Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

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

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

| Α | For | the 2015 | calen | dar year, or tax | year beg | inning | | , 2015, a | and endi | ng | | , | | |
|--------------------------------|----------------|----------------------------------|-------------------------|---|----------------------------------|--|--|--------------------------------------|--------------|----------------|-------------------------------------|----------------|------------------------|------------------|
| В | Chec | k if applicable | e: | C Name of organiz | ^{zation} Ca | mpaign Fo | or South | ern Equa | lity | | D Employ | er identific | cation number | |
| | | Address char | nge | Doing business | | | | | _ | | 27-4 | 10644 | 01 | |
| | | Name change | е | Number and str | eet (or P.O. b | ox if mail is not deli | vered to street add | dress) | Room | /suite | E Telepho | ne number | | |
| | | Initial return | | PO Box 36 | 4 | | | | | | (828 | 3) 24 | 2-1559 | |
| | | Final return/term | ninated | City or town, sta | ate or province | e, country, and ZIP | or foreign postal c | code | • | | | | | |
| | | Amended ret | urn | Asheville | | | | NC | 28802 | | G Gross re | ceipts \$ | 486,78 | 1. |
| | | Application pe | ending | F Name and addr | | al officer: | | | | H(a) Is this | a group return | | | 11 |
| | ш | | ū | Rev. Jasmine Beach-Fera | rra PO B | ox 364 | Ashevi | lle NC | 28802 | H(b) Are all | subordinates i attach a list. (s | ncluded? | Ye | s No |
| ī | Ta | ıx-exempt st | atus | X 501(c)(3) | 501(c) (| | nsert no.) | 4947(a)(1) or | 527 | If 'No,' | attach a list. (s | ee instruct | ions) | |
| J | | ebsite: ► | | uthernequa | | , , | , | (1)(1) | | H(c) Group | exemption nur | nber ► | | |
| K | | rm of organiz | | X Corporation | Trust | Association | Other ► | L Ye | ear of forma | . , . | ' | | al domicile: N | C |
| Pa | | | nmar | | 1 | | 1 | 1 | | 201 | 0 1 0 | | | |
| ı a | 1 | | | y e the organization | on's missi | on or most sign | nificant activiti | es: Bas | sed ir | the S | South t | he C | ampaign | |
| • | | | | hern Equal | | | | | | | | | | |
| Activities & Governance | | | | lity of le | | | | | | | | | | - – – – – !an |
| rna | | | | to increa | | | | | | | | | | |
| ove | 2 | | | x ► if the o | | | | | | than 25% | of its net as | sets. | | |
| Ğ | 3 | | | ing members of | • | | . , | | | | | 3 | | 5 |
| s 8 | 4 | | | lependent voting | | - | | | | | | 4 | | 5 |
| /itie | 5 | | | of individuals en | | • | , | . , | | | | 5 | | 7 |
| cti | 6 | | | of volunteers (es | | • • | | | | | | 6 7a | | 300 |
| A | | | | d business rever business taxabl | | | . , | | | | | 7a 7b | | 0. |
| | | D NEL UIII | eiaieu | Dusiness taxabi | e income | 110111111111111111111111111111111111111 | -1, IIIIE 34 | | | | rior Year | 75 | Current ` | 0. |
| | 8 | Contribu | ıtions | and grants (Part | · \/III line | 1h) | | | | | 321,9 | 9.6 | | 2,444. |
| ıne | 9 | | | ce revenue (Par | | | | | | | | 50. | | 1,041. |
| Revenue | 10 | _ | | come (Part VIII, | | | | | | | | 2. | ۷. | 1. |
| Re | 11 | | | e (Part VIII, colur | | | | | | | 2,3 | | - | 1,616. |
| | 12 | | | add lines 8 th | | | | , | | | 325,1 | | | 5,102. |
| | 13 | | | milar amounts pa | | | | | | | | 50. | | 5,750. |
| | 14 | | | to or for membe | | | | | | | | | | |
| | 15 | | | r compensation, | | | | | | | 134,6 | 89 | 224 | 1,657. |
| ses | | | | undraising fees | | | | | | | | - | | - 7 0 0 7 1 |
| Expenses | | | | _ | | | | | | | | | | |
| EX | | | | ing expenses (P | | | | | 3,944. | _ | 155.0 | 10 | 7.40 | |
| | 17 | | | es (Part IX, colu | | | | | | | 157,3 | | | 9,398. |
| | 18 | | • | s. Add lines 13- | • | • | , , | * | | | 292,9 | | | 9,805. |
| | 19 | Revenu | e iess | expenses. Subt | ract line 1 | 8 from line 12 | | | | | 32,1 | | | 5,297. |
| ts o | 20 | Total | ooto (I | Dort V line 16) | | | | | | Beginni | ng of Curren | | End of Y | |
| sse Bala | 20 21 | | , | Part X, line 16) (Part X, line 26 | | | | | | • | 104,7 2,7 | | | 0,360. |
| Net Assets or Fund Balances | 21 | | | , | , | | | | | • | | | | 3,011. |
| | | | | fund balances. S | Subtract III | ne 21 from line | 20 | | | • | 102,0 | 52. | 201 | 7,349. |
| Pa | | | | e Block | | | | | | | | | | |
| Unde | r pen lete. | alties of perju Declaration o | ıry, I dec f prepare | lare that I have exami er (other than officer) | ined this retur is based on a | n, including accomp Il information of whi | panying schedules ch preparer has a | s and statements, a ny knowledge. | and to the b | est of my knov | vledge and beli | ef, it is true | e, correct, and | |
| | | | | | | | | | | 1 | 08/05/1 | 6 | | |
| Si. | ın | • | Signatu | re of officer | | | | | | | ate | 0 | | |
| Sig He | JII ro | | Dorr | Tagmino | Poogh | Fororra | | | | Exog | utive I | ni roat | tor | |
| 116 | | P . | | Jasmine print name and title. | Beach- | Ferarra | | | | Exec | utive i | Treci | LOI | |
| | | Prin | •• | reparer's name | | Preparer's sign | nature | | Date | | Check | if P | TIN | |
| D - ' | | | | · | a a | , , | | | | /16 | <u>L</u> | J" | | 7 |
| Pai | | | epne | n C Corli | | | ı C Corli | LDD | 08/05 | / 10 | self-employe | · IP | 0133331 | <u>/</u> |
| Pre | | ابداما | | | | OLOMON, P | | | | | Firm's EIN | . 20 . |) E 71 6 7 7 | |
| <u> </u> | . J | Firm | i's addre | | | re st ste | | MG 00001 | 1 1 1 2 1 | | - | | <u>2571677</u> | 0.6 |
| Mar | , tha | IDS diac: | icc thic | ASHEVI s return with the | | shown shove? | | | L-1434 | | Phone no. | (828) | 236-02 X Yes | No No |
| ivia) | uit | : กาง นเรยเ | มออ แปล | o return with the | preparer 8 | SHOWIT ADOVE! | (SEE IIISH UCH | uiia <i>)</i> | | | | | V 162 | INO |

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 321,600.

Form 990 (2015) Campaign For Southern Equality 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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II | 4 | Х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i> | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. | | | |
| | a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i> | 11 a | Х | |
| | b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i> | 11 b | | Х |
| | c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII | 11 c | | Х |
| | d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX | 11 d | | Х |
| | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | | Х |
| | f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X | 11 f | | Х |
| 12 | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII | 12a | | Х |
| | b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional | 12 b | | Х |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | Х |
| 14 | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i> | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. | 19 | | Х |

Form 990 (2015) Campaign For Southern Equality Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|------|---|-----|-----|----------|
| 20a | Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H | 20a | | Х |
| b | If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 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 | | Х |
| 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 | | Х |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i> | 23 | | Х |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a | | Х |
| 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 | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III | 27 | | Х |
| 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): | | | |
| а | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | Х |
| b | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | Х |
| С | 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 | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i> | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i> | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | Х |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| 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 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> 'Yes,' <i>complete Schedule R</i> , <i>Part VI</i> | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Х | l |

BAA Form **990** (2015)

| 1a Enter the number reported in Box 3 of Form 1086. Enter -0- If not applicable | | | | Yes | No |
|--|-----|--|------|-----|----------|
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamibling) withings to prize withings | 1 : | a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| (gambling) winnings to prize winners? 2 a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 5 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a D Id the organization have unrelated business gross income of \$1.000 or more during the year? 3 a D Id the organization have unrelated business gross income of \$1.000 or more during the year? 3 a D Id the organization have unrelated business gross income of \$1.000 or more during the year? 3 a D Id If Yes has it filed a Form 990 f for this year? If No to line 3b, provide an explanation in \$Checkide O. 4 a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account of the foreign country. 5 a Was the organization and of the foreign country. 5 a Was the organization a party to a prohibited tax shelfer transaction at any time during the tax year? 5 a D Id any taxable party notify the organization file Form 8886-T? 5 a D Id any taxable party notify the organization file Form 8886-T? 5 a D Id any taxable party notify the organization file Form 8886-T? 5 a D Id with the organization include with every solicitation an express statement that such contributions or gifts were no flat of excluding the party of the organization file form 8868-T? 7 organization shat may receive deductible contributions under section 170(c). 8 b If Yes, did the organization include with every solicitation under section 170(c). 9 c D Id the organization receive a payment in excess of 375 made party as a contribution and party for goods and services provided to the payor? 7 a W If Yes, did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 b If the or | | b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| (gambling) winnings to prize winners? 2 a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 5 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a D Id the organization have unrelated business gross income of \$1.000 or more during the year? 3 a D Id the organization have unrelated business gross income of \$1.000 or more during the year? 3 a D Id the organization have unrelated business gross income of \$1.000 or more during the year? 3 a D Id If Yes has it filed a Form 990 f for this year? If No to line 3b, provide an explanation in \$Checkide O. 4 a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account of the foreign country. 5 a Was the organization and of the foreign country. 5 a Was the organization a party to a prohibited tax shelfer transaction at any time during the tax year? 5 a D Id any taxable party notify the organization file Form 8886-T? 5 a D Id any taxable party notify the organization file Form 8886-T? 5 a D Id any taxable party notify the organization file Form 8886-T? 5 a D Id with the organization include with every solicitation an express statement that such contributions or gifts were no flat of excluding the party of the organization file form 8868-T? 7 organization shat may receive deductible contributions under section 170(c). 8 b If Yes, did the organization include with every solicitation under section 170(c). 9 c D Id the organization receive a payment in excess of 375 made party as a contribution and party for goods and services provided to the payor? 7 a W If Yes, did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 b If the or | | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| ments, filed for the calendar year ending with or within the year covered by this return 2 9 7 Note. If the sum of lines 1a and 2a is greater than 250, you may be required fore-the (see instructions) 3 a 1b th the organization have unrealized business gross income of \$1,000 or more during the year? | | (gambling) winnings to prize winners? | 1 c | | |
| Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1.000 or more during the year? 3 b If 1'Vs has I littled a form 990-Tif this type of the bins 2b, provide an explanation in Schedule O. 4 a A arry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly (such as a bank account, securities account, or other financial accountly; over, a financial accountly (such as a bank account, securities account, or other financial accountly; over, a financial accountly; over, and a bank account, securities accounts or other financial accountly; over, a financial accountly; over, and a bank account, securities accounts, or other financial accountly; over, a financial accountly; over, and a state of the securities and a state of the securities of the securities account, or other financial accountly; over, and the securities account in a foreign country; or securities account, or other financial Accounts. (FBAR) 5 a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions in that we not as a deductible contributions or second to the deductible or other accounts of the organization include with every solicitation an express statement that such contributions or gits were not tax deductible? 7 to granizations that may receive deductible contributions under section 170(c). 8 bit Yes, did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file prome 8262? I led during the year 9 bit the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Porm 8262 filed during the year 9 bit the organization feed or sell-prop | 2 | a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | | |
| 3 a bit the organization have unrelated business gross income of \$1,000 or more during the year?. 3 b bit 1 Yes has if filed a Form 990 T for this year? If No to lime 3b, provide an explanation in Schedule 0. 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bark account, securities account, or other financial account)? 4 a bit 1 Yes, intere the name of the foreign country. 5 a Was the organization approach to a provided an explanation at any time during the tax year? 5 a Was the organization that the organization that it was or is a party to a prohibited tax shelter transaction? 5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 c If Yes, to line So or Sb, did the organization in Form 8866-T? 6 a Does the organization and include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 a Did the organization receive a payment in excess of \$76 made party as a contribution and partly for goods and services provided to the payor? 7 organization stall, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8 b If Yes, indicate the number of Forms 8282 filed during the year 9 b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 c J Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 c J Did the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1086-T and 1086-T and 1086-T and 1086- | | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | Х | |
| b If Yes has it filed a Form 990-T for this year? If Not to line 3b, provide an explanation in Schedule 0. 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly occurring the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly occurring the search | | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 4 a Larry 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. 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) 5 a Was the organization organization to a prohibited tax shelter transaction at any time during the tax year? 5 a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b c if Yes, to line 5 aor 55, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 c if Yes, to line 5 aor 55, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 c if Yes, to line 5 aor 55, did the organization file Form 8886-T? 6 a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 a Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 b If Yes, 'did the organization notify the donor of the value of the goods or services provided? 7 b If Yes, 'did the organization onlify the donor of the value of the goods or services provided? 7 b If Yes, 'did the organization on notify the donor of the value of the goods or services provided? 7 b If Yes, 'indicate the number of Forms 8282 filed during the year 7 b If the organization or received a contribution of qualified intellectual property, did the organization file Form 8899 7 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g Sponsoring organization make a distribution w | 3 | a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 a | | Х |
| b If Yes, and the name of the foreign country: > See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts, (FBAR) 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?. 5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 c If Yes, to line 5 aor 5 b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 c C 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 b If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 b If Yes, did the organization notify the donor of the value of the goods or services provided? 7 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8 b If Yes, indicate the number of Forms 8282 filed during the year 9 b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 re 9 b If the organization received a contribution of qualified intellectual property, did the organization file a Form 1089-C? 8 Sponsoring organization organization organization make any taxable distributions under section 4966? 9 pa Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 pa Sponsoring organization make any taxable distributions under section 4966? 9 pa Sponsoring organization make advisibution | - | b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O | 3 b | | |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR) 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b C If Yes, to line 5a or 5b, did the organization file Form 8886-T7 5 c C 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? 6 a Di If Yes, did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 b If Yes, indicate the number of Forms 8282 filed during the year or the provise dispose of tangible personal property for which it was required to file Form 8282? 7 c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 c Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 ponsoring organization received a contribution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 1084-7 8 ponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 public the sponsoring organization make any taxable distribution under section 4966? 9 public dross receipts, included on Form 990, Part VIII, line 12. for public use of club facilities 10 public programizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization | 4 | 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)? | 4 a | | Х |
| 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?. 5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b C if Yes', to line 5 aor 5b, did the organization file Form 88896-T? 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid that organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 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? 8 Dif Yes', did the organization notify the donor of the value of the goods or services provided? 7 b If Yes', indicate the number of Forms 8282 filed during the year 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 c If Wes', indicate the number of Forms 8282 filed during the year 9 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 10 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advised fund with the property of the promotion of the sponsoring organization make a distribution to a donor, donor advised fund property in the property of th | | b If 'Yes,' enter the name of the foreign country: ► | | | |
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| services provided to the payor? | | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and | | | l |
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| Form 8282? | | b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | X | <u> </u> |
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| organization have excess business holdings at any time during the year? | | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7 h | | |
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| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 | | a Did the sponsoring organization make any taxable distributions under section 4966? | 9 a | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | | 9 b | | <u> </u> |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | | |
| 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders | | | | | l |
| a Gross income from members or shareholders | ! | | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | | | |
| against amounts due or received from them.) | | | | | |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | | against amounts due or received from them.) | | | |
| 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? | | | 12 a | | |
| a Is the organization licensed to issue qualified health plans in more than one state? | | | | | |
| Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | 4.5 | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | 13 a | | |
| which the organization is licensed to issue qualified health plans | | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | which the organization is licensed to issue qualified health plans | | | |
| | | | | | |
| b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | | | | | Х |
| | | b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | 14 b | 000 | 0015 |

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for

| ı a | a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions. | in | | |
|----------|--|---------|-------|-----|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | . X |
| Sec | ction A. Governing Body and Management | | | |
| 1 : | a Enter the number of voting members of the governing body at the end of the tax year | | Yes | No |
| 2 | b Enter the number of voting members included in line 1a, above, who are independent | | | |
| - | officer, director, trustee, or key employee? | 2 | | Х |
| 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 | | Х |
| 4 | Did the organization make any significant changes to its governing documents | | | |
| | since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| | a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7 a | | Х |
| ı | b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7 b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| | a The governing body? | 8 a | Х | |
| ı | b Each committee with authority to act on behalf of the governing body? | 8 b | X | |
| 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 | | Х |
| Sec | ction B. Policies (This Section B requests information about policies not required by the Internal Rever | ue C | ode.) |) |
| | | | Yes | No |
| | a Did the organization have local chapters, branches, or affiliates? | 10 a | | X |
| ı | b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10 b | | |
| 11 8 | a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11 a | Х | |
| | b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| | a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 | 12 a | Χ | |
| | b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12 b | Х | |
| • | c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done | 12 c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 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 | 15 a | | Х |
| ı | b Other officers or key employees of the organization | 15 b | | Х |
| 16 | a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16 a | | Х |
| ı | b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16 b | | |
| Sec | ction C. Disclosure | | | • |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► North Carolina | | | |
| 18 19 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) of for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Wupon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available. | availab | | |
| 19 | Describe in Schedule O whether (and it so, now) the organization made its governing documents, connict of interest policy, and infancial statements available the niblic during the fax year. | C IU | | |

131 Euclid Blvd 28806 (828) 280-0212 Andrea Blankinship Asheville BAA

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

| 2.7 | -40 | 164 | 4 | 0 | 1 |
|-----|-----|-----|---|---|---|
| | | | | | |

Page 7

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

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

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

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

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

| | Check this box if neither the organization nor any relat | ed organi | zatio | n co | mpe | ensa | ted aı | ny c | current officer, dire | ctor, or trustee. | |
|-------------|--|---|-----------------------------------|-----------------------|---------------------------|--------------|---------------------------------|--------|--|--|--|
| | | | | | (C) |) | | | | | |
| | (A) Name and Title | (B) Average hours per | thar | one both | box, t an of ector/ | unless | , | 1 | (D) Reportable compensation from the organization | (E) Reportable compensation from | (F) Estimated amount of other |
| | | week (list any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| _ (1) | Kris Hermanns | _0.50 | | | | | | | | | |
| | Vice Chair, Board of Directors | | Х | | Х | | | | 0. | 0. | 0. |
| | Kathryn Watson Interim Chair & Treasurer, BOD | _2.00 | Х | | Х | | | | 0. | 0. | 0. |
| (3) | Ashley Arrington Secretary, Board of Directors | _1.00 | Х | | Х | | | | 0. | 0. | 0. |
| _(4) | Yolany Gonell Member, Board of Directors | _ 0.50 | Х | | | | | | 0. | 0. | 0. |
| (5) | Lee Crayton Member, Board of Directors | _0.50 | Х | | | | | | 0. | 0. | 0. |
| (6) | Jasmine Beach-Ferrara Executive Director | 40.00 | | | Х | | | | 38,120. | 0. | 5,576. |
| _(7) | | | | | | | | | | | |
| (8) | | | | | | | | | | | |
| (9) | | | | | | | | | | | |
| (10) | | | | | | | | | | | |
| <u>(11)</u> | | | | | | | | | | | |
| <u>(12)</u> | | | | | | | | | | | |
| (13) | | | | | | | | | | | |
| (14) | | | | | | | | | | | |

| Part VII Section A. Officers, Directors, Tru | | Key | Emp | | | an | d Highest Con | pensated Emp | loyee | S (continued) |
|--|----------------------|----------------------------------|----------------------|---------|-----------------------------|-------------|---|---|------------|---------------------------|
| | (B) | | | (C) | | | | | | |
| (A) Name and title | Average hours | (do r | not che unless | eck m | on ore than on is bot | one n an | (D) | (E) Reportable | E | (F) stimated |
| name and title | per week | offic | er and | a dire | ector/trus | tee) | Reportable compensation from the organization | compensation from related organizations | amou | int of other pensation |
| | (list any hours | ndividual trustee or director | nstall A | Officer | inglikus comployee | ormer | (W-2/1099-MISC) | (W-2/1099-MISC) | fr orga | om the anization |
| | for related organiza | director | nstitutional trustee | [1 | omple omple | 학 학 | | | and | d related anizations |
| | - tions below | trus | 31 | 344 | ovee 1 | 3 | | | | |
| | dotted line) | tee | stee | | employee Key employee | 100 | | | | |
| | | | | | 5 | 5. | | | | |
| (15) | | | | | | | | | | |
| 440 | | | _ | _ | | - | | | | |
| (16) | | | | | | | | | | |
| (17) | | | | + | + | - | | | | |
| | | | | | | | | | | |
| (18) | | | | | | | | | | |
| | | | | | | | | | | |
| (19) | | | | | | | | | | |
| | | | | | | _ | | | | |
| (20) | | | | | | | | | | |
| (21) | | | | + | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (0.1) | | | _ | _ | | - | | | | |
| (24) | | | | | | | | | | |
| (25) | | | + | _ | | | | | | |
| | | | | | | | | | | |
| 1 b Sub-total | | | | ٠. | | > | 38,120. | 0. | | 5,576. |
| c Total from continuation sheets to Part VII, Section | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | <u> </u> | 38,120. | 0. | | 5,576. |
| 2 Total number of individuals (including but not limited from the organization ► | to those | listed | abov | e) w | /ho rec | eive | d more than \$100,0 | 000 of reportable cor | npensa | tion |
| - Ion the organization | | | | | | | | | | Yes No |
| 3 Did the organization list any former officer, director, | or trustee | kev | emnl | love | e orhi | ahe | st compensated em | nlovee | | 103 110 |
| on line 1a? If 'Yes,' complete Schedule J for such in | | | | | | | | | . 3 | Х |
| 4 For any individual listed on line 1a, is the sum of rep | ortable co | omper | satio | on ar | nd othe | er co | mpensation from | | | |
| the organization and related organizations greater the such individual | | | | | | | | | . 4 | Х |
| 5 Did any person listed on line 1a receive or accrue or | ompensat | ion fro | m ar | าv ur | nrelate | d ord | anization or individ | lual | | |
| for services rendered to the organization? If 'Yes,' c | | | | | | | | | . 5 | X |
| Section B. Independent Contractors 1 Complete this table for your five highest compensate | ad indana | ndent | cont | racto | ore tha | t rec | eived more than \$1 | 00 000 of | | |
| compensation from the organization. Report compe | nsation fo | r the c | alen | dar y | year er | nding | with or within the | organization's tax ye | ar. | |
| (A) Name and business address | | | | | | (B) | | (| C) | |
| | | | | | | | Description of | r services | Compe | nsation |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 2 Total number of independent contractors (including | but not lin | nited t | o tho | se li | sted al | oove |) who received mo | re than | | |
| \$100,000 of compensation from the organization | | | | | | | | | | |

| Form | 990 (2015) Campaign For Southern Equality | | | 27-4064401 | Page |
|---|--|----------------------|--|---|--|
| Par | VIII Statement of Revenue | | | | |
| | Check if Schedule O contains a response or note to any line | e 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 |
| nts Its | 1 a Federated campaigns 1 a | | | | |
| ra E | b Membership dues 1 b | | | | |
| S, E | c Fundraising events 1 c | | | | |
| iii ii | d Related organizations 1 d | | | | |
| ž,ĕ | e Government grants (contributions) 1 e | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | f All other contributions, gifts, grants, and | | | | |
| 日間 | 102/1111 | | | | |
| 밀 | g Noncash contributions included in lines 1a-1f: \$ 69. h Total. Add lines 1a-1f | 460 444 | | | |
| <u>ပ္ျဖ</u> | Business Code | 462,444. | | | |
| n S | | 01 041 | 01 041 | | 0 |
| Program Service Revenue | b 611000 | 21,041. | 21,041. | 0. | 0. |
| ě | | | | | |
| . <u>¥</u> | c | | | | |
| တ္တ | d | | | | |
| ıап | e | | | | |
| g. | f All other program service revenue | | | | |
| <u>o</u> | g Total. Add lines 2a-2f | 21,041. | | | |
| | 3 Investment income (including dividends, interest and | | | _ | |
| | other similar amounts) | 1. | 0. | 0. | 1. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | |
| | 5 Royalties | | | | |
| | (i) Real (ii) Personal | | | | |
| | 6 a Gross rents | | | | |
| | b Less: rental expenses | | | | |
| | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) | | | | |
| | 7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other | | | | |
| | b Less: cost or other basis and sales expenses | | | | |
| | c Gain or (loss) | | | | |
| | d Net gain or (loss) · · · · · · · · · · · · · · · ▶ | | | | |
| a s | 8 a Gross income from fundraising events | | | | |
| Other Revenue | (not including \$ | | | | |
| Ş | of contributions reported on line 1c). | | | | |
| 8 | See Part IV, line 18 | | | | |
| ē | b Less: direct expenses b 1,509. | | | | |
| 둦 | c Net income or (loss) from fundraising events | 1,048. | | 0. | 1,048. |
| 0 | 9 a Gross income from gaming activities. See Part IV, line 19 a | 1,040. | | 0. | 1,040. |
| | b Less: direct expenses b | | | | |
| | c Net income or (loss) from gaming activities | | | | |
| | | | | | |
| | 10a Gross sales of inventory, less returns and allowances | | | | |
| | b Less: cost of goods sold b 170. | | | | |
| | c Net income or (loss) from sales of inventory ▶ | 568. | 0. | 0. | 568. |
| | Miscellaneous Revenue Business Code | | | | |
| | 11a | | | | |
| | b | | | | |
| | c | | | | |
| | d All other revenue | | | | |
| | e Total. Add lines 11a-11d | | | | |

485,102

21,041

0.

Part IX | Statement of Functional Expenses

| | Check if Schedule O contains a response include amounts reported on lines 75, 86, 96, and 10b of Part VIII. | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|----------|---|--------------------|------------------------|-----------------------|----------------------------|
| | , , , | | expenses | general expenses | expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 4,850. | 4,850. | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 900. | 900. | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 43,695. | 30,587. | 6,554. | 6,554. |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 23,333. | 30,00. | 3,331 | 3,332. |
| 7 | Other salaries and wages | 162,205. | 143,310. | 9,290. | 9,605. |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 3,903. | 3,837. | 24. | 42. |
| 10 | Payroll taxes | 14,854. | 12,132. | 1,347. | 1,375. |
| 11 | Fees for services (non-employees): | | | | |
| | Management | | | | |
| | Legal | 8,987. | 7,515. | 1,472. | 0. |
| | Accounting | 6,912. | 0. | 6,912. | 0. |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| g | Investment management fees | 11,278. | 6,880. | 0. | 4,398. |
| 13 | Office expenses | 12,562. | 8,238. | 1,597. | 2,727. |
| 14 | Information technology | 8,298. | 6,777. | 753. | 768. |
| 15 | Royalties | | | | |
| 16 | Occupancy | 4,500. | 3,675. | 408. | 417. |
| 17 | Travel | 1,510. | 1,233. | 137. | 140. |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 28,797. | 28,797. | 0. | 0. |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 228. | 186. | 21. | 21. |
| 23 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.) | 1,988. | 1,624. | 180. | 184. |
| а | WE DO Campaign Operations | 10.329. | 10.329. | 0. | 0. |
| | Marriage_Advocacy | 13,156. | 13,156. | 0. | 0. |
| | Community Law Workshop | 7,981. | 7,981. | 0. | 0. |
| | Hometown Organizing Project | 11,866. | 11,866. | 0. | 0. |
| | All other expenses | 21,006. | 17,727. | 566. | 2,713. |
| 25 | Total functional expenses. Add lines 1 through 24e | 379,805. | 321,600. | 29,261. | 28,944. |
| 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 X | | | |
|----------------------------|------|---|--------------------------|------|---------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash – non-interest-bearing | 98,157. | 1 | 203,872. |
| | 2 | Savings and temporary cash investments | 6,202. | 2 | 6,203. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 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 | |
| 2 | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10 a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | | | |
| | b | Less: accumulated depreciation | 416. | 10 c | 188. |
| | 11 | Investments – publicly traded securities | 110. | 11 | 100. |
| | 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 | 22. | 15 | 97. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 104,797. | 16 | 210,360. |
| | 17 | Accounts payable and accrued expenses | 2,745. | 17 | 3,011. |
| | 18 | Grants payable | 2,710. | 18 | 3,011. |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| S | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Liabilities | 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 | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 2,745. | 26 | 3,011. |
| | | Organizations that follow SFAS 117 (ASC 958), check here ► X and complete | | | |
| Ses | | lines 27 through 29, and lines 33 and 34. | | | |
| ğ | 27 | Unrestricted net assets | 102,052. | 27 | 182,349. |
| 3a | 28 | Temporarily restricted net assets | | 28 | 25,000. |
| 9 | 29 | Permanently restricted net assets | | 29 | |
| Net Assets or Fund Balance | | Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34. | | | |
| S | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Set | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| As | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| et. | 33 | Total net assets or fund balances | 102,052. | 33 | 207,349. |
| Ź | 34 | Total liabilities and net assets/fund balances | 102,032. | 34 | 210,360. |
| | | | -01,101. | | 210,000. |

BAA Form **990** (2015)

| Form | 1990 (2015) Campaign For Southern Equality 27-4 | 1064401 | | Pa | ge 12 |
|------|---|----------|-----|------|--------------|
| Par | t XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4 | 85,1 | 02. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3 | 79,8 | 05. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 05,2 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 02,0 | |
| 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 | 2 | 07,3 | 49 |
| Par | t XII Financial Statements and Reporting | | | 01,5 | . 17. |
| | <u> </u> | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u> </u> | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | res | NO |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | | | |
| 2 a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 a | | X |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| k | were the organization's financial statements audited by an independent accountant? | | 2 b | | Х |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate 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? | | 2 c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | | |

BAA Form **990** (2015)

Χ

3 a

3 a 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?

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

OMB No. 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service at www.irs.gov/form990. Name of the organization Employer identification number 27-4064401 Campaign For Southern Equality

| Part | I Reason for Public Cha | arity Status (All or | ganizations must co | mplete | e this p | art.) See instruction | IS. | |
|------------|---|---|--|--|-----------------------|--|---|--|
| The o | The organization is not a private foundation because it is: (For lines 1 through 11, 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). (Attac | ch Schedule E (Form 990 | or 990- | ·EZ).) | | | |
| 3 | A hospital or a cooperative hos | spital service organizat | tion described in section | 170(b)(| 1)(A)(iii |). | | |
| 4 | A medical research organization | on operated in conjunc | tion with a hospital desc | ribed in s | section | 170(b)(1)(A)(iii). Enter th | ne hospital's | |
| | name, city, and state: | | | | | | | |
| 5 | An organization operated for the 170(b)(1)(A)(iv). (Complete P | | or university owned or or | perated I | by a gov | rernmental unit described | l in section | |
| 6 | A federal, state, or local gover | nment or governmenta | I unit described in sectio | n 170(b |)(1)(A)(| v). | | |
| 7 | An organization that normally in section 170(b)(1)(A)(vi). | Complete Part II.) | • | governn | nental u | nit or from the general pu | ıblic described | |
| 8 | A community trust described in | n section 170(b)(1)(A) | (vi). (Complete Part II.) | | | | | |
| 9 | An organization that normally from activities related to its excinvestment income and unrela June 30, 1975. See section 5 | empt functions — subje ted business taxable ir | ect to certain exceptions, ncome (less section 511 | and (2) | no more | than 33-1/3% of its supp | oort from gross | |
| 10 | An organization organized and | d operated exclusively | to test for public safety. S | See sect | ion 509 | (a)(4). | | |
| 11 | An organization organized and or more publicly supported orgulines 11a through 11d that des | janizations described ii | n section 509(a)(1) or s e | ection 5 | 09(a)(2) | . See section 509(a)(3). | urposes of one Check the box in | |
| а | Type I. A supporting organization(s) the power to recomplete Part IV, Sections A | egularly appoint or elec | ed, or controlled by its so t a majority of the directo | upported ors or tru | l organiz stees of | ation(s), typically by giving the supporting organization. | ng the supported tion. You must | |
| b | Type II. A supporting organiza management of the supporting must complete Part IV, Section 11. | g organization vested ir | trolled in connection with the same persons that | its supp control c | oorted or or manag | ganization(s), by having ge the supported organiz | control or ation(s). You | |
| С | Type III functionally integrat organization(s) (see instruction | ed. A supporting orgar | nization operated in connecte Part IV, Sections A, | ection w | rith, and | functionally integrated w | ith, its supported | |
| d | Type III non-functionally inte functionally integrated. The organistructions). You must comp | egrated. A supporting of ganization generally m | organization operated in ust satisfy a distribution i | connecti | ion with | its supported organizatio an attentiveness require | n(s) that is not ment (see | |
| е | Check this box if the organizat integrated, or Type III non-fund | ion received a written | determination from the IF | RS that it | t is a Typ | oe I, Type II, Type III fund | ctionally | |
| f | Enter the number of supported or | | | | | | | |
| g | Provide the following information | about the supported or | ganization(s). | | | | | |
| | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above (see instructions)) | (iv) Is organization in your go docum | on listed overning | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | |
| | | | | Yes | No | | | |
| (A) | | | | | | | | |
| (A) | | | | | | | | |
| <u>(B)</u> | | | | | | | | |
| (C) | | | | | | | | |
| (D) | | | | | | | | |
| (E) | | | | | | | | |
| • / | | | | | | | _ | |
| Total | | | | | | 1 | | |

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

Schedule A (Form 990 or 990-EZ) 2015

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

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

| Sec | tion A. Public Support | | | | | | |
|--------------|---|----------------------|---------------------|----------------------|---------------------------|---------------------|---------------|
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | 38,567. | 179,137. | 231,571. | 321,986. | 462,443. | 1,233,704. |
| 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 | 38,567. | 179,137. | 231,571. | 321,986. | 462,443. | 1,233,704. |
| 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 | | | | | | 1,233,704. |
| Sec | tion B. Total Support | | | | | | |
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 7 | Amounts from line 4 | 38,567. | 179,137. | 231,571. | 321,986. | 462,443. | 1,233,704. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1. | | 2. | 2. | 1. | 6. |
| 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.) | | | 1,982. | 5,773. | | 7,755. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 1,241,465. |
| 12 | Gross receipts from related activiti | es, etc. (see instru | ctions) | | | 12 | 21,041. |
| 13 | First five years. If the Form 990 is organization, check this box and s | | | | | | > X |
| Sec | tion C. Computation of Pu | | | | | | |
| 14 | Public support percentage for 201 | | | | | | % |
| 15 | Public support percentage from 20 | 114 Schedule A, Pa | art II, line 14 | | | 15 | % |
| 16 a | 33-1/3% support test — 2015. If and stop here. The organization of | | | | | | |
| t | 33-1/3% support test — 2014. If t and stop here. The organization of | | | | | | |
| 17 a | 10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a | eets the 'facts-and- | ·circumstances' tes | st, check this box a | ind stop here. Exp | lain in Part VI how | |
| k | o 10%-facts-and-circumstances to or more, and if the organization me organization meets the 'facts-and- | eets the 'facts-and- | ·circumstances' tes | st, check this box a | ind stop here. Exp | lain in Part VI how | the |
| 18 | Private foundation. If the organiz | ation did not check | a box on line 13, | 16a, 16b, 17a, or 1 | • | | <u> </u> |
| | | | | | | OO | 000 57) 0015 |

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

| Sec | tion A. Public Support | | | | | | | |
|-------|--|----------------------|-----------------------|------------------------|--------------------|----------------|----|-----------|
| | dar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 201 | 5 | (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 | | | | | | | |
| 5 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. | | | | | | | |
| 6 | · · | | | | | | | |
| | Total. Add lines 1 through 5 | | | | | | | |
| b | a Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | | |
| c | Add lines 7a and 7b | | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | | |
| Sec | tion B. Total Support | | | | | | | |
| Calen | dar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 201 | 5 | (f) Total |
| 10 a | Amounts from line 6 | | | | | | | |
| | acquired after June 30, 1975 | | | | | | | |
| 11 | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | | |
| 12 | | | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | | |
| 14 | First five years. If the Form 990 is organization, check this box and s | for the organization | on's first, second, t | hird, fourth, or fifth | tax year as a sect | ion 501(c)(3 |) | ▶ □ |
| Sec | tion C. Computation of Pul | | | | | | | |
| 15 | Public support percentage for 2015 | 5 (line 8, column (f |) divided by line 13 | B, column (f)) | | | 15 | % |
| | Public support percentage from 20 | | | | | | 16 | % |
| | tion D. Computation of Inv | | | | | | | |
| 17 | Investment income percentage for | | | |)) | | 17 | % |
| 18 | | • | | | • | | 18 | % |
| 19 a | 8 Investment income percentage from 2014 Schedule A, Part III, line 17 | | | | | | | |
| b | 33-1/3% support tests — 2014. If line 18 is not more than 33-1/3%, or | | | | | | | |
| 20 | | | - | | | _ | | |

Part IV Supporting Organizations

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

| Section A. Al | 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 | | |
| 3 a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) | | | |
| | and (c) below | 3a | | |
| k | 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 | | |
| 4 a | Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below | 4a | | |
| k | 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 | | |
| 5 a | Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in 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 | | |
| t | 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? | 5с | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with | | | |
| | regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ) | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ) | 8 | | |
| 9 a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI | 9a | | |
| k | 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 | 9с | | |
| 10 a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below | 10a | | |
| ŀ | 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 | | |

| Pa | rt IV | Supporting Organizations (continued) | | | |
|-----|---|--|-------|-----|-----|
| | 11 0 | the consideration and the desired and the state of the st | | Yes | No |
| | | the organization accepted a gift or contribution from any of the following persons? Tson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the | | | |
| | gover | rning body of a supported organization? | 11a | | |
| | | nily member of a person described in (a) above? | 11b | | |
| | | % controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI | 11c | | |
| Sec | ction I | B. Type I Supporting Organizations | | | 1 |
| 1 | Did th | ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint | | Yes | No |
| • | or ele Part If the direct | ect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, | | | |
| | • • | ed to such powers during the tax year | 1 | | |
| 2 | that o | ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization. | 2 | | |
| Sec | | C. Type II Supporting Organizations | | ı | |
| | , · | or type in eapperting organizations | | Yes | No |
| 4 | 10/ | | | 100 | 110 |
| | of ead | e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s) | 1 | | |
| Sec | ction I | D. All Type III Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | organ | ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | | nization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were | e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(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). | | | | |
| 3 | voice | eason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played | | | |
| | | s regard | 3 | | |
| Sec | ction I | E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Chec | ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | | |
| | а 💹 Т | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| | ь 🗌 т | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| | c 🔲 T | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction | ons). | | |
| 2 | Activi | ities Test. Answer (a) and (b) below. | | Yes | No |
| | suppo orgai | ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted | | | |
| | | tantially all of its activities | 2a | | |
| | the or | ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the | | | |
| | | nization's involvement | 2b | | |
| 3 | | nt of Supported Organizations. Answer (a) and (b) below. | | | |
| | a Did th each | ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i> | 3a | | |
| | b Did th | ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard | 3b | | |

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga | nizat | ions | |
|-----|--|--------|--------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on N other Type III non-functionally integrated supporting organizations must complete Sect | | | uctions. All |
| Sec | tion A – Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| Sec | tion B — Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a | A Average monthly value of securities | 1 a | | |
| k | Average monthly cash balances | 1 b | | |
| | Fair market value of other non-exempt-use assets | 1 c | | |
| | Total (add lines 1a, 1b, and 1c) | 1 d | | |
| | Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sec | tion C — Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 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 (see instructions). | d Type | III supporting organizat | ion |
| BAA | | | Schedule A (Fo | orm 990 or 990-EZ) 2015 |

Schedule **A** (Form 990 or 990-EZ) 2015

| Par | t V Type III Non-Functionally Integrated 509(a)(3) Su | pporting Organiza | ations (continued) | | | | |
|-----|---|--------------------------------|--|---|--|--|--|
| Sec | tion D – Distributions | | | Current Year | | | |
| 1 | Amounts paid to supported organizations to accomplish exempt purpose | es | | | | | |
| 2 | 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 support | rted 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 organizat in Part VI). See instructions $\dots \dots \dots \dots \dots$ | | | | | | |
| 9 | Distributable amount for 2015 from Section C, line 6 \ldots | | | | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | | | | |
| Sec | tion E — Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 | | | |
| 1 | Distributable amount for 2015 from Section C, line 6 | | | | | | |
| 2 | Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions) | | | | | | |
| 3 | Excess distributions carryover, if any, to 2015: | | | | | | |
| а | | | | | | | |
| b | | | | | | | |
| С | | | | | | | |
| d | From 2013 | | | | | | |
| е | From 2014 | | | | | | |
| f | Total of lines 3a through e | | | | | | |
| g | Applied to underdistributions of prior years | | | | | | |
| h | Applied to 2015 distributable amount | | | | | | |
| i | Carryover from 2010 not applied (see instructions) | | | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f | | | | | | |
| 4 | Distributions for 2015 from Section D, line 7: \$ | | | | | | |
| а | Applied to underdistributions of prior years | | | | | | |
| b | Applied to 2015 distributable amount | | | | | | |
| С | Remainder. Subtract lines 4a and 4b from 4 | | | | | | |
| 5 | Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | | | | |
| 6 | Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | | | | |
| 7 | Excess distributions carryover to 2016. Add lines 3j and 4c | | | | | | |
| 8 | Breakdown of line 7: | | | | | | |
| а | | | | | | | |
| b | | | | | | | |
| С | Excess from 2013 | | | | | | |
| d | Excess from 2014 | | | | | | |
| | Excess from 2015 | | | | | | |

BAA

Schedule $\bf A$ (Form 990 or 990-EZ) 2015

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.)

Pt II Ln 10 Other Income Part II, Line 10 Description: Gross Sales of inventory 2013: 317. 2014: 4449. Description: Other Income 2013: 1665. 2014: 1324.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

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

| • | Section 501(c)(4), (5), or (6) org | anizations: Complete Part III | | | |
|-----|--|---|----------------------------|--|--|
| | e of organization | anizations. Complete Fait III. | | Employer identific | ation number |
| Car | mpaign For Southern | Equality | | 27-406440 | 11 |
| Pa | rt I-A Complete if the o | rganization is exempt under section | on 501(c) or is a | section 527 organi | ization. |
| 1 | Provide a description of the or | ganization's direct and indirect political camp | aign activities in Part I | V. | |
| 2 | Political expenditures | | | | 5 |
| 3 | | | | | |
| Pa | | rganization is exempt under secti | | | |
| 1 | Enter the amount of any excis | e tax incurred by the organization under secti | on 4955 | | 5 |
| 2 | Enter the amount of any excis | e tax incurred by organization managers und | er section 4955 | ▶ \$ | 5 |
| 3 | If the organization incurred a s | section 4955 tax, did it file Form 4720 for this | year? | | Yes No |
| 4 | a Was a correction made? | | | | Yes No |
| | b If 'Yes,' describe in Part IV. | | | | |
| Pa | | rganization is exempt under secti | | | |
| 1 | Enter the amount directly expe | ended by the filing organization for section 52 | 7 exempt function acti | vities ► \$ | 5 |
| 2 | | organization's funds contributed to other orga | | | S |
| 3 | Total exempt function expendine 17b | itures. Add lines 1 and 2. Enter here and on F | Form 1120-POL, | | 5 |
| 4 | Did the filing organization file I | Form 1120-POL for this year? | | | Yes No |
| 5 | organization made payments. amount of political contribution | and employer identification number (EIN) of all For each organization listed, enter the amount in seceived that were promptly and directly deaction committee (PAC). If additional space is | nt paid from the filing of | organization's funds. Also political organization, suc | enter the |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter-0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

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

Schedule **C** (Form 990 or 990-EZ) 2015

| Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). | | | | | | | | |
|---|---------------------------------------|---|-------------------------|----------------------------------|------------------------------------|--|--|--|
| | | | | | | | | |
| <u> </u> | | share of excess lobbying ex | | ated group member o nam | 110, | | | |
| B Check ► if the filin | g organization checke | ed box A and 'limited control | l' provisions apply. | | | | | |
| (The term | Limits on Lobbyir 'expenditures' mean | ng Expenditures ns amounts paid or incurr | ed.) | (a) Filing organization's totals | (b) Affiliated group totals | | | |
| 1 a Total lobbying expenditu | • | | •, | 4,000. | | | | |
| , , , | · · | slative body (direct lobbying | , | 0. | | | | |
| | | 1b) | | 4,000. | | | | |
| | | 1c and 1d) | | 377,186. | | | | |
| | | | | 381,186. | | | | |
| | | nt from the following table in | | 76,237. | | | | |
| If the amount on line 1e, col | umn (a) or (b) is: | The lobbying nontaxable | amount is: | | | | | |
| Not over \$500,000 | | 20% of the amount on line 1e. | | | | | | |
| Over \$500,000 but not over \$1 | | \$100,000 plus 15% of the excess | | | | | | |
| Over \$1,000,000 but not over | | \$175,000 plus 10% of the excess | | | | | | |
| Over \$1,500,000 but not over \$ Over \$17,000,000 | + | \$225,000 plus 5% of the excess o \$1,000,000. | over \$1,500,000. | | | | | |
| | | ine 1f) | | 19,059. | | | | |
| _ | , | nter -0 | | 19,039. | | | | |
| i Subtract line 1f from line | 1c. If zero or less, en | ter -0 | | 0. | | | | |
| | | line 1h or line 1i, did the org | | | Yes No | | | |
| (Som | e organizations that | -Year Averaging Period U made a section 501(h) ele s below. See the instruction | ection do not have to c | | | | | |
| | Lobby | ing Expenditures During | 4-Year Averaging Perio | od | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) Total | | | |
| 2 a Lobbying nontaxable amount | 28,054 | 46,918. | 60,295. | 76,237. | 211,504. | | | |
| | 20,05 | 10,910. | 00,295. | 10,237. | 211,304. | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 317,256. | | | |
| c Total lobbying expenditures | 500 | 1,000. | 5,000. | 4,000. | 10,500. | | | |
| d Grassroots nontaxable amount | 7,014 | | 15,074. | 19,059. | 52,877. | | | |
| | ,,01- | 11,750. | 13,074. | 10,000. | 52,011. | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 79,316. | | | |
| f Grassroots lobbying expenditures | 500 | 1,000. | 5,000. | 4,000. | 10,500. | | | |
| BAA | 1 300 | ,, ₁ | 5,000. | | n 990 or 990-EZ) 2015 | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| (election under Section 301(11)). | | | | | | |
|---|---|--------|--------|----------|-------------|----|
| | | (a | 1) | (| (b) | |
| For each 'Yes' response on lines 1a through 1i below, prof the lobbying activity. | ovide in Part IV a detailed description | Yes | No | Am | ount | |
| During the year, did the filing organization attempt legislation, including any attempt to influence publi through the use of: | | | | | | |
| b Paid staff or management (include compensation i | n expenses reported on lines 1c through 1i)? | | | | | |
| | | | | | | |
| d Mailings to members, legislators, or the public? | | | | | | |
| e Publications, or published or broadcast statements | 5? | | | | | - |
| f Grants to other organizations for lobbying purpose | s? | | | | | |
| g Direct contact with legislators, their staffs, governm | nent officials, or a legislative body? | | | | | |
| h Rallies, demonstrations, seminars, conventions, sp | peeches, lectures, or any similar means? | | | | | |
| i Other activities? | | | | | | |
| j Total. Add lines 1c through 1i | | | | | | |
| | be not described in section 501(c)(3)? | | | | | |
| _ | section 4912 | | | | | |
| • | ganization managers under section 4912 | | | | | |
| | k, did it file Form 4720 for this year? | | | | | |
| | exempt under section 501(c)(4), section 501(| c)(5) | or | | | |
| section 501(c)(6). | exempt under section 501(c)(+), section 501(| (C)(C) | , 01 | | | |
| (-)(-) | | | | | Yes | No |
| 1 Were substantially all (90% or more) dues received | d nondeductible by members? | | | 1 | | |
| | expenditures of \$2,000 or less? | | | | | |
| | and political expenditures from the prior year? | | | | | |
| Part III-B Complete if the organization is | exempt under section 501(c)(4), section 501(ll-A, lines 1 and 2, are answered 'No,' OR (b) | c)(5) | , or s | ection 5 | 601(c) S | |
| 1 Dues, assessments and similar amounts from mer | nbers | | 1 | | | |
| 2 Section 162(e) nondeductible lobbying and political expenses for which the section 527(f) tax was p | | | | | | |
| | | | 2 a | | | |
| b Carryover from last year | | | 2 b | | | |
| c Total | | | 2 c | | | |
| 3 Aggregate amount reported in section 6033(e)(1)(| A) notices of nondeductible section 162(e) dues | | 3 | | | |
| 4 If notices were sent and the amount on line 2c exc does the organization agree to carryover to the rea expenditure next year? | eeds the amount on line 3, what portion of the excess asonable estimate of nondeductible lobbying and political | | 4 | | | |
| 5 Taxable amount of lobbying and political expenditu | res (see instructions) | | 5 | | | |

Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| | Campaign For Southern Equality | | 27-4064401 | | | | | |
|---|--|--|---|--|--|--|--|--|
| Par | t Organizations Maintaining Donor Advised Funds or Other S | imilar Funds or Acc | counts. | | | | | |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. | | | | | | | | |
| | (a) Donor advised funds | (b) F | unds 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 | 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 granter for charitable purposes and not for the benefit of the donor or donor advisor, or for any impermissible private benefit? | nt funds can be used only other purpose conferring | · · · · · · · · Yes · · · No | | | | | |
| Par | t II Conservation Easements. | | | | | | | |
| | Complete if the organization answered 'Yes' on Form 990, Part I' | V, 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) | eservation of a historically | important land area | | | | | |
| | Protection of natural habitat Pro | eservation of a certified his | storic structure | | | | | |
| | Preservation of open space | | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribulast day of the tax year. | tion in the form of a conse | ervation easement on the | | | | | |
| | last day of the tax year. | | leld at the End of the Tax Year | | | | | |
| | a Total number of conservation easements | | ield at the Elid of the Tax Teal | | | | | |
| | Total acreage restricted by conservation easements | | | | | | | |
| | Number of conservation easements on a certified historic structure included in (a) | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| (| I Number of conservation easements included in (c) acquired after 8/17/06, and not on a structure listed in the National Register | a nistoric 2 d | | | | | | |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or to tax year ► | erminated by the organiza | tion during the | | | | | |
| 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 | on, handling of violations, | | | | | | |
| | and enforcement of the conservation easements it holds? | | L L | | | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and | I enforcing conservation e | asements during the year | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforces $\$$ | orcing conservation easen | nents during the year | | | | | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirement and section 170(h)(4)(B)(ii)? | |) Yes No | | | | | |
| 9 | In Part XIII, describe how the organization reports conservation easements in its reveninclude, if applicable, the text of the footnote to the organization's financial statements conservation easements. | ue and expense statemer that describes the organiz | nt, and balance sheet, and zation's accounting for | | | | | |
| Par | Organizations Maintaining Collections of Art, Historical Trea Complete if the organization answered 'Yes' on Form 990, Part I' | sures, or Other Sin V, line 8. | nilar Assets. | | | | | |
| 1 a | a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its art, historical treasures, or other similar assets held for public exhibition, education, or in Part XIII, the text of the footnote to its financial statements that describes these item | research in furtherance of | | | | | | |
| ŀ | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revisitorical treasures, or other similar assets held for public exhibition, education, or reseful or public exhibition, education, or reseful or similar assets. | | | | | | | |
| | (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 as amounts required to be reported under SFAS 116 (ASC 958) relating to these items: | | | | | | | |
| á | Revenue included on Form 990, Part VIII, line 1 | | ▶\$ | | | | | |
| k | Assets included in Form 990, Part X | | ▶\$ | | | | | |

| Part III Organizations Maintaining C | collections of | Art, Histo | oricai Treasures, o | r Other Similar Ass | sets (contin | uea) |
|---|--------------------------|-----------------|------------------------------------|------------------------------|---------------|----------|
| 3 Using the organization's acquisition, access items (check all that apply): | ion, and other red | cords, check | any of the following that | are a significant use of it | s collection | |
| a Public exhibition | | d Loan | or exchange programs | | | |
| b Scholarly research | | e Other | | | | |
| c Preservation for future generations | | | | | | |
| 4 Provide a description of the organization's c Part XIII. | ollections and ex | plain how the | ey further the organizatio | n's exempt purpose in | | |
| 5 During the year, did the organization solicit to be sold to raise funds rather than to be m | aintained as part | of the organi | ization's collection? | | Yes | No |
| Part IV Escrow and Custodial Arran line 9, or reported an amount of | | | | wered 'Yes' on Forn | າ 990, Part I | iV, |
| 1 a Is the organization an agent, trustee, custod on Form 990, Part X? | lian or other inter | mediary for c | contributions or other ass | ets not included | Yes | No |
| b If 'Yes,' explain the arrangement in Part XIII | and complete the | e following ta | ble: | | | |
| | | | | | Amount | |
| c Beginning balance | | | | | | |
| d Additions during the year | | | | | | |
| e Distributions during the year | | | | | | |
| f Ending balance | | | | . 1f | | |
| 2 a Did the organization include an amount on F | Form 990, Part X, | line 21, for e | escrow or custodial acco | unt liability? | Yes | No |
| b If 'Yes,' explain the arrangement in Part XIII | . Check here if th | e explanatior | n has been provided on F | Part XIII | | |
| | | | | | | |
| Part V Endowment Funds. Complete | e if the organi | zation ans | wered 'Yes' on Forr | n 990, Part IV, line 1 | 10. | |
| (a) Cu | urrent year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four yea | ırs back |
| 1 a Beginning of year balance | | | | | | |
| b Contributions | | | | | | |
| c Net investment earnings, gains, and losses | | | | | | |
| d Grants or scholarships | | | | | | |
| e Other expenditures for facilities and programs | | | | | | |
| f Administrative expenses | | | | | | |
| g End of year balance | | | | | | |
| 2 Provide the estimated percentage of the cur | rent year end bal | ance (line 1g | g, column (a)) held as: | | | |
| a Board designated or quasi-endowment ▶ | | % | | | | |
| b Permanent endowment | % | | | | | |
| c Temporarily restricted endowment ► | <u> </u> | | | | | |
| The percentages on lines 2a, 2b, and 2c sho | ould equal 100%. | | | | | |
| 3 a Are there endowment funds not in the posse | ession of the orga | nization that | are held and administer | ed for the | | |
| organization by: | costori or the orge | inzation that | are nela ana administer | cu for the | Yes | No |
| (i) unrelated organizations | | | | | . 3a(i) | |
| (ii) related organizations | | | | | . 3a(ii) | |
| b If 'Yes' on line 3a(ii), are the related organize | ations listed as re | equired on So | chedule R? | | . 3b | |
| 4 Describe in Part XIII the intended uses of th | e organization's | endowment fu | unds. | | | |
| Part VI Land, Buildings, and Equipm | nent. | | | | | |
| Complete if the organization a | | on Form | 990. Part IV. line 11 | a. See Form 990. P | art X. line 1 | 0. |
| Description of property | | | | | (d) Book v | |
| Description of property | (a) Cost or o (invest | | (b) Cost or other basis (other) | (c) Accumulated depreciation | (a) Book v | alue |
| 1 a Land | , | , | (0) | | | |
| b Buildings | | | | | | |
| c Leasehold improvements | | | | | | |
| d Equipment | | | 1,568. | 1,380. | | 188. |
| e Other | | | Ι,300. | 1,300. | | <u> </u> |
| Total. Add lines 1a through 1e. (Column (d) must | • | Part X colui | mn (B) line 10c) | | | 188. |
| Total in the first in the control (a) must | -quai i 31111 000, | . are re, colui | (5), 100.) | | | T00. |

Schedule **D** (Form 990) 2015 BAA

| (a) Description of security or category (including name of security) | (b) Book value | Part IV, line 11b. See Form 990, F (c) Method of valuation: Cost or end-of- | |
|---|-------------------|--|--|
| 1) Financial derivatives | | , , | <u>, </u> |
| 2) Closely-held equity interests | | | |
| 3) Other | | | |
| ^/ | | | |
| '') | | | |
| o) | | | |
| D) | | | |
| E) | - | | |
| | | | |
| ' <i>' </i> | | + | |
| <u>о)</u> Н) | - | | |
| | | | |
| (1) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) | • | | |
| Part VIII Investments – Program Related. Complete if the organization answered | Yes' on Form 990 | Part IV line 11c See Form 990 F | Part X line 13 |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-o | |
| (1) | (S) Book value | (5) montos de valuation. Goot di chia c | , Jai market valde |
| (1) | | | |
| | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) | | | |
| Other Assets. Complete if the organization answered | 'Ves' on Form 990 | Part IV line 11d See Form 900 F | Part X line 15 |
| | escription | Tartiv, line Tia. Occir omi 330, i | |
| | | | (b) Book value |
| | Scription | | (b) Book value |
| (1) (2) | эсприон | | (b) Book value |
| (1) (2) | scription | | (b) Book value |
| (1) (2) (3) | scription | | (b) Book value |
| (1) (2) | scription | | (b) Book value |
| (1) (2) (3) (4) | scription | | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) | scription | | (b) Book value |
| (1) (2) (3) (4) (5) (6) | scription | | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) | scription | | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) | scription | | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) | | | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) | | | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) (Part X) Other Liabilities. Complete if the organization answered 'Yes' on I | line 15.) | | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) and the complete if the organization answered 'Yes' on the complete if the organization of liability | line 15.) | 11e or 11f. See Form 990, Part X, line 25 | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) and the complete if the organization answered 'Yes' on the complete if the organization of liability (1) Federal income taxes | line 15.) | 11e or 11f. See Form 990, Part X, line 25 | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) Part X Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) | line 15.) | 11e or 11f. See Form 990, Part X, line 25 | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) Part X Complete if the organization answered 'Yes' on a Complete if the organization of liability (1) Federal income taxes (2) (3) | line 15.) | 11e or 11f. See Form 990, Part X, line 25 | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on a part in the complete of the organization of liability (1) Federal income taxes (2) (3) (4) | line 15.) | 11e or 11f. See Form 990, Part X, line 25 | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on I (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) | line 15.) | 11e or 11f. See Form 990, Part X, line 25 | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) and the proof of the | line 15.) | 11e or 11f. See Form 990, Part X, line 25 | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) (Part X) Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) | line 15.) | 11e or 11f. See Form 990, Part X, line 25 | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) and the complete if the organization answered 'Yes' on a language (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) | line 15.) | 11e or 11f. See Form 990, Part X, line 25 | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) and the complete if the organization answered 'Yes' on a language (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) | line 15.) | 11e or 11f. See Form 990, Part X, line 25 | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) A Part X Other Liabilities. Complete if the organization answered 'Yes' on a complete in the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) | line 15.) | 11e or 11f. See Form 990, Part X, line 25 | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) (Part X) Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) | line 15.) | 11e or 11f. See Form 990, Part X, line 25 | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) A Part X Other Liabilities. Complete if the organization answered 'Yes' on a complete in the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) | ine 15.) | 11e or 11f. See Form 990, Part X, line 25 | |

| , , , , , , , , , , , , , , , , , , , | | |
|--|---------|--|
| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re | eturn. | |
| 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 | |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a Net unrealized gains (losses) on investments | | |
| b Donated services and use of facilities | | |
| c Recoveries of prior year grants | | |
| d Other (Describe in Part XIII.) | | |
| e Add lines 2a through 2d | . 2 e | |
| 3 Subtract line 2e from line 1 | . 3 | |
| 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.) | | |
| c Add lines 4a and 4b | . 4 c | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | . 5 | |
| 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 | |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a Donated services and use of facilities | | |
| b Prior year adjustments | | |
| c Other losses | | |
| d Other (Describe in Part XIII.) | | |
| e Add lines 2a through 2d | . 2e | |
| 3 Subtract line 2e from line 1 | . 3 | |
| 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.) | | |
| C Add lines 4a and 4b | | |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | . 5 | |
| 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.

BAA Schedule **D** (Form 990) 2015

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

| Campaign For Sout | thern Equality | 27-4064401 |
|-------------------|--|--|
| | CSE began a new initiative called the South also listed as a part of our major programs (SEF) is a part of our larger program area | s.) The Southern Equality Fund a Hometown Organizing Project. |
| | The SEF provides direct grants to grassroo in small towns across the South. In 2015, | 5 1 5 |
| Pt III, Line 2 | grassroots leaders and groups across the S | _ |
| | During 2015 we concluded much of our marria U.S. Supreme Court decision which legalize | |
| Pt III, Line 3 | nationwide, including in every Southern st | |
| | The 990 is prepared by independent account presented to the Board for review, propose | |
| Pt VI, Line 11b | approval. Enforced as necessary. Any Board Member wi | ith a conflict of interest on |
| | any specific issue informs the Board and a | |
| Pt VI, Line 12c | issue. | |
| | In the annual budgeting process, the Board aggregate salary expense. Thereafter, indincreases for all employees are determined assessment of performance and regular assessment. | ividual salaries and salary d by the Board based on |
| Pt VI, Line 15a | information for non-profit organizations w | |
| Pt VI, Line 18 | Forms 1023 and 990 are available upon requestionary documents and reviewed financial | |
| Pt VI, Line 19 | request. | statements are available upon |

TEEA4901 10/12/15

Form **8879-EC**

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2015, or fiscal year beginning _ _ _ _ , 2015, and ending _ _ _ _ _ .

Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

| nternal Revenue Service | ► Information about Form 8879-EO | and its instructions is at w | ww.irs.gov/f | orm8879eo. | 2010 |
|--|---|---|--|--|---|
| Name of exempt organization | .4 | | | Employer id | entification number |
| Campaign For Sou | thern Equality | | | 27-406 | 4401 |
| Name and title of officer | | | | 127 100 | 1101 |
| Rev. Jasmine Bea | ch-Ferarra | Executive | Directo | or | |
| Part I Type of Retu | rn and Return Information (Wh | nole Dollars Only) | DITCOCC | | |
| check the box on line 1a, 2a leave line 1b, 2b, 3b, 4b, or | n for which you are using this Form 8879- a, 3a, 4a, or 5a, below, and the amount o 5b, whichever is applicable, blank (do no o not complete more than 1 line in Part I | n that line for the return being ot enter -0-). But, if you enter | na filed with th | is form was bla | ank, then |
| 1 a Form 990 check here | · · · ▶ X b Total revenue, if any (F | Form 990, Part VIII, column (| (A), line 12) . | | 1b 485,102 |
| 2 a Form 990-EZ check h | ere D b Total revenue, if ar | ny (Form 990-EZ, line 9) | | | 2 b |
| 3 a Form 1120-POL chec | k here D b Total tax (Form | 1120-POL line 22) | | | 3 b |
| 4 a Form 990-PF check h | ere b Tax based on inve | stment income (Form 990- | PF, Part VI, lin | ne 5) | 4 b |
| 5 a Form 8868 check here | b Balance Due (Form 886 | 68, Part I, line 3c or Part II, li | ine 8c) | | 5 b |
| | Ц , | | | | |
| Part II Declaration a | and Signature Authorization of | Officer | | | |
| refund, and (c) the date of a funds withdrawal (direct deb organization's federal taxes contact the U.S. Treasury F authorize the financial institutions answer inquiries and resolve | ment of receipt or reason for rejection of iny refund. If applicable, I authorize the U pit) entry to the financial institution accour owed on this return, and the financial ins inancial Agent at 1-888-353-4537 no late utions involved in the processing of the ele is issues related to the payment. I have so | J.S. Treasury and its designa t indicated in the tax prepar stitution to debit the entry to the trithan 2 business days prior lectronic payment of taxes to | ated Financial ration software this account. To to the payme o receive conf | Agent to initiate for payment of revoke a paynt (settlement) idential information. | e an electronic of the |
| | urn and, if applicable, the organization's o | elected a personal identification consent to electronic funds v | vithdrawal. | PIN) as my sigi | nature for the |
| Officer's PIN: check one b | urn and, if applicable, the organization's of ox only | consent to electronic funds v | vithdrawal. | PIN) as my sigi | |
| Officer's PIN: check one b | urn and, if applicable, the organization's of ox only ss & Solomon, PLLC | consent to electronic funds v | vithdrawal. | 6440 | as my signature |
| Officer's PIN: check one b | urn and, if applicable, the organization's of ox only | consent to electronic funds v | vithdrawal. | | as my signature |
| Officer's PIN: check one b I authorize Corlis on the organization's ta a state agency(ies) regulate return's disclosure co | ox only SS & SOLOMON, PLLC ERO firm name c year 2015 electronically filed return. If I lating charities as part of the IRS Fed/Stonsent screen. | to enterproperty to enterproper | er my PIN turn that a cope the aforemen | 6440. Enter five number on the enter all by of the returnationed ERO to | as my signature pers, but zeros is being filed with o enter my PIN on |
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BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2015)