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

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2006 calendar year, or tax year beginning 10-01, 2006, and ending 09-30, 2007

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: SOUTHERN CENTER FOR HUMAN RIGHTS
D Employer identification number: 62-1025326
E Telephone number: (404) 688-1202
F Accounting method: [X] Cash [] Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? [] Yes [X] No
H(b) If "Yes," enter number of affiliates: N/A
H(c) Are all affiliates included? [] Yes [] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No
I Group Exemption Number
M Check [] if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

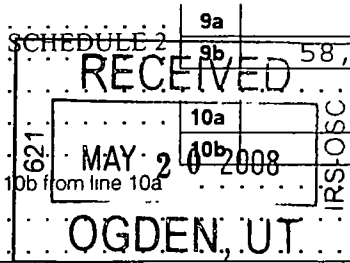
Website WWW.SCHR.ORG
Organization type: [X] 501(c)(3) [] 4947(a)(1) or [] 527

Check here [] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000
to file a return, be sure to file a complete return

Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 4,770,876

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

Table with 21 rows detailing revenue and expenses. Includes sub-rows for contributions (1a-1d), program revenue (2-5), rental income (6a-6c), investment income (7), special events (9a-9c), and total revenue (12). Total revenue is 2,073,163.



POSTMARK DATE MAY 15 2008 SCANNED JUN 25 2008

EXPENSES

NET ASSETS

INE file

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22 b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25 a	Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule)	25a	60,167	33,125	14,750
b	Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)	25b			
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b, and c	26	827,724	698,636	60,624
27	Pension plan contributions not included on lines 25a, b, and c	27	16,918	13,872	1,523
28	Employee benefits not included on lines 25a - 27	28	174,521	143,107	15,707
29	Payroll taxes	29	66,802	54,778	6,012
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	14,690	13,222	734
34	Telephone	34	17,751	15,975	888
35	Postage and shipping	35	7,297	6,567	365
36	Occupancy	36	24,791	22,311	1,240
37	Equipment rental and maintenance	37	29,897	28,402	897
38	Printing and publications	38			
39	Travel	39	91,605	87,647	1,979
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule) SCH 7	42	48,235	45,823	1,447
43	Other expenses not covered above (itemize)	43a			
a		43b	220,694	166,181	18,544
b	SEE SCHEDULE 4	43c			35,969
c		43d			
d		43e			
e		43f			
f		43g			
g					
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,601,092	1,329,646	124,710
					146,736

Joint Costs. Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE SCHEDULE 5

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a See SCHEDULE 6

(Grants and allocations \$) If this amount includes foreign grants, check here ►

1,329,646

b

(Grants and allocations \$) If this amount includes foreign grants, check here ►

c

d

(Grants and allocations \$) If this amount includes foreign grants, check here ►

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ►

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► 1,329,646

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A)		(B)	
		Beginning of year		End of year	
A s s e t s	45	Cash - non-interest-bearing	7,527	45	12,120
	46	Savings and temporary cash investments	287,002	46	196,126
	47 a	Accounts receivable		47a	
	b	Less: allowance for doubtful accounts		47b	47c
	48 a	Pledges receivable		48a	
	b	Less: allowance for doubtful accounts		48b	48c
	49	Grants receivable		49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51 a	Other notes and loans receivable (attach schedule)		51a	
	b	Less: allowance for doubtful accounts		51b	51c
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54 a	Investments - publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,310,147	54a	3,912,511
	b	Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a	Investments - land, buildings, and equipment basis		55a		
b	Less: accumulated depreciation (attach schedule)		55b	55c	
56	Investments - other (attach schedule)		56		
57 a	Land, buildings, and equipment basis	988,102	57a		
b	Less: accumulated depreciation (attach schedule)	430,260	57b	57c	
58	Other assets, including program-related investments (describe _____)	602,913	58	557,842	
59	Total assets (must equal line 74) Add lines 45 through 58	4,207,589	59	4,678,599	
L i a b i l i t i e s	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe _____)		65	
66	Total liabilities. Add lines 60 through 65	0	66	0	
N e t A s s e t s o f F u n d s	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	4,207,589	67	4,555,035
	68	Temporarily restricted	0	68	123,564
	69	Permanently restricted	0	69	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	4,207,589	73	4,678,599
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	4,207,589	74	4,678,599

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

(See the instructions)

a Total revenue, gains, and other support per audited financial statements		a N/A	
b Amounts included on line a but not on Part I, line 12:			
1 Net unrealized gains on investments	b1		
2 Donated services and use of facilities	b2		
3 Recoveries of prior year grants	b3		
4 Other (specify):	b4		
Add lines b1 through b4		b	
c Subtract line b from line a		c	
d Amounts included on Part I, line 12, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2		
Add lines d1 and d2		d	
e Total revenue (Part I, line 12) Add lines c and d		e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a Total expenses and losses per audited financial statements		a N/A	
b Amounts included on line a but not on Part I, line 17:			
1 Donated services and use of facilities	b1		
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify):	b4		
Add lines b1 through b4		b	
c Subtract line b from line a		c	
d Amounts included on Part I, line 17, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2		
Add lines d1 and d2		d	
e Total expenses (Part I, line 17) Add lines c and d		e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE SCHEDULE 8	64	60,167	2,607	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 20

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) **75b** X

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization " **75c** X
If "Yes," attach a statement that includes the information described in the instructions

d Does the organization have a written conflict of interest policy? **75d** X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE	0	0	0	0

Part VI Other Information (See the instructions)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change **76** X

77 Were any changes made in the organizing or governing documents not reported to the IRS? If "Yes," attach a conformed copy of the changes **77** X

78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? **78a** X
b If "Yes," has it filed a tax return on **Form 990-T** for this year? **78b** N/A

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement **79** X

80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization? **80a** X
b If "Yes," enter the name of the organization N/A and check whether it is exempt or nonexempt

81 a Enter direct and indirect political expenditures (See line 81 instructions) **81a** NONE

b Did the organization file **Form 1120-POL** for this year? **81b** X

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
	82a		
	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
	83a		
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
	83b		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
	85a N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
	85b N/A		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
	85h		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) orgs Enter a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	87b N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
	88a		
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
	88b		
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ NONE, section 4912 ▶ NONE; section 4955 ▶ NONE		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
	89b		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ NONE		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ NONE		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
	89e		
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
	89f		
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
	89g		
90 a	List the states with which a copy of this return is filed ▶ CA DC FL GA IL MA MD NC NY VA WA OR		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90b	29
91 a	The books are in care of ▶ % JULIA ROBINSON-HICKS Telephone no ▶ 404-688-1202 Located at ▶ 83 POPLAR ST NW ATLANTA GA ZIP + 4 ▶ 30303		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X
		Yes	No

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country ▶ _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a ATTORNEY FEES					6,456
b TRAINING PRG. INCOME					84,602
c OTHER INCOME					106,398
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash investments					
96 Dividends and interest from securities			14	129,980	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	385,759	
101 Net income or (loss) from special events					(58,781)
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				515,739	138,675
105 Total (add line 104, columns (B), (D), and (E)) ▶					654,414

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE SCHEDULE 9

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
	N/A	

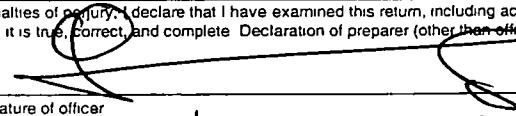
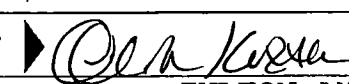
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	Yes	No
	N/A	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	Yes	No
	N/A	

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

Please Sign Here	Signature of officer:  Type or print name and title: <u>Lisa Kung, Director</u>	Date: <u>15/9/08</u>
Paid Preparer's Use Only	Preparer's signature:  Date: <u>5/7/08</u>	Check if self-employed: <input type="checkbox"/>
	Firm's name (or yours if self-employed) address, and ZIP + 4: <u>FULTON AND KOZAK LLC</u> <u>7187 JONESBORO RD STE 100 A</u> <u>MORROW, GA 30260</u>	Preparer's SSN or PTIN (See Gen Inst X): <u>P00687026</u> EIN: <u>20-1403280</u> Phone no: <u>770-961-4200</u>

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2006

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

SOUTHERN CENTER FOR HUMAN RIGHTS

62-1025326

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
		0	0	0

Total number of other employees paid over \$50,000 ▶ NONE

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms). If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶ NONE

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None " See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶ NONE

Part III Statements About Activities (See page 2 of the instructions)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>NONE</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)		X
b	Did the organization have a section 403(b) annuity plan for its employees?	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		X
c	Did the organization make a distribution to a donor, donor advisor, or related person?		X
d	Enter the total number of donor advised funds owned at the end of the tax year ▶		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶	NONE	
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶	NONE	

SEE FORM 990 PART V

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,278,401	941,123	1,463,872	1,493,102	5,176,498
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	274,008	436,464	232,386	309,355	1,252,213
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	113,181	101,118	92,250	88,499	395,048
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	1,665,590	1,478,705	1,788,508	1,890,956	6,823,759
24 Line 23 minus line 17	1,391,582	1,042,241	1,556,122	1,581,601	5,571,546
25 Enter 1% of line 23	16,656	14,787	17,885	18,910	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 0
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c
d Add Amounts from column (e) for lines 18 _____ 19 _____					26d
22 _____ 26b _____					
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year					
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.					
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add Amounts from column (e) for lines 15, 176,498 16 0					27c 6,428,711
17,252,213 20 0 21 0					
d Add Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e 6,428,711
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f 6,823,759
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 94.21%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 5.79%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table-		
	If the amount on line 40 is-		
	The lobbying nontaxable amount is-		
	Not over \$500,000 20% of the amount on line 40	41	
	Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 13 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body . . . SCHEDULE 10
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
X		
	X	
	X	
	X	
X		13,375
	X	
		13,375

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

m5

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a Transfers from the reporting organization to a noncharitable exempt organization of
 - (i) Cash
 - (ii) Other assets
- b Other transactions
 - (i) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment, or other assets
 - (iv) Reimbursement arrangements
 - (v) Loans or loan guarantees
 - (vi) Performance of services or membership or fundraising solicitations
- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

SOUTHERN CENTER FOR HUMAN RIGHTS
EIN: 62-1025326
YEAR ENDING: 9/30/07

FORM 990, PART I, LINE 8 GAIN (LOSS) FROM SALES OF ASSETS OTHER THAN INVENTORY

<u>DESCRIPTION</u>	<u>GROSS SALES PRICE</u>	<u>COST OR OTHER BASIS</u>	<u>EXPENSE OF SALE</u>	<u>NET GAIN OR (LOSS)</u>
INVESTMENT SECURITIES				
MERRILL LYNCH	3,024,691	2,638,932	(43,264)	427,962
TOTAL SECURITIES	<u>3,024,691</u>	<u>2,638,932</u>	<u>(43,264)</u>	<u>427,962</u>

SOUTHERN CENTER FOR HUMAN RIGHTS
EIN: 62-1025326
YEAR ENDING: 9/30/07

FORM 990, PART I, LINE 9 SPECIAL EVENTS AND ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS RECEIPTS</u>	<u>CONTRIBUTIONS INCLUDED</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
WASHINGTON DC DINNER	148,486	0	39,485	109,001
OTHER EVENTS	51,778	0	19,296	32,482
TOTAL	<u>200,264</u>	<u>0</u>	<u>58,781</u>	<u>141,483</u>

SOUTHERN CENTER FOR HUMAN RIGHTS
EIN: 62-1025326
YEAR ENDING: 9/30/07

FORM 990, PART I, LINE 20 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

<u>DESCRIPTION</u>	<u>AMOUNT</u>
UNREALIZED GAIN/(LOSS) ON INVESTMENTS	(1,061)
TOTAL OTHER CHANGES IN NET ASSETS	<u>(1,061)</u>

SOUTHERN CENTER FOR HUMAN RIGHTS
 EIN: 62-1025326
 YEAR ENDING: 9/30/07

FORM 990, LINE 43 OTHER EXPENSES

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MGMT & GENERAL	(D) FUNDRAISING
LITIGATION EXPENSES	79,426	79,426		
OFFICE EXPENSES	11,643	11,145	299	199
COMPUTER CONSULTING	27,248	24,524	1,362	1,362
PROFESSIONAL FEES	22,732	4,545	15,913	2,274
INSURANCE	16,194	16,089	63	42
DEVELOPMENT	32,092			32,092
AUTO EXPENSE	7,841	7,841		
STAFF DEVELOPMENT	17,541	17,541		
SERVICE CHARGES	1,814	907	907	
TAXES	304	304	0	
MONTGOMERY PROJECT	3,859	3,859		
	<u>220,694</u>	<u>166,181</u>	<u>18,544</u>	<u>35,969</u>

SOUTHERN CENTER FOR HUMAN RIGHTS
EIN: 62-1025326
YEAR ENDING: 9/30/07

FORM 990, PART III STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE

SOUTHERN CENTER FOR HUMAN RIGHTS PROVIDES PRO BONO LEGAL SERVICES TO ENFORCE THE HUMAN AND CONSTITUTIONAL RIGHTS OF PEOPLE IN PRISONS AND JAILS, THE COURTS, AND AFFECTED BY THE CRIMINAL JUSTICE SYSTEM

SOUTHERN CENTER FOR HUMAN RIGHTS
EIN: 62-1025326
YEAR ENDING: 9/30/07

FORM 990, PART III, LINE A STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SCHR REPRESENTS PRISONERS IN EFFORTS TO ENFORCE CONSTITUTIONAL STANDARDS FOR CONDITIONS OF CONFINEMENT, TO REDUCE VIOLENCE AND OVERCROWDING, AND TO ENSURE ACCESS TO MEDICAL TREATMENT IN PRISONS AND JAILS; PROVIDES CAPITAL REPRESENTATION TO 20-30 PEOPLE ON DEATH ROW IN ALABAMA AND GEORGIA; AND WORKS TO END CRIMINAL JUSTICE PRACTICES THAT HAVE A DISPROPORTIONATE IMPACT ON THE POOR, PEOPLE OF COLOR, AND MARGINALIZED GROUPS, INCLUDING PRACTICES THAT IMPOSE FINES, FEES, OR DETENTION SIMPLY BECAUSE OF INABILITY TO PAY, AND LAWS THAT CURTAIL THE CIVIL RIGHTS OF CERTAIN GROUPS.

<u>GRANTS</u>	<u>EXPENSES</u>
<u>-</u>	<u>1,329,646</u>

SOUTHERN CENTER FOR HUMAN RIGHTS
EIN: 62-1025326
YEAR ENDING: 9/30/07

**FORM 990, PART II, LINE 42 DEPRECIATION; PART IV, LINE 57 DEPRECIATION OF ASSETS
NOT HELD FOR INVESTMENT**

Building & Improvements	\$	665,384
Furniture & Fixtures	\$	12,255
Machinery & Equipment	\$	<u>310,463</u>
Total Fixed Assets	\$	988,102
Accumulated Depreciation	\$	<u>(430,260)</u>
Net Fixed Assets	\$	<u><u>557,842</u></u>

PROPERTY, PLANT, AND EQUIPMENT ARE STATED AT COST. DONATED PROPERTY, PLANT, AND EQUIPMENT ARE RECORDED AT ESTIMATED FAIR VALUE AT THE TIME OF CONTRIBUTION. BUILDINGS AND EQUIPMENT ARE DEPRECIATED USING THE STRAIGHT-LINE METHOD OVER THE ESTIMATED USEFUL LIVES OF THE RESPECTIVE ASSETS (25 TO 80 YEARS AND 5 TO 30 YEARS, RESPECTIVELY). DEPRECIATION EXPENSE FOR THE FYE 9/30/07 WAS \$48,235

SOUTHERN CENTER FOR HUMAN RIGHTS
 EIN 62-1025326
 YEAR ENDING 9/30/07

FORM 990 PART V LIST OF OFFICERS DIRECTORS & KEY EMPLOYEES

NAME	TITLE	COMPENSATION	AVG HRS/ WEEK	CONTRIBUTION	EXPENSE	ADDRESS
				TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMP	ACCOUNT AND OTHER ALLOWANCES	
CHARLES J OGLETREE	OFFICER	-	-	-	-	HARVARD LAW SCHOOL, HAUSER HALL, CAMBRIDGE MA 02138
BETSY BIBEN-SELIGMAN	OFFICER	-	-	-	-	PUBLIC DEFENDER SERVICE 633 INDIANA AVE N W SECOND FLOOR WASHINGTON DC 20001
MARY BRODERICK	OFFICER	-	-	-	-	PO BOX 36113 LOS ANGELES CA 90036-0113
DAVID I BRUCK	OFFICER	-	-	-	-	WASHINGTON & LEE SCHOOL OF LAW LEXINGTON VA 24450
GREGORY CAMP	OFFICER	-	-	-	-	205 E 69TH ST APT 5A, NEW YORK, NY 10021
RUBIN "HURRICANE" CARTER	OFFICER	-	-	-	-	155 DELAWARE AVE TORONTO ONTARIO CANADA M6H 2T2
STEPHEN O HANLON	OFFICER	-	-	-	-	2099 PENNSYLVANIA AVE, N W SUITE 100 WASHINGTON DC 20006-6801
SUSAN TEN KWAN	OFFICER	-	-	-	-	OFFICE OF THE STATE PUBLIC DEFENDER 221 MAIN STREET 10TH FLOOR SAN FRANCISCO CA 94105
ANDREW L LIPPS	OFFICER	-	-	-	-	1620 OAK LANE, MCLEAN VA 22101
COURTLAND REICHMAN	OFFICER	-	-	-	-	KING & SPALDING 191 PEACHTREE ST ATLANTA, GA 30303
ANDREW SHAPIRO	OFFICER	-	-	-	-	114 E 32ND ST SUITE 503 NEW YORK, NY 10016
LEWIS SINCLAIR	OFFICER	-	-	-	-	1559 WOODLAND CIRCLE SE ATLANTA, GA 30316
ANGELA JORDAN DAVIS	OFFICER	-	-	-	-	WASHINGTON COLLEGE OF LAW AMERICAN UNIVERSITY 4801 MASS AVE N W WASHINGTON DC 20016
MICHAEL FITZGERALD	OFFICER	-	-	-	-	PO BOX 1207 TAOS NM 87571
EDWARD T M GARLAND	OFFICER	-	-	-	-	GARLAND SAMUEL & LOEB P C 3151 MAPLE DR N E ATLANTA, GA 30305
VIRGINIA SLOAN	OFFICER	-	-	-	-	THE CONSTITUTION PROJECT 1120 19TH ST NW EIGHTH FLOOR WASHINGTON DC 20036
DENNIS C SWEET III	OFFICER	-	-	-	-	SWEET & FREESE CITY CENTRE N TOWER 200 S LAMAR STE 410 JACKSON MS 39207
JOHN F TERZANO	OFFICER	-	-	-	-	THE JUSTICE PROJECT 1725 EYE ST N W FOURTH FLOOR WASHINGTON DC 20006
JANE BLANKENSTEEN TIGAR	OFFICER	-	-	-	-	411 WALNUT ST #2599 GREENCOVE SPRINGS FL 32043
DAVID LIPMAN	OFFICER	-	-	-	-	LIPMAN & ASSOCIATES MIAMI FL
LISA KUNG	OFFICER	49,167	40+	2,167	-	83 POPLAR ST N W ATLANTA, GA 30303
STEPHEN B BRIGHT	OFFICER	11,000	24	440	-	83 POPLAR ST N W ATLANTA, GA 30303
TOTAL		60,167	64	2,607	-	

SOUTHERN CENTER FOR HUMAN RIGHTS
EIN: 62-1025326
YEAR ENDING: 9/30/07

FORM 990, PART VIII RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE 93 A	ATTORNEY FEES FOR COURT CASES AND HONORARIA ARE DERIVED FROM THE ORGANIZATION'S EFFORTS TO PROVIDE LEGAL REPRESENTATION FOR INDIGENT PRISONERS AND EDUCATE LAW STUDENTS ON RELATED LEGAL CONCEPTS
LINE 93 B	INCOME TO PROVIDE WORKSHOPS AND PRESENTATIONS TO MEMBERS OF THE SOUTHERN PUBLIC DEFENDER TRAINING CENTER.
LINE 93 C	INCOME FROM THE NATIONAL ASSOCIATION OF CRIMINAL DEFENSE LAWYERS IT IS USED TO PAY THE SALARY OF AN ATTORNEY ON STAFF.
LINE 101	ANNIVERSARY DINNER HONORED OUTSTANDING ACTIVISTS IN THE FIELD OF PRISON LITIGATION AND CAPITAL DEFENSE AND RAISED MONEY TO SUPPORT THE ORGANIZATION'S EFFORTS TO PROVIDE LEGAL REPRESENTATION FOR INDIGENT PRISONERS WHILE RAISING AWARENESS FOR THESE CAUSES.

SOUTHERN CENTER FOR HUMAN RIGHTS
EIN: 62-1025326
YEAR ENDING: 9/30/07

FORM 990, SCHEDULE A PART VI-B LOBBYING ACTIVITY BY NONELECTING PUBLIC CHARITIES

THE CENTER EMPLOYS ONE PAID STAFF MEMBER, THE PUBLIC POLICY DIRECTOR, WHO SPENDS 30% OF HER TIME WORKING TO AFFECT STATE LEGISLATION. THE METHODS USED INCLUDE MAILING THE MEMBERS OF THE "FAIRNESS FOR PRISONERS' FAMILIES" PROGRAM A NEWSLETTER DETAILING UPCOMING LEGISLATION, ORGANIZING A FAMILY LOBBY DAY AT THE CAPITAL FOR FAMILY MEMBERS TO TALK WITH THEIR LEGISLATORS, AND DIRECTLY CONTACTING LEGISLATORS IN REGARDS TO PERTINENT LEGISLATION.