

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Form **990**

## **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

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 ► Information about Form 990 and its instructions is at www.irs gov/form990.

Open to Public Inspection

<u>A</u> _	For the 201	4 calenc	ar year, or tax year beginning , 2014, and ending			,	
В	Check if applic	able	C		D Employ	er identif	ication number
	X Address o	hange	SOUTHERN PARTNERS FUND, INC.	ļ	58-	24093	301
	Name cha	i	4751 BEST ROAD #272	į	E Telepho		
	Initial retu		COLLEGE PARK, GA 30337		(40	4) 54	11-9091
	$\vdash$	/terminated	•	ł	(40	<u> </u>	11 JOJ1
	Amended				G Gross	eceipts \$	1,801,616
	Applicatio	on pending	F Name and address of principal officer	i(a) is this a	group return	for suborc	
			SAME AS C ABOVE	I(b) Are all !	subordinates	included	Yes Y
ī	Tax exempt		X   501(c)(3)   501(c) ( )	II NO,	attach a list	(see mst	(ructions) —
J	Website:	► WW		H(c) Group 6	exemption n	umber ►	
K	Form of orga	anization	X   Corporation   Trust   Association   Other ►   L Year of formation	n 1998	3 M s	State of le	egal domicile GA
Pa	rt I Si	ımmar	y				
	1 Briefi	ly describ	be the organization's mission or most significant activities SOUTHERN	PARTN	ERS FU	ND I	S A
a)	<u>FO</u> U	NDATI	ON CREATED TO SERVE SOUTHERN COMMUNITIES & ORGA	ANIZAT	IONS S	SEEKI	NG SOCIAL,
Σ.			, AND ENVIRONMENTAL JUSTICE BY PROVIDING THEM V				
ž.	TEC	HNICA	L ASST. & TRAINING, AND ACCESS TO SYSTEMS OF I	<u>NFORMA</u>	MOIT.	EMP	OWERMENT.
Activities & Governance		k this bo		than 25°	% of its n	et asse	ets
G			ting members of the governing body (Part VI, line 1a)			3	
SS			dependent voting members of the governing body (Part VI, line 1b)			4	·
:,≆			of individuals employed in calendar year 2014 (Part V, line 2a)	Ä		5	
÷			of individuals employed in calendar year 2014 (Part V, line 2a) of volunteers (estimate if necessary) d business revenue from Part VIII, column (C), line 12	I C. I		6 7a	
٩			d business revenue from Part VIII, column (C), line 12			7b	(
-4	<b>b</b> Net u	irirelateu	business taxable income from Form 990-T, line 34	A G D	/ rior Year	1 /5	Current Year
	8 Contr	ribilitions	d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, line 34 and grants (Part VIII, line 1h) ice revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	W - W			
e n			ice revenue (Part VIII, line 2g)	1	,035,5	777.	822,649
Revenue	_		come (Part VIII, column (A), lines 3, 4, and 7d)	/	270,1	56	589,278
è			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 16	<u> </u>	210,	130.	303,210
_	12 Total	ravenile	- add lines 8 through 11 (must equal Part VIII, column (A), line (2)	<u> </u>	,305,	755	1,411,927
			milar amounts paid (Part IX, column (A), lines 1-3)	ļ <u>-</u>	413,5		233,500
			to or for members (Part IX, column (A), line 4)		413,	00.	233,300
		•	er compensation, employee benefits (Part IX, column (A), lines 5-10)		331,4	122	252,021
န		•		<b> </b>	331,	*22.	232,021
Expenses			fundraising fees (Part IX, column (A), line 11e)				<del></del>
д×	<b>b</b> Total	fundrais	ing expenses (Part IX, column (D), line 25)  106, 164.	ļ			
m l	<b>17</b> Other	r expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)	<u></u>	307, e	592.	316,803
	18 Total	expense	es Add lines 13-17 (must equal Part IX, column (A), line 25)	1	,052,6	514.	802,324
		nue less	expenses Subtract line 18 from line 12		253,		609,603
60	· · · · · · · · · · · · · · · · · · ·			Beginnin	g of Currer		End of Year
alan		assets (	Part X, line 16)		, 339, 9		9,856,633
Net Assots Fund Balan	21 Total	liabilitie	s (Part X, line 26)		12,8		197,514
ξğ	<b>22</b> Net a	ssets or	fund balances Subtract line 21 from line 20	9	, 327, 0	191.	9,659,119
Pa			e Block	·	<u>, '                                 </u>		
		~		f my knowled	ge and belie	f, it is true.	, correct, and
comp	olete Declaration	on of p	are that I have examined this return, including accompanying schedules and statements, and to the best of rer (ther that officer) is based on all information of which preparer has any knowledge				
		1-			11/15/	115	
Sig	ın 🏴	Signatu	re of officer	Da	te (		
He	re 🕨	Fea	names Cury to 3 Execution Director				
		Type or	print name and title				<del></del>
	Р	rint/Type p	reparer's name Preparer's signature Date		Check	ıf	PTIN
Pai	id	SHEIL		2015	self employ		P00687026
	, <u> </u>	irm s name		<u>~~ \\\</u>		1	
		irm's addre			Firm's FIN	<b>►</b> 20-	-1403280
اد ب	۱۱ و ۱۰۰۰	iiiis addre					
<del></del> -			MORROW, GA 30260-2944		Phone no	1/0-	961-4200  X  Yes     No
May	the IRS dis	scuss th	is return with the preparer shown above? (see instructions)				IXIYES IIN

Form <b>990</b> (2014)	SOUTHERN PARTNE	RS FUND, IN	IC.			58-2	40930	1	Ρ	age <b>2</b>
	ement of Program S									
Check	r if Schedule O contains a	response or note	to any line in this Pa	art III						X
1 Briefly descri	be the organization's mis-	sion								
SEE SCHE	DULE O									
		· <b></b>								
2 Did the organ	nization undertake any sig	nificant program s	services during the v	ear which v	were not listed	on the prior				
Form 990 or		g. o g. a	, a			on the prior		Yes	X	No
	ribe these new services o	n Schedule O					لـا		[7]	110
	nization cease conducting		not changes in how if	Loopducts	any program	corvicos?		Vac	X	N.
	ribe these changes on Sc	=	in changes in now i	i conducts,	any program	services.	نا	Yes		No
	-						,			
4 Describe the Section 5016	organization's program se c)(3) and 501(c)(4) organi	ervice accomplish	ments for each of its	three large	est program si its and allocati	ervices, as m	easured	al exp	pense enses	es
and revenue	, if any, for each program	service reported	ed to report the arrio	unt or gran	its and anocati	ons to others	, the tot	ai exp	CHSCS	,
4 a (Code	) (Expenses \$	606 972	including grants of	S	233,500.	) (Revenue	Ś			```
SEE SCHE		000,312.	moleculary grants of	T	233,300.	, (. 10101100	· —			—′
2FF 2CUF	DOTE O									
							. <b>_</b>			
						. <b></b>			<del>-</del>	
							. <b>_</b>			
						. <b></b>				
					_ <b></b>					
		· <b></b>								
Ab (Codo	) (Expenses \$		including grants of	٠		) (Revenue	\$			
<b>4b</b> (Code	) (Expenses \$		including grants of	۶	· · · · · · · · · · · · · · · · · · ·	) (Revenue	٧			·····
		- <b></b> -			_ <b></b>	. <b></b> -		<b>-</b>		
		. <b>-</b>				. <b></b>	<b></b>			<u> </u>
					<b></b>		- <b></b> -			
		<b></b>				. <b></b>				
				<u> </u>		\	~			<del></del>
4c (Code	) (Expenses \$		including grants of	\$		) (Revenue	\$			)
						<b></b>	<b>_</b>			
				~						
				<b></b>						
		~								
						·				
				~						
		· <b>-</b>				. <b></b> _		<b></b>		
	<del></del>		<del></del>							
	m services (Describe in S									
(Expenses	\$		s of \$		) (Revenue	Ş			)	
4e Total program	n service expenses 🕨	606	,972.							

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule $A$	1	Х	1
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 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, VIII, VIII, IX, or X as applicable			<u>.</u>
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	
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
	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
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
	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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_		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? 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
	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

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 <sup>7</sup> 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
t	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		
c	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		х
t	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		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	Х	
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)	}		   <u>x</u> - '
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		x
	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		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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	olf '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	35b		
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
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	X	
BAA		Forn	990	(2014)

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	18		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b.	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamin (gambling) winnings to prize winners?	g 1 c		x
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 2 a	3		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
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>b</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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	, a <b>4a</b>		Х
<b>b</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 (FBA	R)	ļ	
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
$oldsymbol{c}$ 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?	6 a	:	Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	e 6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	-	- X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to 1 Form 8282?	file 7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
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-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	ng 8		-
9 Sponsoring organizations maintaining donor advised funds.		ļ	
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a	[ -	[ .
<b>b</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		ļ	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders		Ì	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fieu of Form 1041?	12 a	<u> </u>	ļ
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.	1		1
a Is the organization licensed to issue qualified health plans in more than one state?	13 a	ļ	
Note. See the instructions for additional information the organization must report on Schedule O			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   13 b			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		
BAA TEEA0105L 05/28/14	Forn	n 990	(2014

Form 990 (2014) SOUTHERN PARTNERS FUND, INC. 58-2409301 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 8 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 6 1 b 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 X 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 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Δ Did the organization become aware during the year of a significant diversion of the organization's assets? 5 SEE SCHEDULE O 6 Did the organization have members or stockholders? 6 Х 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? SEE SCHEDULE O X 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, SEE SCH O stockholders, or persons other than the governing body? Х 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? Х 8 a b Each committee with authority to act on behalf of the governing body? 8 b 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Yes 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х 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 h X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 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 X 12 a 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 Χ 12 h c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Χ Schedule O how this was done SEE SCHEDULE O 120 X 13 13 Did the organization have a written whistleblower policy? 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 Х 15 a 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) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed GA 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 Another's website X Upon request Other (explain in Schedule O) 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 >

FERNANDO CUEVASM, JR. 4751 BEST ROAD, SUITE 272

Form <b>990</b> (2014)	SOUTHERN	PARTNERS	FUND	TNC

58-2409301

Page **7** 

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any re	lated orga	anıza	ation	cor	npe	nsate	ed a	ny current officer,	director, or trustee	
				(C)						
(A) Name and Title	(B) Average hours per	than	one both dire	box, an o ector/	unles fficer truste		on	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- lions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W 2/1099-MISC)	(W 2/1099 MISC)	from the organization and related organizations
(1) COURTNEY OATS WILLIAMS	11					}				
DIRECTOR	0	X						0.	0.	0.
(2) JOYCE PARKER DIRECTOR	$-\frac{1}{0}$	Х						1,225.	0.	0.
(3) LEROY JOHNSON	1		П							
DIRECTOR	0	X						0.	0.	0.
(4) MARGARITA ROMO	1									
DIRECTOR	0	X						0.	0.	0.
(5) JANE SAPP SECRETARY	$-\frac{1}{0}$	X		Х				0.	0.	0.
(6) CAROLYN FORD	1	1.			-				<u></u>	<u>~</u> .
TREASURER	0	Х		Х				0.	0.	0.
(7) JOHN LITTLES	1									
CO-CHAIR	0	X		Χ	L	<u> </u>		0.	0.	0.
(8) ERIN DALE BYRD CHAIRMAN	1	X		х				1,050.	0.	0.
(9) FERNANDO CUEVASM, JR.	40	<u> </u>		-				2,000.		<u>-</u>
EXECUTIVE DIR.	0	1		Х		L		75,000.	0.	27,617.
(10)										
(11)										
(12)							-			
(13)										
(14)		-								

Form 990 (2014) SOUTHERN PARTNERS FUND, Part VII Section A. Officers, Directors, True	INC.	Kov	, En	nnl	0)//	205	20	d Highest Co	58-240930	1 nlove		age 8
(A) Name and title	(B) Average hours per week	(do box	not c	Pos theck	sition more erson direct	e than is bot or/trus	one h an tee)	(D)  Reportable	(E)  Reportable compensation from	E amo	(F) Estimate	ed other
	(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)	relatéd organizations (W 2/1099 MISC)	or a	mpensa from th ganizat nd relat ganizati	e ion .ed
(15)		-										
(16)												
(17)												
(18)		-										
(19)					_							
(20)		-			_							
(21)												
(22)		ļ —										
(23)												
(24)												
(25)												
1 b Sub-total c Total from continuation sheets to Part VII, Section	n A					-	<b>&gt;</b>	77,275.	0.		27,	617.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limit	ted to tho	se lis	ted	aho	ve)	who	rec	77,275.	0 .	hle com		617.
from the organization 0											Yes	
3 Did the organization list any <b>former</b> officer, direct on line 1a? <i>If 'Yes,' complete Schedule J for such</i>	or, or trus or individua	stee,	key	emp	oloy	ee, o	r hi	ghest compensate	ed employee	3	<del> </del>	- X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greater such individual	reportable r than \$15	e con 50,00	nper 0? /	nsati f 'Ye	ion a es' d	and o	the lete	er compensation fr Schedule J for	om	4		X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	compens complet	satior e Sc	n fro hedu	m a ule .	ny ι <i>I for</i>	unrela sucl	atec h pe	d organization or i erson	ndıvıdual	5		X
1 Complete this table for your five highest compens compensation from the organization Report comp	ated inde	pend for ti	lent he c	con aler	trac	tors t	hat en	received more th	an \$100,000 of	tax yea	 ar	
(A) Name and business addr								(B Description	)		(C)	ion
NONE ,												
Total number of independent contractors (including)	na hut nat	limit	ad t	o th	050	lista	1 01	nova) who recours	d more than			
\$100,000 of compensation from the organization	<b>D</b> 0	TEEAC				115186	ı ac		u more man		2 000	(2014)

•	Check if Schedule O contains a response or not	e to any I	ine in this Part VII	l		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1 a Federated campaigns 1 a					
rar	b Membership dues 1b					,
s, G	c Fundraising events 1 c					
ar /	d Related organizations 1 d			İ		,
s, C	e Government grants (contributions).			;		
ë <u>s</u>	f All other contributions gifts grants and			Ì		
but the	f All other contributions, gifts, grants, and similar amounts not included above 1 f 822.	,649.				
Contributions, Gifts, Grants and Other Similar Amounts	g Noncash contributions included in lines 1a 1f \$		_			,
<u>3 €</u>	h Total. Add lines 1a-1f	▶	822,649.			
<u>n</u> e	Business	Code				
×er	2a					
æ	b					
Š	c					
Ser	d					
ä	e				· · · · · · · · · · · · · · · · · · ·	
Program Service Revenue	f All other program service revenue	-				
	g Total. Add lines 2a-2f					
	3 Investment income (including dividends, interest all other similar amounts)	nd 🕨	460,874.			460,874.
	4 Income from investment of tax-exempt bond proce	eds ►	400,074.			400,074.
	5 Royalties	<b>▶</b>				
	(i) Real (ii) Pers	sonal				
	6 a Gross rents					,
	<b>b</b> Less rental expenses					,
	c Rental income or (loss)					1
	d Net rental income or (loss)	•				
	7 a Gross amount from sales of (i) Securities (ii) Ot	ther				
	assets other than inventory 518,093.					,
	<b>b</b> Less cost or other basis	ĺ	'			'
	and sales expenses 389, 689.					,
	c Gain or (loss) 128, 404.					i
	d Net gain or (loss)		128,404.			128,404.
Ę	8 a Gross income from fundraising events					
ē	(not including \$ of contributions reported on line 1c)					
ě	C D + 11/ 1 1D					
<u>ا</u>	b Less direct expenses b					1
Other Revenu	c Net income or (loss) from fundraising events					
U	9 a Gross income from gaming activities See Part IV, line 19					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities	-				
	I		<del></del>			
	10 a Gross sales of inventory, less returns and allowances a					
	<b>b</b> Less cost of goods sold <b>b</b>					,
	c Net income or (loss) from sales of inventory	•		-	-	
	Miscellaneous Revenue Business (	Code				
	11 a					
	b					
]	С					
	d All other revenue					
	e Total. Add lines 11a-11d	•				
	12 Total revenue. See instructions	►	1,411,927.	0.	0.	589,278.

## 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) (A) (B) 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 21 233,500 233,500 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 36,237 36,784 104,892 31,871 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0 Other salaries and wages 106, 603 37. 645 30. 745 38.213 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 418 139 125 154. 9 Other employee benefits 25,123 8,713 7,326 9,084. Payroll taxes 14.985 5,246 4.345 5,394 11 Fees for services (non-employees) a Management **b** Legal c Accounting 11,728 9.144 703 1.881 d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees 620 5,736. 57,356 51, g Other (If line 11g amt exceeds 10% of line 25, column 2,525 575 1,359 591 (A) amount, list line 11g expenses on Schedule () Advertising and promotion 156 32 12 200 12. 15,185 11, 840 910. 2,435. 13 Office expenses 14 Information technology 15 Royalties 2,538 6,797. 42,374 33,039 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 6,792 Depreciation, depletion, and amortization 8,711 522. 1,397. 22 380. 1,019 4,952 23 Insurance 6,351 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) 66,614 66,614 a BOARD & COMMITTEE DEVELOPMENT 38,745 38,745 PROGRAM DEVELOPMENT <u>34,89</u>1 34,891 LEADERSHIP\_DEVELOPMENT 14,858 11,585 890 2,383 d EQUIPMENT LEASE & MAINTENANCE 17,265 15,539. 1.726 e All other expenses 802,324 606,972 89,188 106,164 25 Total functional expenses Add lines 1 through 24e 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) Check here >

Part X | Balance Sheet

			(A)		(B)
			Beginning of year		End of year
1	*Cash — non-interest-bearing		314,490.	1	205,189
2	Savings and temporary cash investments.		21,169.	2	698,005
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		3,400.	4	309,801
5	Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L			5	
6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958 employers and sponsoring organizations of section 50 beneficiary organizations (see instructions). Complete		6		
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges		15,626.	9	5,453
10	a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 94,220.			
:	<b>b</b> Less accumulated depreciation	10b 83,970.	7,913.	10 c	10,250
11	Investments – publicly traded securities		8,974,469.	11	8,625,014
12	Investments – other securities See Part IV, line 11			12	<del></del>
13	Investments - program-related See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets See Part IV, line 11		2,921.	15	2,921
16	Total assets. Add lines 1 through 15 (must equal line)	34)	9, 339, 988.	16	9,856,633
17	Accounts payable and accrued expenses		4,705.	17	6,976
18	Grants payable		18	182,000	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability Complete Part I	V of Schedule D		21	
22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	ers, directors, trustees, d disqualified persons		22	
23	Secured mortgages and notes payable to unrelated th	nird parties		23	
24	Unsecured notes and loans payable to unrelated third	parties		24	
25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Company of the co	s to related third parties, plete Part X of Schedule D	8,192.	25	8,538
26	Total liabilities. Add lines 17 through 25		12,897.	26	197,514
	Organizations that follow SFAS 117 (ASC 958), check	here ► X and complete			
l	lines 27 through 29, and lines 33 and 34.		_	1 1	
27	Unrestricted net assets		2,967,448.	27	2,721,254
28	Temporarily restricted net assets	130,302.	28	708,524	
29	•	6,229,341.	29	6,229,341	
	Organizations that do not follow SFAS 117 (ASC 958) and complete lines 30 through 34.	, check here ►			_
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or equipm	nent fund		31	
32	Retained earnings, endowment, accumulated income,	, or other funds		32	
33	Total net assets or fund balances		9,327,091.	33	9,659,119
34	Total liabilities and net assets/fund balances		9,339,988.	34	9,856,633

-om 990 (2014) SOUTHERN PARINERS FUND, INC. 58	-2409301		Fal	ge iz
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response or note to any line in this Part XI				
1 Total revenue (must equal Part VIII, column (A), line 12)	1	1,41	1,9	27.
2 Total expenses (must equal Part IX, column (A), line 25)	2	80	02,3	24.
3 Revenue less expenses Subtract line 2 from line 1	3	60	9,6	03.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,32		
5 Net unrealized gains (losses) on investments	5	-2	77,5	75.
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			0.
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,65	59,1	19.
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII				
	,		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other				
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				i
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 reviewed separate basis, consolidated basis, or both	ed on a			
Separate basis Consolidated basis Both consolidated and separate basis	,			
b Were the organization's financial statements audited by an independent accountant?		2 b	Х	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  X Separate basis Consolidated basis Both consolidated and separate basis	ıte			
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?	he audit,	2 c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in 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 Audit Act and OMB Circular A-133?		3 a		х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	uired audit	3 b		
BAA		Form	990 (	(2014)

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545 0047

2014

Open to Public Inspection

Employer identification number

-	HERN PARTNERS FUND,	INC.				58-2409301					
Part I	Reason for Public Cha	rity Status (All org	anizations must coi	mplete	this pa	art.) See instruction	ns.				
The orga	anization is not a private foun										
1 [	A church, convention of chu	irches, or association (	of churches described in	section	170(b)(	1)(A)(ı).					
2	A school described in section	on 170(b)(1)(A)(ii). (Atta	ach Schedule E )		• • • •						
3	A hospital or a cooperative		•	ion 170(l	h)(1)(A)(	iii).					
4		,		•		•	er the hospital's				
, r	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 170(b)(1)(A)(iv). (Complete	or the benefit of a colle	ge or university owned o	or operat	ed by a	governmental unit desc	ribed in section				
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)										
8	A community trust describe	d in section 170(b)(1)(	A)(vi). (Complete Part II	)							
9	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.)										
10	An organization organized a	•	•								
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g										
a	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B.										
b [	Type II. A supporting organi management of the support must complete Part IV, Sect	ling organization veste	ontrolled in connection v d in the same persons t	vith its si hat contr	upported of or ma	d organization(s), by ha anage the supported org	ving control or ganization(s) <b>You</b>				
с [	Type III functionally integra organization(s) (see instruc	ted. A supporting orga tions) You must comp	nization operated in con lete Part IV, Sections A	nection v , <b>D, and E</b>	with, and E.	d functionally integrated	with, its supported				
d [	Type III non-functionally int functionally integrated The instructions) You must con	organization generally	must satisfy a distributi	on requi	tion with rement	n its supported organiza and an attentiveness re	tion(s) that is not quirement (see				
e [	Check this box if the organi integrated, or Type III non-f	zation received a writte	en determination from th	ne IRS th	at is a T	Type I, Type II, Type III	functionally				
f E	inter the number of supported	organizations									
gР	rovide the following information	on about the supported	d organization(s)								
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1.9 above or IRC section (see instructions))	(IV) Is organizati in your go docum	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
				Yes	No						
		T	<u> </u>								
(A)		<u> </u>									
(B)											
(C)											
(D)											
(E)											
<u>`-'</u>		<del> </del>									
Total	or Paperwork Reduction Act N	Johanna Abra Jasa va	ione for Form 200 at 20	0.57		Schodulo A /For	m 990 or 990-EZ) 2014				
DAA FO	or maperwork Reduction Act i	vouce, see the instruct	25 10 056 1110 1 101 61101	U"EZ.		Schedule A (FO)	111 JOU OF JOU-LAJ 2014				

Schedule A (Form 990 or 990-EZ) 2014 SOUTHERN PARTNERS FUND, INC. 58-2409301

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

	3		` ' '	/\ /\ /		, ,
(Complete only if	you checked the box on line 5,	7, or 8 of Part I or if	f the organization	failed to qualify u	ınder Part III	if the
	to qualify under the tests listed					

Sec	tion A. Public Support			,					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	2,818,505.	2,108,342.	2,112,534.	1,035,599.	822,649.	8,897,629.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	2,818,505.	2,108,342.	2,112,534.	1,035,599.	822,649.	8,897,629.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					,	1,017,529.		
6	Public support. Subtract line 5 from line 4						7,880,100.		
Sec	tion B. Total Support								
Cale begi	ndar year (or fiscal year nning in) ▶	<b>(a)</b> 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	(f) Total		
7	Amounts from line 4	2,818,505.	2,108,342.	2,112,534.	1,035,599.	822,649.	8,897,629.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	42,022.	113,949.	70,479.	277,295.	460,874.	964,619.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0.		
11	Total support. Add lines 7 through 10						9,862,248.		
12	Gross receipts from related activ	rities, etc (see inst	ructions)			12	0.		
13	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	tion's first, secon	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ []		
Sec	tion C. Computation of Pu	ıblic Support I	Percentage						
	Public support percentage for 20	•	• •	e 11, column (f))		14	79.90%		
15	Public support percentage from	2013 Schedule A,	Part II, line 14			15	89.65 %		
16 a	16 a 33-1/3% support test − 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
t	b 33-1/3% 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								
17 a	17 a 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 supported organization.								
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	nd-circumstances est The organiza	' test, check this l tion qualifies as a	box and stop here publicly supporte	. Explain in Part \ d organization	/I how the ►		
18	Private foundation. If the organiz	zation did not ched	ck a box on line 1.	3, 16a, 16b, 17a,	or 17b, check this	box and see instr	uctions -		
BAA					Sch	nedule A (Form 99	90 or 990-EZ) 2014		

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

(Complete only if you o	checked the box on lin	e 9 of Part I or if the	organization failed to	o qualify under Part I	I If the organization fails
to qualify under the tes	sts listed below, pleasi	complete Part II.)			

Sec	tion A. Public Support							
	dar year (or fiscal yr beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total	
1	Giffs, 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 business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons.		<u> </u>				-	
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							
c	: Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6)					,		
Sec	tion B. Total Support			T	· · · · · · · · · · · · · · · · · · ·			
Calen	dar year (or fiscal yr beginning in) 🟲 👚	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total	
9	Amounts from line 6							
t	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, 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 9, 10c, 11 and 12)					501()		
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	titth tax year as a	a section 501(c)(3	<sup>5)</sup> ► ∏	
	tion C. Computation of Pu			12 salves (0)		7 15	•	
	Public support percentage for 20	•		e 13, column (t))		15	%	
	Public support percentage from 2					16	1	
	Investment income percentage for				an (fl)	17		
17	· •			=	III (1))	18	<del> </del>	
18	Investment income percentage for				nd line 15 is more	1		
	33-1/3% support tests – 2014. If is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies as	s a publicly suppo	rted organization	·	
	33-1/3% support tests – 2013. If line 18 is not more than 33-1/3%	, check this box a	nd <b>stop here.</b> The	organization qua	ilifies as a publicly	supported organ	nization	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Page 4

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A. D. and F. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and comple	te Pa	art V	<u>.)                                    </u>
Sec	tion 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 <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 a	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
ł	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 <b>Part VI</b> when and how the organization made the determination	3ь		-
•	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
4 a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		. 
ŧ	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	4ь		-
Ć	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 <b>Part VI</b> 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		
5 8	a 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 <b>Part VI</b> , 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		1.
ı	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	-	
(	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5 c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b>	6	-	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
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)	8		-
9 ;	a 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		
l	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9Ь		
•	c Did a disqualified person (as defined in line 9(a)) 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	90		-
10 a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	10a	-	-
1	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.)	10Ь	,	-

Pa	rt IV   Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?	$\neg$	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the	1a		-
		1a 1b		
	· · · · · · · · · · · · · · · · · · ·	1c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
		$\dashv$	Yes	No
	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	-	
Sec	tion D. All Type III Supporting Organizations			
	Г		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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	-	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		-
Sec	tion 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	s):		
	The organization satisfied the Activities Test Complete line 2 below			
ı	The organization is the parent of each of its supported organizations. Complete line 3 below			
•	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instr	uctio	ons)	
2	Activities Test Answer (a) and (b) below.	!	Yes	No
		-	163	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		
ł	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.			
á	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		-
· ·	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 <b>Part VI</b> the role played by the organization in this regard	3b		

Schedule 🗛 i	(Form 990 or 990-EZ) 2i	014 SOUTHERN	PARTNERS	FUND.	TNC

58-2409301

Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust other Type III non-functionally integrated supporting organizations must complete	on Nov	ember 20, 1970 <b>See ir</b>	nstructions. All		
 Sec	tion A — Adjusted Net Income		(A) Prior Year (B) Current (optional			
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
 5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
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)					
	Average monthly value of securities	1a				
	Average monthly cash balances	1b				
-	Fair market value of other non-exempt-use assets	1c				
	d Total (add lines 1a, 1b, and 1c)	1d				
	e Discount claimed for blockage or other factors (explain in detail in Part VI)					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 035	6		<u> </u>		
7	Recoveries of prior-year distributions	7		ļ		
8	Minimum Asset Amount (add line 7 to line 6)	8	<del></del>	<u> </u>		
Sec	tion C – Distributable Amount			Current Year		
	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		ļ		
	Enter greater of line 2 or line 3	4		<del> </del>		
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				
	Check here if the current year is the organization's first as a non-functionally-inter(see instructions)	grated T				
RAA			Schedule A (F	orm 990 or 990-F7) 2		

1 410	ype in rion rane worldny integrated 303(a)(3) Sup	porting Organization	13 (continucu)						
Section D	Section D - Distributions								
1 Amounts	s paid to supported organizations to accomplish exempt pu	rposes							
	s paid to perform activity that directly furthers exempt purpose of income from activity	oses of supported organ	izations,						
3 Adminis	trative expenses paid to accomplish exempt purposes of su	ipported organizations							
4 Amounts	s paid to acquire exempt-use assets								
5 Qualified	set-aside amounts (prior IRS approval required)								
6 Other di	stributions (describe in Part VI) See instructions								
7 Total an	nual distributions. Add lines 1 through 6								
	ions to attentive supported organizations to which the orga	nization is responsive (p	rovide details						
9 Distribut	able amount for 2014 from Section C, line 6								
10 Line 8 ai	mount divided by Line 9 amount								
Section E –	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014					
1 Distribut	able amount for 2014 from Section C, line 6								
	stributions, if any, for years prior to 2014 (reasonable equired – see instructions)								
3 Excess	distributions carryover, if any, to 2014								
а									
b									
С									
d									
<b>e</b> From 20	13			<u> </u>					
f Total of	lines 3a through e								
<b>g</b> Applied	to underdistributions of prior years								
h Applied	to 2014 distributable amount								
i Carryove	er from 2009 not applied (see instructions)								
j Remaind	ler Subtract lines 3g, 3h, and 3i from 3f								
4 Distribut line 7	ions for 2014 from Section D,								
a Applied	to underdistributions of prior years								
<b>b</b> Applied	to 2014 distributable amount								
c Remaind	ler Subtract lines 4a and 4b from 4								
Subtract	ng underdistributions for years prior to 2014, if any lines 3g and 4a from line 2 (if amount greater than e instructions)								
	ng underdistributions for 2014 Subtract lines 3h and 4b 1 (if amount greater than zero, see instructions)								
7 Excess	distributions carryover to 2015. Add lines 3j and 4c								
8 Breakdo	wn of line 7								
a									
b									
c '									
d Excess f	rom 2013								
e Excess f	rom 2014								

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions)

# 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, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs gov/form990.

OMB No 1545-0047 2014

Open to Public Inspection

Name of the organization

	SOUTHERN PARTNERS FUND, IN	C.		58-2409301	
Par	t   Organizations Maintaining Don	or Advised Funds or Other Similar	Funds or A		<del></del> -
	Complete if the organization ans	wered 'Yes' to Form 990, Part IV,	line 6.		
		(a) Donor advised funds	<b>(b)</b> F	unds and other acc	ounts
1	Total number at end of year		2		
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)	4,63	8.		
4	Aggregate value at end of year	11,65	6.		
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 organization's exclusive legal control?	donor advised f	unds X 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 fi of the donor or donor advisor, or for any otl	unds can be use her purpose conf	d only ferring XYes	No
Par		wered 'Yes' to Form 990, Part IV,	line 7.		
1	Purpose(s) of conservation easements held by			<del></del>	
	Preservation of land for public use (e.g., r	ecreation or education) Preservati	on of a historica	Ity important land ai	rea
	Protection of natural habitat	Preservati	on of a certified	historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution	in the form of a	conservation easer	nent on the
	last day of the tax year	·			
			<b> </b>	Held at the End of the	ne Tax Year
-	Total number of conservation easements.		2 a		_ <del></del>
	Total acreage restricted by conservation easer		2 b		
C	Number of conservation easements on a certif	ied historic structure included in (a)	2 c		<u>.</u>
	Number of conservation easements included in structure listed in the National Register	,,	2 d		
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished, or term	inated by the org	ganization during the	е
4	Number of states where property subject to co	nservation easement is located 🕨			
5	Does the organization have a written policy real and enforcement of the conservation easement	ts it holds?		Yes	☐ No
6	Staff and volunteer hours devoted to monitoring	g, inspecting, and enforcing conservation e	asements during	the year	
7	Amount of expenses incurred in monitoring, in ►\$	specting, and enforcing conservation easem	nents during the	year	
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of	section 170(h)(4	1)(B)(i) Yes	No
9	In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote to	orts conservation easements in its revenue o the organization's financial statements tha	and expense sta t describes the o	atement, and baland organization's accou	ce sheet, and unting for
Par	t III Organizations Maintaining Collect	ions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV,	Other Similar	Assets.	
	<del></del>		····		
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its finan	held for public exhibition, education, or res	venue statemen search in further:	t and balance shee ance of public servi	l works of ce, provide,
b	off the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items	SFAS 116 (ASC 958), to report in its reveni d for public exhibition, education, or research	ue statement an ch in furtherance	d balance sheet wo e of public service, p	rks of art, provide the
	(i) Revenue included in Form 990, Part VIII, I	ne 1		<b>►</b> \$	
	(ii) Assets included in Form 990, Part X			<b>►</b> \$	
2	If the organization received or held works of a amounts required to be reported under SFAS		ts for financial g		owing
а	Revenue included in Form 990, Part VIII, line			<b>►</b> \$	
ь	Assets included in Form 990, Part X			<b>►</b> \$	

	HERN PARTN					58-240		Page 2
Part III Organizations Maintain	ning Collecti	ons of A	Art, Historic	al Tr	easures, or Oth	ner Similar Assets (	continued	)
3 Using the organization's acquisiti items (check all that apply)	on, accession,	and othe	r records, che	ck an	y of the following t	hat are a significant us	e of its colle	ction
a Public exhibition			<b>d</b> Loan	or exc	hange programs			
<b>b</b> Scholarly research			e 🗌 Other					
c Preservation for future gener								
4 Provide a description of the orga Part XIII							ın	
5 During the year, did the organiza to be sold to raise funds rather th	tion solicit or re nan to be maint	ceive do ained as	nations of art, part of the or	, histo ganiza	rical treasures, or ation's collection?	other similar assets	Yes	No
Part IV Escrow and Custodia line 9, or reported an	l Arrangem	ents. C	omplete if	the c	organization ar	nswered 'Yes' to Fo	orm 990, F	<sup>⊃</sup> art IV,
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian,	or other	ıntermediary	for co	ntributions or othe	r assets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIII and	complet	te the followin	g tabl	e			
							Amount	
c Beginning balance						1 c		
d Additions during the year						1 d		
<ul><li>e Distributions during the year</li><li>f Ending balance</li></ul>						1 e		
2a Did the organization include an a	mount on Form	990 Pa	rt X line 21 f	or esc	row or custodial a	<u> </u>	Yes	No
b If 'Yes,' explain the arrangement						•		H"
z ii ree, enplant the arrangement	mr are rain on		THE CAPICING	211011	ing cook provided			
Part V Endowment Funds. Co	mplete if the	organ	ization ans	were	d 'Yes' to Form	990, Part IV, line	10	
	(a) Current ye	ar	(b) Prior year		(c) Two years back		(e) Four y	ears back
1 a Beginning of year balance	6,229,	342.	5,880,7	38.	3,879,26			8,345.
<b>b</b> Contributions			348,6	04.	2,001,47	2. 998,633	1,09	2,288.
c Net investment earnings, gains, and losses								
d Grants or scholarships								
<ul> <li>Other expenditures for facilities and programs</li> </ul>					<u></u>	0		
f Administrative expenses								
g End of year balance	6,229,		6,229,3		5,880,73		. 2,88	0,633.
2 Provide the estimated percentage		year end	balance (line	e Ig, c	column (a)) held a	S		
a Board designated or quasi-endov			°					
b Permanent endowment ► c Temporarily restricted endowmer	100.00 %		<u> </u>					
The percentages in lines 2a, 2b,		egual 100	0%					
-						-t		
3 a Are there endowment funds not a organization by	n the possession	n of the	organization t	ınat ar	e neid and admin	stered for the	Ye	s No
(i) unrelated organizations							3a(i)	X
(ii) related organizations							3a(iı)	X
<b>b</b> If 'Yes' to 3a(II), are the related of	organizations lis	ted as re	equired on Sch	nedule	R?		3b	
4 Describe in Part XIII the intended		<u> </u>	n's endowme	nt fund	ds SEE PAR	T XIII		<del></del>
Part VI Land, Buildings, and					5			
Complete if the organi	zation answ	ered 'Y	es' to Form	990	, Part IV, line	I Ia. See Form 990	, Part X, I	ine 10.
Description of property	(		r other basis stment)		Cost or other casis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land	1							
<b>b</b> Buildings	_							
c Leasehold improvements	1				00 700			0 500
<b>d</b> Equipment <b>e</b> Other	<u> </u>				88,792.	79,224.		9,568.
Total. Add lines 1a through 1e (Colum	n (d) must ocu	al Form	990 Part Y C	olumn	5,428.	4,746.	<del></del>	682. 10,250.
BAA	ir (a) mast equi	ai i Ollii 3	750, 1 all A, CC	Jann	(2), mic 100)	Scheo	ule <b>D</b> (Form	

•			
Schedule D (Form 990) 2014 SOUTHERN PARTNERS	CUND THE		58-2409301 Page <b>3</b>
Schedule D (Form 990) 2014 SOUTHERN PARTNERS : Part VII Investments — Other Securities.	FUND, INC.	N/A	58-2409301 Page 3
Complete if the organization answered '	Yes' to Form 990	Part IV line 11h See I	Form 990 Part X line 12
(a) Description of security or category (including name of security)	(b) Book value		Cost or end of-year market value
(1) Financial derivatives	(5) 55511 15155	(c) method of variation (	of the or year market target
(2) Closely-held equity interests			
(2) (4)			
	<del></del>		
(A) (B)	<del> </del>		
(C)	<del></del>		
(D) (E)			
(F)			
(G) (H)			
(1)			
Total (Column (b) must equal Form 990, Part X, column (B) line 12)		<u> </u>	
Part VIII Investments — Program Related. Complete if the organization answered	Yes' to Form 990	N/A Part IV June 11c See I	Form 990 Part X June 13
(a) Description of investment type	(b) Book value		ost or end-of-year market value
	(b) Book Value	(c) metrice or randation of	ost or one or your memor value
(1)			
(2)			
(3)			
(4)	· · · · · · · · · · · · · · · · · · ·		
(5)			
(6)			
(7)			
(8)			
(9)			<del></del>
(10) Total (Column (h) must equal Form 990, Part X, column (R) line 13.)	<del> </del>		
Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets.	N/A	<u> </u>	
Complete if the organization answered 'Ye	es' to Form 990, Pa	art IV, line 11d See Form	n 990, Part X, line 15.
(a) Desc	cription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			<del></del>
(6)			
<u>(7)</u> (8)			
(9)			
(10)	<del></del>		
Total. (Column (b) must equal Form 990, Part X, column (B)	line 15.)		
Part X Other Liabilities.	, iiile 13 )		
Complete if the organization answered 'Yes' to Form 9	190 Part IV line 11e or	11f See Form 990 Part X line 2	25
(a) Description of liability	(b) Book value	1	
(1) Federal income taxes		<del></del>	
(2) VACATION ACCRUAL	8,53	38.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	▶ 8,53	38.	

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.

BAA

Schedule D (Form 990) 2014 SOUTHERN PARTNERS FUND, INC.	<u>58-24093</u>	301 Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	1,134,352.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments 2a -277, 5	75.	
b Donated services and use of facilities 2b		
c Recoveries of prior year grants.		
d Other (Describe in Part XIII )		
e Add lines 2a through 2d	2 e	-277,575.
3 Subtract line 2e from line 1	3	1,411,927.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII )  4b		
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	1,411,927.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	?eturn.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a		
1 Total expenses and losses per audited financial statements	1	802,324.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities 2 a		
b Prior year adjustments 2 b		
c Other losses 2 c		
d Other (Describe in Part XIII )		
e Add lines 2a through 2d	2 e	

Part XIII Supplemental Information.

3 Subtract line 2e from line 1

**b** Other (Describe in Part XIII )

c Add lines 4a and 4b

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

4 a

4 b

## PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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

THE EARNINGS ARE FOR THE GENERAL PURPOSE OF THE ORGANIZATION.

3

4 c

5

802,324.

802,324.

SCHEDULE I Form 990)		GOV Somple	Grants and Oth Governments, ar	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered 'Yes' to Form 990, Parl IV, line 21 or 22.	to Organizatior n the United St	is, ates or 22.		OMB No 1545 0047
Department of the Treasury Internal Revenue Service		► Information	n about Schedule I	<ul> <li>Attach to Form 990.</li> <li>Information about Schedule I (Form 990) and its instructions is at www irs.gov/form990.</li> </ul>	0. ructions is at <i>www ir</i> s.g	ov/form990.		Open to Public Inspection
lame of the organization							Employer identification number	ation number
SOUTHERN PARTNERS Part   General Inform	RN PARTNERS FUND, INC. General Information on Grants and Assistance	its and Assist	ance				58-2409301	11
T 90 7	maintain records to	o substantiate the	amount of the gran	the grants or assistance, the grantees' eligibility for the grants or assistance, and	antees' eligibility for the	grants or assistance,	and	-
the selection criteria us  Describe in Part IV the	ised to award the gi e organization's pro-	rants or assistance	e.' oring the use of gra	the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	states	SEE F	PART IV	X Yes No
Part II Grants and Oth Form 990, Par	her Assistance tri IV, line 21 for	to Domestic Or	ganizations and that received n	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' to 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	nents. Complete of Part II can be dupled	Complete if the organization answered 'Yes' to can be duplicated if additional space is neede	answered 'Yes' to	od.
1 (a) Name and address of organization or government	f organization	(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 non-cash assistance	(h) Purpose of grant or assistance
(1) SEE ATTACHED								SOCIAL, ECONOMIC & ENVIRONM
(2)				000,700				00011CE
(6)								
(4)								
(6)								
(9)								
6								
(8)								
	section 501(c)(3) ar	nd government orc	ganizations listed in	the line 1 table			<b>A A</b>	0
S Enter total number of other organizations listed in the line i laber BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	tion Act Notice, see	e the Instructions	for Form 990.		TEEA3901L 06/19/14	06/19/14	Schedu	Schedule 1 (Form 990) (2014)

Page 2

Schedule I (Form 990) (2014) SOUTHERN PARTNERS FUND, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book FMV, appraisal, other)	(f) Description of non-cash assistance
2					
3					
4					
5					
9					
7					
Part IV Supplemental Information. Provide the informat	ide the informatio	in required in Part	I, line 2, Part III, co	olumn (b), and any oth	ion required in Part I, line 2, Part III, column (b), and any other additional information

# PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

A PROGRAM OFFICER IS RESPONSIBLE FOR MONITORING THEY WILL NOT RECEIVE FUTURE FUNDING THE GRANT APPLICATIONS ALL ARE REVIEWED BY GRANT PANEL COMMITTEES. MOST GRANTS REQUIRE BOARD APPROVAL. THE ORGANIZATION HAS ESTABLISHED CRITERIA FOR ELIGIBILITY. GRANT RECIPIENTS MUST SUBMIT A FINAL REPORT. UNTIL THE FINAL REPORT IS SUBMITTED. THE GRANT ACTIVITIES.

# PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION

THE GRANT TO THE ORGANIZATION AND TAKES CARE OF MANAGING THE FIDUCIARY REQUIREMENTS MOST RECIPIENTS ARE 501(C)(3) ORGANIZATIONS. THERE ARE SOME ORGANIZATIONS THAT DO NOT HAVE THEIR 501(C)(3) STATUS AND HAVE SECURED A FISCAL SPONSOR WHO ADMINISTERS

FOR THE GRASSROOTS ORGANIZATION.

## SCHEDULE L (Form 990 or 990-EZ)

## Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545 0047

2014

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOUTHERN PARTNERS FUND, INC.

Employer identification number

58-2409301 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified	(c) Description of transaction	(d) Cor	rrected?
		person and organization		Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					T
(6)					

Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶\$		
<b>&gt;</b> \$		

## Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	an to or m the ization?	(e) Original principal amount	(f) Balance due	(g) in c	lefault?	(h) Ap by bo comm	proved ard or uttee?	(ı) Wı agreei	ntten ment?
	ļ	]	То	From	1		Yes	No	Yes	No	Yes	No
(1) FERNANDO CUE	VASM, JR.											
(2)	EXEC DIR	ADVANCE		X	3,000.	150.		Х	Х		X	
(3)												
(4)		_										
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total				•	▶\$	150.						

## Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, June 27.

	outspicte if the organization	answered les off form 330, Fait IV, fine 2	<u> </u>		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)				<u> </u>	<u> </u>

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

Schedule L (Form 990 or 990-EZ) 2014

Schedule L (Form	n 990 or 990-EZ) 20	14 SOUTHERN	PARTNERS	FUND.	INC.

58-2409301

Page 2

Part IV	Business Transactions Invo Complete if the organization answered	olving Interested Pers 'Yes' on Form 990, Part IV, Im	sons. ne 28a, 28b, or 28c			
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organa	aring of zation's nues?
		1			Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)			·			
(7)						<u> </u>
(8)						<u> </u>
(9)						

(10)

Part V | Supplemental Information | Provide additional information for responses to questions on Schedule L (see instructions).

## 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.

at www irs.gov/form990.

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SOUTHERN PARTNERS FUND, INC

Employer identification number 58-2409301

## FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

SOUTHERN PARTNERS FUND IS A FOUNDATION CREATED TO SERVE SOUTHERN COMMUNITIES AND ORGANIZATIONS SEEKING SOCIAL, ECONOMIC, AND ENVIRONMENTAL JUSTICE BY PROVIDING THEM WITH FINANCIAL RESOURCES, TECHNICAL ASSISTANCE AND TRAINING, AND ACCESS TO SYSTEMS OF INFORMATION AND EMPOWERMENT.

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

THE SOCIAL JUSTICE INSTITUTE (SJI) IS A LEADERSHIP DEVELOPMENT AND CAPACITY BUILDING PROGRAM DESIGNED TO ENHANCE THE SUSTAINABILITY OF SPF'S GRANTEE ORGANIZATIONS AND OTHER GRASSROOTS ORGANIZATIONS COMMITTED TO UNDER RESOURCED INDIVIDUALS AND COMMUNITIES IN THE SOUTH. WE RECOGNIZE THE VITAL IMPORTANCE OF MAKING CAPACITY BUILDING A PRIORITY; NOT ONLY FOR SOUTHERN PARTNERS FUND AS A FOUNDATION, BUT ALSO FOR OUR GRANTEE PARTNERS. THESE GROUPS AND ORGANIZATIONS SERVE AN IMPORTANT ROLE IN ADDRESSING THE NEEDS OF CHILDREN, YOUTH, AND FAMILIES IN RURAL COMMUNITIES, TO IMPROVE THEIR CONDITIONS AND CREATE A LEGACY FOR FUTURE GENERATIONS. THE PROGRAMS AND INFORMATION OFFERED BY THE SOCIAL JUSTICE INSTITUTE ARE DESIGNED TO PROMOTE KNOWLEDGE BUILDING, BEST PRACTICES IN ORGANIZATIONAL MANAGEMENT, AND INCREASE COLLECTIVE UNDERSTANDING OF HISTORICAL AND PRESENT CIVIL AND HUMAN RIGHTS ISSUES IN THE SOUTH.

OVER THE PAST 17 YEARS, SPF HAS AWARDED CLOSE TO 12.4 MILLION DOLLARS INTO RURAL COUNTITIES ACROSS THE SOUTHEASTERN UNITED STATES. TO INCLUDE ALABAMA, ARKANSAS, FLORIDA, GEORGIA, KENTUCKY, LOUISIANA, MISSISSIPPI, NORTH CAROLINA, SOUTH CAROLINA, TENNESSEE, VIRGINIA, AND WEST VIRGINIA.

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

THERE IS ONE CLASS OF MEMBERSHIP. BOARD MEMBERS, STAFF, AND VOLUNTEERS OF

ORGANIZATIONS ELIGIBLE TO BE GRANTEE PARTNERS OF THE SOUTHERN PARTNERS FUND, INC.

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER (CONTINUED)

ARE ELIGIBLE TO BE MEMBERS.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

SPF IS A CORPORATION THAT HAS MEMBERS. THEY ELECT MEMBERS TO THE GOVERNING BODY.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

DECISIONS COMING BEFORE THE BOARD RELATED TO THE MEMBERSHIP NOMINATIONS ARE SUBJECT

TO MEMBERSHIP APPROVAL.

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

THE ORGANIZATION'S ACCOUNTANT PROVIDES A DRAFT OF FORM 990 TO THE BOARD FOR REVIEW AND APPROVAL PRIOR TO FILING. THIS DRAFT WILL BE REVIEWED BY THE ORGANIZATION'S TREASURER, EXECUTIVE DIRECTOR, ASSISTANT DIRECTOR, CPA AND EXECUTIVE COMMITTEE FOR CONSISTENCY WITH THE AUDITED FINANCIAL STATEMENTS AND WITH PREVIOUSLY FILED FORM 990S.

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

A CONFLICT OF INTEREST IS CONSIDERED TO EXIST IF A SOUTHERN PARTNERS FUND BOARD OR
GRANTS COMMITTEE MEMBER, OR THEIR SIGNIFICANT OTHER, OR FAMILY MEMBERS, HAS A STAKE,
BY VIRTUE OF BOARD MEMBERSHIP, PAID POSITION OR VOLUNTEER POSITION, WITH AN
ORGANIZATION, OR THE FISCAL SPONSOR OF AN ORGANIZATION WHICH IS APPLYING FOR A
GRANT. THESE ARE CONSIDERED TO BE DIRECT AFFILIATIONS WITH GROUPS BEING CONSIDERED
FOR FUNDING. IN THE CASE OF A CONFLICT OF INTEREST BY DIRECT AFFILIATION, THAT
PERSON SHALL NOT PROVIDE INFORMATION ABOUT THAT APPLICANT TO THOSE MAKING GRANT
DECISIONS, BE PRESENT FOR DISCUSSION, NOR VOTE ON THE PROPOSAL DURING THE DECISION
MAKING PROCESS. AT EACH GRANTMAKING MEETING, BOARD MEMBERS ARE EXPECTED TO SAY IF
THERE IS A DIRECT AFFILIATION WITH GROUPS BEING CONSIDERED FOR FUNDING.

AN OFFICER OR DIRECTOR SHALL DISCLOSE THE EXISTENCE AND THE NATURE OF HIS OR HER INTEREST IN THE CASE OF INDIRECT AFFILIATIONS OF GROUPS BEING CONSIDERED FOR

Employer identification number 58-2409301

## FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)

FUNDING. INDIRECT AFFILIATIONS ARE CONSIDERED TO BE NETWORKS, COALITIONS AND SIMILAR TYPES OF RELATIONSHIPS. AT EACH GRANTMAKING MEETING, BOARD MEMBERS ARE EXPECTED TO SAY IF THERE IS AN INDIRECT AFFILIATION WITH GROUPS BEING CONSIDERED FOR FUNDING BEFORE PROCEEDING. IN THE CASE OF A CONFLICT OF INTEREST BY INDIRECT AFFILIATION, THAT PERSON MAY PROVIDE INFORMATION ABOUT THE APPLICANT TO THOSE MAKING GRANT DECISIONS BY DISCLOSING THE EXISTENCE OF THE INTEREST AND NATURE OF THE CONFLICT.

FORMER STAFF WILL NOT BE ELIGIBLE FOR BOARD SERVICE UNTIL AT LEAST TWO YEARS HAVE PASSED FROM THE POINT OF THEIR RESIGNATION, DISMISSAL OR END OF TERM OF BOARD SERVICE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT
A ADHOC SEARCH COMMITTEE IS VOTED ON BY THE BOARD OF DIRECTORS TO RESEARCH,
INTERVIEW, AND ASSESS THE QUALIFICATIONS OF POTENTIAL CANDIDATES AND COMPENSATION.
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. THE ORGANIZATION POSTS THIS COPY ON THEIR WEBSITE AND IT IS ALSO
AVAILABLE UPON REQUEST.