

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

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 2020, and ending 2020

B Check if applicable:
 Address change
 Name change
 Initial return
 First return/Name change
 Amended return
 Application pending

C SOUTHERN PARTNERS FUND, INC.
1 BALTIMORE PLACE #150
ATLANTA, GA 30308

D Employer identification number: 58-2409301

E Telephone number: (404) 541-9091

F Name and address of principal officer: SAME AS C ABOVE

G Gross receipts: \$ 20,902,328.

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions.

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.SOUTHERNPARTNERSFUND.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1998 **M** State of legal domicile: GA

H(c) Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SOUTHERN PARTNERS FUND IS A FOUNDATION CREATED TO SERVE SOUTHERN COMMUNITIES & ORGANIZATIONS SEEKING SOCIAL, ECONOMIC, AND ENVIRONMENTAL JUSTICE BY PROVIDING THEM WITH FINANCIAL RESOURCES, TECHNICAL ASST. & TRAINING, AND ACCESS TO SYSTEMS OF INFORMATION & EMPOWERMENT.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a).....	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4	0
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a).....	5	6
	6 Total number of volunteers (estimate if necessary).....	6	25
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11.....	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h).....	357,462.	15,813,174.
	9 Program service revenue (Part VIII, line 2g).....		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	499,328.	66,148.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	856,790.	15,879,322.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	456,749.	1,762,504.
	14 Benefits paid to or for members (Part IX, column (A), line 4).....		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	441,313.	610,582.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>439,541.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	478,643.	564,295.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	1,376,705.	2,937,381.
19 Revenue less expenses. Subtract line 18 from line 12.....	-519,915.	12,941,941.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	Beginning of Current Year 8,522,534.	End of Year 22,617,938.
	21 Total liabilities (Part X, line 26).....	127,790.	86,121.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	8,395,024.	22,531,817.

Part II Signature Block

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

Signature of officer: [Signature] Date: 9/24/21

FERNANDO CUEVAS, JR. EXECUTIVE DIRECTOR
Type or print name and title

Print/Type preparer's name: SHEILA M. KOZAK, CPA Preparer's signature: [Signature] Date: 9/24/21 Check if self-employed PTIN: P00687026

Firm's name: FULTON & KOZAK, CPA Firm's address: 7187 JONESBORO RD STE 100A MORROW, GA 30260 Firm's EIN: 20-1403280

PUBLIC INSPECTION

May the IRS discuss this return with the preparer shown above? See instructions Yes No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

COPY