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Short Form

OMB No 1545 1150

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file
Form 990 All other organizations with gross receipts less than \$500,000 and total assets
less than \$1,250,000 at the end of the year may use this form

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

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

Open to Public Inspection

Α	For the 2009 calendar year, or tax year beginning , 2009, and ending		,		
В	Check if applicable C Name of organization	D Employer identification number			
	Address change Please use IRS The Southern Documentary Fund	75-29	75-2993148		
	Name change label or print or Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telephone			
\vdash	Initial return type 762 Nin+b S+		308-3714		
	Specific City or town, state or country, and ZIP + 4	(313)	300 3714		
\vdash	Amended return Instruc-	F Group E	xemption		
سا	Application pending Durham NC 27705	Number			
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting Other (spec		Cash X Accrual		
	H Check ►		ganization is not		
٠.	OOO F7	attach Sche 390-PF)	dule B (Form 990,		
<u>,,</u>	Tax-exempt status (check only one) — A 501(c) (3) 4 (insert no) 4347(a)(1) or 527				
K	Check ► ☐ If the organization is not a section 509(a)(3) supporting organization and its gross receipts a \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return	re normally i, be sure to	not more than file a complete return		
L	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	► \$	357,511.		
Pa	art I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the	ınstructioi	ns for Part I.)		
	1 Contributions, gifts, grants, and similar amounts eceived	1	354,899.		
	2 Program service revenue including government fees and contracts	2	2,071.		
	3 Membership dues and assessments	3			
	4 Investment income \infty ALIC 1 9 2010 \cdots	4	541.		
	5a Gross amount from sale deassets other than inventory				
	b Less cost or other basis and sales expenses 5b				
Ŗ		5 c			
Ž	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here				
III) Boshab	a Gross revenue (not including \$ of contributions	_			
: Ü	reported on line 1) 6a				
	b Less direct expenses other than fundraising expenses 6b				
L.	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c			
	7a Gross sales of inventory, less returns and allowances 7a				
2	b Less cost of goods sold 7b				
ב ה ב	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
\cap) 8			
MAZ STANNED	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	-′ ▶ 9	357,511.		
Ž	10 Grants and similar amounts paid (attach schedule)	10	331/3111		
7	11 Benefits paid to or for members	11			
ک₹	12 Salaries, other compensation, and employee benefits	12=			
Űĝ	13 Professional fees and other payments to independent contractors	13	4,003.		
Ň	14 Occupancy, rent, utilities, and maintenance	14	3,275.		
Ē	15 Printing, publications, postage, and shipping	15	294.		
S	16 Other expenses (describe ► See Other Expenses Statement) 16	314,581.		
	17 Total expenses. Add lines 10 through 16	/ ► 17	365,578.		
_	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-8,067.		
4	▲		-0,007.		
N S E E T	S 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of figure reported on prior year's return)	-year 19	34,320.		
ŦĚ	20 Other changes in net assets or fund balances (attach explanation)	20	34,320.		
Ś	20 Other changes in her assets of full balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20	► 21	26,253.		
D	art II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990	<u></u>			
F					
2'	(See the instructions for Part II) (A) Beginning 2. Cash, savings, and investments	1 .	(B) End of year		
22		198. 22	141,890.		
23	· — —	80. 23	0.		
24	,	0. 24	111.		
25 26		278. 25	142,001.		
27		958. 26 320. 27	115,748. 26,253.		
	. The desire of the parameter (min 27 of column (b) must agree with the 21)	J20 . 2/	20,233.		

Form 990-EZ (2009)

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

Form 990-EZ (2009) The					-299	93148 Page 2
' Part III Statement	of Program Sei	vice Accomplishments	(See the instruction	ons.)	_	Expenses
What is the organization's primary	exempt purpose? SE	E NOTE_			(Reg 1501 (uired for section c)(3) and (4)
Describe what was achieved	d in carrying out th	e organization's exempt purp persons benefited, or other i	oșes În a clear and co	ncise manner,	orgai	nizations and section (a)(1) trusts, optional
describe the services provide program title	ded, the number of	persons benefited, or other i	relevant information for	each	14947 for o	(a)(1) trusts, optional thers)
28 SEE NOTE					101 0	
20 SEE NOIE						
			-			
						242 211
(Grants \$	0.) If th	is amount includes foreign gr	rants, check here		28 a	340,811.
29			-			
(Grants \$) If th	is amount includes foreign gr	rants, check here		29 a	
20						
(Grants \$) If th	is amount includes foreign gr	rants check here		30 a	
31 Other program service			arto, one of nord		100	
(Grants \$	•	is amount includes foreign gr	rants check here	▶ □	31 a	
32 Total program service			unto, one on more	<u> </u>	32	340,811.
		Trustees, and Key Em	nlovees List each or	ne even if not con	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Tartiv List of Office	cers, Directors	(b) Title and average hours		(d) Contributions		(e) Expense account
(a) Name and a	ddress	per week devoted	not paid, enter -0)	employee benefit pla		and other allowances
		to position	, ,	deferred compens		
Diana Newton						
320 Barclay Rd.		Past President				
	NC 27516	5.00	0.		0.	0.
Jim Haverkamp						
220 Dacian Ave.		Secretary				
Durham	NC 27701	2.00	0.		0.	0.
	. NC2//01	2.00	0.		<u> </u>	
Tom Whiteside		, .				
1410 Acadia St.		President	_			_
Durham	NC 27701	10.00	0.		0.	0.
Cicero_Leak						
314 Madison Grove	e Pl	Board member				
Morrisville	NC 27560	1.00	0.		0.	0.
Scott_Misner						
505 Watauga St.		Board member				
Raleigh	NC 27604	1.00	0.		0.	l 0.
Beverly Meek		•				
801 Onslow St.		Board member				
Dumbon	NC 27705	1 00	0.		0.	
		1 · 00			<u> </u>	0.
-Greg-Garneau-						
2535 Perkins Rd.		Treasurer	_			
Durham	NC 27705	5.00	0.		0.	0
Laurie_Bley						
3034 University I	Dr	Board member				1
Durham	NC 27707	1.00	0.		0.	0.
	•					
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		<u> </u>	·	<u>. </u>		·

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33 Dut the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of direct activity. 34 Were any changes made to the organizang or governing documents? If 'Yes,' attach a conformed copy of the changes. 35 if the organization had receive implements of the receive the changes. See the organization had receive telephinally the competition of the receivers. 36 In the organization had receive telephinally the competition of the receivers. 37 and of you have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice reporting, and proxy lax requirements? 38 bit fives,' has it filed a fax return on Form 990-T for this year? 38 Dult the organization undergo a bloudation, dissolution, termination, or significant dissposition of net assets during the year? 38 Dult the organization into Form 1120-POL for this year? 38 Dult the organization the Form 1120-POL for this year? 38 Dult the organization before in or make any locations and year of the end of the period covered by this return? 38 Dult the organization before in or make any location or make any loca	1 4	Other information (Note the statement requirements in the insus for fact v.)						
acad activity 3				Yes	No			
acad activity 3	33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of						
35 If the organization had income from bosiness activities, such as those reported on less 2, 6s, and 7a (among others), but not reported on form 990-T, alboth in statement explanes give the organization defort report the scene or form 990-T and of the organization and proxy tax requirements? 36 Did the organization nature or form 990-T for this year? 36 Did the organization undergo a lacquistion, dissolution, termination, or significant disposition of net assets during the year? If 1974, complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions * 37a								
abd the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice reporting, and proxy tax requirements? 35 Dut the organization undergo a liquidation, discolution, termination, or significant disposition of net assets during the year? If Yes, complete aphilicible parts of Stochotie N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 38 but the organization file Form 112-POL for this year? 38 but the organization file Form 112-POL for this year? 38 but the organization form or make any leans to, any officer, director, flustee, or key employee or were any such floars made in a prior year and still outstanding aftite end of the period covered by this return? 38 but the organization file Form 112-POL for this year? 38 but the organization file Form 112-POL for this year? 38 but the organization file Form 112-POL for this year. 38 but the organization file Form 112-POL for this year. 39 but the organization file Form 112-POL for this year. 40 b Ecross receptions, and properties form 89 but the organization during the year under sections 4915 expensions and the part of the organization file foreign country (such as a bath's expension or part prior and 93 by the organization or disqualited persons or full prior part prior and 93 by the organization or organization file foreign country (such as	34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes						
reporting, and proxy lax requirements? bit I'ves, has it field a tax return on Form 990-1 for this year? 35b bit Yes, has it field a tax return on Form 990-1 for this year? 35c bit the organization undergo a figuration, describtion, termination, or significant disposition of net assets during the year? If 175c; complete applicable parts of Stefaulie Ni 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0. 37b X 37a 2. 37b 37a 0. 37b X 37a 37b 0. 37b X 37b 37b 0. 37b X 37c 37b 0. 37b X 37c 37b 0. 37b X 37c 37c 0. 37b X 37c 37c 0. 37b X 37c 37c 0. 37b X 37c 37b 0. 37b X 37c 37c 0. 37b X 37c 0.	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T						
bif Yes; has it filed a tax return on Form 990-T for this year? 36 Dit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes; complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 38 a Dat the organization borrow from, or make any loans to, any officer, director, flustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38 a Dat the organizations borrow from, or make any loans to, any officer, director, flustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38 a Dat Section Stol(C(3) organizations Enter in the load amount involved 38 bection Stol(C(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 5 b Section Stol(C(3) and Stol(C(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or s. it aware that it engaged in an excess benefit transaction with a disqualified person in a process of section 4910 (C(3) and 501C(3) and 501C(3) and 501C(3) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912 4955, and 4555. 4 Section Stol(C(3) and 501C(3) organizations. Enter amount of tax more any of the organization spror from 90 or 990-E2 if the organization and sprophistical tax. 4 Section Stol(C(3) and 501C(3) organizations. Enter amount of tax in line 40 organization and process organization and sprophistical sprophistical sprophistical sprophistical sprophistical sprophistical sprophistical sprophistical spro		a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,	35.2		v			
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38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38a								
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40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 * 0., section 4912 * 0., section 49155 * 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 * 0. c Section 501(c)(3) and 501(c)(4) organizations but the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 930 or 930-E27 if Yes, complete Schedule I, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and the year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T 41 List the states with which a copy of this return is filled. North Carolina 42a The organization's books are in care of Sharon V. Anderson, CPA, PC Telephone of 1919 960-6072. Located at # 420 Ridgecrest Drive Chapel Hill NC 2IP+4 27514 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)? See the instructions for exceptions and filling requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country * See the instructions for exceptions and filling requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country * 43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ								
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transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a priory year, and that the transaction that cransaction the transaction of the organization's prior Forms 990 or 990-EZ? If Yes, complete Schedule I., Part I c Section S01(c)(3) and S01(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section S01(c)(3) and S01(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T 1. List the states with which a copy of this return is filed Porth Carolina 1. Worth Carolina 1. Telephone no Policy 960-6072 1. Located at Policy Ridgecrest Drive Chapel Hill NC ZIP+4 Policy Policy No Innancial account in a foreign country Policy No Innancial account in a foreign country Such as a bank account, securities account, or other authority over a financial account in a foreign country Such as a bank account, securities account, or other financial accounts c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes, enter the name of the foreign country Policy Poli		3ection 4311 0., section 4312 0., section 4333 0.			-			
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Form **990-EZ** (2009)

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Tart VI	501(c)(3) organizations and sec 46-49b and complete the tables	ction 4947(a)(1) no	nexempt charitable	e trusts must answer qu	Jestio	ns	
46 Did th	ne organization engage in direct or indire	ct political campaign ac	tivities on behalf of or	in opposition to candidates	46	Yes	No
	abile office? If ites, complete Schedule (ne organization engage in lobbying activit				47		<u> </u>
		•		dulo E	48		<u>^</u>
	e organization a school as described in se		· ·	dule E	49a		<u> </u>
	ne organization make any transfers to an s,' was the related organization a sectior	•	related organization?		49b		
	·	-					
50 Comp emple	olete this table for the organization's five byees) who each received more than \$10	highest compensated e 00,000 of compensation	mployees (other than of from the organization	If there is none, enter 'None	nd key		
(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accour other all	nt and	;
NONE_							
						-	
					-		
f Total	number of other employees paid over \$1	<u> </u> 100 000		<u> </u>			
51 Comp	plete this table for the organization's five lensation from the organization. If there is (a) Name and address of each independent conti	s none, enter 'None '	· · · · · · · · · · · · · · · · · · ·	who each received more the (b) Type of service	(c) Comp		
NONE							
d Total	number of other independent contractors	s each receiving over \$	100,000				
	Under penalties of perjury. I declare that I have examinue, correct, and complete Declaration of preparer (nined this return, including acco (other than officer) is based on	mpanying schedules and state all information of which prepare	ments, and to the best of my knowled er has any knowledge	ge and be	elief, it is	;
Sign Here	Signature of officer	<u> </u>		8-13-13)		
nere	Thomas B.	Whiteside	fresid	ut, Board of Dive	443		
	Type or print name and title		Date	Check if Prepare	er's Identii	fying Nu	mber
Paid Pre-	Preparer's signature Sharen V. (Inderson Co	$\mathcal{P}_{\mathcal{A}}$ 08/12/10		structions 8-38		
parer's	Firm's name (or SHARON V. ANDER						
Use	employed), 420 RIDGECREST	DRIVE		EIN ► 55			
Only May the IR	ZIP+4 CHAPEL HILL S discuss this return with the preparer st	hown above? See instru	NC 27514	Phone no ► (919)	960- X Yes		
	.s coscuss ous record with the brebater st	COWD ADDVE! SPE INSTIT	RAIDHS		A 185		140

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Y3) organization or a section 4947(a)(1)

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name	Name of the organization Employer identification number										
The	he Southern Documentary Fund 75-2993148										
Par	<u>: I</u>	Reason for Pul	blic Charity Statu	s (All organizations	must c	omple	te this	part.)	See II	<u>nstructi</u>	ons
The organization is not a private foundation because it is (For lines 1 through 11, check only one box)											
1	A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).										
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3	A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's										
	name, city, and state										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)									
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)										
8		A community trust	described in section	170(b)(1)(A)(vi). (Complet	te Part I	I)					
9		from activities relat investment income	ed to its exempt func	more than 33-1/3 % of tions — subject to certain ss taxable income (less omplete Part III)	ı except	ions, an	d (2) no	more t	han 33-	1/3 % of	its support from gross
10		An organization org	ganized and operated	exclusively to test for pu	ıblıc safe	ety See	section	1 509(a)	(4).		
11		more publicly supp	orted organizations of	exclusively for the beneflescribed in section 509(a ration and complete lines	a)(1) or	section	509(a)(2	ctions (2) See	of, or can section	rry out th 509(a)(3	ne purposes of one or). Check the box that
		a Type I	b Type II	c Type III	l – Fund	tionally	ıntegrat	ted		d 🗌	Type III- Other
е		By checking this bothan foundation ma 509(a)(2)	ox, I certify that the or inagers and other tha	ganization is not controll n one or more publicly si	led direc upportec	tly or in d organi	directly zations	by one describe	or more ed in sec	disqualiction 509	fied persons other $\theta(a)(1)$ or section
f		If the organization check this box	received a written det	ermination from the IRS	that is a	Type I	, Type II	or Typ	e III sup	porting (organization,
g		Since August 17, 2	006, has the organiza	tion accepted any gift o	r contrib	ution fro	om any	of the f	ollowing	persons	.?
											Yes No
		(i) a person who	directly or indirectly	controls, either alone or i upported organization?	together	with pe	rsons d	escribe	d ın (ıı) a	and (III)	11 0 (3)
		· -	ber of a person describer	•							11 g (i) 11 g (ii)
			•	i described in (i) or (ii) al	haya?						11 g (ii)
h		, ,	•	the supported organization							119(11)
) Name of Supported	(ii) EIN	(iii) Type of organization	T	ls the	(a) Did ii	ou notify	(4)	s the	(vii) Amount of Support
	,	Organization	(II) EIIV	(described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	is the tion in col d in your erning ment?	the organ	uzation în (i) of	lorganizat		(vii) Amount of Support
					Yes	No	Yes	No	Yes	No	
					<u> </u>			ļ			
										;	
									 		
									 		
Total											

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 The Southern Documentary Fund 75-2993148 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 288,520 354,899 1,514,756. 278,711 330,023 262,603 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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 Total. Add lines 1-through 3 288,520 278,711 330,023 262,603 354,899 1,514,756. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 275,858. Public support. Subtract line 5 from line 4 1,238,898. Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 288,520. 278,711 330,023. 262,603 354,899 1,514,756. Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources 754 1,631 2,185 541 5,111. Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 1,519,867. Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 81.51% 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 99.68% 16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts and circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. **b 10%-facts-and-circumstances test** — **2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

BAA

Schedule A (Form 990 or 990-EZ) 2009 The Southern Documentary Fund 75-2993148 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total **(b)** 2006 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form sımılar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities=not=included inline=10b; whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Schedule #	(Form 990 o	r 990-EZ)	2009	The	South	ern	Docu	menta	ry	Fund	Ė	75-2993148	Page 4
Part IV	Suppleme	ntal Inf	ormatio	on. Co	mnlete	e this	nart	to prov	ide	the e	explanations re	guired by Part II.	line 10:
1. 4.4.10	Part II. line	e 17a o	r 17b: a	and P	art III.	line 1	2. Pr	ovide a	nv	other	additional info	quired by Part II, rmation. See inst	ructions.
			, ., .										
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TEEA0404 02/05/10

Schedule A (Form 990 or 990-EZ) 2009

BAA

Form **4562**

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No 67

Name(s) shown on return

The Southern Documentary Fund

Identifying number 75–2993148

Business or activity to which this form relates Form 990 / Form 990EZ Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I Maximum amount. See the instructions for a higher limit for certain businesses. 1 \$250,000. 1 2 Total cost of section 179 property placed in service (see instructions) Threshold cost of section 179 property before reduction in limitation (see instructions) 3 \$800,000. 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing 5 5 separately, see instructions 6 (a) Description of property (b) Cost (business use only) (C) Elected cost Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property) (See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2009 17 80. 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B -Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (C) Basis for depreciation (a) Classification of property (b) Month and (d) (e) (f) Method (g) Depreciation (business/investment use year placed in service Recovery period Convention deduction only — see instructions) 19a 3-year property **b** 5-year property =c=7-year=property d 10-year property e 15-year property f 20-year property g 25-year property S/L 25 yrs h Residential rental 27.5 yrs MM S/L property 27.5 yrs MM S/L i Nonresidential real S/L 39 yrs MM property MM S/L Section C — Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-vear 12 yrs S/L c 40-year 40 yrs MM S/L Part IV Summary (See instructions) 21 Listed property Enter amount from line 28 21 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions 22 80. For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Other Assets and Liabilities

Form 990-EZ Part II

Name as Shown on Return

The Southern Documentary Fund

Employer Identification No 75-2993148

Line 24 - Other Assets:	Beginning of Year	End of Year
Payroll tax refund receivable		111.
Totals to Form 990-EZ, Part II, line 24		111.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Custodial funds held for sponsored projects	104,112.	114,970.
Accrued payroll taxes	846.	778.
Totals to Form 990-EZ, Part II, line 26	104,958.	115,748

TEEW1801 SCR 02/11/10

Form 990-EZ, Part I, Line	16
Other Expenses Statemer	nt

Other expenses (describe)	
Supplies	458.
Telephone	550.
Travel	428.
Depreciation	80.
Bank charges and credit card fees	731.
Other fees	125.
Insurance	350.
Licenses and taxes	166.
Promotion and screenings	806.
Production expenses	310,887.
Total	314.581.

Additional Information For Tax Return

The Southern Documentary Fund

75-2993148

Form 990-EZ: Exempt purpose

To encourage and facilitate charitable giving in support of cultural preservation, oral history and documentary productions.

Form 990-EZ: Line 28, Description

The Southern Documentary Fund (SDF) received 19 new project applications in 2009. SDF has now sponsored over one hundred projects. Sponsored projects deal with a variety of topics, including community history, segregation, poverty, farming, capital punishment and domestic abuse and violence. In addition to fiscal sponsorship SDF also provides promotion and screenings of sponsored productions.

Over 20 projects are complete, including award-winning films, such as February One, The Guestworker, Moving Midway, Mountain Top Removal, and Somay Ku: A Uganda Tennis Story. The work of SDF artists has been broadcast nationally and internationally, screened at hundreds of festivals around the world, and is being used as effective tools for education and community development.



Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

		<u> </u>		!
If you are	filing for an Automatic 3-Month	Extension, complete only Part I and check this bo	ox	► X
-	•	tomatic) 3-Month Extension, complete only Part II		
Do not comp	<i>lete Part II unless</i> you have alrea	dy been granted an automatic 3-month extension	on a previously f	iled Form 8868.
Part I	Automatic 3-Month Extens	sion of Time. Only submit original (no cop	pies needed).	
•	•	requesting an automatic 6-month extension - che		
All other corp income tax re), partnerships, REMICS, and trusts must use Form	n 7004 to reques	t an extension of time to file
the additional Form 990-T.	ling (e-file). Generally, you can ed below (6 months for a corporated (not automatic) 3-month extensionstead, you must submit the full it www.irs.gov/efile and click on	electronically file Form 8868 if you want a 3-month on required to file Form 990-T). However, you can sion or (2) you file Forms 990-BL, 6069, or 8870, gly completed and signed page 2 (Part II) of Form 8 e-file for Charities & Nonprofits.	automatic extension file Form 886 roup returns, or a 3868. For more d	sion of time to file one of the 58 electronically if (1) you want a composite or consolidated etails on the electronic filing of
	Name of Exempt Organization			Employer identification number
Type or				
print	The Southern Docume	ntary Fund		75-2993148
File by the	Number, street, and room or suite number			1.0 223023
due date for filing your	762 Ninth St., #574			
return. See instructions.	City, town or post office, state, and ZIP co	de For a foreign address, see instructions		
	Durham			NC 27705
Check type o	of return to be filed (file a separa	ate application for each return):		
Form 990	· · · · · · · · · · · · · · · · · · ·	Form 990-T (corporation)	Form 47	20
Form 990	1	Form 990-T (section 401(a) or 408(a) trust)	Form 52	= :
X Form 990		Form 990-T (trust other than above)	Form 60	
Form 990		Form 1041-A	Form 88	· - -
		V. Anderson, CPA, PC		
		FAX No. ►		
-		e or place of business in the United States, check		
		ganization's four digit Group Exemption Number (G		
		the group, check this box . $ ightharpoonup$ and attach a list	with the names	and EINs of all members
	nsion will cover.			
	-	ths for a corporation required to file Form 990-T) e		
_	Aug 16, 20_10_, to file tension is for the organization's	e the exempt organization return for the organization return for:	on named above	•
► [X]	calendar year 20 09 or			
	-tax year-beginning	, 20, and ending, 2	0 	~ ~ ~ ~
	ax year is for less than 12 month			Change in accounting period
3a If this a	application is for Form 990-BL, 9 undable credits. See instructions	90-PF, 990-T, 4720, or 6069, enter the tentative ta	x, less any	3a \$ 0.
		990-T, enter any refundable credits and estimated ent allowed as a credit	d tax payments	3b \$ 0.
deposit	t with FTD coupon or, if required	3a. Include your payment with this form, or, if req, by using EFTPS (Electronic Federal Tax Paymen	t System).	3c \$ 0.
	ou are going to make an electro	nic fund withdrawal with this Form 8868, see Form		·· ·
BAA For Pri	ivacy Act and Paperwork Reduc	tion Act Notice, see instructions.		Form 8868 (Rev. 4-2009)