Form 990

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public.

2013

Open to Public Inspection

Department of the Treasury

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

and ending JUN 30, 2014 A For the 2013 calendar year, or tax year beginning JUL 1, 2013 D Employer identification number C Name of organization Check if Southern Center for International Address Studies, Inc. 58-1285654 Name Doing Business As E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 404-261-5763 P.O. BOX 52789 Termin-ated 1,280,484. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended H(a) Is this a group return Atlanta, GA 30355 Applica-tion pending Yes X No for subordinates? F Name and address of principal officer. Peter C. White H(b) Are all subordinates includes? Yes same as C above If "No," attach a list. (see instructions) 4947(a)(1) or) (insert no.) Tax-exempt status: X 501(c)(3) 501(c) (H(c) Group exemption number > J Website: ▶ www.southerncenter.org L Year of formation: 1962 M State of legal domicile: GA K Form of organization: X Corporation Trust Part I Summary Briefly describe the organization's mission or most significant activities: To promote international understanding and peace by providing information and expertise on Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 8 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 7 6 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 Current Year Prior Year 1,147,322. 1,515,696 Contributions and grants (Part VIII, line 1h) 0. 0. Revenue Program service revenue (Part VIII, line 2g) 24,536. 1,495. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 49,916 4,859. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,176,717. 1,567,107. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 711,919. 366,718. Salaries, other compensation, employee bonefits (Part IX, column (A), lines 5-10) 0. Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 266,707. 382,326. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 978,626. 749,044. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 198,091. 818,063. 19 Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year 200 2,098,340. 1,761,792. 20 Total assets (Part X, line 16) 289,423. 153,930. 21 Total liabilities (Part X, line 26) ,808,917. 1.607,862. 22 Net assets or fund balances. Subtract line 21 from line 20 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. Date Sign Peter C. White, President Here Type or print name and title Date Preparer's signature Print/Type preparer's name self-employed P00087087 G. BLISS JONES Paid Firm's EIN ▶ 58-1763570 Firm's name JONES AND KOLB Preparer Firm's address 3475 PIEDMONT ROAD, SUITE 1500 Use Only Phone no. (404)262-7920 ATLANTA, GA 30305 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2013)

Studies, Inc.

| | 3. d. la sertice E01(oV2) or 4947(a)(1) (other than a private foundation)? | | | |
|-----|--|------|---|---------|
| 1 1 | s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | 1 | X | -23 |
| 1 | f *Yes,* complete Schedule A sthe organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 2 1 | is the organization required to complete Schedule B, Schedule of Communities Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | an author to the Cabadula C Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect | 4 | | Х |
| | during the tax year? If Yes, complete our edge of 1 and 1 an | | | lanes a |
| 5 | is the organization a section 351(c)(4), 351(c)(4), 551(c)(7) or 551(c | 5 | | X |
| | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | 5555 |
| 6 | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | 1000 |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | 822 |
| | Cabadada D. Bart III | 8 | 1 | X |
| 20 | Did the association seport 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? | | | 37 |
| | # "Voc " complete Schedule D. Part IV | 9 | | X |
| 0 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | 13 | | v |
| | downste, or quesi enfowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | no populación de la companya de la c | | 0 | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, | 1000 | Х | |
| | Port I// | 11a | Δ | _ |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | 11b | | X |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 110 | | - 44 |
| C | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | 11c | | X |
| | assets reported in Part X, line 167 // "Yes," complete Schedule D, Part VIII | 110 | | |
| 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 | 11d | | X |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11e | X | 1 |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | 1 | | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 11f | X | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | | | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 12a | X | |
| | Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? | | | 1 |
| b | Was the organization included in consolidated, independent additional material states of the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| | If "Yes," and if the organization answered No to line 12s, then completely complete Schedule E Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 13 | and the description of affice amployees of agents outside of the United States? | 14a | | X |
| 14a | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| D | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Ves." complete Schedule F. Parts I and IV | 14b | _ | X |
| 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 | | | |
| 10 | foreign properization? If "Yes " complete Schedule F, Parts II and IV | 15 | - | X |
| 16 | Did the expanization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| 10 | or for foreign individuals? If "Yes." complete Schedule F, Parts III and IV | 16 | - | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IA. | | | |
| ** | caluma (A) lines 6 and 11e2 if "Ves " complete Schedule G. Part I | 17 | - | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | 7.7 |
| | to and 8x2 H *Vec * complete Schedule G. Part II | 18 | - | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 54: " res, | 27.2 | | 37 |
| | complete Schedule G. Part III | 19 | - | X |
| 00 | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | Zua | | X |
| 20a | | 20b | 4 | |

| 1 cm | TV Checklist of Required Solitodates (community) | , | Yes | No |
|--------|---|-------|-----|--------|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, | | | 37 |
| | column (A) line 27 If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| - | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | 33 |
| | Schedule J | 23 | | X |
| 245 | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| 240 | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | 000.00 |
| | Schedule K. If "No", go to line 25a | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| D | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| С | any tax-exempt bonds? | 24c | | |
| - | Did the organization act as an 'on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | |
| 25a | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | - | | |
| b | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | | 25b | | X |
| | Schedule L, Part I | 200 | | |
| 26 | Did the organization report any amount on Part X, line 5, 5, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, | 26 | X | |
| | complete Schedule L, Part II | - | | |
| 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 | 27 | | X |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 2.1 | | |
| 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): | 00- | | X |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | A |
| C | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 00 | | х |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | - | A |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | ** |
| | contributions? If "Yes," complete Schedule M | 30 | - | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | 3882 | | 37 |
| | If "Yes," complete Schedule N, Part I | 31 | - | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | V5505 | 1 | ** |
| | Schedule N, Part II | 32 | | X |
| 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 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| -73100 | Part V. line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | - | X |
| h | 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? | | | |
| 00 | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| 31 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 20 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| 38 | Note, All Form 990 filers are required to complete Schedule O | 38 | X | |
| _ | NOTE, CALL STATE OF THE STATE INCOME. | Form | 990 | (2013 |

| | 990 (2013) Studies, Inc. | | 58-12856 | 54 | P | age 5 |
|------|---|-----------|---------------------------|--------|------|-------|
| Par | t VI Statements Regarding Other IRS Filings and Tax Compliance | | | | | 1 1 |
| ai | Check if Schedule O contains a response or note to any line in this Part V | | | | 1111 | |
| _ | | - 6 | 1 45 | | Yes | No |
| 2300 | Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable | 1a | 26 | | | |
| | WaG included in line 1a Enter ① if not applicable | 1b | 0 | | | |
| D | Did the organization comply with backup withholding rules for reportable payments to vendors and re | portable | gaming | | 1227 | |
| С | (gambling) winnings to prize winners? | | | 10 | X | _ |
| 200 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | 26 | | | |
| | Let for the colondar year ending with or within the year covered by this return | 2a | 8 | | | |
| 5 | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | | 2b | X | |
| ь | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | 1000 |
| e 1 | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | За | | X |
| За | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule | o | | 3b | | - |
| ь | at the student has enlander year, did the organization have an interest in, or a signature or other a | Lithonty | over, a | | | 200 |
| 4a | financial account in a foreign country (such as a bank account, securities account, or other financial a | ccount | ? | 4a | - | X |
| - | If then " enter the name of the foreign country: | | | | | |
| D | See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A | ccount | s. | | | 10000 |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| 53 | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | ction?_ | | 5b | | X |
| | # N/ " to Eoo Eo or 5b, did the organization file Form 8886-T? | | and the second section of | 5c | | - |
| C | and the base appeal gross receipts that are normally greater than \$100,000, and did the | e organ | ization solicit | | | 1 |
| 6a | any contributions that were not tax deductible as charitable contributions? | | | 6a | _ | X |
| 4 | If "Yes," did the organization include with every solicitation an express statement that such contribute | ions or | gifts | | | |
| b | were not tax deductible? | O 110- | | 6b | - | + |
| | Consider that may require deductible contributions under section 170(c). | | 200 | | | 10220 |
| 7 | second \$75 made partly as a contribution and partly for goods and set | vices pri | ovided to the payor? | 7a | - | X |
| b | If "Vae " did the organization notify the donor of the value of the goods or services provided? | | CONTRACTOR CONTRACTOR | 7b | - | - |
| C | and the self-exchange or otherwise dispose of tangible personal property for which it was | as requ | ired | Sec. 1 | | ** |
| | to file Form 8282? | enne vige | | 7c | - | X |
| d | If "Ves," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| 9 | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | ontract | ? | 7e | - | + |
| f | Did the arganization, during the year, pay premiums, directly or indirectly, on a personal benefit contri | acty | | 7f | - | - |
| 9 | If the organization received a contribution of qualified intellectual property, did the organization file Ho | orm 885 | e as requireu: | 7g | - | - |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza- | amon me | a roini ioso o: | 7h | | + |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. | io the su | phornuli | Voge. | | 1 |
| | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at | any time | during the year? | 8 | - | + |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | 2337 | | |
| 0.5 | Did the organization make any taxable distributions under section 4966? | | | 9a | - | - |
| - E | Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | - | 1 |
| 10 | Section 501(c)(7) organizations. Enter: | F | | | | |
| 2 | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | 1 | | |
| 11 | Section 501(c)(12) organizations, Enter: | less 1 | | | | |
| | Grone income from members or shareholders | 11a | | 1 | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | | | 1 | | |
| | ate due or received from them \ | 11b | | 0.000 | | |
| 12: | Section 4947(all 1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form | 1041? | | 12a | | - |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | - | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | - | - | + |
| | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | - | + |
| | 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 | 1000000 | | | | |
| , | organization is licensed to issue qualified health plans | 13b | | - | | |
| | Enter the amount of reserves on hand | 13c | | | | 37 |
| 14 | a Did the organization receive any payments for indoor tanning services during the tax year? | | | 148 | | X |
| 1.4 | a big this digameters in School in School in School in School in School | do O | | 14b | 1 | |

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2013)

58-1285654 Studies, Inc. Form 990 (2013) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? X b Each committee with authority to act on behalf of the governing body? is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 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? X The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶GA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) ____ Another's website X Upon request X Own website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Ann D'Anna - 404-261-5763

30305

ATLANTA

3565 Piedmont Road, NE, Suite 130,

Form 990 (2013) Studies, Inc. 58-1
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

| Check this box if neither the organiz (A) Name and Title | (B) Average hours per week | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | ne an | (D) Reportable compensation from | Reportable compensation from related | (F) Estimated amount of other |
|--|--|--|---|---------------------------------|--------|--|----------------------------------|--|--------------------------------------|--|
| | (list any hours for related organizations below line) | Individual trustee or description of trustee or description of trustee of trustee of trustee of trustee of trustee or tru | | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations | | |
| (1) Daniel S. Papp | 0.00 | х | | | | | | 0. | 0. | 0. |
| Chariman of the Board (2) Charles H. Battle, Jr. | 0.00 | Δ | | | - | \vdash | | | | |
| Director | | X | | | | | | 0. | 0. | 0. |
| (3) Robert J. Freeman Director | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (4) Thomas C. Meredith Director | 0.00 | x | | | | | | 0. | 0. | 0. |
| (5) R.K. Segal Director | 0.00 | X | | | | | | 0. | 0. | 0. |
| (6) Jerome Tannenbaum Director | 0.00 | x | | | | | | 0. | 0. | 0. |
| (7) Adis Maria Vila Director | 0.00 | x | | | | | | 0. | 0. | 0 |
| (8) Peter C. White President | 40.00 | X | | X | | | | 112,500. | 0. | 2,692 |
| (9) Julia A. White Vice President and Legal C | 40.00 | х | | X | | | | 90,000. | 0. | 2,692 |
| | | | | | | | | | | |
| | | _ | + | - | + | - | - | | | |
| | | - | + | - | + | | - | | | |
| | | + | 1 | 1 | 1 | | | | | |
| | | - | | | | | | | | |
| - | | | | | | | | | | Form 990 (201 |

| (A) Name and title | | (B) Average hours per week (list any | (do box, offic | not ct | Posi reck i | tion nore son r | | ne an | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | Est am | (F) imater ount o other oensat | f |
|-----------------------|--|--|--|-------------------------------|--|---|---------------------------------|-----------------------|---|--|---------------|--|----------|
| | | hours for related organizations below line) | individual tructure or director | lestilutional truttee | Officer | Key employee | Highest compression employes | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | orga | om the enization relate nization | on ed |
| | | | | | | | | - | | | | | |
| | | | | - | | - | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | - | | | | | | |
| | | | | | F | | | | | | | | |
| | | | I | | | | | | | | | | |
| (h | Sub-total | | 1 | | L | | | > | 202,500 | | _ | 5,3 | _ |
| С | Total from continuation sheets to P | art VII, Section A | Zarii | | | inte | ****** | - | 202,500 | . 0 | | 5,3 | 84 |
| 2 | Total (add lines 1b and 1c) Total number of individuals (including compensation from the organization | > | | | - | | | | | | | Yes | N |
| | Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on | | | | | | | | 1 | | | | |
| | a contract to a state Cobadula | I for euch indimidu | 9/ | | | | | | Control of the superior and the superior and the superior of the superior and the superior | MINOCHES STORY CLOSE TO A STORY | 3 | | T |
| 4 | line 1a? If "Yes," complete Schedule . For any individual listed on line 1a, is | J for such individual the sum of reports | a/ ble | com | pen | satio | on ar | id ot | ther compensation fron | n the organization | 4 | | 2 |
| 4 5 | line 1a? If "Yes," complete Schedule. For any individual listed on line 1a, is and related organizations greater tha Did any person listed on line 1a recei rendered to the organization? If "Yes," | I for such individual the sum of reporta in \$150,000? If "Ye we or accrue comp complete Sched | al . ble s," c ens | com comp ation I for | pen olete fro | sation Sci mar h po | on ar hedu ny ur erson | id ot le J rela | her compensation fron for such individual ted organization or indi | n the organization vidual for services | 4 | from | 2 |
| 4 | line 1a? If "Yes," complete Schedule. For any individual listed on line 1a, is and related organizations greater that Did any person listed on line 1a receive rendered to the organization? If "Yes, ation B. Independent Contractors Complete this table for your five high the organization. Report compensation. | I for such individual the sum of reports in \$150,000? If "Ye we or accrue compete Schedust compete Schedust compensated on for the calendar | al , ible s, " (ens ule , | componing attion | pen plete fro suc | Sation and and and and and and and and and an | on ar hedu ny ur erson | le J relators | ther compensation from for such individual ted organization or indi- that received more that in the organization's ta: (B) | n the organization vidual for services n \$100,000 of compe x year. | 5 ensation | (C) | 2 |
| 4 5 Sec | line 1a? If "Yes," complete Schedule. For any individual listed on line 1a, is and related organizations greater that Did any person listed on line 1a received to the organization? If "Yes, stion B. Independent Contractors Complete this table for your five high the organization. Report compensation. | I for such individual the sum of reports in \$150,000? If "Ye we or accrué complete Sched est compensated." | al , ible s, " c ens ule , inde | componing attion | pen olete fro suc dent ding | Sation and and and and and and and and and an | on ar hedu ny ur erson | le J relators | ther compensation from for such individual ted organization or indi- that received more that in the organization's ta: | n the organization vidual for services n \$100,000 of compe x year. | 4 5 | (C) | 2 |
| 4 5 Sec | line 1a? If "Yes," complete Schedule. For any individual listed on line 1a, is and related organizations greater that Did any person listed on line 1a received to the organization? If "Yes, stion B. Independent Contractors Complete this table for your five high the organization. Report compensation. | I for such individual the sum of reports in \$150,000? If "Ye we or accrue comp," complete Sched est compensated on for the calendar A) | al , ible s, " c ens ule , inde | compation J for | pen olete fro suc dent ding | Sation and and and and and and and and and an | on ar hedu ny ur erson | le J relators | ther compensation from for such individual ted organization or indi- that received more that in the organization's ta: (B) | n the organization vidual for services n \$100,000 of compe x year. | 5 ensation | (C) | 2 |
| 4 5 Sec | line 1a? If "Yes," complete Schedule. For any individual listed on line 1a, is and related organizations greater that Did any person listed on line 1a received to the organization? If "Yes, stion B. Independent Contractors Complete this table for your five high the organization. Report compensation. | I for such individual the sum of reports in \$150,000? If "Ye we or accrue comp," complete Sched est compensated on for the calendar A) | al , ible s, " c ens ule , inde | compation J for | pen olete fro suc dent ding | Sation and and and and and and and and and an | on ar hedu ny ur erson | le J relators | ther compensation from for such individual ted organization or indi- that received more that in the organization's ta: (B) | n the organization vidual for services n \$100,000 of compe x year. | 5 ensation | (C) | 3 |
| 4 5 Sec | line 1a? If "Yes," complete Schedule. For any individual listed on line 1a, is and related organizations greater that Did any person listed on line 1a received to the organization? If "Yes, stion B. Independent Contractors Complete this table for your five high the organization. Report compensation. | I for such individual the sum of reports in \$150,000? If "Ye we or accrue comp," complete Sched est compensated on for the calendar A) | al , ible s, " c ens ule , inde | compation J for | pen olete fro suc dent ding | Sation and and and and and and and and and an | on ar hedu ny ur erson | le J relators | ther compensation from for such individual ted organization or indi- that received more that in the organization's ta: (B) | n the organization vidual for services n \$100,000 of compe x year. | 5 ensation | (C) | 2 |

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (C) Unrelated Related or Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b b Membership dues c Fundraising events 1d d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and 11 1,147,322. similar amounts not included above g. Noncash contributions included in lines 1a-1f. S. ▶ 1,147,322. h Total, Add lines 1a-1f Business Code Program Service Revenue f All other program service revenue g Total, Add lines 2a-21 3 Investment income (including dividends, interest, and 7,702. 7.702. other similar amounts) ₽ Income from investment of tax-exempt bond proceeds (ii) Personal (i) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory [120, 371. b Less: cost or other basis and sales expenses 103,537. c Gain or (loss) 16,834. 16,834. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ _____ of Other Revenue contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from garning activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns 1,200. and allowances 230. b Less: cost of goods sold ______b 970. 970. Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 3,889. 3,889. 999999 11 a OTHER INCOME d. All other revenue 3,889. e Total, Add lines 11a-11d 0. 24,536. 4,859. .176,717. 12 Total revenue. See instructions. Form 990 (2013) 10-29-13

| ectio | n 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a response | or note to any line in t | his Part IX | | |
|-------|--|--------------------------|-----------------------------|------------------------------------|--------------------|
| | | (A) | (D) | (C) | (D) Fundraising |
| 76,8 | ot include amounts reported on lines 6b, ib, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the United States. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in | 1 | | | |
| | the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| ΰ, | organizations, and individuals outside the | | 4 | | |
| | United States. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | V 85-6340 | 000000 1212121 | 00 405 | 54,510. |
| | trustees, and key employees | 284,253. | 201,318. | 28,425. | 54,510. |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | 32,230. |
| 7 | Other salaries and wages | 341,520. | 233,574. | 75,716. | 34,430. |
| | Pension plan accruals and contributions (include | | | | |
| 8 | section 401(k) and 403(b) employer contributions) | | | | 4 0 5 0 |
| 720 | Other employee benefits | 46,373. | 24,568. | 18,937. | 2,868. |
| 9 | | 39,773. | 27,566. | 6,933. | 5,274. |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| Ð | Management | | | | |
| b | | 40,653. | | 40,653. | |
| C | 등 위한 1세계 4명 전 11 11 11 11 11 11 11 11 11 11 11 11 1 | 40,000. | | | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| 9 | Other. (If line 11g amount exceeds 10% of line 25, | 20 264 | 18,219. | 10,309. | 736. |
| | column (A) amount, list line 11g expenses on Sch 0.) | 29,264. | 10,413. | 10,000. | |
| 12 | Advertising and promotion | 74 220 | 39,655. | 28,239. | 3,445 |
| 13 | Office expenses | 71,339. | | | 3/225 |
| 14 | Information technology | 11,481. | 8,557. | 2,324. | |
| 15 | Royalties | | | 14,483. | |
| 16 | Occupancy | 14,483. | | | 17,840 |
| 17 | Travel | 25,240. | 808. | 6,592. | 11,040 |
| 18 | Payments of travel or entertainment expenses | | | 1 | |
| | for any federal, state, or local public officials | | | 0.110 | 720 |
| 19 | Conferences, conventions, and meetings | 13,195. | 10,027. | 2,448. | 720 |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 7,687. | | 7,687. | |
| 23 | Insurance | 3,365. | 1,885. | 1,480. | |
| | Other expenses. Itemize expenses not covered | | | | |
| 24 | ahove. (List miscellaneous expenses in line 24e, If life) | | | | |
| | 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| | amount, list line 24e expenses on deneouse or, | | | | |
| | | | | | |
| 1 | | | | | |
| - 9 | | | | | |
| | d | E0 000 | 50,000 | | |
| | e All other expenses | 50,000. | | | 117,623 |
| 25 | | 978,626 | 010,177 | 242/000 | Annual |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (8) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | Form 990 (201) |

| | | Check if Schedule O contains a response or note | to any line | in this Part X | | | |
|-----------------------------|-----|--|-------------|----------------------|--------------------------|-----------------------|---|
| | | | | | (A) Beginning of year | | (B) End of year |
| Т | 1 | Cash - non-interest-bearing | | | 9,517. | 1 | 3,899. |
| | | Savings and temporary cash investments | | | 483,495. | 2 | |
| | | Pledges and grants receivable, net | | | 334,150. | 3 | 206,675 |
| | | Accounts receivable, net | | | | 4 | |
| | | Loans and other receivables from current and for | mer officer | s, directors, | | | |
| | 5 | trustees, key employees, and highest compensat | | | | | |
| | | Part II of Schedule L | | | | 5 | |
| | | Loans and other receivables from other disqualifie | ed nerson: | s (as defined under | | | |
| | 6 | section 4958(f)(1)), persons described in section | 4958(c)(3)(| B), and contributing | | | |
| | | employers and sponsoring organizations of section | on 501(c)(9 |) voluntary | | | |
| 2 | | employees' beneficiary organizations (see instr). | Complete I | Part II of Sch L | | 6 | |
| Masers | - | Notes and loans receivable, net | | | 900. | 7 | 415 |
| 200 | 7 | Inventories for sale or use | | | 407,307. | 8 | 357,077 |
| | 9 | Prepaid expenses and deferred charges | | | | 9 | 1,853 |
| | | Land, buildings, and equipment: cost or other | 1 | | | | |
| | 100 | basis. Complete Part VI of Schedule D | 10a | 56,538. | 5-276 | | 100000000000000000000000000000000000000 |
| | ь | Less: accumulated depreciation | 10b | 13,410. | 28,634. | 10c | 43,128 |
| | 11 | Investments - publicly traded securities | | | | 11 | 1,485,293 |
| | 12 | Investments - other securities. See Part IV, line 1 | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 1 | | | 13 | | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 497,789. | 15 | 0 | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | 1,761,792. | 16 | 2,098,340 | |
| | 17 | Accounts payable and accrued expenses | | 66,703. | 17 | 36,441 | |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | | 27,869. | 19 | |
| | 20 | Tax-exempt bond liabilities | ***** | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete F | | | | 21 | |
| 10 | 22 | Loans and other payables to current and former | officers, d | irectors, trustees, | | | |
| Ite | | key employees, highest compensated employee | s, and disc | qualified persons. | | see in | 1 1/1 |
| Liabilities | | Complete Part II of Schedule L | | | 59,358. | 10000 | 1,141 |
| 3 | 23 | Secured mortgages and notes payable to unrela | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | yables to r | elated third | | | |
| | | parties, and other liabilities not included on lines | | | 0. | | 251,841 |
| | | Schedule D | | | | - | 289,423 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 5 (3F) . | 153,930. | 26 | 205,425 |
| | | Organizations that follow SFAS 117 (ASC 958 |), check h | ere LAL and | | | |
| 63 | | complete lines 27 through 29, and lines 33 an | | | 744,329. | 27 | 1,570,648 |
| BING | 27 | Unrestricted net assets | | | 837,533. | | 212,269 |
| Bala | 28 | Temporarily restricted net assets | | | 26,000. | | 26,000 |
| pu | 29 | Permanently restricted net assets | | | 20,000. | 20 | |
| Ē, | | Organizations that do not follow SFAS 117 (A | SC 958), c | check here | | 1 1 | |
| 0 | | and complete lines 30 through 34. | | | | 30 | |
| sets | 30 | Capital stock or trust principal, or current funds | | d | | 31 | 1000 |
| Ass | 31 | Paid in or capital surplus, or land, building, or ed | Juipment fi | uno | | 32 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated in | | | 1,607,862. | and the second second | 1,808,917 |
| 2 | 33 | Total net assets or fund balances | | | 1,761,792. | | 2,098,340 |
| | 34 | Total liabilities and net assets/fund balances | | | 111011120 | 97 | Form 990 (201 |

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Form 990 (2013)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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 at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Southern Center for International

Employer identification number 59-1285654

| | (84) | Studies | s, Inc. | | | | | | 30 | 0-120 | 551 | 104 | -35 |
|-----------|-------------------|------------------------|---|-----------------|--------------------------------|--|--------------|-------------------------------------|-------------|------------|--------|-------------|---------|
| art I | | r Public Char | rity Status (All organiza | | | | | uctions. | | | | | |
| ne organi | zation is not a p | rivate foundation | because it is: (For lines 1 | through 1 | 1, check or | nly one bo | ox.) | | | | | | |
| 1 🔲 | A church, conv | ention of churche | es, or association of churc | hes descri | bed in sec | tion 170(| b)(1)(A)(i). | | | | | | |
| 2 🔲 | A school descri | ibed in section 1 | 70(b)(1)(A)(ii). (Attach Sch | redule E.) | | | | | | | | | |
| 3 🔲 | A benefit or a | coopporative boss | sital service organization d | escribed in | n section 1 | 170(b)(1)(/ | A)(iii). | | | La base | ital' | | 10 |
| 4 | A medical resea | arch organization | operated in conjunction v | with a hosp | oital descri | bed in sec | ction 170(| b)(1)(A)(III |). Enter t | ne nosp | man : | s their | |
| | city, and state: | | | - 4 | | unted by | a governa | nental unit | describe | ed in | | | |
| 5 | | | e benefit of a college or un | iversity ow | med or ope | arated by | a governii | ieritai Giiii | GC JULIE | | | | |
| | section 170(b |)(1)(A)(iv), (Comp | olete Part II.) | described | in coetion | 170/b)/1 | VAVVI | | | | | | |
| 6 | A federal, state | e, or local governr | ment or governmental unit eceives a substantial part o | of the europy | ort from a r | overnme | ntal unit o | from the | general (| public d | escr | ibed i | in. |
| 7 X | An organization | n that normally re | lote Part II.\ | a its supp | ort norma s | 3040111110 | Treat of the | | * | | | | |
| . [| section 1/0(b) | (1)(A)(vi). (Compl | section 170(b)(1)(A)(vi). (| Complete | Part II.) | | | | | | | | |
| 8 | Ainstinction | o that narmally re | ceives: (1) more than 33 1 | /3% of its | support fro | om contril | outions, m | embership | o fees, ar | nd gross | s rec | eipts | from |
| 9 📖 | An organization | d to its event fi | unctions - subject to certa | in exception | ons, and (2 |) no more | than 33 1 | /3% of its | support | from gr | 055 | invest | tment |
| | income and un | related business | taxable income (less sect | ion 511 tax | x) from bus | inesses a | cquired by | y the orga | nization a | after Jur | ne 3 | 0, 197 | 75. |
| | See section 50 | 09(a)(2), (Comple | te Part III.) | | | | | | | | | | |
| 10 | An organization | n organized and (| operated exclusively to tes | st for publi | c safety. S | ee sectio | n 509(a)(4 |). | | | | 9 | |
| 11 | An organization | n organized and | operated exclusively for th | e benefit o | of, to perfo | rm the fur | ections of, | or to carr | y out the | purpos | es o | t one | or |
| | more publicly s | supported organi | izations described in section | on 509(a)(1 | or section | n 509(a)(2 |). See sec | tion 509(| a)(3). Ch | eck the | DOX | tnat | |
| | describes the t | type of supportin | g organization and comple | ete lines 11 | le through | 11h. | | | e III - Nor | a franctic | nnall | v into | arated |
| | a Type I | ь 🗀 . | Type II c T | pe III - Fur | nctionally is | ntegrated | d | | | | | | |
| e | By checking th | nis box, I certify the | hat the organization is not | controlled | directly or | indirectly | by one or | more dis | on / tivel | section | 509 | (a)(2) | |
| | foundation ma | inagers and other | r than one or more publicly | y supporte | d organiza | tions desi | II or Tune | ection so: | nan i jo | 30000 | - | feel feel i | |
| 1 | If the organizar | tion received a w | ritten determination from t | ne IHS tha | atitis atiy | pe i, Type | ii, or type | **** | | | | | |
| | supporting org | ganization, check | this box organization accepted ar | au gift or co | ontribution | from any | of the follo | owing per | sons? | | | | |
| 9 | Since August | 17, 2006, has the | organization accepted at ndirectly controls, either al | one or too | ether with | nersons c | iescribed i | n (ii) and (| iii) below | | | Yes | No |
| | (i) A person | who directly or in | supported organization? | one or rog | | personic | 98.000 | 1000 | | 11 | g(i) | | 1 |
| | the gover | ming body of the | son described in (i) above? | | | | | | | | g(ii) | | |
| | (ii) A family r | member of a pers | f a person described in (i) | or (ii) above | e? | distribution of the same of th | | 3-21-22-20 | | 119 | g(iii) | | |
| | (iii) A 30% C | dowing informatic | on about the supported or | ganization | (s). | | | | | | | | |
| h | Provide trie to | mowing intorridate | on about the experience | • | 3.500 | | | | 10.00 | | | | |
| 4.4 | e of supported | (ii) EIN | (iii) Type of organization (described on lines 1-9 | in col. (i) lis | organization sted in your | organizat | tion in col. | (vi) k organizati (i) organiz | on in col. | (vii) Am | | t of mo | onetary |
| Oil | parization | | above or IRC section (sec instructions)) | | document? | | r support? | U.S | _ | | | | |
| | | | (sec manochona)/ | Yes | No | Yes | No | Yes | No | | | - | |
| | | | | | | | | | | | | | |
| | | | | 1 | - | | | - | | | - | | |
| | | | | | | | | | | | | | |
| | | | | 1 | | - | | | | | | | |
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| | | () () | | | | | | | | | | 7000 | |
| | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2013

58-1285654 Page 2

Schedule A (Form 990 or 990-EZ) 2013 Studies, Inc. 58-12856
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.)

| | tion A. Public Support | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|-----------------------|--|---|---|---|--|--|--|
| | dar year (or fiscal year beginning in) | (a) 2005 | (0) 2010 | 10) 2011 | | | |
| 1 | Gitts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 308,328. | 408,438. | 808,512. | 274,169. | 109,294. | 1908741. |
| 2 | Tax revenues levied for the organ- ization'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 | | | | | | 1000741 |
| | Total. Add lines 1 through 3 | 308,328. | 408,438. | 808,512. | 274,169. | 109,294. | 1908741. |
| | 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 | | | | 2 | | |
| | amount shown on line 11, | | | 3 | | | 071 156 |
| | column (f) | | | | | | 871,156. |
| 6 | Public support. Subtract line 5 from line 4. | TO A THE STATE OF | | 3 | | | 1037585. |
| Sec | tion B. Total Support | | | | | | 10 T-1-1 |
| Cale | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total 1908741. |
| 7 | Amounts from line 4 | 308,328. | 408,438. | 808,512. | 274,169. | 109,294. | 1900/41. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | 1 | | | | g 200 | 0 275 |
| | and income from similar sources | 78. | | | 1,495. | 7,702. | 9,275. |
| 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 IV.) | | | | | | 1918016. |
| 11 | Total support. Add lines 7 through 10 | | | | | 1 | The state of the s |
| | Grass receipts from related activities | s, etc. (see instruct | ions) | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | ,690,617. |
| 13 | First five years. If the Form 990 is for | or the organization | s first, second, thi | rd, fourth, or fifth t | ax year as a sectio | on 501(c)(3) | |
| 10 | organization, check this box and sto | p here | | | | | |
| | Organization, check this box end sty | | ercentage | | | Tart | 54.10 % |
| Se | ction C. Computation of Pub | ile Support Pe | | | | | |
| Se 14 | ction C. Computation of Pub Public support percentage for 2013 | (line 6, column (f) o | livided by line 11, | column (f)) | | 14 | |
| Se 14 | Public support percentage from 2013 | (line 6, column (f) o 2 Schedule A, Pan | livided by line 11, t II, line 14 | | 12101131441-0-444111711 | 15 | 61.50 % |
| Se 14 | Public support percentage for 2013 Public support percentage from 201 Public support percentage from 201 33 1/3% support test - 2013. If the | (line 6, column (f) o 2 Schedule A, Par organization did n | livided by line 11, t II, line 14 ot check the box t | on line 13, and line | 14 is 33 1/3% or i | 15 more, check this b | 61.50 9 ox and |
| 14 15 16 | Public support percentage for 2013 Public support percentage from 201 a 33 1/3% support test - 2013. If the | (line 6, column (f) o 2 Schedule A, Part organization did no as a publicity supp | livided by line 11, t II, line 14 ot check the box operated organization | on line 13, and line | 14 is 33 1/3% or i | 15 more, check this b | 61.50 % ox and |
| 14 15 16 | Public support percentage for 2013 Public support percentage from 201 a 33 1/3% support test - 2013. If the stop here. The organization qualifies | (line 6, column (f) of 2 Schedule A, Part organization did not as as a publicly sup- organization did no | tivided by line 11, till, line 14 ot check the box oported organizatio ot check a box on | on line 13, and line n line 13 or 16a, and | 14 is 33 1/3% or 1 | 15 more, check this b | 61.50 % ox and |
| 14 15 16 | Public support percentage for 2013 Public support percentage from 201 a 33 1/3% support test - 2013. If the stop here. The organization qualifies and stop here. | (line 6, column (f) of 2 Schedule A, Part organization did n s as a publicity sup- organization did n alifies as a publicity | tivided by line 11, till, line 14 ot check the box oported organizatio ot check a box on supported organis | on line 13, and line n line 13 or 16a, and zation | 14 is 33 1/3% or 1 d line 15 is 33 1/39 | more, check this b | 61.50 9 ox and X his box |
| 14 15 16 | Public support percentage for 2013 Public support percentage from 201 a 33 1/3% support test - 2013. If the stop here. The organization qualifies and stop here. The organization qualities and stop here, The organization qualities and stop here. The organization qualities at 10% afacts-and-circumstances te | (line 6, column (f) of 2 Schedule A, Part organization did n s as a publicly sup- organization did n alifies as a publicly st - 2013. If the or | tivided by line 11, till, line 14 ot check the box of ported organizatio ot check a box on supported organis ganization did not | on line 13, and line n line 13 or 16a, and zation check a box on line | 14 is 33 1/3% or 1 d line 15 is 33 1/39 e 13, 16a, or 16b, | nore, check this b | 61.50 9 ox and X his box or more, |
| 14 15 16 | Public support percentage for 2013 Public support percentage from 2013 Public support percentage from 2013 a 33 1/3% support test - 2013. If the stop here. The organization qualifies and stop here, The organization qualifies and stop here, The organization qualifies and stop here, The organization qualifies and from the organization meets the "facts-and-circumstances te and if the organization meets the "facts-and-circumstances the "facts-and-circumstances" the "facts-and-circumstances the "facts-and-circumstances" the "facts-and-circumstance | (line 6, column (f) of 2 Schedule A, Part organization did n s as a publicly supporganization did n alifies as a publicly st - 2013. If the organization did acts and circumstan | tivided by line 11, till, line 14 ot check the box o ported organizatio ot check a box on supported organi- ganization did not nees" test, check | on line 13, and line n line 13 or 16a, and zation check a box on lin this box and stop | 14 is 33 1/3% or 1 d line 15 is 33 1/39 e 13, 16a, or 16b, here, Explain in Pa | nore, check this b | 61.50 9 ox and X his box or more, |
| Se 14 15 163 | Public support percentage for 2013 Public support percentage for 2013 Public support percentage from 201 a 33 1/3% support test - 2013. If the stop here. The organization qualifies a 33 1/3% support test - 2012. If the and stop here, The organization qua a 10% -facts-and-circumstances te and if the organization meets the "facts-and-circumstances | (line 6, column (f) of 2 Schedule A, Part organization did n is as a publicly supplied organization did n alifies as a publicly st - 2013. If the organization did test-and-circumstants are test. | tivided by line 11, till, line 14 ot check the box o ported organizatio ot check a box on supported organi- ganization did not nees" test, check ation qualifies as a | on line 13, and line n line 13 or 16a, and zation check a box on lin this box and stop la | 14 is 33 1/3% or 1 d line 15 is 33 1/39 e 13, 16a, or 16b, here. Explain in Pa d organization | more, check this b 6 or more, check that and line 14 is 10% art IV how the organ | ox and ox and X his box or more, nization |
| Se 14 15 163 | Public support percentage for 2013 Public support percentage from 2013 Public support percentage from 2014 a 33 1/3% support test - 2013. If the stop here. The organization qualifies a 33 1/3% support test - 2012. If the and stop here, The organization qualifies a 10% -facts-and-circumstances the meets the "facts-and-circumstances to 10% -facts-and-circumstances to 10% -facts-and | (line 6, column (f) of 2 Schedule A, Part organization did n s as a publicly supporganization did n alfries as a publicly st - 2013. If the organization did test-and-circumstants are consistent test. The organization of the or | It II, line 14 ot check the box of ported organizatio of check a box on supported organization did not nees" test, check ation qualifies as a ganization did not not did not need to the content of the | on line 13, and line n line 13 or 16a, and zation check a box on lin this box and stop la publicly supporte check a box on lin | 14 is 33 1/3% or r d line 15 is 33 1/39 e 13, 16a, or 16b, here. Explain in Pa d organization e 13, 16a, 16b, or | more, check this b 6 or more, check than and line 14 is 10% art IV how the organ | ox and ox and X his box or more, nization 10% or |
| Se 14 15 163 | Public support percentage for 2013 Public support percentage from 2013 Public support percentage from 2013 a 33 1/3% support test - 2013. If the stop here. The organization qualifies a 33 1/3% support test - 2012. If the and stop here. The organization qualifies a 10% -facts-and-circumstances te and if the organization meets the "facts-and-circumstances to 10% -facts-and-circumstances to 10% -facts-and-circumstances te | (line 6, column (f) of 2 Schedule A, Part organization did not as as a publicity supplied organization did not alifies as a publicity st - 2013. If the organization test-and-circumstation test. The organization the "facts-and-circumstation" | It II, line 14 | on line 13, and line n line 13 or 16a, and zation check a box on lin this box and stop of a publicly supporte check a box on lin check this box and | 14 is 33 1/3% or in the state of the state o | more, check this b 6 or more, check than the and line 14 is 10% art IV how the organ 17a, and line 15 is in in Part IV how the | ox and ox and X his box or more, nization 10% or |
| Sec 14 15 163 173 | Public support percentage for 2013 Public support percentage for 2013 Public support percentage from 201 a 33 1/3% support test - 2013. If the stop here. The organization qualifies a 33 1/3% support test - 2012. If the and stop here, The organization qua a 10% -facts-and-circumstances te and if the organization meets the "facts-and-circumstances | (line 6, column (f) of 2 Schedule A, Part organization did not as as a publicity supporganization did not alifies as a publicity st - 2013. If the or- acts and circumstant's test. The organiz st - 2012. If the or- the "facts and circumstanticity is the or- the "facts and circumstances" test | It II, line 14 ot check the box of ported organization of check a box on supported organization did not nees" test, check ation qualifies as a ganization did not umstances" test, c. The organization | on line 13, and line I line 13 or 16a, and station check a box on line this box and stop to a publicly supporte check a box on line check this box and qualifies as a publicly say and qualifies as a publicly. | 14 is 33 1/3% or a dine 15 is 33 1/39 er 13, 16a, or 16b, here. Explain in Pard organization er 13, 16a, 16b, or a stop here. Explainicly supported organization organization er 13, 16a, 16b, or a stop here. Explainicly supported organization organization er 13, 16a, 16b, or a stop here. Explainicly supported organization er 15 in the supported organization er 16 in the supported organization er 17 in the supported organization er 18 in the supported organiza | more, check this b 6 or more, check that and line 14 is 10% art IV how the organization in Part IV how the part IV how the part IV how the partication | ox and ox and X his box or more, nization 10% or |

Schedule A (Form 990 or 990 EZ) 2013 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 belo section A. Public Support | NI PISCOS CONTIN | | 0.0 | | | |
|--|-------------------|-----------------------|------------------------|-----------------------|---------------------|-------------------|
| alendar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| Gifts, grants, contributions, and | 18/2005 | 107 | | | | 190 |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the gmount on line 13 for the year. | | | | | | |
| c Add lines 7a and 7b | | | | - | | 1/2-1-10-11-11 |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | | | 1 | | 1 1 0010 | (f) Total |
| Calendar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (i) rotai |
| 9 Amounts from line 6 | | | | - | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses acquired after June 30, 1975 | er der Gereiche | | | | | |
| c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is | | | | | | |
| regularly carried on 12 Other income. Do not include gain or loss from the sale of capital | | | | | | |
| assets (Explain in Part IV.) | | | | | 1 | |
| 13 Total support, (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for | the organization | n's first, second, th | hird, fourth, or fifth | tax year as a sect | ion 501(c)(3) organ | nization, |
| check this box and stop here | | | | | | |
| Section C. Computation of Publ | ic Support F | ercentage | | | | |
| 15 Public support percentage for 2013 (| ine 8, column (f) | divided by line 13 | , column (f)) | | 15 | |
| 46 Public support percentage from 2012 | Schedule A, Pa | art III, line 15 | | | 16 | |
| Section D. Computation of Inve | stment Inco | me Percentag | je | | | |
| 17 Investment income percentage for 20 | 13 (line 10c, co | lumn (f) divided by | line 13, column (f) | l | 17 | |
| to the second se | alubada? eran | A Part III line 17 | | | 18 | 4 T 1 4 |
| 40 - 22 1/29/ support tests - 2013. If the | organization dis | d not check the bo | ox on line 14, and I | ine 15 is more than | 1 33 1/3%, and in | 2 1/ IS NOT |
| u - no 1/20/ wheels this how a | ad etan here T | he organization of | ualifies as a publici | y supported organ | nzanon | |
| the same of the sa | organization di | d not check a box | on line 14 or line 1 | 9a, and line to is i | Hote man 22 1/2/ | , and |
| Eas 10 is not more than 33 1/3% che | eck this box and | stop here. The o | rganization qualitie | es as a publicity suf | ported organization | on |
| 20 Private foundation, If the organization | on did not check | a box on line 14, | 19a, or 19b, check | (this box and see | HISTITICHOSES | |
| 332023 09-25-13 | | | 15 | S | chedule A (Form | 990 01 990-E2) 20 |

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2013

** Do Not File **

*** Not Open to Public Inspection ***

| Contributor's Name | Total Contributions | Excess Contributions |
|---|------------------------|-------------------------|
| West Foundation | 57,500. | 19,140 |
| The Atlanta Trust | 417,096. | 378,736 |
| Stewart and Stevenson, LLC | 500,000. | 461,640 |
| Charles Stewart Mott Foundation | 50,000. | 11,640 |
| | | |
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| | | |
| | | |
| | | |
| Total Excess Contributions to Schedule A, Part II, Line 5 | | 871,156 |

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

Southern Center for International Studies, Inc.

Employer identification number 58-1285654

| Organization type (chec | k one): |
|--|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |
| Note. Only a section 50 General Rule For an organiz | ion is covered by the General Rule or a Special Rule. or (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. attion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one |
| contributor, Contr | omplete Parts I and II. |
| X For a section 509(a)(1) and | 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. |
| total contribut | 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, tions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or no cruelty to children or animals. Complete Parts I, II, and III. |
| contributions If this box is o | 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ritable, etc., contributions of \$5,000 or more during the year |
| but it must answer "N | tion that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), or on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). |

Name of organization Southern Center for International Studies, Inc.

Employer identification number

58-1285654

| art I | Contributors (see instructions). Use duplicate copies of Part I if addit | (c) | (d) |
|------------|--|----------------------------|--|
| (a) No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 1 | The Atlanta Trust 426 W Paces Ferry Road NW Atlanta, GA 30305 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | The Frances and Beverly Dubose Foundation, Inc. 4200 Northparkway Sq, NW, Bldg 14, Suite 100 Atlanta, GA 30327 | s25,000. | Person X Payroll |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 3 | Dante Stephensen 3380 Peachtree Road NE Atlanta, GA 30326 | sss | Person X Payroll |
| (a) | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| No. | realite, address, one zin vis | s | Person Payroll Oncash Complete Part II for noncash contributions. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | s | Person Payroll Noncash (Complete Part II for noncash contributions. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| No. | | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions |

Name of organization

Employer identification number

Southern Center for International Studies, Inc.

58-1285654

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. rom | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| art I | | _ | |
| | | s | 7 |
| (a) No. rom art I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. rom | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | s | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| Parti | | s | Schedule B (Form |

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Employer identification number Name of organization Southern Center for International Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. [Enter this information ence]

Substitution of the year of th Studies, Part III (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held (c) Use of gift (b) Purpose of gift from Part I (e) Transfer of gift

> Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

2013
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Southern Center for International Emplo

Employer identification number 58-1285654

Studies, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 094:29-13

Schedule D (Form 990) 2013

| n 1 | III Organizations Maintaining C | ollections of Ar | Historical T | Freasures, or | Other S | Similar Ass | ets/continu | ied) |
|---------------|--|---|--|--|-----------------------------------|--|-------------------------|------------|
| Part | Using the organization's acquisition, accessing | o and other records | check any of the | ne following that a | are a signif | icant use of its | collection | items |
| | | n, and other records | s, check any or ii | The second secon | | | | |
| (| check all that apply): | Oar | Loanoro | xchange program | 15 | | | |
| а | Public exhibition | a | | Acriango program | | | | |
| b | Scholarly research | e | Other | | | | | |
| C | Preservation for future generations | | | | le evernet | nurnose in Pa | art XIII | |
| 4 | Provide a description of the organization's co | llections and explain | how they further | r the organization | is exempt | parposeniii | 20 6 251112 | |
| 5 1 | During the year, did the organization solicit or | rreceive donations o | of art, historical tr | easures, or other | similar ass | sets [| Yes | No |
| 18 | to be sold to raise funds rather than to be ma | intained as part of the | ne organization's | collection? | | 200 D-+ 1/ | | 140 |
| Part | reported an amount on Form 990, Par | t X, line 21. | | | | | , inte 5, 01 | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | iary for contribut | ions or other asse | ets not incl | luded | Yes | □ No |
| 29 | on Form 990, Part X? | | Invine table: | | | | | |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing table. | | | | Amount | Legge |
| | | | | | | 1c | 1000 | |
| c | Beginning balance | | | | | 1d | | |
| d | Additions during the year | | | | | 1e | | |
| e | Distributions during the year | ++<=++<2+==+ | | | | 1f | | |
| f | Ending balance | | m | | | Г | Yes | No |
| 2a | Did the organization include an amount on F | orm 990, Part X, line | 21? | | - VIII | | 1 163 | — |
| b | If "Yes," explain the arrangement in Part XIII | Check here if the ex | cplanation has be | en provided in Pa | art XIII | | | |
| Par | t V Endowment Funds. Complete | | | Form 990, Part II | v, line ru. | Three years bad | te Lan Emur | waare hael |
| | | (a) Current year | (b) Prior year | (c) Two years | pack (d) | Three years uac | K [(e) 1001 | years nach |
| 1a | Beginning of year balance | | | | _ | | | |
| b | Contributions | | | | _ | | | |
| C | Net investment earnings, gains, and losses | | | | | | | |
| | Grants or scholarships | | | | | | - | |
| е | Other expenditures for facilities | | | | | | | |
| 2,500 | and programs | | | | | | - | |
| f | Administrative expenses | | | | | | - | |
| g | End of year balance | | 16 | | | | | |
| 2 | Provide the estimated percentage of the cur | rent year end balanc | ce (line 1g, colum | n (a)) held as: | | | | |
| | Board designated or quasi-endowment ▶ | 54.4658 | % | | | | | |
| | Permanent endowment | 96 | 4.760 | | | | | |
| | Temporarily restricted endowment ▶ | % | | | | | | |
| | The percentages in lines 2a, 2b, and 2c sho | uld equal 100%. | | | | | | |
| | Are there endowment funds not in the poss | ession of the organiz | ation that are be | | | DISTRICT THE PROPERTY OF THE P | | |
| 20 | | | ation that are ne | ld and administer | ed for the | organization | 79 | |
| За | | | ation that are ne | ld and administer | ed for the | organization | | Yes N |
| 3a | by: | | ation trat are ne | ld and administer | ed for the | organization | 3a(i) | Yes No |
| 3a | by: (i) unrelated organizations | | | man e e e e e e e e e e e e e e e e e e e | (41 St. 1994) | | 200 | Yes N |
| | by: (i) unrelated organizations (ii) related organizations | | | | (41) 44-19-419- | ## | 200 | Yes No |
| b | by: (i) unrelated organizations (ii) related organizations If "Yes" to Sa(ii), are the related organization | ns listed as required | on Schedule R? | | (41) 44-19-419- | ## | 3a(ii) | Yes Ne |
| b 4 | by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIII the intended uses of the | ns listed as required e organization's end | on Schedule R? | | (41) 44-19-419- | ## | 3a(ii) | Yes Ne |
| b 4 | by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipt | ns listed as required e organization's end ment. | on Schedule R? owment funds. | | | 400 000 | 3a(ii) | Yes Ne |
| b 4 | by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipor Complete if the organization answer | ns listed as required e organization's end ment. ed "Yes" to Form 99 | on Schedule R? owment funds. 0, Part IV, line 11 | a. See Form 990, | Part X, lin | 400 000 | 3a(ii) 3b | Yes No |
| b 4 | by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipt | ns listed as required e organization's end ment. | on Schedule R? owment funds. 0, Part IV, line 11 other (b) 0 | | Part X, line | e 10. | 3a(ii) 3b | |
| b 4 Pa | by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipor Complete if the organization answer | ns listed as required e organization's end ment. ed "Yes" to Form 99 (a) Cost or basis (invest | on Schedule R? owment funds. 0, Part IV, line 11 other (b) 0 | a. See Form 990, | Part X, line | e 10. umulated | 3a(ii) 3b | |
| b 4 Pa | by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm Complete if the organization answerd Description of property Land | ns listed as required e organization's end ment. ed "Yes" to Form 990 (a) Cost or obasis (invest | on Schedule R? owment funds. 0, Part IV, line 11 other (b) 0 | a. See Form 990, | Part X, line | e 10. umulated | 3a(ii) 3b | |
| b 4 Par | by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm Complete if the organization answerd Description of property Land Buildings | ns listed as required e organization's end ment. ed "Yes" to Form 990 (a) Cost or obasis (invest | on Schedule R? owment funds. 0, Part IV, line 11 other (b) 0 | a, See Form 990, Cost or other usis (other) | Part X, line (e) Acce depre | e 10. umulated ociation | 3a(ii) 3b (d) Boo | k válue |
| Pa 1a b | by: (i) unrelated organizations (ii) related organizations If "Yes" to Sa(ii), are the related organization Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm Complete if the organization answerd Description of property Land Buildings Leasehold improvements | ns listed as required e organization's end ment. ed "Yes" to Form 99 (a) Cost or basis (invest | on Schedule R? owment funds. 0, Part IV, line 11 other (b) 0 | a. See Form 990, | Part X, line (e) Acce depre | e 10. umulated | 3a(ii) 3b (d) Boo | |
| b 4 Pa | by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm Complete if the organization answerd Description of property Land Buildings | ns listed as required e organization's end ment. ed "Yes" to Form 99 (a) Cost or basis (invest | on Schedule R? owment funds. 0, Part IV, line 11 other (b) 0 ment) ba | a. See Form 990, Cost or other usis (other) | Part X, line (e) Acce depre | e 10. umulated ociation | 3a(ii) 3b (d) Boo | k válue |

| Southern Cer | ter for Inte | rnational | 58-1285654 Page 3 |
|--|----------------------------|------------------------------|---|
| chedule D (Form 990) 2013 Studies, Inc | | | 50 1205052 |
| - AVIII Investments - Other Securities. | 052 1849489 000Va894 | | 12 |
| Complete if the organization answered "Yes" to | o Form 990, Part IV, line | 11b. See Form 990, Part X, I | : Cost or end-of-year market value |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation | Cost of end-or-year market value |
|) Financial derivatives | | | |
| Closely held equity interests | | | |
| 5/01 | | | |
| 3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | 44 - 0 - 5 000 Part V | line 13 |
| Complete if the organization answered "Yes" | to Form 990, Part IV, line | (c) Method of valuation | n: Cost or end-of-year market value |
| (a) Description of investment | (b) Book value | (C) Method of Tabana | |
| (1) | | | |
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| (9) | | | |
| Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | with the second |
| Complete if the organization answered "Yes" | to Form 990, Part IV, line | 11d. See Form 990, Part X. | line 15. (b) Book value |
| (a) | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
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| (5) | | | |
| (6) | | | |
| | | | |
| (7) | | | |
| (8) | | | |
| (9) Total, (Column (b) must equal Form 990, Part X, col. (B) lir | ne 15 l | | |
| Part Y Other Liabilities. | | | |
| Complete if the organization answered "Yes | to Form 990, Part IV, line | e 11e or 11f. See Form 990, | Part X, line 25. |
| (a) Description of liability | | (b) Book value | |
| 1. | | | |
| (1) Federal income taxes (2) Executive deferred compen | reation | | |
| | ISGULUII | 251,841. | |
| (3) plan | | 201/021 | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

251,841. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) **>** 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2013

(7) (8)

| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. | | 1.1 | 978,626. |
|---|--|--------|-----|----------|
| 1 | Total expenses and losses per audited financial statements | | | 310,020. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 30 67 | | |
| 2 | Donated services and use of facilities | 2a | | |
| t | Prior year adjustments | 2b | | |
| | Other losses | 2c | | |
| c | Other (Describe in Part XIII.) | . 2d | | 0 |
| 6 | Add lines 2a through 2d | | 2e | 070 626 |
| 3 | Subtract line 2e from line 1 | | 3 | 978,626. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | T 20 E | | |
| - | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| Ė | Other (Describe in Part XIII.) | 4b | | 0.00 |
| | Add lines 4a and 4b | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 978,626. |

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.

Part X, Line 2:

Explanation: The Center is exempt from income taxes under Section 501(a) as an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986 and is currently considered a publicly supported charity.

Regardless, the Center is subject to Section 511(a) for income taxes on unrelated business income. The Center had no tax liability as of June 30, 2014. The Center has evaluated all tax positions taken on its returns and believes that all positions are more likely-than-not to be sustained upon examination. Currently, the 2011, 2012 and 2013 tax years are open and subject to examination by the Internal Revenue Service. However, the Center is not currently under audit nor has the Center been contacted by

the Internal Revenue Service.

Schedule D (Form 990) 2013

| | Southern Center for International Studies, Inc. | 58-1285654 Page 5 |
|---|---|---------------------------|
| Schedule D (Form 990) 2013 Part XIII Supplemental In | nformation (continued) | |
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| | | Schedule D (Form 990) 201 |

SCHEDULE L

Name of the organization

Transactions With Interested Persons

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Southern Center for International

Open To Public Inspection

Employer identification number

58-1285654 Studies, Inc. Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (d) Corrected? (b) Relationship between disqualified (c) Description of transaction Yes (a) Name of disqualified person person and organization No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under \$ 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (i) Written (h) Approved (g) In (f) Balance due (e) Original by board or (b) Relationship (c) Purpose (a) Name of agreement? default? from the principal amount committee? of loan interested person with organization organization? No Yes No Yes No Yes To From X X 0. 536,021 White Vice-preTo cover X X X 1,141 321 PresidenAdvance. Peter C. White

Total Grants or Assistance Benefiting Interested Persons. Part III

| a) Name of interested person | answered "Yes" on Form 990, Pa (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2013

See Part V for Continuations

141

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| Complete if the organization answ (a) Name of interested person | (b) Relationship between interested | (c) Amount of transaction | (d) Description of transaction | (e) Sha organiz rever | ation |
|--|--|------------------------------|---|-----------------------------|-------|
| 105.237 | person and the organization | Hariodottori | 100000000000000000000000000000000000000 | Yes | No |
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| rt V Supplemental Informatio | n r responses to questions on Schedule L (see | instructions). | | | |
| | | | | | |
| dulo I Part II Id | oans To and From Intere | sted Perso | ns: | | |
| nedule h, Parc 11, 20 | | William Co. I nalicionale d | | | |
| Name of Person: Jul | ia A. White | | | | - |
| | | | legal counc | 61 | |
|) Relationship with (| Organization: Vice-pres | ident and | Tegal Couns | 6.1 | |
| | | | | | |
| 1 Dummaga of Loan: To | cover operating expen | ses. | | | |
|) Purpose of hour. It | cover operating expen | | | | |
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|) Name of Person: Pet | ter C. White | | 1179 | | |
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treatury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Southern Center for International Studies, Inc

Employer identification number 58-1285654

Form 990, Part I, Line 1, Description of Organization Mission: current international political, economic and social issues, and by developing and distributing timely educatonal updates for use in colleges, universities, and high school on the website. Currently preparing the centers video, audio, and printed materials archive for transfer to the Richard B. Russell Library at the University of Georgia. Form 990, Part III, Line 1, Description of Organization Mission: seeks to inform, it does not take political positions or attempt to influence policies. Form 990, Part VI, Section A, line 2: Explanation: Julia White and Peter White are husband and wife. Form 990, Part VI, Section B, line 11: Explanation: Copy of mailed or e-mailed to each board member for review and questions. Form 990, Part VI, Section B, Line 12c: Explanation: On an annual basis, the COI policy is monitored or reviewed during a scheduled board meeting. Each board member is asked to review the conflict of interest policy and to sign an acknowledgement form that they have read and understand the policy. The form is filed with the minutes of

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the meeting during which the policy is reviewed.

Schedule O (Form 990 or 990-EZ) (2013)