'Form

Department of the Treasury Internal Revenue Service

#### Return of Organization Exempt From Income Tax

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

benefit trust or private foundation) ► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 2006 Open to Public Inspection

Form 990 (2006)

For the 2006 calendar year, or tax year beginning and ending Please Check if applicable C Name of organization Employer identification number use IRS 20-0725751 Address change label or SOUTHERN COMFORT CONFERENCE Telephone number print or Name change 404-289-8977 type. Number and street (or P O box if mail is not delivered to street address) Room/suite Initial return See 3107 ALSTON DRIVE Accounting method X Cash Specific Final return Other (specify) City or town, state or country, and ZIP + 4 Accrual Instruc-DECATUR GA 30032 Amended return tions. • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable H and are not applicable to section 527 organizations I Application pending trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return for affiliates? Website: ► N/A H(b) If "Yes," enter number of affiliates Organization type H(c) Are all affiliates included? (check only one) ► X 501(c) ( 3 ) ◄ (insert no ) 4947(a)(1) or 1 (If "No," attach a list. See instructions ) H(d) Is this a separate return filed by an If the organization is not a 509(a)(3) supporting organization and its gross organization covered by a group ruling? receipts are normally not more than \$25,000. A return is not required, but if the organization chooses Group Exemption Number ▶ to file a return, be sure to file a complete return Check | X | If the organization is not required 159,058 to attach Sch B (Form 990, 990-EZ, or 990-PF) Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions. Contributions, gifts, grants, and similar amounts received. Contributions to donor advised funds 1a а 21,585 1b b Direct public support (not included on line 1a) Indirect public support (not included on line 1a) 1c C Government contributions (grants) (not included on line 1a) 21,585 noncash \$ 21,585 Total (add lines 1a through 1d) (cash \$ 1e 136,635 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 3 Membership dues and assessments 3 838 Interest on savings and temporary cash investments 4 5 Dividends and interest from securities 5 6a Gross rents b Less rental expenses Net rental income or (loss). Subtract line 6b from line C 6c Other investment income (describe 7 Revenue 8a Gross amount from sales of assets other Secunties (B) Other than inventory 8a Less cost or other basis and sales expenses 8b Gain or (loss) (attach schedule) ч Net gain or (loss). Combine line 8c, columns (A) and (B) 84 Special events and activities (attach schedule) If any amount is frograming, check here Gross revenue (not including \$ contributions reported on line 1b) 9a ь Less direct expenses other than fundraising expenses 9b Net income or (loss) from special events. Subtract line 9b from line 9a 9с 10a Gross sales of inventory, less returns and allowances 10a 10b b Less cost of goods sold Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a 10c 11 Other revenue (from Part VII, line 103) 11 12 159,058 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 151,701 13 Program services (from line 44, column (B)) 13 9,645 14 Management and general (from line 44, column (C)) 14 347 15 Fundraising (from line 44, column (D)) 15 16 Payments to affiliates (attach schedule) 16 161,693 17 Total expenses. Add lines 16 and 44, column (A) 17 -2,63518 Excess or (deficit) for the year Subtract line 17 from line 12 18 29,018 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 20 Other changes in net assets or fund balances (attach explanation) 20 26,383 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 For Privacy Act and Paperwork Reduction Act Notice, see the separate

Statement of

Part II

.Form 990 (2006) SOUTHERN COMFORT CONFERENCE

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.)

Functional Expenses organizations a	nd section	on 4947(a)(1) nonexe	mpt charitable trusts b	ut 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
22a Grants paid from donor advised funds (attach schedule)					
(cash \$)					
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule)					
(cash \$)					
If this amount includes foreign grants, check here	22b				
23 Specific assistance to individuals (attach					
schedule)	23	j			
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors,				<del></del>	
key employees, etc listed in Part V-A (attach					
schedule)	25a				
b Compensation of former officers, directors,	234				
•					
key employees, etc. listed in Part V-B (attach	25b				
schedule)	250			=	
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				
27 Pension plan contributions not included on					
lines 25a, b, and c	27				
28 Employee benefits not included on lines					
25a – 27	28				
29 Payroll taxes	29	<del></del>			
30 Professional fundraising fees	30				
31 Accounting fees	31	400		400	<del></del>
32 Legal fees	32				
33 Supplies	33	60		60	
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40	147,997	147,997		
41 Interest	41			=	
42 Depreciation, depletion, etc. (attach schedule)	42				
43 Other expenses not covered above (itemize)					
a See Statement 1	43a	13,236	3,704	9,185	347
b	43b	•		•	
c	43c				-
d	43d				<del> </del>
e	43e				
f	43f				
a	43g				
44 Total functional expenses. Add lines 22a	10g				
through 43g (Organizations completing			}		
columns (B)-(D), carry these totals to lines					
13-15)	44	161,693	151,701	9,645	347
Joint Costs. Check ▶ If you are following SOP 98-2.	44	101,093	101,101	9,045	
	l firmales.	ama aslisitation	to/DinDrogram	-a I	Yes X No
Are any joint costs from a combined educational campaign and if "Yes," enter (i) the aggregate amount of these joint costs \$		-	-		F [] 185 [A] NO
(iii) the amount allocated to Management and general \$			nt allocated to Program ser		
DAA	<del>_</del> _	, and (IV) the amou	nt allocated to Fundraising	Ψ	Form 990 (2006)

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

Page 3

F	Part III Statemen	t of Program Service	<b>Accomplist</b>	hments (See the instructions.)		
For	rm 990 is available for pub	olic inspection and, for some	people, serve	s as the primary or sole source of information about a		
				ch cases may be determined by the information presented		
on	its return. Therefore, plea	se make sure the return is c	omplete and a	ccurate and fully describes, in Part III, the organization's		
pro	grams and accomplishme	ents	<del></del>			
	nat is the organization's pro					Program Service Expenses
of c	clients served, publication	s issued, etc Discuss achie	vements that a	a clear and concise manner State the number are not measurable (Section 501(c)(3) and (4) ter the amount of grants and allocations to others.)		(Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others )
a	ANNUAL, WEE MEMBERS. T	KLONG CONFERENCE	CE ATTE PROVID SUES CON	NDED BY APPROXIMATELY 500 DES EDUCATION AND SUPPORT ICERNING THE TRANSGENDER		
	(Grants and allocations	\$	)	If this amount includes foreign grants, check here		151,701
ь						
С	(Grants and allocations	\$	. )	If this amount includes foreign grants, check here	П	
	(Grants and allocations	\$	)	If this amount includes foreign grants, check here		
d		\$	,	If this amount includes foreign grants, check here ▶		
	(Grants and allocations Other program services (	·		ii uns amount includes loreign grants, check here		
Ð	• •	(attach schedule)	,	If this amount includes farour greats should have		
	(Grants and allocations	Φ .		If this amount includes foreign grants, check here	ш	

_ P	art IV	Balance Sheets (See the instructions.)				<del> </del>
	Note:	Where required, attached schedules and amounts with column should be for end-of-year amounts only.	nin the description	(A) Beginning of year		(B) End of year
	45	Cash-non-interest-bearing			45	
	46	Savings and temporary cash investments		29,018	46	26,383
	470	Accounts receivable	47a			
	47a	Less allowance for doubtful accounts	47b		47c	
	Ь	Less allowance for doubtful accounts	476		7/0	
	400	Pledges receivable	48a	İ		
	48a	Less: allowance for doubtful accounts	48b		48c	
	b   49	Grants receivable	1400 T		49	
			trustoes and		49	
	50a	Receivables from current and former officers, directors	s, trustees, and		50a	
	_	key employees (attach schedule)	d under coetion 4059(f)(1)) and		30a	
	b	Receivables from other disqualified persons (as define			50ь	
	E4.0	persons described in section 4958(c)(3)(B) (att. schedi Other notes and loans receivable (attach	uie)		300	
	Sia	•	51a			
ţ		schedule) Less, allowance for doubtful accounts	51b		51c	
Assets		Inventories for sale or use	[310]		52	•
⋖	52 53	Prepaid expenses and deferred charges			53	
	54a	Investments—publicly-traded	Cost FMV		54a	
	Ь	securities Investments—other securities	Cost FMV		54b	
		(attach schedule)	Cost   FMI4		340	
	55a	Investments-land, buildings, and equipment basis	55a			
	b	Less accumulated depreciation (attach				
		schedule)	∕55b		55c	
	56	Investments-other (attach schedule)			56	
	57a	Land, buildings, and equipment. basis	57a			
	Ь	Less. accumulated depreciation (attach				
		schedule)	[57b		57c	
	58	Other assets, including program-related investments				
		(describe	)	00 010	58	06.000
	59	Total assets (must equal line 74) Add lines 45 through	h 58	29,018	59	26,383
	60	Accounts payable and accrued expenses			60	
	61	Grants payable	ì		61	
	62	Deferred revenue		-	62	
ies	63	Loans from officers, directors, trustees, and key emplo	eyees (attach			
ij		schedule)	}		63	
Liabilities		Tax-exempt bond liabilities (attach schedule)	ŀ		64a	
	D D	Mortgages and other notes payable (attach schedule)	, }		64b	<del></del>
	65	Other liabilities (describe	, ,		65	<del></del>
	66	Total liabilities. Add lines 60 through 65		0	66	0
	+		nd complete lines		- 00	<u>-</u>
	0.90	67 through 69 and lines 73 and 74				
s	67	Unrestricted		29,018	67	26,383
Ş	68	Temporarily restricted	ì		68	
alai	69	Permanently restricted	İ		69	
Ø P	l	nizations that do not follow SFAS 117, check here	and	-		·
Ě		complete lines 70 through 74				
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds			70	
sts	71	Paid-in or capital surplus, or land, building, and equipm	nent fund	<del></del>	71	
SSE	72	Retained earnings, endowment, accumulated income,	ľ		72	
et A	1	Total net assets or fund balances (add lines 67 through	· · · · · · · · · · · · · · · · · · ·		<del></del>	
ž		70 through 72 (Column (A) must equal line 19 and col	· .			
		equal line 21)		29,018	73	26,383
	74	Total liabilities and net assets/fund balances. Add line	es 66 and 73	29,018		26,383
			<u> </u>			

Amounts included on Part I, line 17, but not on line 1 Investment expenses not included on Part I, line 6b

Total expenses (Part I, line 17). Add lines c and

2 Other (specify)

Add lines d1 andd2

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

d2

d

0

(A) Name and a	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
HOLLY BOSWELL	BLACK MOUNTAIN	PRESIDENT			
395 LAKEY GAP ACRES	NC 28711	0	0	О	
J. LOLA FLECKENSTEIN	DECATUR	TREASURER			
3107 ALSTON DRVIE	GA 30032	o	o	о	
JESSIE MCGOWEN	JAKIN	AT LARGE			
RR1 BOX 575	GA 39861-9776	0	0	o	
KRISTIN REICHMAN	ATLANTA	AT LARGE			
2124 CHESIRE BRIDGE RD	GA 30324	0	0	o	
CAT TURNER	COLUMBIA	SECRETARY			
1310 OAKCREST DRIVE, STE 1111	SC 29223	0	0	о	

161,693

Form	990 (2006) SOUTHERN COMFORT CONFERENCE	20-072	5751			Р	age 6	
	rt V-A Current Officers, Directors, Trustees, and Key Emp					Yes	No	
75a								
	meetings .	•						
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 ar	id other independen	t					
	contractors listed in Schedule A, Part II-A or II-B, related to each other through	=						
	relationships? If "Yes," attach a statement that identifies the individuals and exp	olains the relationshi	p(s)		75b		X	
C	Do any officers, directors, trustees, or key employees listed in Form 990, Part V							
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	on? See the instructi	ons tor				X	
	the definition of "related organization."	-4			75c			
	If "Yes," attach a statement that includes the information described in the instru	cuons			764		X	
D a	Does the organization have a written conflict of interest policy?  rt V-B Former Officers, Directors, Trustees, and Key Employees	overs That Pas	aived Com	anestion or Oth	75d	onofi		
P4	rt V-B Former Officers, Directors, Trustees, and Key Employee (If any former officer, director, trustee, or key employee received co							
	person below and enter the amount of compensation or other bene-				uio y	Jui, 110	· aiai	
	potosii asia sino ano ano ano ano ano ano ano ano ano a			(D) Contributions to employe	e (E	E) Expe	nse	
	(A) Name and address	(B) Loans and Advances	(if not paid, enter -0-)	benefit plans & deferred compensation plans	acco	ount and		
N/A	······································		oner 0 j	componedation plant	1	21101141		
11/21								
					1			
						•		
					1			
					١			
					<u> </u>			
					—			
			L					
	rt VI Other Information (See the instructions.)			т		Yes	No	
76	Did the organization make a change in its activities or methods of conducting activities of activities of methods of conducting activities or methods of conducting activities activitie	ctivities? If "Yes," at	ach a					
77	detailed statement of each change			}	76		X	
77	Were any changes made in the organizing or governing documents but not report the changes.	orted to the IKS?		}	77		^	
700	If "Yes," attach a conformed copy of the changes							
78a	Did the organization have unrelated business gross income of \$1,000 or more of this return?	luring the year cove	rea by		70-		X	
h	If "Yes," has it filed a tax return of form 990-T for this year?			•	78a			
79	Was there a liquidation, dissolution, termination, or substantial contraction durin	a the year? If "Vec."	' attach	•	78ь			
. •	a statement	g ale year II 185,	anacii		79		X	
80a	Is the organization related (other than by association with a statewide or nation)	vide organization) th	rough	ŀ	••		<del></del>	
	common membership, governing bodies, trustees, officers, etc., to any other ex	•	•					
	organization?	p. c. nonoxompt			80a		X	
ь	If "Yes," enter the name of the organization			Ì	u		<del></del>	
	<del>-</del>	whether it is ex	xemptor	nonexempt			[	
81a	Enter direct and indirect political expenditures (See line 81 instructions )		81a	··· <b>·</b>				
ь	Did the organization fileForm 1120-POL for this year?				81b		X	
				•				

. Form	990 (2006) SOUTHERN COMFORT CONFERENCE 20-0725751	-	<u> </u>	Page 7
Pa	rt VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge		l	1
	or at substantially less than fair rental value?	82a	<u> </u>	X
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 )			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	<u> </u>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	<u> </u>	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?			ļ
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?			<u> </u>
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	<u> </u>	<u> </u>
	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.			
С	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures			
9	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		i	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
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	<u></u>	<u> </u>	
	following tax year?	. 85h	<u> </u>	
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	_	İ	
b	Gross receipts, included on line 12, for public use of club facilities	_		
87	501(c)(12) orgs Enter a Gross income from members or shareholders  87a			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them )	_	ŀ	
88a	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	88a	<b>.</b>	X
Ь	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the		ļ	,,
	meaning of section 512(b)(13)? If "Yes," complete Part XI	889	├	X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 : section 4912 · ▶ 0 : section 4955 ▶ 0			
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0  501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction		1	
Ь	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	89b		X
С	Enter: Amount of tax imposed on the organization managers or disqualified	830	1	<del>  ^</del>
·	persons during the year under sections 4912, 4955, and 4958		ł	
ď	Enter. Amount of tax on line 89c, above, reimbursed by the organization			
9	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		1	
_	transaction?	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
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?	89g		X
90a	List the states with which a copy of this return is filed   GA			
b	Number of employees employed in the pay period that includes March 12, 2006 (See			
	instructions )	0		
91a	The books are in care of ▶ J. LOLA FLECKENSTEIN  Telephone no ▶ 404	-289	-89	77
	3107 ALSTON DRIVE			
	Located at ▶ DECATUR, GA ZIP+4 ▶ 30032			
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		Yes	No
	account)?	91b	<u> </u>	X
	If " Yes," enter the name of the foreign country ▶			1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts			<u> </u>

Form 990 (200	06) SOUTHERN COMFO	ORT CONFERE	NCE	20-072	5751		Page 8
Part VI	Other Information (conf	linued)					Yes No
c Atanyt	time during the calendar year, did t		tain an office	outside of the United S	tates?		91c X
-	enter the name of the foreign cou						<del></del>
	4947(a)(1) nonexempt charitable t		in lieufcofrm 1	041- Check here			▶ ∏
	er the amount of tax-exempt intere					▶ 92	_
Part VII	Analysis of Income-Pro					·-·	
	ross amounts unless otherwise	ducing Activitie		ed business income	Evaluados	l by section 512, 513, or 514	(E)
_	ioss amounts unless outerwise		<del></del>		t	T	Related or
indicated			(A) Business code	(B) Amount	(C) Exclusion	(D) Amount	exempt function
_	n service revenue				code		136,635
							130,033
ь			<del></del>		-		<del> </del>
c					ļ <u>-</u>		
d		<del></del>					
е							
f Medica	re/Medicaid payments						
g Feesar	nd contracts from government ager	ncies					
94 Membe	rship dues and assessments						
95 Interest	on savings and temporary cash in	vestments					838
96 Dividen	ds and interest from securities						
97 Net ren	tal income or (loss) from real estate	3.					
	anced property						
	t-financed property						
	tal income or (loss) from personal p	oronerty.					-
	ivestment income	broperty					
		:					
	(loss) from sales of assets other th	nan inventory			-		
	ome or (loss) from special events						
	profit or (loss) from sales of invento						
103 Other re	evenue a		<b></b>				
ь					ļ <u>.</u>		
c							
d							
θ							
104 Subtota	l (add columns (B), (D), and (E))			0		0	
105 Total (a	idd line 104, columns (B), (D), and	(E))				<b>&gt;</b>	137,473
Note: Line 105	plus line 1e, Part I, should equal the	e amount on line 12, F	Part I				
Part VIII	Relationship of Activitie	es to the Accom	plishment	of Exempt Purpo	ses (Se	ee the instructions	5.)
Line No.	Explain how each activity for v						
▼	of the organization's exempt p					,	
93a	ANNUAL, WEEKLONG	CONFERENC	E ATTEN	DED BY APPR	OXIM	ATELY 500	
	MEMBERS (AND GRO			ERENCE PROV			
	AND SUPPORT FOR						
	TRANSGENDER COMM						
Part IX	Information Regarding						:1
	(A)	(B)	iaries aria i	(C)	163 (00	(D)	(E)
Name, add	dress, and EIN of corporation,	Percentage of		lature of activities		Total income	End-of-year
N/A	ship, or disregarded entity	ownership interest					assets
IN/P	<u> </u>		_%				
			_%				
·			%				
			%				
Part X	Information Regarding	Transfers Asso	ciated w				
(a) Did th	e organization, during the year, red	ceive any funds, dire	ctly or indi				
(b) Did th	e organization, during the year, pa	y premiums, directly	or indirect				
Note: If "Y	es" to (b), file Form 8870 and Form	4720 (see instruction	s)				

Form 990.(20			20-0725751			Pag	e 9
Part XI	Information Regarding Transfers			if the organ	nization		
	is a controlling organization as defir	ned in section 512(b)(	13).	<u></u>			
	•				Ye	s N	Vo_
106 Did 1	he reporting organizatio <b>r</b> make any transfers toa co	ontrolled entity as defined i	n section 512(b)(13) of				
the (	Code? If "Yes," complete the schedule below for e	ach controlled entity					<u>X_</u>
T	(A)	(B)	(C)		(5)		
1	Name, address, of each	Employer ID	Description of		(D) Amount of	teone	-6
1	controlled entity	Number	transfer		Amount of	trans	H
							_
a							
ь							
С							
						•	—
	Totals						
					Ye	s N	
107 Did 1	the reporting organization eceive any transfers from	na controlled entity as defi	ned in section		1.15		<u></u>
	b)(13) of the Code? If "Yes," complete the schedu	<u> </u>				;	X
	(A)	(B)	(C)		<b>-</b>		
	Name, address, of each	Employer ID	Description of		(D)		_
	controlled entity	Number	transfer		Amount of	trans	fer
1							_
a							
							_
ь							
			•				
c							
	Totals						
400 B: L:					Ye	s N	10
	he organization have a binding written contract in	• • •	covering the interest,			- 1	
rents	s, royalties, and annuities described in question 10					i	
	Under penalties of perjury. I declare that I have examini and belief, it is true, correct and coluplete. Declaration	ed this return, including accomp of preparer (other than officer) is	anying schedules and statements, and to s based on all information of which prepa	the best of my rer has anv≸kno	knowledge wledge		
Please	I SOLUCT DILLU	IVII _	•	1 5/14	Hồn		
Sign	School of afficer				110 (		—
Here	Signature of officer  C/O J. LOLA FLECKENS	የጥሮ ፒ እ፣	TREASURER	Date			
	Type or print name and title	1514	IREASURER				—
·	1		Data Objective	F	Preparer's SSN	or PTII	N
Paid	Preparer's signature	My 75 41	Date Check if self-	(	See Gen Instr	X)	
Preparer's		mita To-	5/10/07 employed		P005404		==
Use Only		hite, Inc. atur Rd Ste #	200		20-275	833	<u> </u>
	if self-employed), address, and ZIP + 4 Decatur, G		200	Phone	04-200		70
		<u> </u>		no ▶ 41	0 <u>4-299-</u>	<u> 23</u>	<u>, U</u>

Form **990** (2006)

#### 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

**Supplementary Information-(See separate instructions.)** 

2006

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

		MFORT CONFERENCE		20-07257				
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.")							
	<del></del>			(d) Contrib to	(e) Expense			
	(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to positio	I Inl Comp	empl ben pla & deferred corr	ins account & other			
NONE								
<del></del>				-				
				<u> </u>				
				<del>                                     </del>				
	<del> </del>				<u> </u>			
			,					
	of other employees paid over \$50,000							
Part II-A	Compensation of the Five Highest Paid Independer				. !! <b>.</b> !!\.			
	(See page 2 of the instructions. List each one (wheth		(b) Type of s		(c) Compensation			
NONE	(-)		(=) 1)	-	(c) componication			
				<del></del>				
	f others receiving over \$50,000 for							
Part II-B	vices  Compensation of the Five Highest Paid Independe	nt Contractors for O	than Camilian					
rait II-D	(List each contractor who performed services other th				r			
	firms. If there are none, enter "None." See page 2 of							
	(a) Name and address of each independent contractor paid more than \$50,	000	(b) Type of s	iervice	(c) Compensation			
NONE								
				+				
<del></del>								
Total number o	f other contractors receiving over		<del></del>					
\$50,000 for oth								
For Paperwork	Reduction Act Notice, see the Instructions for Form 990 and Fo	rm 990-EZ.	Schedul	e A (Form 990	or 990-EZ) 2006			

Sch	edule A (Form 990 or 990-EZ) 2006 SOUTHERN COMFORT CONFERENCE 20-07257	51	F	age 2
P	art 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   \$ (Must equal amounts on line 38, Part VI-A, or line)	1_		х
	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)			
а	Sale, exchange, or leasing of property?	2a		х
b	Lending of money or other extension of credit?	2b		x
С	Furnishing of goods, services, or facilities?	2c		х
d	Payment of compensation payment or reimbursement of expenses if more than \$1,000)?	2d		х
θ	Transfer of any part of its income or assets?			x
3a	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)	3a		x
ь	Did the organization have a section 403(b) annuity plan for its employees?	3b		х
С	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	3c		х
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		x
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete			v
b	lines 4f and 4g  Did the organization make any taxable distributions under section 4966?	4a 4b		X
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		x
d	Enter the total number of donor advised funds owned at the end of the tax year			
θ	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			
Ø	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			

Pa	Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)							
l cer 5	tify ti	hat the organization is not a private foundation to A church, convention of churches, or associate			ox )			
6		A school Section 170(b)(1)(A)(ii). (Also complete Part V )						
7		A hospital or a cooperative hospital service or	ganızatıon. Section 170(	b)(1)(A)(ııı)				
8		A federal, state, or local government or govern	nmental unit. Section 170	D(b)(1)(A)(v)				
9		A medical research organization operated in c	onjunction with a hospita	al Section 170(b)(1)(A)	)(III). Enter the	hospital's nan	ne, city,	
		and state ▶						
10		An organization operated for the benefit of a co (Also complete the Support Schedule in Part I		ed or operated by a gov	vernmental uni	t Section 170(	b)(1)(A)(ı∨).	
11a		An organization that normally receives a substantial (b)(1)(A)(vi) (Also complete the Support So	• • • • • • • • • • • • • • • • • • • •	from a governmental u	init or from the	general public	. Section	
11b		A community trust Section 170(b)(1)(A)(vi). (A	Also complete theupport	Schedule in Part IV-A	)			
12	An organization that normally receives (1) more than 33 1/3% its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, 420 ino 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 tBapport 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 Intergrated Type III-Other							
		Provide the following inform	ation about the suppor	ted organizations. (Se	e page 7 of th	e instructions )		
		(a)	(b)	(c)	(	t) (t	(e)	
		Name(s) of supported organization(s)	Employer	Type of	Is the su	ipported	Amount of	
			identification	organization	organizatio		support	
			number (EIN)	(described in lines		porting		
				5 through 12	organiz			
				above or IRC section)	governing	focuments?		
					Yes	No		
		_						
Tota			L	<u> </u>	I	<b>b</b>	<del> </del>	
				2007 1/41 /0 =				
14		An organization organized and operated to test for	or public safety Section 5	09(a)(4) (See page 7 o	Tine instruction	ns.)	<del></del>	

	irt IV-A Support Scriedule (Con: You may use the worksheet in the instru					anding.	
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002		(e) Total
15	Gifts, grants, and contributions received (Do	(4) 2000	(=) = 0	(5) = 333	\		(9)
,,	not include unusual grants. See line 28.)	25,385	17,949				43,334
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					1	
	organization's chantable, etc., purpose	109,204	87,189				196,393
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	217					217
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						
	ıls 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					- 1	
	services or facilities generally furnished to the public without charge					-	0
22	Other income Attach a schedule Do not	<del>-</del> · · · ·					<u> </u>
	include gain or (loss) from sale of capital assets						0
23	Total of lines 15 through 22	134,806	105,138		_	-	239,944
24	Line 23 minus line 17	25,602		-			43,551
25	Enter 1% of line 23	1,348					
26	Organizations described on lines 10 or	·		<del></del>		26a	0
	Prepare a list for your records to show the					202	
	governmental unit or publicly supported			•		1 1	
	amount shown in line 26a Do not file th	- '		_		26b	
С	Total support for section 509(a)(1) test 1			uloso excess alliou		26c	
	Add Amounts from column (e) for lines:					260	
u	Add Amounts non column (e) for lines.	18 22	19 26b			204	
_	Public support (line 26c minus line 26d to		200			26d	
	Public support percentage (line 26e (nu		00- (d			26e	01
27	Organizations described on line 12:					26f	%
21	•		ded in lines 15, 16, an		•		-
	person," prepare a list for your records to			ed in each year froi	m, each "disquailti	ea pers	on "
	Do not file this list with your return. En (2005) 0 (2		• •		0 (000		^
_	- (-	004)	(2000)	•	0 (2002	•	0
b	For any amount included in line 17 that v		•	•		-	
	show the name of, and amount received	•			•		
	(Include in the list organizations describe			•			
	the difference between the amount recei	ved and the larger amo	ount described 1 nor (2)	, enter the sum of th	iese differences (t	he exce	ess
	amounts) for each year:		0		0		•
	•	004)	0 (2003)	)	0 (2002	2)	0
С	Add Amounts from column (e) for lines:		3,33 <u>4</u> 16		_		
	17196,3		21		<b>•</b>	27c	239,727
d	Add Line 27a total	and line 27b	total		<b>•</b>	27d	
е	Public support (line 27c total minus line 2	•		. 1 1	•	27e	239,727
f	Total support for section 509(a)(2) test: E		• • • • • • • • • • • • • • • • • • • •	▶ 27f	239,944		
g	Public support percentage (line 27e (nu	•	•	-	•	27g	99.9096%
	Investment income percentage (line 18				<u> </u>	27h	0.0904%
28	Unusual Grants: For an organization des			-	•		
	prepare a list for your records to show, for	•			•	onef	
	description of the nature of the grant. Do n	ot file this list with yo	ur return. Do not inclu	de these grants in lin	e 15		

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	NT / 3	1	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	N/A	Yes	No
	other governing instrument, or in a resolution of its governing body?	29		<del>                                     </del>
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
J 1	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way	İ		
	that makes the policy known to all parts of the general community it serves?	31		-
	If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following		*	
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		ļ
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	32b	<del> </del>	-
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32c		l
	with student admissions, programs, and scholarships?  Copies of all material used by the organization or on its behalf to solicit contributions?	32d		$\vdash$
d	Copies of all material used by the organization of on its behalf to solicit contributions?	320		-
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33Ь		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
9	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g	-	
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
ь	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Calendal year (OI	(a)	(6)	(6)	(4)	(8)
fiscal year beginning in) ▶	2006	2005	2004	2003	Total
45 Lobbying nontaxable amount					
			<del></del> .		
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))					
					<u>-</u>
50 Grassroots lobbying expenditures					
Part VI-B Lobbying Activity b	v Nonelectina l	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:

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

If "Yes" to any of the	above, also attach a st	atement giving a de	etailed description of the	e lobbying activities
------------------------	-------------------------	---------------------	----------------------------	-----------------------

Yes	No	Amount
		<del></del>

Schedule A (Form 990 or 990-EZ) 2006

_				_
Р	а	a	Ω	7

STHRN	COMFT (	05/10/2007 1 54 PM								
		rm 990 or 990-EZ) 2006					20-072575		F	Page 7
Par	t VII		_				onships With Nonchari	table		
		Exempt Organiza								
							rganization described in sect	ion		
		the Code (other than see					cai organizations?		Yes	TNo
а		s from the reporting organ	nization to a	nonchantable exempt	organization	OI.		51a(i)	162	No X
	(i) Ca	sn ner assets						a(ii)	<del>                                     </del>	X
	,	ner assets						4(1)	╁	+
b (		nsactions les or exchanges of asse	te with a nor	ocharitable evemnt ord	ranization			b(i)		x
		rchases of assets from a						b(ii)	<del>                                     </del>	X
	` '	ntal of facilities, equipme			•			b(iii)	<u> </u>	X
		ımbursement arrangeme		.000.0				b(iv)		X
		ans or loan guarantees						b(v)		X
		rformance of services or	membership	or fundraising solicita	itions			b(vi)		Х
		of facilities, equipment, m						С		X
	_		-			mn (b) should al	ways show the fair market va	lue of the		
ç	goods, o	ther assets, or services g	iven by the r	eporting organization.	If the organi	zation received	ess than fair market value in	any		
t	ransacti	on or sharing arrangemen	nt, show in c	olumn (d) the value of	the goods, o	ther assets, or s	ervices received			
L	(a) line no	(b) Amount involved	Name o	(c) f nonchantable exempt org	ganızatıon	Descripti	(d) on of transfers, transactions, and s	haring arrangen	nents	
N/.	A									
									_	
				····						
			ļ	. <u> </u>						
			ļ.	<u> </u>				· <del>-</del> -		
			<u> </u>							
								<del>-</del>		
·0 - 1	- 41			1 141 1 1 1	<del></del>	<u> </u>				
(	described	panization directly or indir d in section 501(c) of the complete the following so	Code (other	•			izations	<b>▶</b> □ Y	es [	× Nο
		(a)		(b)			(c)		-	
		Name of organization		Type of organiz	ation		Description of relationsh	p		
N	/A	· <del>-</del> · · · · · · · · · · · · · · · · · · ·								
	<u></u>			-						
		<del> </del>						<del></del>		
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STHRNCOMFT SOUTHERN COMFORT CONFERENCE

**Federal Statements** 

FYE: 12/31/2006

20-0725751

# Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses			Program Service		Mgt & General		Fund- Raising
	\$		\$		\$		\$	
ANNUAL CONFERENCE	•		•		·			
CONF. PROMO & PRINTING		4,051		3,704				347
Expenses								
BANK FEES		103				103		
CONTRIBUTION EXPENSE		834				834		
CREDIT CARD / MERCHANT FEES		4,928				4,928		
LICENSES		40				40		
MISCELLANEOUS		265				265		
POSTAGE		293				293		
PRINTING		1,270				1,270		
REFUNDS		200				200		
STORAGE		1,157				1,157		
WEBSITE		95			_	95		
Total	\$ 1	3,236	\$	3,704	\$_	9,185	\$_	347

5/10/2007 1:54 PM

STHRNCOMFT SOUTHERN COMFORT CONFERENCE
20-0725751 Federal Statements

5/10/2007 1:54 PM

FYE: 12/31/2006

### Statement 2 - Form 990, Part III - Organization's Primary Exempt Purpose

OUR PRIMARY EXEMPT PURPOSE IS TO PROVIDE EDUCATION AND SUPPORT AND OUTREACH FOR THE TRANSGENDER COMMUNITY.