

## 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



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

Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545 0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

_	Cau tha	2015						
<u>~</u>			lar year, or tax year beginning , 2015, and ending C	<del></del>		,		
В	Check if a			D Emi	oloyer ident	ification number		
	Addre	ess change	SOUTHERN PARTNERS FUND, INC.	58-2409301				
	Name	e change	4751 BEST ROAD #272	E Tele	phone num	ber		
	Initial	l relurn	COLLEGE PARK, GA 30337	(404) 541-9091				
	Final ii	eturn/terminated						
	Amer	nded return		G Gro	ss receipts	\$ 1,087,137.		
	Apple	ication pending	F Name and address of principal officer	(a) Is this a group re	urn for subo			
	_		SAME AS C ABOVE	(b) Are all subordina If 'No,' attach a	ates include			
ī	Tax exe	empt status	X 501(c)(3)   501(c) ( )    (insert no )   4947(a)(1) or   527	If 'No,' attach a	list (see ins	structions)		
J	Websi	ite: ► WW	L CDEUND ODG	(c) Group exemptio	n number 🕨			
ĸ	Form of	f organization	X Corporation Trust Association Other L Year of formation			egal domicile GA		
	art I	Summar		1 1 9 9 0 1	II State of I	egar dornicile GA		
				DADMNEDC I	TIME T	· C 3		
			ON CREATED TO SERVE SOUTHERN COMMUNITIES & ORGA	PARTNERS I	TOND T	NG COCTAI		
Governance	<del>+</del>							
na.	∺	ECHNICA	L ASST. & TRAINING, AND ACCESS TO SYSTEMS OF IN	TEODMATION	C EWI	CESCURCES,		
Υe	2 🕏	heck this bo		than 25% of its	o Tri	etc		
යි	3 No		ting members of the governing body (Part VI, line 1a)	111811 25 /0 01 113	1 3	8		
≪ઇ			lependent voting members of the governing body (Part VI, line 1b)		4	5		
ŧį	<b>5</b> To	otal number	of individuals employed in calendar year 2015 (Part V, line 2a)		5	3		
Activities &			of volunteers (estimate if necessary)		6	23		
Ą			d business revenue from Part VIII, column (C), line 12		7a	0.		
·	<b>b</b> N∈	et unrelated	business taxable income from Form 990-T, line 34		7b	0.		
Revenue				Prior Ye	ar	Current Year		
رم	ı		and grants (Part VIII, line 1h)	822	,649.	240,050.		
ž,Ž	ı		ce revenue (Part VIII, line 2g)					
eve	1		come (Part VIII, column (A), lines 3, 4, and 7d)	589	,278.	645,779.		
ш			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,411		885,829.		
	1		milar amounts paid (Part IX, column (A), lines 1-3)	233	,500.	380,302.		
			to or for members (Part IX, column (A), line 4)					
S			r compensation, employee benefits (Part IX, column (A), lines 5-10)	252	,021.	291,963.		
Expenses	<b>16 a</b> Pr	ofessional f	undraising fees (Part IX, column (A), line 11e)					
d	<b>b</b> To	otal fundraisi	ng expenses (Part IX, column (D), line 25) ► 106.370					
Û	<b>17</b> Ot	ther expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	316	,803.	525,508.		
			s Add lines 13-17 (must equal Part IX, column (A), [me[25]		, 324.	1,197,773.		
			expenses Subtract line 18 from line 12	15437		-311,944.		
8 8			WIV 2 1 20	Beginging of Curi		End of Year		
Net Assets o Fund Balance	<b>20</b> To	ital assets (F	Part X, line 16)		, 633.	8,535,202.		
A A		-	(Part X, line 16) OGDEN, U		,514.	16,542.		
S E			fund balances Subtract line 21 from line 20					
				9,659	,119.	8,518,660.		
		Signature						
comp	r penaities o lete Declai	ration of pregar	re that I have examined this return including accompanying schedules and statements, and to the best of reincompanying schedules and statements, and to the best of reincompanying schedules and statements, and to the best of reincompanying schedules and statements.	my knowledge and be	lief, it is true	, correct, and		
		V	10, 20, 10	1111	<b>5</b> /2	مازه		
Sig	n	Signature	of office.	Date	9 / <del>0</del>			
Hei	re	100	rudice A. Mostey Assistant Due	-4-				
			orint name and title	CIOL		····-		
		Print/Type pr	eparer's name Peparer's signature Date	Check	l d	PTIN		
Da:	لہ	CHETTA	M. KOZAK, CPA ( ) WERLY CH (1)	2d Laself emp	L)"	P00687026		
Pai	a parer	Firm's name	III ROBINI, CITI	Sen emp	oyeu	10001020		
	only				N <b>&gt;</b> 20	1402200		
<b>J</b> 3(	iiiy	Firm's addres				1403280		
Mari	the IDS	discuss this	MORROW, GA 30260-2944	Phone no	1/0-	961-4200		
			return with the preparer shown above? (see instructions)			X Yes No		
RAA	\ rorPa	perwork Re	duction Act Notice, see the separate instructions. TEEAO	1113L 10/12/15		Form <b>990</b> (2015)		

	990 (2015) SOUTHERN PARTNERS FUND, INC.	58-2409301	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	SEE_SCHEDULE_O	_	
	_		
2	Did the organization undertake any significant program services during the year which were not listed on	the prior	
•	Form 990 or 990-EZ? SEE SCHEDULE O	X Yes	No
	If 'Yes,' describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices? Yes	X No
	If 'Yes,' describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by e	xpenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations and revenue, if any, for each program service reported	to others, the total exp	oenses,
	and revenue, it any, for each program service reported		
	· (C-1-		
4 8	(Code ) (Expenses \$ 541,700. including grants of \$ 380,302.) (R		,
	IN 2015, SOUTHERN PARTNERS FUND AWARDED \$541,700 GRANTS TO NON-PE	ROFTI ORGANIZA	TIONS
	LOCATED IN OUR 12 STATE FUNDING REGION.	. ~	~ <b>-</b>
		. <b></b>	
		.~	
		. <del> </del>	
		<i></i>	
4 t	(Code ) (Expenses \$ 250,000, including grants of \$ ) (R	evenue \$	)
	KELLOGG FAMILY ENGAGEMENT: TECHNICAL ASSISTANCE AND GRANT DOLLARS	S SUCCESSFULLY	
	PROVIDED TO ORGANIZATIONS IN GEORGIA, NORTH CAROLINA, AND ALABAMA	A ON HOW TO WO	RK WITH
	LOCAL COMMUNITIES TO ENGAGE THEIR SCHOOL SYSTEMS AND IMPROVE THE		
	FOR CHILDREN.		
4	: (Code ) (Expenses \$ 98,000. including grants of \$ ) (R	evenue \$	<u> </u>
	RAISING RESOURCES IN THE RURAL SOUTH: SOUTHERN PARTNERS FUND SUCC		TDED
	CAPCITY BUILDING TRAINING TO ORGANIZATIONS LOCATED WITHIN OUT 12		
	REGION. THE FOCUS OF THIS INITIATIVE WAS TO INCREASE GRASSROOTS		
	ABILITY TO RAISE FUNDS USING INNOVATIVE STRATEGIES SUCH AS CROWD	LONDING WND -	
	INCREASED SOCIAL MEDIA ACCESS.		
		<del></del>	
4 d	Other program services (Describe in Schedule O )  SEE SCHEDULE O		
	(Expenses \$ 81,968. including grants of \$ ) (Revenue \$	<del></del>	
4 e	• Total program service expenses ► 971, 668.		

lines 1c and 8a? If 'Yes,' complete Schedule G, Part II

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Schedule A Χ Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 2 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 3 Χ 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 Δ Х 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 Х 5 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, 6 X 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 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D. Part III Х 8 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 Χ services? If 'Yes,' complete Schedule D, Part IV 9 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 Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Χ D. Part VI **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 h Χ c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII Х 11 c 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 Х 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X X 11 f 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and X 12 b if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional Х 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Х 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 Χ 14b 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 Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 Χ or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV 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 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Χ

Х

18

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

Part IV Checklist of Required Schedules (continued) Yes No Х 20a 20a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 Х 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III Х 22 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? If 'Yes,' complete Schedule 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 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Х Schedule L. Part I 25b 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? Χ If 'Yes', complete Schedule L. Part II 26 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 Χ 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) Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х Schedule L. Part IV 28h c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Х 280 X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If 'Yes,' complete Schedule M 30 31 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Х 32 Schedule N. Part II 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 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, X and Part V, line 1 34 X 35a 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Х 36 organization 'if 'Yes,' complete Schedule R, Part V, line 2 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 Х 37

38

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197

Note. All Form 990 filers are required to complete Schedule O

1.a Entire the number reported in Box 3 of Form 1096. Enter -0 -if not applicable  1.a 1.4 1.5 1.6 1.5 1.5 1.6 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5	Pai	<b>t V</b> Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V				
b Effect the number of Forms W-20 included in line 1a. Enter -0- if not applicable.  Cold the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State:		<del></del>			Yes	No
b Effect the number of Forms W-20 included in line 1a. Enter -0- if not applicable.  Cold the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State:	1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 14	$\neg \neg$		
(gambling) winnings to pieze winners?  2 a Farter the number of emptoyees 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  3 bit of less to see 'seported on the Za, did the organization rise all required federal employment tax returns?  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 unreaded business gross income of \$1,000 or more during the year?  3 a V bit Yes has if field a fam 891 for this year? If W to kin kin 2, provide an explanation in Schedule 0  3 bit Yes has if field a fam 891 for this year? If W to kin kin 2, provide an explanation in Schedule 0  3 bit Yes has if field a fam 891 for this year? If W to kin kin 2, provide an explanation in Schedule 0  3 bit Yes has if field a fam 891 for this year? If W to kin kin 2, provide an explanation in Schedule 0  3 bit Yes has if field a fam 891 for this year? If W to kin kin 2, provide an explanation in Canadian for thing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR)  5 a Was the organization and anarty to a prohibited tax shelter transaction of thing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR)  5 a Was the organization and anarty to a prohibited tax shelter transaction?  5 bit Yes, to line 5 a of 50, did the organization field for organization that it was or is a party to a prohibited tax shelter transaction?  5 c of 3 boes the organization menual gross receipts that are normally greater than \$100,000, and did the organization organization menual gross receipts that are normally greater than \$100,000, and did the organization and the proparazion in menual pross receipts that are normally greater than \$100,000, and did the organization and the proparazion menual gross receipts that are normally greater than \$100,000, and did the organization and services provided to the party.  5 bit Yes, if th				Į	]	£
2a Entire the number of employees reported on Form W.3. Transmitted of Wage and Tax State parts in the property of the propert	C	: Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1 c		х
bill at least one is reported on line 2a, add the organization fite all required feefal employment tax returns?  Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-fite (see instructions)  3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 bill Yes has if field a form \$00 Term is year? Who to line 30, power are pleasation in Architecturing the year?  3 bill Yes has the start of the see and the common of \$1,000 or more during the year?  4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other innancial accounts (FBAR)  5 bill Yes and the foreign country (such as a bank account, securities account, or other innancial accounts (FBAR)  5 a Was the organization favor to a prohibited tax shelter transaction?  6 a Does the organization favor annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not lax deductible as charidable contributions and partly for goods and services provided in the poyan.  5 bill Yes, did the organization nectule with every solicitation an express sistement that such contributions or grits were not tax deductible.  6 bill Yes, did the organization nectule with every solicitation and express sistement that such contributions or grits were not tax deductible.  6 contributions that may receive deductible contributions under section 170(c).  8 bill Yes, did the organization nectule with every solicitation and express sistement that such contributions or grits were not tax deductible.  9 bill Yes, did the organization nectule with every solicitation and rapidly properly for which it was required to file.  10 bill recognization and the properly for which it was required to file.  11 bill the organization received a contribution of qualified intellectual property, did the organization file a fo	2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State	23			ı
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 to more during the year? 3 b If Yer his it file if form \$97 if for this yea? If Not line \$9, provide an epipation in Stebulot \$9. 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly of the financial accountly of the financial accountly \$1.000 to the country such as a bank accountly, controlled from the financial accountly \$1.000 to the provided of the foreign country \$1.000 to the provided of the organization aparty to a prohibited tax sheller transaction at any time during the lax year? 5 a Was the organization aparty to a prohibited tax sheller transaction at any time during the lax year? 5 a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that was one as a party to a prohibited tax sheller transaction? 5 b If Yes, did the organization include with every solicitation are express statement that such contributions or gifts were not tax deductible? 6 a Doss the organization include with every solicitation are express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 of the organization shall may receive deductible contributions under section 170(c). 9 of the organization shall may receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 9 of the organization shall may receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 9 of the organization of the number of Forms 8282 filed during the year and payment of the organization file and payment on the payor. 9 of the organization of the number of Forms 8282 filed during the year an	F			2 h	x	
3 a Dd the organization have unrelated business gross income of \$1,000 or more during the year?  bill Yes is if tild e farm 991 of this year? If will 6 farm 89, provide an explanation in Schedule O  4 a At any time during the Calendar year, did the organization have an interest in , or a signature or other authority over, a functional count in a foreign county (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial accounts (FBAR) as Was the organization of the organization to a prohibitod tax shelter transaction at any time during the tax year?  5 a Was the organization post, to a prohibitod tex shelter transaction at any time during the tax year?  5 b d any tixiable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 a Doss the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit alty orintalization contributions and party for goods and services provided?  7 b organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided?  7 b If Yes, did the organization notify the donor of the value of the goods or services provided?  8 b If Yes, did the organization notify the donor of the value of the goods or services provided?  9 b If the organization during the year, pay premiums on a personal benefit contract?  7 b If the organization during the year, pay premiums on a personal benefit contract?  9 c Dot the organization during the year, pay premiums on a personal benefit contract?  10 the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  11 b If the organization make any tability of the organization file form 8899  12 c growth organization services of the value of the goods or services provided?  13	Ī		i			
bill Yes' has it lited a form 90 Tool the year? If No to hive 30, promote an exploatation is Schedule 0  4 a All any time during this calendary year, did the organization have an interest in, or a signature or other authority over, a financial account)?  5 bill Yes, center the name of the foreign country with a second, second, or other financial account)?  5 a Was the organization a porty to a prohibited tax sheller transaction of a ray time during the tax year?  5 bill any taxable party hostly the organization that it was or is a party to a prohibited tax sheller transaction?  5 bill any taxable party hostly the organization that it was or is a party to a prohibited tax sheller transaction?  5 c. If Yes, I to line 5 a or 5 b, did the organization that it was or is a party to a prohibited tax sheller transaction?  6 a Does the organization annual gross recopts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 bill Yes, I did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible.  7 bill Yes, I did the organization notity the donor of the value of the goods or services provided?  7 bill Yes, I did the organization notity the donor of the value of the goods or services provided?  7 bill Yes, I did the organization notity the donor of the value of the goods or services provided?  7 bill Yes, I did the organization notity the donor of the value of the goods or services provided?  7 bill Yes, I did the organization notity the donor of the value of the goods or services provided?  7 bill Yes, I did the organization notity the donor of the value of the goods or services provided?  7 bill Yes, I did the organization notity the donor of the value of the goods or services provided?  7 bill Yes, I did the organization notity the donor of the value of the goods or services provided?  7 bill Yes, I would be organization of the palary of the organizatio	3 a				- 1	X
4 à X and the duming the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.  5 a Mas the organization from the foreign country.  5 a Was the organization price or the foreign country.  5 a Was the organization price organization that it was or is a party to a prohibited tax shelter transaction?  6 a Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization file form 8866-7?  6 a Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solect arry combibitions that were not lax deductible as chariable contributions?  6 a Does the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible?  7 b If 'Yes,' did the organization include with every solicitation and express statement that such contributions or gitts were not tax deductible?  8 b If 'Yes,' did the organization include with every solicitation and express statement that such contributions or gitts were not tax deductible?  9 c Organizations that may receive deductible contributions under section 170(c).  10 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?  10 if 'Yes,' did the organization notity the donor of the value of the goods or services provided?  11 if yes,' indicate the number of Forms 8282 filed during the year  12 if the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  13 if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1084-C?  14 just the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1084-C?  15 poress receives, included on Part VIII, line 12 to proble use of club facilities  16 por						
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organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 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 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b  11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 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 lieu of Form 1041? 12 a Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves any payments for indoor tanning services during the tax year? b if 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	ł		organization file a	7 h		
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Form 990 (2015) SOUTHERN PARTNERS FUND, INC. 58-2409301 Page 6 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 8 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 5 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 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? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? SEE SCHEDULE O X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? SEE SCHEDULE O 7 a Х **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? 7 h Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 a Х X 8 b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a b If Yes, did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b  $\overline{X}$ 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O Х 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 X 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in SEE SCHEDULE O Schedule O how this was done 120 Х  $\overline{X}$ 13 13 Did the organization have a written whistleblower policy? X 14 14 Did the organization have a written document retention and destruction policy? 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? X a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O 15 a X 15 b **b** Other officers or key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a taxable entity during the year? 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 16 F organization's exempt status with respect to such arrangements? 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 |X| Other (explain in Schedule O) SEE SCH. O X Upon request Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year SEE SCHEDULE O

FERNANDO CUEVASM,

State the name, address, and telephone number of the person who possesses the organization's books and records >

JR. 325 CRESTRIDGE LANE

orm <b>990</b> (2		SOUTHERN						58-2409301	Page
Part VII	Com	pensation of	Officers, Di	rectors,	Trustees, I	Key Employees,	<b>Highest Com</b>	pensated Employees, a	ind

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

Check this box if neither the organization nor any i	elated org	anıza	atior	n co	mpe	nsate	ed a	iny current officer	, director, or trustee	
				(C	)					
(A) Name and Title	(B) Average hours per	thar	one  both	box,	unle	eck moss s pers r and a ee)	son	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza lions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 MISC)	related organizations (W 2/1099 MISC)	compensation from the organization and related organizations
(1) COURTNEY OATS WILLIAMS	1									
DIRECTOR		] X			l			0.	0.	0.
(2) JOYCE PARKER	1_					-			· · · · · · · · · · · · · · · ·	
DIRECTOR	0	Х				!		0.	0.	0.
(3) LEROY JOHNSON	1									
DIRECTOR	0	X			<u> </u>			0.	0.	0.
(4) MARGARITA ROMO	1									
DIRECTOR	0	X						0.	0.	0.
(5) JANE SAPP	1_1_									
SECRETARY	0	X		X				0.	0.	0.
(6) CAROLYN FORD	11	]								
TREASURER	0	<u> </u>		Х				700.	0.	0.
(7) JOHN LITTLES	1									
CO-CHAIR	0	] X		Х		l		750.	0.	0.
(8) ERIN DALE BYRD	11									
CHAIRMAN	0	X		Х				700.	0.	0.
(9) FERNANDO CUEVAS, JR.	40									
EXECUTIVE DIR.	]0			Х				84,250.	0.	28,245.
(10)										
(11)										· <del>- ·· · · · · · · · · · · · · · · · · ·</del>
(12)	ļ	_	-1							<u> </u>
(13)										
(14)			$\vdash$		_		$\dashv$			
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Part VII   Section A. Officers, Directors, Tri	T	Key	<u>Er</u>	_		ees,	an	d Highest Coi	npensated Emp	oloyee	S (continued)
•	(B)			((	•						
(A)	Average							(D)	(E)		(F)
Name and title	hours per					ıs botl or/trus		Reportable compensation from	Reportable compensation from		stimated unt of other
	(list any	9 5	Sul	Of	<u>~</u>	e j	등	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)	f	rpensation rom the
	hours for	dividual director	utut	Officer	yen	Highest co	Former			ar	janization id related
	related organiza tions	je je	ona	ľ	Key employee	ee con	` ;			org	anizatións
	below dotted	ndividual trustee or director	nstitutional trustee		/ee	pen					
	line)	ĕ	ce			Highest compensated employee					
		ļ									
(15)		ļ									
(16)		-									
(16)		┨									
(17)		-					H				
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(18)	<u> </u>	$\vdash$			-	-	H		<u> </u>		
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		1	•								
(20)											
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(21)											
(22)											
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(23)		-									
(24)		-									
(24)	{	-									
(25)	<u> </u>		$\vdash$			-					
		1									
1 b Sub-total	<u> </u>				<b>.</b>		<b>•</b>	86,400.	0.		28,245.
c Total from continuation sheets to Part VII, Section	n A						►	0.	0.		0.
d Total (add lines 1b and 1c)							►	86,400.	0.		28,245.
2 Total number of individuals (including but not limit	led to tho	se lis	ted	abo	ve)	who i	rece	eived more than \$	100,000 of reportab	le com	pensation
from the organization 0											<del></del>
											Yes No
3 Did the organization list any former officer, director	or, or trus	tee, l	key	emp	oloye	ee, o	r hiç	ghest compensate	d employee		
on line 1a <sup>3</sup> If 'Yes,' compléte Schedule J for such	individua	11								3	X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greater	reportable	com	nper	ısatı	on a	and o	the	r compensation fr	om		
such individual	thait \$15	10,00	0. 1	, , ,	-3 L	Ompi	1616	Scriedule 5 loi		4	X
5 Did any person listed on line 1a receive or accrue	compens	ation	ı fro	m a	ny u	nrela	ated	l organization or in	ndıvıdual	-	
for services rendered to the organization? If 'Yes,	' complet	e Scl	hedu	ıle J	l for	such	pe	rson	<del></del>	5	X
Section B. Independent Contractors  1 Complete this table for your five highest compens	ated inde	nend	ent	cont	ract	ors t	hat	received more th:	an \$100 000 of		
compensation from the organization Report comp	pensation	for th	ne c	alen	dar	year	enc	ding with or within	the organization's	ax yea	r
(A)	•							(B)			C)
Name and business addr	ess 							Description of	of services	Compe	ensation
NONE ,	-						_				
							_				
							_				
2 Total number of independent contractors (includin	a but set	limite		the		اداما		ove) who received	I more than		
\$100,000 of compensation from the organization	-	1111116	ט ונ	, uK	/3ピ	າວເປັນ	au	Ove, will received	I more than		
\$100,000 of compensation from the organization											990 (2015)

	n 990 (2015) SOUTHERN PARTNERS FUND, INC.			58-2409301	Page 9
Par	t VIII Statement of Revenue				
	· Check if Schedule O contains a response or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue and Other Similar Amounts	Business Code  2 a  b  c  d  e	240,050.			
Progr	f All other program service revenue g Total. Add lines 2a-2f  Investment income (including dividends, interest and other similar amounts)	466,062.			466,062.
	4 Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss)				
Other Revenue	7 a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses  c Gain or (loss)  d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18  b Less direct expenses  c Net income or (loss) from fundraising events See Part IV, line 19  b Less direct expenses  b Less direct expenses	179,717.			179,717.
	c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c				
	d All other revenue			1	

e Total. Add lines 11a-11d

12 Total revenue. See instructions

885,829

0.

0.

## 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

	Check if Schedule O contains a re	esponse or note to any	line in this Part IX		
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	380,302.	380,302.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	114,645.	35,141.	38,395.	41,109.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7		115,496.	36,078.	37,212.	42,206.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,410.	1,690.	1,743.	1,977.
9	Other employee benefits	40,716.	12,719.	13,118.	14,879.
10	Payroll taxes	15,696.	4,903.	5,057.	5,736.
11	Fees for services (non-employees)	20,000.	1,300.		3,,30.
	a Management				
	<b>b</b> Legal				<del> </del>
1	c Accounting	13,519.	12,167.	1,352.	
	<b>d</b> Lobbying				
	e Professional fundraising services See Part IV, line 17				
,	Investment management fees	56,080.	50,472.	5,608.	
Ģ	Other (If line 11g amount exceeds 10% of line 25, column				463.
12	(A) amount, list line 11g expenses on Schedule (O)  Advertising and promotion	8,995. 1,369.	396. 1,232.	8,136. 137.	403.
13	Office expenses	13,626.		1,171.	
14	Information technology	13,020.	12,455.	1,1/1.	· · · · · · · · · · · · · · · · · · ·
15	Royalties				
16	Occupancy	40,490.	36,441.	4,049.	
17	Travel	9,547.	8,592.	955.	
18	<u>_</u>	J, 341.	0,332.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
19 20	Conferences, conventions, and meetings Interest	41,017.	41,017.		
21	Payments to affiliates				
22	Depreciation depletion, and amortization	4,471.	4,024.	447.	
23	Insurance	8,910.	8,019.	891.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	PROGRAM DEVELOPMENT	273,773.	273,773.		
ŀ	BOARD & COMMITTEE DEVELOPMENT	36,859.	36,859.		
	EQUIPMENT LEASE & MAINTENANCE	9,717.	8,745.	972.	
	PROFESSIONAL DEVELOPMENT	4,660.	4,193.	467.	
	All other expenses	2,475.	2,450.	25.	106 000
	Joint costs. Complete this line only if	1,197,773.	971,668.	119,735.	106,370.
	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)				
BAA		TEEA0110L 11/		<del> </del>	Form 990 (2015)

**Balance Sheet** 

Part X

BAA

Form 990 (2015)

Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 243,616. 205.189 1 2 Savings and temporary cash investments. 2 698,005 268,449. Pledges and grants receivable, net 3 Accounts receivable, net 309,801 4 127,901. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 5,453 2,010. 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 92,067 **b** Less accumulated depreciation 10 b 82,133 10,250 100 9,934. Investments - publicly traded securities 11 11 8,625,014 7,881,221. 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 2,921 2,071 Total assets. Add lines 1 through 15 (must equal line 34) 16 9,856,633 16 8,535,202 Accounts payable and accrued expenses 17 6,976 17 3,727 18 Grants payable 18 182,000 1,500 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Liabilitie Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 8,538 11,315. Total liabilities. Add lines 17 through 25 197,514 26 16,542. Organizations that follow SFAS 117 (ASC 958), check here ► X and complete Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 2,721,254 1,623,795 28 Temporarily restricted net assets 708,524 28 665,524. Permanently restricted net assets 29 6,229,341 29 Fund 6,229,341 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. þ Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Šet Total net assets or fund balances 33 33 9,659,119 8,518,660 Total liabilities and net assets/fund balances 34 34 8,535,202 9,856,633

Form 990 (2015) SOUTHERN PARTNERS FUND, INC.	58-2	2409301		Pag	ge <b>12</b>
Part XI Reconciliation of Net Assets			-		
<ul> <li>Check if Schedule O contains a response or note to any line in this Pa</li> </ul>	art XI				
1 Total revenue (must equal Part VIII, column (A), line 12)		1	88	5,8	29.
2 Total expenses (must equal Part IX, column (A), line 25)		2	1,19	7,7	73.
3 Revenue less expenses Subtract line 2 from line 1		3	-31	1,9	44.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33	, column (A))	4	9,65	9,1	19.
5 Net unrealized gains (losses) on investments		5	-82	28,5	15.
6 Donated services and use of facilities		6			
7 Investment expenses		7			
8 Prior period adjustments	<b> </b>	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 (mus column (B))	t equal Part X, line 33,	10	8,51	8.6	
Part XII   Financial Statements and Reporting		<del></del>			
Check if Schedule O contains a response or note to any line in this Pa	art VII				
Officer in octricable of contains a response of flote to any fine in this is	NI All		$\neg \tau$	Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrue	Other			165	110
If the organization changed its method of accounting from a prior year or chin Schedule O	ecked 'Other,' explain	İ		İ	
2 a Were the organization's financial statements compiled or reviewed by an ind	ependent accountant?	Ĺ	2 a		Х
If 'Yes,' check a box below to indicate whether the financial statements for the separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated a		on a			-
<b>b</b> Were the organization's financial statements audited by an independent according	ountant?		2 b	Х	
If 'Yes,' check a box below to indicate whether the financial statements for the basis, consolidated basis, or both  X Separate basis Consolidated basis Both consolidated a	•	,			
c If 'Yes' to line 2a or 2b, does the organization have a committee that assum review, or compilation of its financial statements and selection of an indeper	es responsibility for oversight of the ident accountant?	audit,	2 c	х	
If the organization changed either its oversight process or selection process in Schedule $\boldsymbol{O}$	during the tax year, explain				
3 a As a result of a federal award, was the organization required to undergo an Audit Act and OMB Circular A-133?	audit or audits as set forth in the S	ıngle	3 a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the orgor audits, explain why in Schedule O and describe any steps taken to under		red audit	3 b		

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

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

		ERN PARTNERS FUND,	INC.				58-2409301					
Par		Reason for Public Char						ns				
The o	orga	inization is not a private found	ation because it is (F	or lines 1 through 11, cl	neck only	y one bo	) x )					
1	$\Box$	A church, convention of church	ches, or association o	if churches described in	section	170(b)(1	I)(A)(i).					
2	П	A school described in section	170(b)(1)(A)(ii). (Atta	ich Schedule E (Form 9	90 or 990	0-EZ))						
3	П	A hospital or a cooperative h	ospital service organiz	zation described in sect	ion 170(l	b)(1)(A)(	iu).					
4	Н	A medical research organizat						er the hospital's				
	ب	name, city, and state	,									
5		An organization operated for 170(b)(1)(A)(iv). (Complete F	the benefit of a collect	ge or university owned o	r operat	ed by a	governmental unit desc	cribed in section				
6	П	A federal, state, or local gove	ernment or governme	ntal unit described in <b>se</b>	ction 17	0(b)(1)(A	۸)(v).					
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)										
8		A community trust described	in section 170(b)(1)(A	(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 ar	nd operated exclusive	ly to test for public safet	y See s	ection 5	509(a)(4).					
11	H. The second of the second of											
а	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 organiz management of the supporting must complete Part IV, Section	ng organization vested	ontrolled in connection with the same persons the	vith its si nat contr	upported of or ma	d organization(s), by ha anage the supported or	aving control or ganization(s) <b>You</b>				
c		Type III functionally integrate organization(s) (see instruction	ed. A supporting organons) You must comp	nization operated in con lete Part IV, Sections A,	nection v <b>D, and l</b>	with, and E.	d functionally integrated	d with, its supported				
d		Type III non-functionally inte functionally integrated. The oinstructions You must comp	rganization generally	must satisfy a distribute	connec on requi	tion with rement a	i its supported organiza and an attentiveness re	ation(s) that is not equirement (see				
е		Check this box if the organization	ation received a writte	n determination from th	e IRS th	at it is a	Type I, Type II, Type	III functionally				
	L	integrated, or Type III non-fu	, ,	supporting organization								
f		nter the number of supported of	3									
g	Pr	ovide the following information		organization(s)			<del></del>					
		(i) Name of supported organization	(u) EIN	(iii) Type of organization (described on lines 1-9 above (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		!				
(A)												
	•	-										
(B)												
(C)												
(D)												
(E)												
Total												

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

Schedule A (Form 990 or 990-EZ) 2015

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

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

Jecu	ion A. Public Support						
begin	dar year (or fiscal year ning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
1 (	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	2,108,342.	2,112,534.	1,035,599.	822,649.	240,050.	6,319,174.
(	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
1	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	2,108,342.	2,112,534.	1,035,599.	822,649.	240,050.	6,319,174.
1	The portion of total contributions by each person (other than a governmental unit or publicly supported on line 1 that exceeds 2% of the amount shown on line 11, column (f)		-	7			873,950.
6	Public support. Subtract line 5 from line 4		,				5,445,224.
	ion B. Total Support			I			0/110/221
Calen	dar year (or fiscal year ning m) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total
7	Amounts from line 4	2,108,342.	2,112,534.	1,035,599.	822,649.	240,050.	6,319,174.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	113,949.	70,479.	277,295.	460,874.	466,062.	1,388,659.
	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
(	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						7,707,833.
12	Gross receipts from related activ	ities, etc (see ins	tructions)			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)	) <u> </u>
	ion C. Computation of Pu					<del></del>	
	Public support percentage for 20			e 11, column (f))		14	70.65%
	Public support percentage from 2						·
i	33-1/3% support test — 2015. If and stop here. The organization	qualifies as a pub	licly supported or	ganization			X
b	33-1/3% support test — 2014. If the and stop here. The organization	he organization di qualifies as a put	d not check a box blicly supported or	on line 13 or 16a ganization	, and line 15 is 33	3-1/3% or more, c	heck this box ►
	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	i test, check this t	oox and stop here	e. Explain in Part	vinow
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation. If the organiz	meets the 'facts-a d-circumstances' t	nd-circumstances est The organiza	s' test, check this l ition qualifies as a	oox and <b>stop here</b> publicly supporte	d organization	vi now the ►
IB .	rnvate toundation. It the organiz	ation did not chec	a box on line 1				90 or 990-EZ) 2015

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II )

Sec	tion A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015		(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
<b>4</b> 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or							
3	facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 a Amounts included on lines 1, 2, and 3 received from disqualified persons.							
t	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							
(	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6)							
Sec	tion B. Total Support							
Calen	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d) 2014	<b>(e)</b> 2015	5	(f) Total
9	Amounts from line 6		,					
	a 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							
12	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)							
	First five years. If the Form 990 i organization, check this box and	stop here		d, third, fourth, or	fifth lax year as a	section 501	(c)(3)	<b>&gt;</b>
	tion C. Computation of Pu	blic Support	Percentage	- 10	·		15	%
15	Public support percentage for 20			e 13, column (f))		1	15	%
16	Public support percentage from 2						16	8
Sec	tion D. Computation of Inv	<u>restment Inco</u>	me Percentag	e		т		- · · · · · · · · · · · · · · · · · · ·
17	Investment income percentage for				nn (f))		17	%
18	Investment income percentage fr						18	%
	<b>33-1/3% support tests</b> - <b>2015.</b> If is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies as	s a publicly suppor	rted organiza	ition	
	33-1/3% support tests - 2014. If line 18 is not more than 33-1/3%	, check this box a	nd <b>stop here.</b> The	organization qua	lifies as a publicly	supported o	rganizati	%, and on ►
20	Private foundation. If the organiz	ation did not ched	ck a box on line 14	4, 19a, or 19b, ch	eck this box and s	see instructio	ns	

Part IV Supporting Organizations

Complete only if you checked a box in line 11 on 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 E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section	Α.	ΑII	Supporting	<b>Organizations</b>
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			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 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
	<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination	3b	-	
	c 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		ļ
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		
	<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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	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		
l	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?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b>	6	-	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	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 or 990-EZ)	8	-	
9 8	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 <b>Part VI</b>	9a		
ŀ	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		:
Ċ	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a		
t	Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

Part IV   Supporting Organizations (continued)			
.  11 Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		-
<b>b</b> A family member of a person described in (a) above?	11b		
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Section B. Type I Supporting Organizations			
1. Did the directors, trictors, or membership of one or more appointed appointed by the new to regularly appoint		Yes	No
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 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			
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Section C. Type II Supporting Organizations			
		Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustee 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)			
Section D. All Type III Supporting Organizations			
		Yes	No
Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	-	
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Section E. Type III Functionally-Integrated Supporting Organizations			
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions):		
a The organization satisfied the Activities Test Complete line 2 below	ŕ		
b The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i>			
c The organization supported a governmental entity Describe in Part VI how you supported a government entity (so	ee instructi	ons)	
2 Activities Test Answer (a) and (b) below		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3 Parent of Supported Organizations Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	3a		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard	3 b		
		A C 21	2015

Sch	edule A (Form 990 or 990-EZ) 2015 SOUTHERN PARTNERS FUND, INC.		50_2/	109301 Page <b>6</b>
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organia	zations		109301 Page <b>6</b>
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 See i	nstructions. All
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4	<del></del>	
5	Depreciation and depletion	5		Ţ
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		
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		

5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integ (see instructions)	rated	Type III supporting organ	nization

2

3

2 Enter 85% of line 1

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4 Enter greater of line 2 or line 3

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

Schedule A (Form 990 or 990-EZ) 2015

Part	V Type III Non-Functionally Integrated 509(a)(3) Sup	porting Organization	is (continued)	
Secti	on D - Distributions			Current Year
1 .	Amounts paid to supported organizations to accomplish exempt pui	rposes		
	Amounts paid to perform activity that directly furthers exempt purpoin excess of income from activity	oses of supported organi	zations,	
3	Administrative expenses paid to accomplish exempt purposes of su	ipported organizations		
4	Amounts paid to acquire exempt-use assets	<del></del>		
5	Qualified set-aside amounts (prior IRS approval required)			
_ 6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
	Distributions to attentive supported organizations to which the organic <b>Part VI</b> ) See instructions	nization is responsive (pi	ovide details	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
	Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions)			<b>X</b>
3	Excess distributions carryover, if any, to 2015			
а		•	,	
b				
с		, , , , , , , , , , , , , , , , , , , ,		
	From 2013			` <u>`</u>
	From 2014	ļ		}
	Total of lines 3a through e			
<u>~</u> _	Applied to underdistributions of prior years	,	ļ.,	
<u>h</u>	Applied to 2015 distributable amount			
1 1	Carryover from 2010 not applied (see instructions)			, , ,
J i	Remainder Subtract lines 3g, 3h, and 3i from 3f			,
	Distributions for 2015 from Section D, line 7 \$			
a .	Applied to underdistributions of prior years			4 3 A 5
	Applied to 2015 distributable amount			
	Remainder Subtract lines 4a and 4b from 4		<del> </del>	٠ , ٤,١٥
;	Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			f ,
6	Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)		-	
7 1	Excess distributions carryover to 2016. Add lines 3j and 4c			
	Breakdown of line 7			, , , , ,
а				,
b				
c (	Excess from 2013			
d (	Excess from 2014			
e l	Excess from 2015			

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Schedule A (Form 990 or 990-EZ) 2015

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

# SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service Employer identification number

	SOUTHERN PARTNERS FUND, IN	IC.	į	58-2409301	
Pai		or Advised Funds or Other Similar Fu			
ı aı	Complete if the organization and	swered 'Yes' on Form 990, Part IV, line	e 6	counts.	
		(a) Donor advised funds		unds and other acc	ounts
1	Total number at end of year	2	(5) (	and and other dec	
2	Aggregate value of contributions to (during year)	1,013.	<del></del>		
3	Aggregate value of grants from (during year)	1,013.	<del></del>		<del></del>
4	Aggregate value at end of year	12,669.	<del></del>	<del></del>	
_	,				<del></del>
5	are the organization's property, subject to the	-		XXYes	No No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	ers, and donor advisors in writing that grant funds t of the donor or donor advisor, or for any other p	s can be used purpose confe	only erring XYes	∏ No
Pai	rt II Conservation Easements.				
<u> </u>		swered 'Yes' on Form 990, Part IV, line	e 7.		
	Purpose(s) of conservation easements held b				
	Preservation of land for public use (e.g., i		of a historicall	y important land ar	ea
	Protection of natural habitat		of a certified h	istoric structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution in the	he form of a c	conservation easem	nent on the
	last day of the tax year	·			
			Н	eld at the End of th	ne Tax Year
	a Total number of conservation easements.		2 a		
	b Total acreage restricted by conservation ease		2 b		
	Number of conservation easements on a certi	• •	2 c		
(	d Number of conservation easements included i structure listed in the National Register	n (c) acquired after 8/17/06, and not on a histori	c 2 d _		
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished, or terminate	ed by the orga	anization during the	•
4	Number of states where property subject to co	onservation easement is located >			
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, inspection, hand offs it holds?	dling of violati	ons,	No
6	Staff and volunteer hours devoted to monitorin	ng, inspecting, handling of violations, and enforce	ıng conservat	ion easements dur	ing the year
7	Amount of expenses incurred in monitoring, in \$	ispecting, handling of violations, and enforcing co	onservation e	asements during th	ne year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of sec	tion 170(h)(4)	(B)(i) Yes	∏No
9	In Part XIII, describe how the organization rep	orts conservation easements in its revenue and o the organization's financial statements that de	expense state	ىـــا ement, and balance	ب e sheet, and
Day	conservation easements	tions of Art, Historical Treasures, or Oth			
Par	Complete if the organization ans	swered 'Yes' on Form 990, Part IV, line	e 8.		
1 a		r SFAS 116 (ASC 958), not to report in its revenus held for public exhibition, education, or researd cial statements that describes these items			
ŧ	o If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items	SFAS 116 (ASC 958), to report in its revenue sild for public exhibition, education, or research in	tatement and furtherance o	balance sheet wor of public service, pi	ks of art, rovide the
	(ı) Revenue included on Form 990, Part VIII,	line 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	rt, historical treasures, or other similar assets for 116 (ASC 958) relating to these items	r fınancıal gaı	n, provide the follo	wing
а	Revenue included on Form 990, Part VIII, line	1		<b>►</b> \$	
	Assets included in Form 990, Part X			►\$	

TEEA3301L 06/03/15

		RS FUND, INC			58-240		Page 2
Part III Organizations Maintai	ning Collection	ns of Art, Histori	cal Tr	easures, or Oth	ner Similar Assets (	continued)	
3 Using the organization's acquisit items (check all that apply)	ion, accession, ai	nd other records, ch	ieck an	y of the following	that are a significant use	e of its collect	tion
a Public exhibition		<b>d</b> 🗌 Loan	or exc	change programs			
<b>b</b> Scholarly research		e 🗌 Othe	r				
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 the	ition solicit or reci nan to be maintai	eive donations of ar ned as part of the o	t, histo rganiza	rical treasures, or ation's collection?	other similar assets	Yes	No
Part IV   Escrow and Custodial A	Arrangements. amount on Fo	Complete if the corm 990, Part X	organı. ., line	zation answered 21.	i 'Yes' on Form 990,	Part IV,	
1 a Is the organization an agent, trus on Form 990, Part X?					assets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and o	complete the followi	ng tabl	е	· · · · · · · · · · · · · · · · · · ·		
- Pagunana balansa					<del></del>	Amount	
<ul><li>c Beginning balance</li><li>d Additions during the year</li></ul>					1 c		
e Distributions during the year					1 d		
f Ending balance					1 f		
2 a Did the organization include an a	mount on Form 9	90 Part X line 21	for esc	crow or custodial a		Yes	No
<b>b</b> If 'Yes,' explain the arrangement					- L	165	$H^{"}$
S (es, explain the arrangement	in and and one	en riere il trie explai	iation	nas been provided	on run Am		
Part V Endowment Funds. Co	molete if the	organization ans	swere	d 'Yes' on Forr	n 990. Part IV. line	10.	
	(a) Current year		j	(c) Two years back		(e) Four year	ars back
1 a Beginning of year balance	6,229,34			5,880,73			0,633.
<b>b</b> Contributions				348,60			3,633.
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs			-		0.		
f Administrative expenses							<del></del>
g End of year balance	6,229,34	12. 6,229,	342.	6,229,342	2. 5,880,738.	3,879	9,266.
2 Provide the estimated percentage	e of the current y	ear end balance (lin	ne 1g, d	column (a)) held a			
a Board designated or quasi-endov	vment ►	%					
<b>b</b> Permanent endowment	100.00%						
c Temporarily restricted endowmer	nt 🟲	%					
The percentages on lines 2a, 2b,	and 2c should ed	qual 100%					
3 a Are there endowment funds not a organization by	n the possession	of the organization	that ar	e held and admını	stered for the	Yes	No
(i) unrelated organizations						3a(i)	X
(ii) related organizations						3a(ii)	X
<b>b</b> If 'Yes' on line 3a(ii), are the rela	ted organizations	listed as required o	on Sch	edule R?		3b	<del>  ^</del>
4 Describe in Part XIII the intended					ד אַדד		
Part VI   Land, Buildings, and				JEH TIM	1 7111		
Complete if the organi		ed 'Yes' on Forr	n 990	), Part IV, line	11a. See Form 990	, Part X, lı	ne 10.
Description of property	(a)	Cost or other basis (investment)	(b)	Cost or other casis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land							
<b>b</b> Buildings							
c Leasehold improvements							
<b>d</b> Equipment	<u> </u>			87,464.	78,212.	(	9,252.
e Other			<u> </u>	4,603.	3,921.		682.
Total. Add lines 1a through 1e (Column	n (d) must equal	Form 990, Part X, c	olumn		<b>•</b>		9,934.
BAA	<del></del>	·			Sched	ule <b>D</b> (Form 9	

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Part VII Investments - Other Securities.	•	N/A
		, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) (B)		
(C) (D)	<u> </u>	
(E)		
(F)		
<u>(G)</u>		
(H)		
(l)		
Total (Column (b) must equal Form 990, Part X, column (B) line 12)		
Part VIII Investments - Program Related.	IV 1 5 000	N/A
(a) Description of investment	(b) Book value	, Part IV, line 11c See Form 990, Part X, line 13 (c) Method of valuation Cost or end-of-year market value
	(b) Book value	(c) Method of Valdation Cost of end-of-year market value
(1)		
(2)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Column (b) must equal Form 990, Part X, column (B) line 13	NT / 2	
Part IX Other Assets. Complete if the organization answered 'Y	N/A es' on Form 990. P'	art IV, line 11d See Form 990, Part X, line 15.
	scription	(b) Book value
(1)		
(2)		
(3)		
<u>(4)</u> <u>(5)</u>		
(6)		
(7)		
(8)		
(9)		
(10)		<b>&gt;</b>
Total. (Column (b) must equal Form 990, Part X, column (E	3) line 15 )	
Other Liabilities. Complete if the organization answered 'Yes' on Form	990 Part IV line 11e or	11f See Form 990, Part X, June 25
(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) VACATION ACCRUAL	11,31	<u>.</u>
(3)		<del>  </del>
(4) (5)		<del>-  </del>
(6)		<del>-  </del>
(7)	· · · · · · · · · · · · · · · · · · ·	
(8)		
(9)		
(10)		
(11)		
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	<u>►</u> 11,31	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fortax positions under FIN 48 (ASC 740). Check here if the text of the footnote h		nancial statements that reports the organization's flability for uncertain
tax positions under the 46 (ASC 740). Check here if the text of the foothole if	ias neeli biosinen iit tait VIII	

Schedule <b>D</b> (Form 990) 2015 SOUTHERN PARTNERS FUND, INC.	5.8	3-2409301	. Page
•	-		
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.  Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total revenue, gains, and other support per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part VIII, line 12  a Net unrealized gains (losses) on investments  b Donated services and use of facilities	57,527.		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2a  -828,515.		
<b>b</b> Donated services and use of facilities		1	
c Recoveries of prior year grants.	2c	1	
d Other (Describe in Part XIII ) SEE PART XIII	2d 213.	1	
e Add lines 2a through 2d		2 e	-828,302.
3 Subtract line 2e from line 1		3	885,829.
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>b</b> Other (Describe in Part XIII )	4 b	1 1	
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	885,829.
Part XII Reconciliation of Expenses per Audited Financial Statements	s With Expenses per Retu	ırn.	
Complete if the organization answered 'Yes' on Form 990,	Part IV, line 12a.		
Total expenses and losses per audited financial statements		1	1,197,986.
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>b</b> Prior year adjustments	2 b	]	
c Other losses	2 c	]	
d Other (Describe in Part XIII) SEE PART XIII	2d 213.	]	
e Add lines 2a through 2d		2 e	213.
3 Subtract line 2e from line 1		3	1,197,773.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			-

Part XIII Supplemental Information.

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

## 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)

a Investment expenses not included on Form 990, Part VIII, line 7b

THE EARNINGS ARE FOR THE GENERAL PURPOSE OF THE ORGANIZATION.

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

LOSS ON DISPOSAL OF ASSET

TOTAL \$ 213.

5

1,197,773.

Schedule **D** (Form 990) 2015

BAA

58-2409301

Page 5

Part XIII Supplemental Information (continued)

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

LOSS ON DISPOSAL OF ASSET

TOTAL \$ 213.

SCHEDULE I (Form 990)	Gov Gov	Grants and Oth overnments, an	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organizatior n the United St	ıs, ates	·	2015 2015
Department of the Treasury internal Revenue Service	Comple ► Informatio	ete if the organizati n about Schedule I	Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.  Attach to Form 990.  Information about Schedule I (Form 990) and its instructions is at www irs gov/lorm990.	orm 990, Part IV, line 2 0. ructions is at www irs g	l or 22. iov/form990.	. •	Open to Public Inspection
Name of the organization SOUTHERN PARTNERS FIIND INC						Employer identification number	ation number
neral Information o	rants and Assist	ance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	ds to substantiate the	amount of the gran	its or assistance, the gra	antees' eligibility for the	grants or assistance,	and	Voc.
2 Describe in Part IV the organization's procedures for monitoring the us	procedures for monit	oring the use of gra	e of grant funds in the United States	States	SEE F	PART IV	
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ice to Domestic Or	ganizations and t that received	<b>Domestic Governn</b> more than \$5,000.	<b>nents.</b> Complete if Part II can be dup	Complete if the organization answered 'Yes' on can be duplicated if additional space is neede	answered 'Yes' o	n led.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
(1) SEE ATTACHED							SOCIAL, ECONOMIC & ENVIRONM
			380,302.	0			JUSTICE
(2)							
(3)							
(4)							
(5)							
(9)							
(A)							
(8)							
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations listed in the line 1 table	3) and government orginal interment orginal	ganizations listed in table	listed in the line 1 table			<b>A A</b>	0
1-	s. see the Instructions	for Form 990.		TEEA3901L 11/04/15	11/04/15	Schedu	Schedule I (Form 990) (2015)

58-2409301

Page 2

Schedule I (Form 990) (2015) SOUTHERN PARTNERS FUND, INC.

Part III

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

(f) Description of non cash assistance Patt IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book FMV appraisal other) (d) Amount of non cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 4 S 9 က 2

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

UNTIL THE FINAL REPORT IS SUBMITTED. A PROGRAM OFFICER IS RESPONSIBLE FOR MONITORING GRANT RECIPIENTS MUST SUBMIT A FINAL REPORT. THEY WILL NOT RECEIVE FUTURE FUNDING THE ORGANIZATION HAS ESTABLISHED CRITERIA FOR ELIGIBILITY. THE GRANT APPLICATIONS ALL ARE REVIEWED BY GRANT PANEL COMMITTEES. MOST GRANTS REQUIRE BOARD APPROVAL. 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 I (Form 990) (2015)

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

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

at www.irs.gov/form990. Inspec

SOUTHERN PARTNERS FUND, INC.

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 2 - NEW SERVICES

SOUTHER PARTNERS FUND PROVIDED TECHNICAL ASSISTANCE, TRAINING, AND GRANT DOLLARS TO ORGANIZATIONS AS A PART OF OUR KELLOGG FAMILY ENGAGEMENT AND RAISING RESOURCES IN THE RURAL SOUTH INITIATIVES.

## FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

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,

## FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

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. 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. 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

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

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 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 AN 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 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION FORM 990 WILL BE AVAILABLE ON GUIDESTAR'S WEBSITE.

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.