Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
SOUTHFACE ENERGY INSTITUTE INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
241 PINE STREET NE

City or town, state or province, country, and ZIP or foreign postal code
ATLANTA, GA 30308

D Employer identification number
58-1357547

E Telephone number
(404) 872-3549

G Gross receipts $ 4,811,958

F Name and address of principal officer
ANDREA C PINABELL
645 EDGEWATER TRAIL
SANDY SPRINGS, GA 30328

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW SOUTHFACE ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1978 **M** State of legal domicile GA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
FOR MORE THAN 40 YEARS, SOUTHFACE INSTITUTE, A NONPROFIT 501(C)(3) ORGANIZATION, HAS BEEN A LEADER IN SUSTAINABLE ADVOCACY, BUILDING, PLANNING AND OPERATIONS ACROSS THE U S WITH A MISSION TO CREATE A HEALTHY AND EQUITABLY BUILT ENVIRONMENT FOR ALL, SOUTHFACE'S CONSULTING SERVICES, WORKFORCE DEVELOPMENT, RESEARCH AND POLICY PRACTICES ARE SUPPORTING BETTER HOMES, WORKPLACES AND COMMUNITIES EXPERTS IN THE FIELDS OF RESOURCE EFFICIENCY, BUILDING TECH AND ORGANIZATIONAL SUSTAINABILITY SINCE 1978, SOUTHFACE IS COMMITTED TO BUILDING A REGENERATIVE ECONOMY TO MEET TOMORROW'S NEEDS TODAY

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	72
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,823,932	3,453,020
	9	Program service revenue (Part VIII, line 2g)	1,817,216	1,372,386
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	118,248	-17,098
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	905	3,650
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,760,301	4,811,958
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,017,885	3,295,463
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶206,856		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,257,711	1,482,747
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,275,596	4,778,210
	19	Revenue less expenses Subtract line 18 from line 12	484,705	33,748
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	6,220,751	6,628,283
	21	Total liabilities (Part X, line 26)	1,393,654	1,767,438
	22	Net assets or fund balances Subtract line 21 from line 20	4,827,097	4,860,845

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2019-05-06
Signature of officer | Date

ANDREA C PINABELL PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2019-11-11		P00121054

Firm's name ▶ SANTI & ASSOCIATES PC | Firm's EIN ▶ 58-2019486

Firm's address ▶ 4010 OLD MILTON PKWY
ALPHARETTA, GA 300053423 | Phone no (770) 623-4440

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

IT IS THIS SINGULAR VISION, THIS DEDICATION TO CREATING THE POLICIES, TECHNOLOGIES, BUILDINGS, AND COMMUNITIES TO IMPROVE HUMAN LIVES THAT PROPELS US FORWARD IT IS THE UNDERPINNING OF THE PROGRAMS AND SERVICE WE CRAFT, THE DATA WE TRACK AND THE OUTCOMES WE SHARE WITH OUR PEERS, OUR COMMUNITY, AND OUR LEADERS WE ACCOMPLISH THIS BY - COLLABORATING WITH OUR COMMUNITY AND ACTING AS A CONVENER, ATTRACTING A GLOBAL COMMUNITY OF VISITORS FOR THOUGHT LEADERSHIP - LEADING BY DESIGN, WITH A FOCUS ON REGENERATIVE DESIGN AND INNOVATIVE TECHNOLOGIES - EDUCATING OUR COMMUNITY AND TRAINING THE SUSTAINABLE WORKFORCE OF THE FUTURE - ADVOCATING ON BEHALF OF THE MOST IMPORTANT ISSUES FOR OUR AREA OF INFLUENCE - RESOURCE EFFICIENCY AND HEALTHY BUILT ENVIRONMENTS - RESEARCHING AND FINDING NEW SOLUTIONS TO LEVERAGE AND SCALE NEW TECHNOLOGIES AND RESILIENCE THINKING OUR MOST RECENT OUTCOMES INCLUDE - 5,320 EARTHCRAFT UNITS CERTIFIED IN 2018, TOTALING MORE THAN 54,600 UNITS OVER 20 YEARS MORE THAN 3

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ **Yes** ☑ **No**

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 2,437,268 including grants of $) (Revenue $ 1,520,537)

See Additional Data

4b (Code) (Expenses $ 716,255 including grants of $) (Revenue $ 330,912)

See Additional Data

4c (Code) (Expenses $ 375,614 including grants of $) (Revenue $ 477,868)

See Additional Data

(Code) (Expenses $ 637,422 including grants of $) (Revenue $ 2,482,641)

EACH AND EVERY DAY SOUTHFACE INSTITUTE IS WORKING TO BUILD OUR VISION FOR THE FUTURE A REGENERATIVE ECONOMY, RESPONSIBLE RESOURCE USE AND SOCIAL EQUITY THROUGH A HEALTHY BUILT ENVIRONMENT FOR ALL ACROSS NOT ONLY THE SOUTHEAST BUT THE US AND ITS TERRITORIES EACH OF OUR PROGRAMS AND LINES OF SERVICE INFLUENCE THREE KEY OUTCOMES IMPROVED QUALITY OF LIFE, SHARED PROSPERITY AND THRIVING NATURAL SYSTEMS THE FOLLOWING ARE OUR KEY IMPACT AREAS, WHICH SUPPORT THE EXECUTION OF OUR MISSION AND VISION RESEARCH OUR RESEARCH TEAM NURTURES THE SPARKS, SEEDS AND EARLY-STAGE DEVELOPMENTS FOR OUR INTERNAL AND EXTERNAL PROGRAMMING AND DATA COLLECTION THEY ARE A TEAM OF RIGOROUS SCIENTISTS, DESIGNERS AND PROGRAM DEVELOPERS RESPONSIBLE FOR THE CONCEPTION, TESTING AND DELIVERY OF OUR OFFERINGS AT THE INTERSECTION OF THE BUILT AND NATURAL ENVIRONMENTS AND HUMAN EXPERIENCE OUR RESEARCH CONNECTS OUR LOCAL AND FEDERAL PARTNERS WITH ESSENTIAL DATA TO SHAPING THE OUTCOMES OF HEALTHY, VIBRANT BUILDINGS AND COMMUNITIES IN ORDER TO DRIVE A MORE EDUCATED COMMUNITY, THE EXPERIENTIAL COMPONENTS OF OUR CAMPUS AND PROGRAMS NOT ONLY ENSURE WE CONTINUE TO RAISE THE CEILING OF WHAT IS BLEEDING EDGE SUSTAINABLE DESIGN AND OPERATIONS, BUT ALSO MEET THE COMMUNITY WHERE THEY ARE TO RAISE THE FLOOR ON SUSTAINABLE EDUCATION PROGRAM INFORMATION POLICY PROGRAMMING ENERGY EQUITY SOUTHFACE INSTITUTE IS A CORE PARTNER FOR EEFA (ENERGY EFFICIENCY FOR ALL) GEORGIA OUR POLICY AND ADVOCACY TEAM WORKS WITH UTILITIES AND CITIES INTERESTED IN INNOVATIVE ENERGY EFFICIENCY PROGRAM DESIGNS, PROVIDES EXPERT ADVICE TO HOUSING FINANCE AND DEVELOPMENT AGENCIES ON BEST PRACTICES IN OWNER ENGAGEMENT, AND LOOKS FOR WAYS TO INTEGRATE MORE RENEWABLE ENERGY AT THE COMMUNITY LEVEL AS AN ACTIVE PARTICIPANT IN BOTH GEORGIA POWER'S INTEGRATED RESOURCE PLAN AND DEMAND-SIDE MANAGEMENT WORKING GROUP, SOUTHFACE CONTINUES TO ADVOCATE FOR ENERGY EFFICIENCY (E G ENERGY CONSERVATION, DEMAND-SIDE MANAGEMENT AND LOW-INCOME WEATHERIZATION) AND RENEWABLE ENERGY FOR 2019, SOUTHFACE IS ONE OF THE ONLY ORGANIZATIONS WITH ON-THE-GROUND EXPERIENCE AND DATA TO BACK UP ADVOCACY EFFORTS IN THE AREAS OF MULTIFAMILY LOW-INCOME ENERGY EFFICIENCY PROGRAMS AND THE BENEFITS OF WHOLE-BUILDING DATA STRONG, PROPEROUSE, AND RESILIENT COMMUNITIES CHALLENGE WE COMMITTED TO DEVELOPING POLICY AND SYSTEMS CHANGE MODELS TO ADVANCE RACIAL EQUITY, HEALTH AND CLIMATE THE TRANSFORMATION ALLIANCE (TFA) SELECTED SOUTHFACE AS THE STRONG, PROSPEROUS, AND RESILIENT COMMUNITIES CHALLENGE (SPARCC) CLIMATE CHAMPION, AND THROUGH THAT PARTNERSHIP, DEVELOPED THE CLIMATE POLICY PLATFORM, COMPLETED A RAPID CLIMATE VULNERABILITIES ASSESSMENT, PARTNERED WITH WONDERROOT ON THE CLIMATE/CULTURAL RESILIENCE PROJECT, AND ADVOCATED FOR THE "LIVING TRANSIT FUND " MARKETPLACE SOLUTIONS EARTHCRAFT EARTHCRAFT IS A FAMILY OF HIGH-PERFORMANCE CERTIFICATION PROGRAMS, WHICH SERVE AS A BLUEPRINT FOR ENERGY, WATER AND RESOURCE- EFFICIENT BUILDINGS AND COMMUNITIES THROUGHOUT THE SOUTHEAST BEGINNING IN 2017 THROUGH EARLY 2018, WE REFRESHED THIS PREMIERE, 20-YEAR-OLD PROGRAM WITH A NEW LOGO AND WEBSITE TO REACT TO NEW CHALLENGES IN THE BUILT ENVIRONMENT WE BREATHED NEW LIFE INTO OUR EARTHCRAFT HOUSE AND LIGHT COMMERCIAL TECHNICAL PROGRAMS AND PREPARED TO RETHINK THE EARTHCRAFT BRAND AND ITS INFLUENCE ON THE RESIDENTIAL MARKET BIT BUILDING IN NOVEMBER 2018, SOUTHFACE LAUNCHED ITS NEWEST PROGRAM, BIT BUILDING DESIGNED FOR ALL BUILDINGS, BUT ESPECIALLY THE 85% OF EXISTING BUILDING STOCK THAT IS UNDERSERVED, AS WELL AS ITS BUILDING OPERATORS THE PROGRAM DELIVERS TOOLS, TEMPLATES, FORUMS AND INDUSTRY EXPERTISE FOR PARTICIPANTS TO IMPLEMENT ENERGY-EFFICIENT BUILDING PERFORMANCE IMPROVEMENTS BIT BUILDING IS DESIGNED TO INCREASE CONFIDENCE IN BUILDING OPERATORS, MAKE INDUSTRY STANDARDS ACCESSIBLE AND NURTURE CAREER SKILLS IN THE PEOPLE IMPLEMENTING BEST PRACTICES NONPROFIT SOLUTIONS TWO OF OUR CORNERSTONE PROGRAMS, GOODUSE AND NEWE, ENSURE THAT NONPROFITS HAVE ACCESS AND INFORMATION TO MAKE EFFICIENCY IMPROVEMENTS TO THEIR BUILDINGS AND SAVE HUNDREDS OF THOUSANDS OF DOLLARS TO REINVEST IN THEIR MISSION-FOCUSED PROGRAMS AND CAPACITY BUILDING AS ONE OF MANY EXAMPLES OF THE POWERFUL OUTCOMES FROM OUR NONPROFIT PROGRAMS, SINCE 2015, THE 10 FEEDING AMERICA FOOD BANKS SERVED BY NEWE WERE ABLE TO SERVE AN ADDITIONAL MILLION MEALS WITH THE 296,052 THEY SAVED ON UTILITIES, WHILE THE 45 BOYS AND GIRLS CLUBS OF AMERICA SAVED 1,106,347 64, ALLOWING THEM TO SERVE AN ADDITIONAL 239 CHILDREN THIS YEAR, WE ALSO CELEBRATE 11 YEARS OF GOODUSE, FORMERLY GRANTS TO GREEN, WHICH HAS SAVED MORE THAN 250 NONPROFITS OVER 11 MILLION IN CUMULATIVE UTILITY SAVINGS FOR ITS GRANTEES TO DATE BETTER BUILD CHALLENGE AS WE LOOK FOR OPPORTUNITIES TO BRING THE BETTER BUILDINGS CHALLENGE TO NEW CITIES, THE ATLANTA BETTER BUILDINGS CHALLENGE (ABBC) MADE SIGNIFICANT PROGRESS TOWARD THE GOAL OF REDUCING WATER AND ENERGY USE IN COMMERCIAL BUILDINGS BY 20 % BY 2020 THE PROGRAM CREATED 67 NEW JOBS IN ATLANTA AND CONTRIBUTED 6 48 MILLION TO GROSS REGIONAL PRODUCT, WHICH MEANS BETTER ECONOMIC OUTCOMES FOR ALL GEORGIANS IN 2018, THE PROGRAM ACHIEVED IT GOALS OF 20% REDUCTION IN BOTH ENERGY AND WATER REDUCTION EDUCATION AND TRAINING PROGRAMMING HEALTHY HOMES TRAINING CENTER SOUTHFACE INSTITUTE CONTINUES TO LEAD THE CONNECTION BETWEEN HEALTHY HOMES AND RESOURCE EFFICIENCY THROUGH INITIATIVES WITH PARTNERS LIKE KRESGE, THE GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS (DCA) AND THE GEORGIA HEALTH POLICY CENTER (GHPC), TRACKING THE IMPROVED HEALTH BENEFITS THROUGH THE SUSTAINABLE RENOVATION OF SEVERAL OF GEORGIA'S PUBLIC HOUSING AUTHORITY (PHA) SITES, AND BEING THE SOUTHEAST'S LEAD PARTNER WITHIN THE HEALTHY HOMES TRAINING CENTER NETWORK BUILDING AMERICA GRANT AND KRESGE FOUNDATION HEALTHY HOMES PROGRAMS IN 2017, SOUTHFACE DEVELOPED TWO SEPARATE RESEARCH PROGRAMS TO TRACK INDOOR ENVIRONMENTAL QUALITY THE DEPARTMENT OF ENERGY BUILDING AMERICA PROGRAM PROVIDES RESEARCH DOLLARS TO INVESTIGATE THE POTENTIAL EFFECTS OF "SMART" VENTILATION ON INDOOR AIR QUALITY (IAQ) THE INTENT OF THE PROGRAM WAS TO REDUCE HARMFUL POLLUTANTS THAT MIGHT HARM LOW-INCOME, RESIDENTIAL OCCUPANTS AND TO CREATE A COMMERCIALLY-AVAILABLE IAQ SENSOR PACKAGE, WHICH WE LAUNCHED WITH OUR PARTNERS AT SENSEWARE ADDITIONALLY, SOUTHFACE INSTITUTE DEVELOPED A HEALTHY MATERIALS RENOVATION PROGRAM THROUGH THE KRESGE FOUNDATION WE ARE CURRENTLY TESTING INDOOR ENVIRONMENTAL QUALITY IN LOW- INCOME HOUSING THAT WAS RECENTLY RENOVATED WE PLAN TO CROSS REFERENCE THE RESULTS OF THE TWO PROGRAMS TO UNDERSTAND THE IMPACT OF MATERIALS AND VENTILATION ON IAQ IN HOUSING

4d Other program services (Describe in Schedule O)

(Expenses $ 637,422 including grants of $) (Revenue $ 2,482,641)

4e **Total program service expenses ▶** 4,166,559

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?*If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
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*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*(see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a		No
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		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
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*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	4			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	72			
b	If at least one is reported on line 2a, did the organization file 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)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			16		No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	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	1b	15		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
7a	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?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ GA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶GAEA L NASH 241 PINE STREET NE ATLANTA, GA 30308 (404) 872-3549

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

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

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

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

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

● List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

● List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

● List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) BARRY R GOLDMAN BOARD MEMBER	1 00	X						0	0	0
(2) LINDA BOLAN BOARD MEMBER	1 00	X						0	0	0
(3) CHARLES R WHATLEY JR BOARD MEMBER	1 00	X						0	0	0
(4) TYRONE RACHAL SECRETARY	1 00	X						0	0	0
(5) JOHN HINTON BOARD MEMBER	1 00	X						0	0	0
(6) DENIS BLACKBURNE BOARD MEMBER	1 00	X						0	0	0
(7) LEON S EPLAN BOARD MEMBER	1 00	X						0	0	0
(8) JEFF GEORGE BOARD MEMBER	1 00	X						0	0	0
(9) NIKKI WALKER BOARD MEMBER	1 00	X						0	0	0
(10) MAKARA RUMLEY BOARD MEMBER	1 00	X						0	0	0
(11) JOHN LANIER CHAIR	1 00	X						0	0	0
(12) LIZ YORK BOARD MEMBER	1 00	X						0	0	0
(13) CHRIS BOYLE VICE CHAIR/T	1 00	X						0	0	0
(14) COREY DEAL BOARD MEMBER	1 00	X						0	0	0
(15) PAULA MCEVOY BOARD MEMBER	1 00	X						0	0	0
(16) ANDREA C PINABELL PRESIDENT	40 00			X				202,187	0	0
(17) BARRY COATES CFO	40 00			X				93,792	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

	(D)	(E)	(F)
1b Sub-Total . . . . ▶			
c Total from continuation sheets to Part VII**, Section A** . . . . ▶			
d Total (add lines 1b and 1c) . . . . ▶	295,979		

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?*If "Yes," complete Schedule J for such person*	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts						
1a Federated campaigns	1a	4,777				
b Membership dues	1b	43,601				
c Fundraising events	1c	280,851				
d Related organizations	1d					
e Government grants (contributions)	1e	580,652				
f All other contributions, gifts, grants, and similar amounts not included above	1f	2,543,139				
g Noncash contributions included in lines 1a - 1f $						
h **Total.** Add lines 1a-1f ▶			3,453,020			

Program Service Revenue	Business Code	(A)	(B)	(C)	(D)
2a PROGRAM REVENUE		1,229,624	1,229,624		
b SPONSORSHIPS		142,762	142,762		
c					
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f ▶		1,372,386			

Other Revenue			(A)	(B)	(C)	(D)
3 Investment income (including dividends, interest, and other similar amounts) ▶			-17,098	-118,893		101,795
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶						
	(i) Real	(ii) Personal				
6a Gross rents						
b Less rental expenses						
c Rental income or (loss)						
d Net rental income or (loss) ▶						
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory						
b Less cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss) ▶						
8a Gross income from fundraising events (not including $ 280,851 of contributions reported on line 1c) See Part IV, line 18	a					
b Less direct expenses	b					
c Net income or (loss) from fundraising events ▶						
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue	Business Code					
11a OTHER REVENUE			3,650	3,650		
b						
c						
d All other revenue						
e **Total.** Add lines 11a–11d ▶			3,650			
12 **Total revenue.** See Instructions ▶			4,811,958	1,257,143		101,795

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	593,484	278,937	302,676	11,871
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,214,982	1,047,582	1,118,820	48,580
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	277,723		277,723	
10 Payroll taxes	209,274	109,885	95,073	4,316
11 Fees for services (non-employees)				
a Management				
b Legal	5,586		5,586	
c Accounting	36,340		36,340	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,784		9,784	2,000
12 Advertising and promotion	19,023	8,437	10,536	50
13 Office expenses	28,837	12,768	12,859	3,210
14 Information technology				
15 Royalties . .				
16 Occupancy				
17 Travel	58,689	52,447	6,004	238
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	143,054		143,054	
23 Insurance . . .	70,338		70,338	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a CONTRACT LABOR	549,836	433,343	78,824	37,669
b SUPPLIES AND EQUIPMENT	150,294	99,389	48,691	2,214
c FEES, LICENSES & PERMITS	139,121	94,051	44,815	255
d RENT & RENTALS	83,860	83,205	655	
e All other expenses	185,985	1,946,515	-1,856,983	96,453
25 **Total functional expenses.** Add lines 1 through 24e	4,778,210	4,166,559	404,795	206,856
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash-non-interest-bearing		1,248,431	1	1,793,755
	2	Savings and temporary cash investments		1,273,778	2	1,799,255
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		673,471	4	463,778
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		5,556	9	27,175
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,621,954			
	b	Less accumulated depreciation	10b 3,301,255	1,453,319	10c	1,320,699
	11	Investments—publicly traded securities		1,561,784	11	1,220,621
	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		4,412	15	3,000
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		6,220,751	16	6,628,283
Liabilities	17	Accounts payable and accrued expenses		48,900	17	84,438
	18	Grants payable			18	
	19	Deferred revenue		1,187,224	19	1,474,666
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		157,530	25	208,334
	26	**Total liabilities.** Add lines 17 through 25		1,393,654	26	1,767,438
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,153,400	27	1,726,734
	28	Temporarily restricted net assets		2,673,697	28	3,134,111
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		4,827,097	33	4,860,845
	34	Total liabilities and net assets/fund balances		6,220,751	34	6,628,283

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,811,958
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,778,210
3	Revenue less expenses Subtract line 2 from line 1	3	33,748
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,827,097
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,860,845

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:
Software Version:
EIN: 58-1357547
Name: SOUTHFACE ENERGY INSTITUTE INC

Form 990 (2018)

Form 990, Part III, Line 4a:

EACH AND EVERY DAY SOUTHFACE INSTITUTE IS WORKING TO BUILD OUR VISION FOR THE FUTURE A REGENERATIVE ECONOMY, RESPONSIBLE RESOURCE USE AND SOCIAL EQUITY THROUGH A HEALTHY BUILT ENVIRONMENT FOR ALL ACROSS NOT ONLY THE SOUTHEAST BUT THE US AND ITS TERRITORIES EACH OF OUR PROGRAMS AND LINES OF SERVICE INFLUENCE THREE KEY OUTCOMES IMPROVED QUALITY OF LIFE, SHARED PROSPERITY AND THRIVING NATURAL SYSTEMS THE FOLLOWING IS ONE OF OUR KEY IMPACT AREAS, WHICH SUPPORT THE EXECUTION OF OUR MISSION AND VISION POLICY AND ADVOCACY OUR POLICY AND ADVOCACY PRACTICE PRIORITIZES AND CHAMPIONS THE STATE AND LOCAL POLICIES THAT PROPEL THE CLEAN-ENERGY AND RESOURCE-EFFICIENCY MOVEMENT FORWARD WE KNOW THAT INFORMED POLICY CAN TRANSFORM THE MARKET FOR A CLEAN-ENERGY ECONOMY, AND WE ARE WORKING WITH OUR PARTNERS TO INFLUENCE DATA-DRIVEN, RIGOROUS APPROACHES TO A LOW-CARBON FUTURE WE FOCUS ON THREE KEY AREAS OF INFORMED STATE AND LOCAL POLICY TO LEVERAGE THE MOST IMPACT 1) ADVANCING UTILITY-FOCUSED ENERGY EFFICIENCY, RENEWABLE AND CLEAN-ENERGY PROGRAMMING 2) INFLUENCING POLICY IN THE BUILT ENVIRONMENT, INCLUDING ENERGY AND WATER CODES, MECHANISMS SUCH AS ORDINANCES AND ENERGY/BUILDING CODES 3) STORMWATER MANAGEMENT INCLUDING RAINWATER, GREEN INFRASTRUCTURE AND OTHER WATER POLICIES IN THE BUILT ENVIRONMENT

Form 990, Part III, Line 4b:

EACH AND EVERY DAY SOUTHFACE INSTITUTE IS WORKING TO BUILD OUR VISION FOR THE FUTURE A REGENERATIVE ECONOMY, RESPONSIBLE RESOURCE USE AND SOCIAL EQUITY THROUGH A HEALTHY BUILT ENVIRONMENT FOR ALL ACROSS NOT ONLY THE SOUTHEAST BUT THE US AND ITS TERRITORIES EACH OF OUR PROGRAMS AND LINES OF SERVICE INFLUENCE THREE KEY OUTCOMES IMPROVED QUALITY OF LIFE, SHARED PROSPERITY AND THRIVING NATURAL SYSTEMS THE FOLLOWING IS ONE OF OUR KEY IMPACT AREAS, WHICH SUPPORT THE EXECUTION OF OUR MISSION AND VISION IMPLEMENTATION OUR MARKETPLACE SOLUTIONS TEAM EXECUTES INNOVATIVE PROGRAMS AND SERVICES THAT IMPACT OUR BUILDINGS AND COMMUNITIES IMPLEMENTATION SCALE RANGES FROM IMPROVING A SINGLE-FAMILY RESIDENCE TO INFLUENCING THE WAY A COMMUNITY PLANS AN ENTIRE NEIGHBORHOOD OR CITY THIS TEAM ALSO MANAGES THE APPLICATION OF SOUTHFACE PROGRAMS THAT WERE CREATED TO MEET A GAP IN THE MARKETPLACE, INCLUDING GOODUSE, EARTHCRAFT, SOUTHFACE ENERGY RATED HOMES (SERH) AND BIT BUILDING IN CONJUNCTION WITH OUR POLICY AND ADVOCACY PRACTICE, MARKETPLACE SOLUTIONS ENSURES THAT OUR WORK IMPROVES THE QUALITY OF LIFE FOR ALL CITIES AND RESIDENTS, INCLUDING LOW- INCOME AND VULNERABLE COMMUNITIES WHO OFTEN DO NOT HAVE ACCESS TO THE ELEMENTS THAT INFLUENCE HEALTHY, ENERGY-EFFICIENT HOMES, WORKPLACES AND COMMUNITIES (FOR PROGRAM INFORMATION, SEE SCHEDULE O)

Form 990, Part III, Line 4c:

EACH AND EVERY DAY SOUTHFACE INSTITUTE IS WORKING TO BUILD OUR VISION FOR THE FUTURE A REGENERATIVE ECONOMY, RESPONSIBLE RESOURCE USE AND SOCIAL EQUITY THROUGH A HEALTHY BUILT ENVIRONMENT FOR ALL ACROSS NOT ONLY THE SOUTHEAST BUT THE US AND ITS TERRITORIES EACH OF OUR PROGRAMS AND LINES OF SERVICE INFLUENCE THREE KEY OUTCOMES IMPROVED QUALITY OF LIFE, SHARED PROSPERITY AND THRIVING NATURAL SYSTEMS THE FOLLOWING IS ONE OF OUR KEY AREAS IMPACT AREAS, WHICH SUPPORT THE EXECUTION OF OUR MISSION AND VISION EDUCATION AND TRAINING A SUCCESSFUL REGENERATIVE ECONOMY REQUIRES A WELL- TRAINED AND EDUCATED WORKFORCE READY TO SOLVE COMPLEX PROBLEMS AND IMPLEMENT THE SOLUTIONS THEY BUILD OUR EDUCATION AND TRAINING TEAM DEVELOPS CURRICULUM, ONLINE AND HANDS-ON TRAINING, AND SKILL DEVELOPMENT OPPORTUNITIES FOR THE NEXT GENERATION OF THE REGENERATIVE ECONOMY'S WORKFORCE THROUGH THE G I BILL, MILITARY VETERANS, ACTIVE DUTY PERSONNEL AND THEIR DEPENDENTS QUALIFY FOR REIMBURSABLE TRAINING AT SOUTHFACE (FOR PROGRAM INFORMATION, SEE SCHEDULE O)

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SOUTHFACE ENERGY INSTITUTE INC

Employer identification number
58-1357547

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations

g Provide the following information about the supported organization(s)

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	132,578	3,054,546	2,913,733	2,843,067	3,496,621	12,440,545
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	132,578	3,054,546	2,913,733	2,843,067	3,496,621	12,440,545
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						12,440,545

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4	132,578	3,054,546	2,913,733	2,843,067	3,496,621	12,440,545
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,552	25,898	36,062	50,743	101,795	226,050
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						12,666,595

12 Gross receipts from related activities, etc (see instructions) | 12 | 3,099,168

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | 98 220 %

15 Public support percentage for 2017 Schedule A, Part II, line 14 | 15 | 98 640 %

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **331/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	**1**		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	**2**		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	**3a**		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	**3b**		
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* ***Part VI*** *what controls the organization put in place to ensure such use*	**3c**		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	**4a**		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	**4b**		
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* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	**4c**		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	**5a**		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	**5b**		
c	**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* ***Part VI.***	**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**		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	**9a**		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	**9b**		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	**9c**		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	**10a**		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	**10b**		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	**2b**		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	**3b**		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

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

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

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 58-1357547
Name: SOUTHFACE ENERGY INSTITUTE INC

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

Facts And Circumstances Test

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
SOUTHFACE ENERGY INSTITUTE INC	58-1357547

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ____________

4 Number of states where property subject to conservation easement is located ▶ ____________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ ____________

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ ____________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ ____________

(ii) Assets included in Form 990, Part X ▶ $ ____________

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ ____________

b Assets included in Form 990, Part X ▶ $ ____________

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,049,325	959,773	900,267	961,142	933,443
b Contributions				25	8,893
c Net investment earnings, gains, and losses	-37,200	107,040	59,506	-37,941	18,806
d Grants or scholarships					
e Other expenditures for facilities and programs		17,488		22,959	
f Administrative expenses					
g End of year balance	1,012,125	1,049,325	959,773	900,267	961,142

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶ 100 000 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		4,046,681	2,810,178	1,236,503
c Leasehold improvements		92,713	26,713	66,000
d Equipment		360,901	342,705	18,196
e Other		121,659	121,659	
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				1,320,699

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ACCRUED COMPENSATION	200,181
ACCRUED EXPENSES	8,153
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	208,334

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	4,811,958
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	4,811,958
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	4,811,958

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	4,778,210
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	4,778,210
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	4,778,210

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a
▶Attach to Form 990 or Form 990-EZ.
▶Go to www irs gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SOUTHFACE ENERGY INSTITUTE INC

Employer identification number
58-1357547

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total ▶						

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

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

		(a) Event #1 **VISIONARY DINNE** (event type)	**(b)** Event #2 **VARIOUS FUNDRAI** (event type)	**(c)** Other events **1** (total number)	**(d)** Total events (add col **(a)** through col **(c)**)
Revenue	**1** Gross receipts	109,703	105,909	65,239	280,851
	2 Less Contributions	109,703	105,909	65,239	280,851
	3 Gross income (line 1 minus line 2)				
Direct Expenses	**4** Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				

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

		(a) Bingo	**(b)** Pull tabs/Instant bingo/progressive bingo	**(c)** Other gaming	**(d)** Total gaming (add col **(a)** through col **(c)**)
Revenue	**1** Gross revenue				
Direct Expenses	**2** Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ **Yes** ____ % ☐ **No**	☐ **Yes** ____ % ☐ **No**	☐ **Yes** ____ % ☐ **No**	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities ____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ **Yes** ☐ **No**

b If "No," explain ____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ **Yes** ☐ **No**

b If "Yes," explain ____

11 Does the organization conduct gaming activities with nonmembers? ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶

Address ▶

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ____________ and the amount of gaming revenue retained by the third party ▶ $ ____________

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SOUTHFACE ENERGY INSTITUTE INC

Employer identification number
58-1357547

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B)(i) Base compensation	(B)(ii) Bonus & incentive compensation	(B)(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 ANDREA C PINABELL PRESIDENT	(i)	202,187					202,187	
	(ii)							

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315027889

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SOUTHFACE ENERGY INSTITUTE INC

Employer identification number
58-1357547

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	IT IS THIS SINGULAR VISION, THIS DEDICATION TO CREATING THE POLICIES, TECHNOLOGIES, BUILDINGS, AND COMMUNITIES TO IMPROVE HUMAN LIVES THAT PROPELS US FORWARD IT IS THE UNDERPINNING OF THE PROGRAMS AND SERVICE WE CRAFT, THE DATA WE TRACK AND THE OUTCOMES WE SHARE WITH OUR PEERS, OUR COMMUNITY, AND OUR LEADERS WE ACCOMPLISH THIS BY - COLLABORATING WITH OUR COMMUNITY AND ACTING AS A CONVENER, ATTRACTING A GLOBAL COMMUNITY OF VISITORS FOR THOUGHT LEADERSHIP - LEADING BY DESIGN, WITH A FOCUS ON REGENERATIVE DESIGN AND INNOVATIVE TECHNOLOGIES - EDUCATING OUR COMMUNITY AND TRAINING THE SUSTAINABLE WORKFORCE OF THE FUTURE - ADVOCATING ON BEHALF OF THE MOST IMPORTANT ISSUES FOR OUR AREA OF INFLUENCE - RESOURCE EFFICIENCY AND HEALTHY BUILT ENVIRONMENTS - RESEARCHING AND FINDING NEW SOLUTIONS TO LEVERAGE AND SCALE NEW TECHNOLOGIES AND RESILIENCE THINKING OUR MOST RECENT OUTCOMES INCLUDE - 5,320 EARTHCRAFT UNITS CERTIFIED IN 2018, TOTALING MORE THAN 54,600 UNITS OVER 20 YEARS MORE THAN 3,500 PEOPLE PROVIDED INPUT ON ATLANTA'S 100% CLEAN ENERGY PLAN - OVER 11 YEARS, GOODUSE (FORMERLY GRANTS TO GREEN) HELPED MORE THAN 250 NONPROFITS SAVE OVER 11 MILLION THROUGH WATER AND ENERGY EFFICIENCY IMPROVEMENTS TO DATE - 111 MILLION SQUARE FEET OF COMMERCIAL BUILDINGS COMMITTED TO THE ATLANTA BETTER BUILDINGS CHALLENGE - IN 2018, WE TRAINED 988 BUILDING PROFESSIONALS IN 77 TRAINING SESSIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	EACH AND EVERY DAY SOUTHFACE INSTITUTE IS WORKING TO BUILD OUR VISION FOR THE FUTURE A REGENERATIVE ECONOMY, RESPONSIBLE RESOURCE USE AND SOCIAL EQUITY THROUGH A HEALTHY BUILT ENVIRONMENT FOR ALL ACROSS NOT ONLY THE SOUTHEAST BUT THE US AND ITS TERRITORIES EACH OF OUR PROGRAMS AND LINES OF SERVICE INFLUENCE THREE KEY OUTCOMES IMPROVED QUALITY OF LIFE, SHARED PROSPERITY AND THRIVING NATURAL SYSTEMS THE FOLLOWING IS ONE OF OUR KEY IMPACT AREAS, WHICH SUPPORT THE EXECUTION OF OUR MISSION AND VISION POLICY AND ADVOCACY OUR POLICY AND ADVOCACY PRACTICE PRIORITIZES AND CHAMPIONS THE STATE AND LOCAL POLICIES THAT PROPEL THE CLEAN-ENERGY AND RESOURCE-EFFICIENCY MOVEMENT FORWARD WE KNOW THAT INFORMED POLICY CAN TRANSFORM THE MARKET FOR A CLEAN-ENERGY ECONOMY, AND WE ARE WORKING WITH OUR PARTNERS TO INFLUENCE DATA-DRIVEN, RIGOROUS APPROACHES TO A LOW-CARBON FUTURE WE FOCUS ON THREE KEY AREAS OF INFORMED STATE AND LOCAL POLICY TO LEVERAGE THE MOST IMPACT 1) ADVANCING UTILITY-FOCUSED ENERGY EFFICIENCY, RENEWABLE AND CLEAN-ENERGY PROGRAMMING 2) INFLUENCING POLICY IN THE BUILT ENVIRONMENT, INCLUDING ENERGY AND WATER CODES, MECHANISMS SUCH AS ORDINANCES AND ENERGY/BUILDING CODES 3) STORMWATER MANAGEMENT INCLUDING RAINWATER, GREEN INFRASTRUCTURE AND OTHER WATER POLICIES IN THE BUILT ENVIRONMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	EACH AND EVERY DAY SOUTHFACE INSTITUTE IS WORKING TO BUILD OUR VISION FOR THE FUTURE A REGENERATIVE ECONOMY, RESPONSIBLE RESOURCE USE AND SOCIAL EQUITY THROUGH A HEALTHY BUILT ENVIRONMENT FOR ALL ACROSS NOT ONLY THE SOUTHEAST BUT THE US AND ITS TERRITORIES EACH OF OUR PROGRAMS AND LINES OF SERVICE INFLUENCE THREE KEY OUTCOMES IMPROVED QUALITY OF LIFE, SHARED PROSPERITY AND THRIVING NATURAL SYSTEMS THE FOLLOWING IS ONE OF OUR KEY IMPACT AREAS, WHICH SUPPORT THE EXECUTION OF OUR MISSION AND VISION IMPLEMENTATION OUR MARKETPLACE SOLUTIONS TEAM EXECUTES INNOVATIVE PROGRAMS AND SERVICES THAT IMPACT OUR BUILDINGS AND COMMUNITIES IMPLEMENTATION SCALE RANGES FROM IMPROVING A SINGLE-FAMILY RESIDENCE TO INFLUENCING THE WAY A COMMUNITY PLANS AN ENTIRE NEIGHBORHOOD OR CITY THIS TEAM ALSO MANAGES THE APPLICATION OF SOUTHFACE PROGRAMS THAT WERE CREATED TO MEET A GAP IN THE MARKETPLACE, INCLUDING GOODUSE, EARTHCRAFT, SOUTHFACE ENERGY RATED HOMES (SERH) AND BIT BUILDING IN CONJUNCTION WITH OUR POLICY AND ADVOCACY PRACTICE, MARKETPLACE SOLUTIONS ENSURES THAT OUR WORK IMPROVES THE QUALITY OF LIFE FOR ALL CITIES AND RESIDENTS, INCLUDING LOW- INCOME AND VULNERABLE COMMUNITIES WHO OFTEN DO NOT HAVE ACCESS TO THE ELEMENTS THAT INFLUENCE HEALTHY, ENERGY-EFFICIENT HOMES, WORKPLACES AND COMMUNITIES (FOR PROGRAM INFORMATION, SEE SCHEDULE O)

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	EACH AND EVERY DAY SOUTHFACE INSTITUTE IS WORKING TO BUILD OUR VISION FOR THE FUTURE A REGENERATIVE ECONOMY, RESPONSIBLE RESOURCE USE AND SOCIAL EQUITY THROUGH A HEALTHY BUILT ENVIRONMENT FOR ALL ACROSS NOT ONLY THE SOUTHEAST BUT THE US AND ITS TERRITORIES EACH OF OUR PROGRAMS AND LINES OF SERVICE INFLUENCE THREE KEY OUTCOMES IMPROVED QUALITY OF LIFE, SHARED PROSPERITY AND THRIVING NATURAL SYSTEMS THE FOLLOWING IS ONE OF OUR KEY AREAS IMPACT AREAS, WHICH SUPPORT THE EXECUTION OF OUR MISSION AND VISION EDUCATION AND TRAINING A SUCCESSFUL REGENERATIVE ECONOMY REQUIRES A WELL- TRAINED AND EDUCATED WORKFORCE READY TO SOLVE COMPLEX PROBLEMS AND IMPLEMENT THE SOLUTIONS THEY BUILD OUR EDUCATION AND TRAINING TEAM DEVELOPS CURRICULUM, ONLINE AND HANDS-ON TRAINING, AND SKILL DEVELOPMENT OPPORTUNITIES FOR THE NEXT GENERATION OF THE REGENERATIVE ECONOMY'S WORKFORCE THROUGH THE G I BILL, MILITARY VETERANS, ACTIVE DUTY PERSONNEL AND THEIR DEPENDENTS QUALIFY FOR REIMBURSABLE TRAINING AT SOUTHFACE (FOR PROGRAM INFORMATION, SEE SCHEDULE O)

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	EACH AND EVERY DAY SOUTHFACE INSTITUTE IS WORKING TO BUILD OUR VISION FOR THE FUTURE A RE GENERATIVE ECONOMY, RESPONSIBLE RESOURCE USE AND SOCIAL EQUITY THROUGH A HEALTHY BUILT ENV IRONMENT FOR ALL ACROSS NOT ONLY THE SOUTHEAST BUT THE US AND ITS TERRITORIES EACH OF OUR PROGRAMS AND LINES OF SERVICE INFLUENCE THREE KEY OUTCOMES IMPROVED QUALITY OF LIFE, SHA RED PROSPERITY AND THRIVING NATURAL SYSTEMS THE FOLLOWING ARE OUR KEY IMPACT AREAS, WHICH SUPPORT THE EXECUTION OF OUR MISSION AND VISION RESEARCH OUR RESEARCH TEAM NURTURES THE SPARKS, SEEDS AND EARLY-STAGE DEVELOPMENTS FOR OUR INTERNAL AND EXTERNAL PROGRAMMING AND DATA COLLECTION THEY ARE A TEAM OF RIGOROUS SCIENTISTS, DESIGNERS AND PROGRAM DEVELOPERS RESPONSIBLE FOR THE CONCEPTION, TESTING AND DELIVERY OF OUR OFFERINGS AT THE INTERSECTION OF THE BUILT AND NATURAL ENVIRONMENTS AND HUMAN EXPERIENCE OUR RESEARCH CONNECTS OUR LOCA L AND FEDERAL PARTNERS WITH ESSENTIAL DATA TO SHAPING THE OUTCOMES OF HEALTHY, VIBRANT BUI LDINGS AND COMMUNITIES IN ORDER TO DRIVE A MORE EDUCATED COMMUNITY, THE EXPERIENTIAL COMP ONENTS OF OUR CAMPUS AND PROGRAMS NOT ONLY ENSURE WE CONTINUE TO RAISE THE CEILING OF WHAT IS BLEEDING EDGE SUSTAINABLE DESIGN AND OPERATIONS, BUT ALSO MEET THE COMMUNITY WHERE THE Y ARE TO RAISE THE FLOOR ON SUSTAINABLE EDUCATION PROGRAM INFORMATION POLICY PROGRAMMING ENERGY EQUITY SOUTHFACE INSTITUTE IS A CORE PARTNER FOR EEFA (ENERGY EFFICIENCY FOR ALL) GEORGIA OUR POLICY AND ADVOCACY TEAM WORKS WITH UTILITIES AND CITIES INTERESTED IN INNO VATIVE ENERGY EFFICIENCY PROGRAM DESIGNS, PROVIDES EXPERT ADVICE TO HOUSING FINANCE AND DE VELOPMENT AGENCIES ON BEST PRACTICES IN OWNER ENGAGEMENT, AND LOOKS FOR WAYS TO INTEGRATE MORE RENEWABLE ENERGY AT THE COMMUNITY LEVEL AS AN ACTIVE PARTICIPANT IN BOTH GEORGIA POW ER'S INTEGRATED RESOURCE PLAN AND DEMAND-SIDE MANAGEMENT WORKING GROUP, SOUTHFACE CONTINUE S TO ADVOCATE FOR ENERGY EFFICIENCY (E G ENERGY CONSERVATION, DEMAND-SIDE MANAGEMENT AND LOW-INCOME WEATHERIZATION) AND RENEWABLE ENERGY FOR 2019, SOUTHFACE IS ONE OF THE ONLY OR GANIZATIONS WITH ON-THE-GROUND EXPERIENCE AND DATA TO BACK UP ADVOCACY EFFORTS IN THE AREA S OF MULTIFAMILY LOW-INCOME ENERGY EFFICIENCY PROGRAMS AND THE BENEFITS OF WHOLE-BUILDING DATA STRONG, PROPEROUSE, AND RESILIENT COMMUNITIES CHALLENGE WE COMMITTED TO DEVELOPING POLICY AND SYSTEMS CHANGE MODELS TO ADVANCE RACIAL EQUITY, HEALTH AND CLIMATE THE TRANSFO RMATION ALLIANCE (TFA) SELECTED SOUTHFACE AS THE STRONG, PROSPEROUS, AND RESILIENT COMMUNI TIES CHALLENGE (SPARCC) CLIMATE CHAMPION, AND THROUGH THAT PARTNERSHIP, DEVELOPED THE CLIM ATE POLICY PLATFORM, COMPLETED A RAPID CLIMATE VULNERABILITIES ASSESSMENT, PARTNERED WITH WONDERROOT ON THE CLIMATE/CULTURAL RESILIENCE PROJECT, AND ADVOCATED FOR THE "LIVING TRANS IT FUND " MARKETPLACE SOLUTIONS EARTHCRAFT EARTHCRAFT IS A FAMILY OF HIGH-PERFORMANCE CE RTIFICATION PROGRAMS, WHICH SERVE AS A BLUEPRINT FOR ENERGY, WATER AND RESOURCE- EFFICIENT BUILDINGS AND COMMUNITIES THR

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	OUGHOUT THE SOUTHEAST BEGINNING IN 2017 THROUGH EARLY 2018, WE REFRESHED THIS PREMIERE, 2 0-YEAR-OLD PROGRAM WITH A NEW LOGO AND WEBSITE TO REACT TO NEW CHALLENGES IN THE BUILT ENV IRONMENT WE BREATHED NEW LIFE INTO OUR EARTHCRAFT HOUSE AND LIGHT COMMERCIAL TECHNICAL PR OGRAMS AND PREPARED TO RETHINK THE EARTHCRAFT BRAND AND ITS INFLUENCE ON THE RESIDENTIAL M ARKET BIT BUILDING IN NOVEMBER 2018, SOUTHFACE LAUNCHED ITS NEWEST PROGRAM, BIT BUILDING DESIGNED FOR ALL BUILDINGS, BUT ESPECIALLY THE 85% OF EXISTING BUILDING STOCK THAT IS UN DERSERVED, AS WELL AS ITS BUILDING OPERATORS THE PROGRAM DELIVERS TOOLS, TEMPLATES, FORUM S AND INDUSTRY EXPERTISE FOR PARTICIPANTS TO IMPLEMENT ENERGY-EFFICIENT BUILDING PERFORMAN CE IMPROVEMENTS BIT BUILDING IS DESIGNED TO INCREASE CONFIDENCE IN BUILDING OPERATORS, MA KE INDUSTRY STANDARDS ACCESSIBLE AND NURTURE CAREER SKILLS IN THE PEOPLE IMPLEMENTING BEST PRACTICES NONPROFIT SOLUTIONS TWO OF OUR CORNERSTONE PROGRAMS, GOODUSE AND NEWE, ENSURE THAT NONPROFITS HAVE ACCESS AND INFORMATION TO MAKE EFFICIENCY IMPROVEMENTS TO THEIR BUIL DINGS AND SAVE HUNDREDS OF THOUSANDS OF DOLLARS TO REINVEST IN THEIR MISSION-FOCUSED PROGR AMS AND CAPACITY BUILDING AS ONE OF MANY EXAMPLES OF THE POWERFUL OUTCOMES FROM OUR NONPR OFIT PROGRAMS, SINCE 2015, THE 10 FEEDING AMERICA FOOD BANKS SERVED BY NEWE WERE ABLE TO S ERVE AN ADDITIONAL MILLION MEALS WITH THE 296,052 THEY SAVED ON UTILITIES, WHILE THE 45 BO YS AND GIRLS CLUBS OF AMERICA SAVED 1,106,347 64, ALLOWING THEM TO SERVE AN ADDITIONAL 239 CHILDREN THIS YEAR, WE ALSO CELEBRATE 11 YEARS OF GOODUSE, FORMERLY GRANTS TO GREEN, WHI CH HAS SAVED MORE THAN 250 NONPROFITS OVER 11 MILLION IN CUMULATIVE UTILITY SAVINGS FOR IT S GRANTEES TO DATE BETTER BUILD CHALLENGE AS WE LOOK FOR OPPORTUNITIES TO BRING THE BETT ER BUILDINGS CHALLENGE TO NEW CITIES, THE ATLANTA BETTER BUILDINGS CHALLENGE (ABBC) MADE S IGNIFICANT PROGRESS TOWARD THE GOAL OF REDUCING WATER AND ENERGY USE IN COMMERCIAL BUILDIN GS BY 20 % BY 2020 THE PROGRAM CREATED 67 NEW JOBS IN ATLANTA AND CONTRIBUTED 6 48 MILLIO N TO GROSS REGIONAL PRODUCT, WHICH MEANS BETTER ECONOMIC OUTCOMES FOR ALL GEORGIANS IN 20 18, THE PROGRAM ACHIEVED IT GOALS OF 20% REDUCTION IN BOTH ENERGY AND WATER REDUCTION EDU CATION AND TRAINING PROGRAMMING HEALTHY HOMES TRAINING CENTER SOUTHFACE INSTITUTE CONTIN UES TO LEAD THE CONNECTION BETWEEN HEALTHY HOMES AND RESOURCE EFFICIENCY THROUGH INITIATIV ES WITH PARTNERS LIKE KRESGE, THE GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS (DCA) AND THE GE ORGIA HEALTH POLICY CENTER (GHPC), TRACKING THE IMPROVED HEALTH BENEFITS THROUGH THE SUSTA INABLE RENOVATION OF SEVERAL OF GEORGIA'S PUBLIC HOUSING AUTHORITY (PHA) SITES, AND BEING THE SOUTHEAST'S LEAD PARTNER WITHIN THE HEALTHY HOMES TRAINING CENTER NETWORK BUILDING AM ERICA GRANT AND KRESGE FOUNDATION HEALTHY HOMES PROGRAMS IN 2017, SOUTHFACE DEVELOPED TWO SEPARATE RESEARCH PROGRAMS TO TRACK INDOOR ENVIRONMENTAL QUALITY THE DEPARTMENT OF ENERG Y BUILDING AMERICA PROGRAM PRO

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FORM 990, PAGE 2, PART III, LINE 4D	VIDES RESEARCH DOLLARS TO INVESTIGATE THE POTENTIAL EFFECTS OF "SMART" VENTILATION ON INDO OR AIR QUALITY (IAQ) THE INTENT OF THE PROGRAM WAS TO REDUCE HARMFUL POLLUTANTS THAT MIGH T HARM LOW-INCOME, RESIDENTIAL OCCUPANTS AND TO CREATE A COMMERCIALLY-AVAILABLE IAQ SENSOR PACKAGE, WHICH WE LAUNCHED WITH OUR PARTNERS AT SENSEWARE ADDITIONALLY, SOUTHFACE INSTIT UTE DEVELOPED A HEALTHY MATERIALS RENOVATION PROGRAM THROUGH THE KRESGE FOUNDATION WE ARE CURRENTLY TESTING INDOOR ENVIRONMENTAL QUALITY IN LOW- INCOME HOUSING THAT WAS RECENTLY R ENOVATED WE PLAN TO CROSS REFERENCE THE RESULTS OF THE TWO PROGRAMS TO UNDERSTAND THE IMP ACT OF MATERIALS AND VENTILATION ON IAQ IN HOUSING

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE BOARD OF DIRECTORS IS PROVIDED WITH A COPY OF THIS RETURN UPON REQUEST PRIOR TO OR AFTER IT IS FILED THE CONTROLLER IS RESPONSIBLE FOR REVIEWING THE FORM 990, AND THE EXECUTIVE DIRECTOR IS THEN PROVIDED WITH THE RETURN FOR FINAL REVIEW AND APPROVAL

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Return Reference	Explanatıon
FORM 990, PAGE 6, PART VI, LINE 12C	ANY EMPLOYEE WHO MAY BE INVOLVED IN A BUSINESS TRANSACTION IN WHICH THERE IS A POSSIBLE CONFLICT OF INTEREST SHALL IMMEDIATELY NOTIFY THEIR MANAGER BEFORE ANY BUSINESS TRANSACTION THE MANAGER AND/OR APPOINTED COMMITTEE, EXCLUDING THE EMPLOYEE WITH THE CONFLICT OF INTEREST, SHALL DETERMINE THE APPROPRIATE ACTION STEPS TO TAKE

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED ANNUALLY AND DETERMINED BY THE BOARD OF DIRECTORS

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	COMPENSATION OF KEY EMPLOYEES IS REVIEWED AT LEAST ANNUALLY BY SUPERVISORS AND THE EXECUTIVE DIRECTOR AND IS ULTIMATELY DETERMINED BY THE EXECUTIVE DIRECTOR

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST