae prod	ırams			
b	Scholarly research			☐ Othe	r		·			
C	☐ Preservation for future generations	3								
4	Provide a description of the organizat XIII.	tion's collections	and expl	ain how t	hey further	the or	ganızation's exe	mpt p	urpose	ın Part
5	During the year, did the organization	solicit or receive	donation	s of art,	historical ti	reasure	s, or other simi	lar		
	assets to be sold to raise funds rather	than to be mainta	ained as	part of the	e organizat	on's co	ollection?		Yes	☐ No
	Complete if the organization 990, Part X, line 21.	answered "Yes							on Fo	orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?					ions o	r other assets r		Yes	□ No
þ	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	ollowing to	able:	_		\		
_	Beginning balance							Moun		
c d	Additions during the year					10	_			385,610
e	Distributions during the year					16				45,352
f	Ending balance					11			_	57,306 373,656
2a	Did the organization include an amour	nt on Form 990, P	art X, line	21, for e	scrow or co			v? 🗆	Yes	√ No
b	If "Yes," explain the arrangement in Pa									
Par	Endowment Funds.	-								
	Complete if the organization									
		(a) Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years bac	k (e) f	our yea	rs back
1a	Beginning of year balance							-		
b C	Contributions		-							
·	losses									
d	Grants or scholarships									
e	Other expenditures for facilities and							 		
	programs									
f	Administrative expenses							1		
g	End of year balance							<u> </u>	•••	
2	Provide the estimated percentage of t	he current year en	d balanc	e (line 1g	, column (a)) held	as:			
а	Board designated or quasi-endowmer		%							
b	Permanent endowment									
C	Temporarily restricted endowment	%								
•	The percentages in lines 2a, 2b, and 2					!!				
Ja	Are there endowment funds not in the organization by:	e possession of the	ie organi	zauon ina	at are neio	and ad	ministered for tr	ie	Va	Na.
	(i) unrelated organizations							За	(i) Yes	No_
	(ii) related organizations					• •		3a	**	+
b	If "Yes" to 3a(ii), are the related organi			n Sched	 ule R? .			31		
4	Describe in Part XIII the intended uses									
Part										
	Complete if the organization		" to Forr	n 990, P	art IV, line	11a. S	See Form 990,	Part X	(, line	10.
	Description of property	(a) Cost or ot		, ,	r other basis ther)		Accumulated epreciation	(d) E	3ook val	ue
1a	Land						1, 4			
b	Buildings							_		
d	Equipment				62454		45508		_	16946
e	Other				02.101					
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 99	90, Part)	(, column	(B), line 10	c.)	▶			16946

Part VII	Investments—Other Securities. Complete if the organization answer	ered "Yes" to Forr	n 990. Part IV. line	e 11b. See Form	990. Part X. line 12
	(a) Description of security or category (including name of security)	9/34 / 93 (5 / 5/1	(b) Book value	(c) Met	hod of valuation -of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other					
(A)					
(B)					
(C)	***************************************		·		
(D)					
(E) (F)	•				
(G)					. <u>-</u>
(H)					
	(b) must equal Form 990, Part X, col (B) line 12.) ▶			*/	
Part VIII	Investments - Program Related.				
	Complete if the organization answ	ered "Yes" to Forr	n 990, Part IV, line	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	ï	(b) Book value		hod of valuation -of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)		·			
(8)					·
(9)			•		
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			. 4 . 4 . 4 . 4 .	
Part IX	Other Assets.				1 - 1
	Complete if the organization answ		n 990, Part IV, line	11d. See Form	
	(a)	Description			(b) Book value
(1)					
(2)					_
(3)					
(5)					
(6)					
(7)					
(8)					
(9)					
Part X	imn (b) must equal Form 990, Part X, col Other Liabilities. Complete if the organization answ				Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value		vit y	* # # * *\
	ncome taxes		* , *, * ,		
(2)				, ,	* * *
(3)			·	, ž	4
(4)			· ` ` ,	, , , , , , , , , , , , , , , , , , ,	\$ "
(6)				,	
(7)					** ** ** **
(7) (8)	-		*		*
(9)					
	(b) must equal Form 990, Part X, col. (B) line 25.)			, " • " »	* * ***
2. Liability fo	or uncertain tax positions. In Part XIII, provid	e the text of the footn	ote to the organization	n's financial stateme	nts that reports the
organization	's liability for uncertain tax positions under F	IN 48 (ASC 740). Che	ck here if the text of t	he footnote has bee	n provided in Part XIII 🔲

Part	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" to Form 990, F	ents	With Revenue per	Return.	
1	Total revenue, gains, and other support per audited financial statements	art!	v, line 12a.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	1,482,009
a	Net unrealized gains (losses) on investments	-ما			
b	Donated services and use of facilities	2a		-	
C	<u> </u>	2b 2c	60,000		
ď		2d		-	
e	Add lines 2a through 2d	_20			
3	Subtract line 2e from line 1			2e 3	60,000
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	į ·	1	-	1,422,009
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b		(1,469)	4c	(1,400)
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	(1,469)
Part					1,420,540
	Complete if the organization answered "Yes" to Form 990, F			, netain	•
1	Total expenses and losses per audited financial statements			1	1,336,257
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	• •		' -	1,330,257
а	Donated services and use of facilities	2a	60,000		
b	Prior year adjustments	2b	00,000	e 3	
С	Other losses	2c		4	
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	60,000
3	Subtract line 2e from line 1			3	1,276,257
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				1,210,231
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)			1 × 1	
С	Add lines 4a and 4b			4c	(1,469)
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	1,274,788
Part					,,_,,,,,
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; P	art IV, lines 1b and 2b	; Part V, III	ne 4; Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	ovide any additional in	formation.	
Agent	not reporting amounts on 990 (Part IV, line 1b)				
	······································				
Consis	stent with the requirements of the North Carolina State Bar, the Organization m	aıntaı	ns a client trust accoun	it to hold a	ny funds
-*				•••••	
collect	ed on behalf of, or from, any client and disperses those funds at the client's di	rectio	ns		
				••••••	
The Or	ganization also maintains a separate Escrow Agreement Account under an ag	reeme	ent dated June 11, 2011	that requir	es the
Organi	zation to act as an Escrow Agent for funds that are entirely owned by another	nonpi	rofit organization		

,	
Schedule D (Form 990) 2014 Part XIII Supplemental Information (continued)	Page
02 Other revenues included on Form 990 (Part XI, line 4b)	
Direct expenses for fundraising events totaling \$1,471 are included in the Expense section	
of the audited financial statements, but in the Statement of Revenue (Part VIII) of the	
IRS Form 990. The remaining difference of \$2 is a rounding error	
03 Other expenses included on Form 990 (Part XII, line 4b)	
Direct expenses for fundraising events totaling \$1,471 are included in the Expense section	
of the audited financial statements, but in the Statement of Revenue (Part VIII) of the	
IRS Form 990 The remaining difference of \$2 is a rounding error	

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

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

imployer identification number

	Employer identification number
Southern Coalition for Social Justice	26-0688375
01. Management duties delegation (Part VI, line 3)	
The duties of the Chief Financial Officer have been performed by a	contracted accountant
since November 2010.	
02. Form 990 governing body review (Part VI, line 1	L1)
Prior to filing, the Form 990 is reviewed by the Executive Director	and the Board of
Directors.	
03. Conflict of interest policy compliance (Part V)	[, line 12c)
The Conflict of Interest policy is monitored by the Board Secretary	and reviewed and
signed at the beginning of each year by all staff and Board members	with significant
decision-making authority. It is each signatory's obligation to disc	close any potential
conflicts as soon as it is known, or reasonably should be known.	
04. CEO, executive director, top management comp (Part VI, line 15a)
The Executive Director's salary is determined by the Organization's	salary scale, adopted
by the Board for all staff of the Organization, which provides compo	ensation based on years
of experience. The Executive Director's salary level is also independent	ndently reviewed by the
Board's Executive Committee, to ensure that it does not exceed compa	arable levels of
compensation for nonprofit directors in this region of the country.	
<u></u>	
05. Governing documents, etc, available to public ((Part VI, line 19)
The three most recent Forms 990 (including financial information),	-
Incorporation, Form 1023 Application for Exemption, and Conflict of	interest Policy are
provided to the public upon request.	

Name of the organization	Employer identification number
Southern Coalition for Social Justice	26-0688375
06. List of other fees for services expenses	(Part IX, line 11g)
Fees for services-other on line 11g of the Statement of Function	tional Expenses includes
amounts paid to consultants and organizers (\$171,878), expert	ts and researchers (\$81,109),
and financial commiss manifest (62 405) to see duct with the	
and financial service providers (\$2,485) to conduct various p	program and supporting
activities of the Organization.	
07. General explanation attachment	
Other program services of \$29,676 in Part III, line 4d, is for	or environmental justice.
AMENDED RETURN INFORMATION:	
The original filing of the IRS Form 990 (Schedule D, Part IV)	did not recognize the
existence of an Escrow Agreement Account that was separate an	nd apart from the client trust
aggount that had almosty been included at Schedule D. Bart Ti	7. This amended wature
account that had already been included at Schedule D, Part IV	7. This amended return
includes 100% of the inflows and outflows of both the client	trust account and the Escrow
Agreement Account.	
Schedule D, Part IV was changed to recognize an escrow agreem	ment as follows:
Line 1c (Beginning balance) was changed from \$1,621 to \$385,6	510
Line 1d (Additions during the year) was changed from \$45,005	to \$45,352
Ties 1. (Disharkarian duning the control of the con	151 bo \$57 206
Line le (Distributions during the year) was changed from \$45	,131 to \$37,306
Line 1f (Ending balance) was changed from \$1,475 to \$373,656	
For Schedule D, Part XIII, the following sentence was added:	

Employer destination number Southern Coslition for Social Justice 26-088375 The Organization also maintains funds under an Escrow Agreement dated June 11, 2011 that requires the Organization to act as an Escrow Agent for funds that are entirely owned by another nonprofit organization.	Schedule O (Form 990 or 990-EZ) (2014)	Page 2
The Organization also maintains funds under an Escrow Agreement dated June 11, 2011 that requires the Organization to act as an Escrow Agent for funds that are entirely owned by	Name of the organization	Employer identification number
requires the Organization to act as an Escrow Agent for funds that are entirely owned by	Southern Coalition for Social Justice	26-0688375
requires the Organization to act as an Escrow Agent for funds that are entirely owned by		
requires the Organization to act as an Escrow Agent for funds that are entirely owned by		
requires the Organization to act as an Escrow Agent for funds that are entirely owned by	The Organization also maintains funds under an Escrow Agreement dated June	e 11, 2011 that
another nonprofit organization.	requires the Organization to act as an Escrow Agent for funds that are en	tirely owned by
another nonprofit organization.		
	another nonprofit organization.	
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