

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

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)

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

					 -				
	For the	2009 calendar yea	r, or tax year beginning $7/01$, 2	009, and endi			2010		
В	Check if a	pphicable Please u	C			D Employer Identif	ication Number		
	Addr	ess change IRS lab	I FUND FOR SOUTHERN COMMUNITIES,		L	58-14260)28		
	Nam	e change or type	1313 W. FONCE DE LEON AVENUE #19	061	į.	E Telephone numb	er		
	Initia	See specifi	DECATUR, GA 30030			404-371-	-8404		
	Term	ination instructions.	•						
	\vdash	nded return			},	G Gross receipts \$	126,529.		
	\vdash	ļ <u>.</u>	e and address of principal officer			group return for affile			
	L Appr		AS C ABOVE		1	ffiliates included?	Yes No		
 -	Toy	exempt status X 5		r 527	If 'No,' a	ttach a list (see inst	ructions)		
÷			IDFORSOUTH.ORG	1 52/	1				
<u>J</u>				1.		cemption number			
K		f organization X Corp	oration Trust Association Other ►	L Year of Forma	ation 1981	M State of le	gal domicile GA		
Pa	rt i	Summary							
			organization's mission or most significant activities						
é	_		IDATION THAT SUPPORTS AND UNITES						
Jan			ND SUSTAINABLE COMMUNITIES THAT						
Ver			ELEBRATE ALL PEOPLE THROUGH GE				TIVITIES THE		
ĝ			If the organization discontinued its operations or imbers of the governing body (Part VI, line 1a)	aisposea ot m	ore than 25	% of its assets	10		
প্			ent voting members of the governing body (Part VI,	line 1h)		4	10		
Activities & Governance			loyees (Part V, line 2a)	nne rbj		5	3		
₹	l	•	nteers (estimate if necessary)			6	14		
Ä	ı		business revenue from Part VIII, column (C), line	12		7a	0.		
		•	ss taxable income from Form 990-T, line 34			7b	0.		
					Pr	ior Year	Current Year		
	8 C	ontributions and or	ants (Part VIII, line 1h)			313,254.	123,811.		
Revenue			enue (Part VIII, line 2g)						
Ve	ı	-	Part VIII, column (A), lines 3, 4, and 7d)			-33,593.	-540.		
æ			VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			10,633.	3,258.		
			lines 8 through 11 (must equal Part VIII, column (A	A), line 12)		290,294.	126,529.		
50			mounts paid (Part IX, column (A), lines 1-3)			211,539.	112,835.		
~	1		Frembes (Part X, column (A), line 4)						
3 -3			ensation, employee benefits (Part IX, column (A), I	ines 5-10)		125,460.	86,949.		
≋ 8									
رڌ			spagees (Part Scolumn (A), line 11e)	26 122					
AFF. 3 2010			penses (Part IX Column (D), line 25)	26,123.	-				
(A)			LIX, column (A) nes 11a-11d, 11f-24f)			46,345.	30,617.		
<u>II</u>	18 T	otal expenses Add	FeN 13J7 (must equal Part IX, column (A), line 2	5)		383,344.	230,401.		
	19 R	evenue less expen	ses Subtract line 18 from line 12			-93,050.	-103,872.		
					Begin	ning of Year	End of Year		
	20 T	otal assets (Part X	line 16)			769,784.	715,087.		
Fund Ba	21 T	otal liabilities (Part	X, line 26)			35.	35.		
ŞŽ	22 N	et assets or fund b	alances Subtract line 21 from line 20			769,749.	715,052.		
Pa	rt II	Signature Bl							
	***************************************			n schedules and st	atements and t	o the best of my kno	wledge and belief it is		
		true correct fand compl	ry I desaire that I have examined this return including accompanying the pectaration of prepare (other than officer) is based on all inform	ation of which prep	arer has any ki	. /	<i>1</i>		
Siç	าก	► Chu	dish folis				2010		
He	re	Signature of officer	- // -		Date				
		>	<i>'</i>						
		Type or print name	and lille	_					
		 	 	Date	l Ch	eck if Pro	eparer's identifying number e instructions)		
Pa	id		Q_{AA} Q_{AA}	1	set	FCK II (S€	ė instructions)		
Pro		Preparer's signature	M Morad CCA	11/09/	i	ployed ► X	10107666		
	rer's			10		00197666			
Us	е	Lyours of solf	BERT S. BLAD, P.C.						
On	ly	employed), $\rightarrow 18$	32 INDEPENDENCE SQUARE, STE. A	EIN	EIN ► 58-2157642				
		ZIP + 4 DL	NWOODY, GA 30338		Ph	one no ► (770			
May	the IR	S discuss this retui	n with the preparer shown above? (see instructions)			X Yes No		

	1 990 (2009) FUND FOR SOUTHERN COMMUNITIES, INC. THE STATE OF THE SOUTHERN COMMUNITIES ACCOMPLISHMENTS	58-1426	028	F	age 2
		·		-	
				- 	
2	Did the organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule O	the prior	Yes	X	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv If 'Yes,' describe these changes on Schedule O	rices?	Yes	X	No
4	Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported	by expenses allocations to	Section 5 others, t	501(c)(he tota	3) al
4 <i>a</i>	(Code (Expenses \$ 167,260. including grants of \$ 112,835.) (F	Revenue \$_)
				- - -	
				- 	
4t	(Code) (Expenses \$	Revenue \$_)
				_	
				-	
40	c (Code:) (Expenses \$ including grants of \$) (F	Revenue \$_)
			 	- 	
	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	
46	e Total program service expenses ► 167, 260.				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8_		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	#24 *** Y	X
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			4
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		1.数。	\$ 3
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		()	* () * ()
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X	ł.,		313
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	X	ļ
124	Was the organization included in consolidated, independent audited financial statement for the tax Yes No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X		* ·	
13	Is the organization a school described in section $170(b)(1)(A)(ii)^2$ If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and $8a^7$ If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'	10		
20	complete Schedule G, Part III Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	19 20		X

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III 22 X Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 Χ 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I Χ 25 a b is the organization aware that it engaged in an excess benefit 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 990 or 990-EZ? If 'Yes,' complete 25b Х Schedule L. Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? *If 'Yes,' complete* 27 X Schedule L, Part III 28 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28a Х **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c X Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 X 31 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 X 34 line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35 35 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Îf 'Yes,' complete Schedule R, Part V, line 2 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 37 Х

38 BAA

Х Form 990 (2009)

38

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

Part Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable 1 a 1b 0 **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a Х 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3a Х b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q 3b 4a 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) 4 a * * **b** If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1. Report of Foreign Bank and : **3** Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction 5 c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7е benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f **q** For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7q 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter 10 a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 h 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a

BAA

Form 990 (2009)

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management									
					Yes	No				
1 a	Enter the number of voting members of the governing body	1 a	10	. A	1433					
b	Enter the number of voting members that are independent	1b	10		,					
2	Did any officer, director, trustee, or key employee have a family relationship or a business reofficer, director, trustee or key employee?	elations	ship with any other	2		X				
3	Did the organization delegate control over management duties customarily performed by or u of officers, directors or trustees, or key employees to a management company or other personal company or oth	under 1	the direct supervision	3		х				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?			4		X				
5 Did the organization become aware during the year of a material diversion of the organization's assets?										
6	Does the organization have members or stockholders?			<u>5</u>		<u>X</u>				
7 a	Does the organization have members, stockholders, or other persons who may elect one or a governing body? SEE SCHEDULE 0	more r	nembers of the	7a	Х					
b	Are any decisions of the governing body subject to approval by members, stockholders, or of	ther pe	ersons?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions under the following	ertaker	during the year by	3.5						
	The governing body?			8a	Х					
b	Each committee with authority to act on behalf of the governing body?			86		X				
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who ca organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O			9		X				
	ion B. Policies (This Section B requests information about policies not i	requii	red by the Internai	1						
Reve	nue Code)									
10-	December assessment and the latest terminal and the la				Yes	No				
	Does the organization have local chapters, branches, or affiliates?			10 a		<u>X</u>				
	If 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?			10 b						
	Has the organization provided a copy of this Form 990 to all members of its governing body		•	11	X	Office > January				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990) SE	EE SCHEDULE O							
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13			12a	_X_					
	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?		J	12b	Х					
	Does the organization regularly and consistently monitor and enforce compliance with the po Schedule O how this is done SEE SCHEDULE O	olicy? /	f 'Yes,' describe in	12c	Х					
	Does the organization have a written whistleblower policy?			13	Х					
	Does the organization have a written document retention and destruction policy?			14	X	SEC. 1982/26				
	Did the process for determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and december of the deliberation and	appro cision?	val by independent		41.5					
	The organization's CEO, Executive Director, or top management official			15a	. X					
IJ	Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			15 b	22.00	X				
16 -										
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar entity during the year?			16a	MASSING A	X				
b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard status with respect to such arrangements?	n to eva I the o	aluate its participation rganization's exempt	16b	W. W.	233				
Sec	ion C. Disclosures			تتنب	ı					
17	List the states with which a copy of this Form 990 is required to be filed F GA				-					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and inspection indicate how you make these available. Check all that apply Own website	nd 990	0-T (501(c)(3)s only) a	vaılabl	e for p	oublic				
19										
	Describe in Schedule O whether (and if so, how) the organization makes its governing docum statements available to the public SEE SCHEDULE O					incial				
	State the name, physical address, and telephone number of the person who possesses the ballice Jenkins 315 W. Ponce De Leon Avenue Decatur GA 3003			anızatı 	ion - – – -					

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

Check this box if the organization did no	ot compen	sate a	any (curre	ent d	officer	, dır	ector, or trustee		
(A)	(D)	(E)	(F)							
Name and Title	Average hours				all t	hat appl		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W 2/1099-MISC)	compensation from the
]	recto	utior	œ	emp	est c loyee	er	(11 21 1055 111100)	(11 2 1033 141100)	organization and related
		1 5	nal tr		loye	grnp				organizations
		stee	uste		"	ensa				
			6			ŧed				
DARREN HOLMES										
CHAIRMAN	0	X		Х				0.	0.	0.
DEMETRIA LEDBETTER]									
VICE CHAIR	0	X		X	ļ <u>.</u>	·····		0.	0.	0.
FRED ROSSINI	1									
TREASURER	0	X		Х				0.	0.	0.
DIANE R. ROBERTS	1									
SECRETARY	0	X		Х				0.	0.	0.
ROGER FINCH								_		
DIRECTOR	0	X	ļ		_			0.	0.	
JOHN E. FRITCHIE										_
DIRECTOR	0	X	L					0.	0.	0.
SHANON_HART	4									_
DIRECTOR	0	X	ļ		<u> </u>			0.	0.	0.
SHELIA MOORE	1									_
DIRECTOR	0	X						0.	0.	0.
WILHELMINA BURNEY-SCOTT	1	ļ ,,								•
DIRECTOR	0	X	-					0.	0.	0.
DWAYNE T. PATTERSON	-									0
DIRECTOR	0	_ X_	-	-				0.	0.	0.
ALICE JENKINS EXECUTIVE DIREC	40				٠,			64 220		0
EXECUTIVE DIREC	40				Х			64,330.	0.	0.
	4				ĺ					
	 	 -								
	╡									
	 	 	<u> </u>		-		<u> </u>			
	-									
	┥									
	 	 	-				-			
	┪									
	 		-		 —					
	1									
		J		Щ.	┖	L	l	L		_

5	Did any person listed on line 1a receive or accrue compensation from any rendered to the organization? If 'Yes,' complete Schedule J for such pers	unrelated organization for services	5 X
Sec	tion B. Independent Contractors		
1	Complete this table for your five highest compensated independent contra compensation from the organization	actors that received more than \$100,000 c	f
	(A) Name and business address	(B) Description of Services	(C) Compensation
2	Total number of independent contractors (including but not limited to thos \$100,000 in compensation from the organization ► 0	se listed above) who received more than	

Total revenue Cook		rm 990 (2009) FUND FOR SOUTHERN ACTIVITY Statement of Revenue	COMMUNITIES	, INC.		58-1426028	Page
b Membership dues c Fundraising events d related organizations 1 d d related organizat			2. 9		Related or exempt function	Unrelated business	Revenue excluded from tax
2a OTHER b	ONTRIBUTIONS, GIFTS, GRANTS ND OTHER SIMILAR AMOLINTS	b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribus included in Ins 1a-1f	123,811.	,			
3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) 6 A Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a		2a OTHER b		123,811.			Section for the second
		3 Investment income (including divident other similar amounts) 4 Income from investment of tax-exempt 5 Royalties 6 Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less cost of goods sold c Net income or (loss) from sales of inventory of the properties of the	a 2,200. b events b vities b entory				-540.
		11a MISC	Business Code	1,058.	1,058.		

d All other revenue

e Total. Add lines 11a-11d

1,058.

1,058.

126,529.

1,660.

CAN THE PROPERTY OF THE

0.

26,123.

Partix Statement of Functional Expenses

d

f All other expenses

25 Total functional expenses Add lines 1 through 24f

Joint costs. Check here ► I If following SOP 98-2 Complete this line only if the

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Fundraising Program service Management and Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, J. 1. 34 " 112,835 112,835 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments. J. M. Y. M. organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 355. Benefits paid to or for members Compensation of current officers, directors. trustees, and key employees 64,330 25,732 19,299 19,299. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) 0 n 0 0. Other salaries and wages. 15,304 12,243. 3,061 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits. 7,315. 3,488 1,773. 10 Payroll taxes 2,054 11 Fees for services (non-employees) a Management **b** Legal 7,925 477 7,206 242. c Accounting d Lobbying ***** * ***** * ***** * **建造。**松 e Prof fundraising svcs See Part IV, In 17 f Investment management fees 2,787 2,180 326 281. g Other 12 Advertising and promotion 107 26. 13 Office expenses 51 30 Information technology 2,772 1,302 789 681. 15 Royalties 9,413 2,281. 4,489 2,643 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 3. Conferences, conventions, and meetings. 12 6. 3 19 20 Interest Payments to affiliates 22 Depreciation, depletion, and amortization 23 3,384 2,301 581 502. Insurance 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 3,765. 1,779 986. 1,000. a MISC **b** POSTAGE AND SHIPPING 315. 311 2. c PRINTING AND PUBLICATIONS 137. 33. 66. 38.

organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation BAA Form 990 (2009)

167,260

37,018

230,401

Part X Balance Sheet (A) (B) End of year Beginning of year Cash - non-interest-bearing 44,597 1 56,103. 2 Savings and temporary cash investments 105,770. 2 67,906. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 3,449 9 3,449 10a Land, buildings, and equipment cost or other basis 10 a 60,550 Complete Part VI of Schedule D 10b **b** Less accumulated depreciation 60,550 10 c 615,337 11 586,998 11 Investments - publicly-traded securities. 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 631 631 Other assets See Part IV, line 11 15 769,784. 16 Total assets Add lines 1 through 15 (must equal line 34) 715,087. 16 17 Accounts payable and accrued expenses 35. 17 35 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 35. 35 26 X and complete lines Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. Section 1 3 27 Unrestricted net assets 167,079. 27 219,706. 28 Temporarily restricted net assets 412,279 28 304,955. Permanently restricted net assets 190,391 29 190,391 R Organizations that do not follow SFAS 117, check here and complete - E lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, and equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32

BAA

33

34

Total net assets or fund balances

Total liabilities and net assets/fund balances

715, 087. Form **990** (2009)

715,052.

769,749.

769,784

33

34

orm 990 (2009) FUND FOR SOUTHERN COMMUNITIES, INC.	58-1426028	Pa	ge 12
Part XI Financial Statements and Reporting			
•		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2 2	3	X
b Were the organization's financial statements audited by an independent accountant?	21	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversi review, or compilation of its financial statements and selection of an independent accountant?	20		
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın		4 (3 to 2
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we consolidated basis, separate basis, or both	ere issued on a		3 kg, 1 k
X Separate basis Consolidated basis Both consolidated and separate basis	^-	, Likelia	່ ເຮັ່ນ <u>ເ</u>
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single		х

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

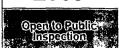
Name of the organization

Public Charity Status and Public Support

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

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

OMB No 1545-0047 2009



Employer identification number

<u> </u>	<u>D</u> .	FOR S	OUTHERN	COMMUNITIES,	INC.					58-14	126028	<u> </u>		
Par	t I	Reas	on for Pu	blic Charity Statu	s (All organizations	must c	omple	te this	part.)	See II	nstructi	ons		
The o	orga	nızalıon	is not a pr	vate foundation becau	se it is (For lines 1 thro	ugh 11,	check o	nly one	box)					
1		A churc	ch, convent	ion of churches or ass	ociation of churches desc	cribed in	section	170(b)((1)(A)(i)					
2	П	A scho	ol described	d in section 170(b)(1)(A)(ii). (Attach Schedule E	Ξ)								
3	П	A hosp	ital or coop	erative hospital service	e organization described	ın secti	on 170(t)(1)(A)(i	iii).					
4		A medi	cal researc	h organization operate	d in conjunction with a h	ospital (describe	d in sec	tion 17	0(b)(1)(A	A)(iii) En	iter the hos	pital's	
			city, and sta				 .				_ ~			
5		170(b)(1)(A)(iv). (Complete Part II)	of a college or university		·	•	_	nmental	l unit des	scribed in s	ection	1
6 7	X	An orga	anization th		governmental unit descri substantial part of its su art II)					t or fron	n the ger	neral public	descr	ribed
8					1 70(b)(1)(A)(vi). (Complet	te Part I	1)							
9														
10		An orga	anızatıon or	ganized and operated	exclusively to test for pu	iblic safe	ety See	section	509(a)	(4).				
11		more p	ublicly subt	ported organizations of	exclusively for the benef lescribed in section 509(a ration and complete lines	a)(1) or	section	509(a)(2	ctions (2) See	of, or ca section	rry out th 509(a)(3	ne purposes). Check th	of or e box	ne or that
		a T	ype I	b Type II	c Type III	l – Fund	ctionally	ıntegrat	ed		d 🗍	Type III-	Other	
е		By che than fo 509(a)	cking this b undation m '2)	ox, I certify that the or anagers and other tha	ganization is not controll n one or more publicly si	led direc	tly or in d organi	directly zations (by one describ	or more ed in se	disquali ction 509	fied persoi (a)(1) or se	ns oth ection	ner
f		If the o	• •	received a written det	ermination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting (organizatior	١,	
g		Since /	August 17, 2	2006, has the organiza	tion accepted any gift o	r contrib	oution fro	om any	of the f	ollowing	persons	,7		
													Yes	No
		(i) a b	person who elow, the go	o directly or indirectly overning body of the s	controls, either alone or i upported organization?	together	with pe	rsons d	escribei	d ın (ıı) a	and (III)	11 g (i)		
				nber of a person desc	•							11 g (ii)		
		(iii) a	35% contro	olled entity of a persor	described in (i) or (ii) al	bove?						11g (iii)		
h					the supported organization									
	(1) Name of Organ	Supported ization	(n) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) liste	Is the tion in cold in your erning ment?	(v) Did y the organ col (your st	ization in (i) of	(vi) ! organizat (i) organi U :	on in col	(vii) Amount	l of Sup	port
				<u></u>		Yes	No	Yes	No	Yes	No			
						ļ				ļ				
						ļ	<u> </u>							
				 		₩	 	 -		<u> </u>				
								}						
				 		-	 	 		 -				
			· ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7.5			*4					

Schedule A (Form 990 or 990-EZ) 2009

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

18

BAA

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr 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') 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 6 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 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10 a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar 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 12 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 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage % Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19 a 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 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form 990 or 9	90-EZ) 2009	FUND FOR	SOUTHERN	COMMUNI	TIES,	INC.	58-1426028	Page 4
Part IV	Supplement Part II, line	t al Informat 17a or 17b;	ion. Complet and Part III,	e this part line 12. Pr	to provide ovide any	the ex other a	planations r idditional inf	equired by Part II, line formation. See instruc	e 10; tions.
	- -								
	· -				- -			-	
		· 							
		. 	- -		-				
		· -			- 		·	 	
									
		. <i></i>							
									
	- 								
					- 		· -		
		·							
					- 		·		
			- 						
		· 					- 		
		 -					· 		
		- 							-
									
							· -		
							- 		
						· 	 -		
						-			
						· -			
						_ _			
									

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

Open to Public Inspection

Name of the organization

Employer Identification number

FU:	ND FOR SOUTHERN COMMUNITIES, I	NC.		58-1426028	
Pa	rt I Organizations Maintaining Dono	Advised Funds or Other Similar Fu	ands or Ass		
· u	the organization answered 'Yes' t	o Form 990 Part IV line 6	ilius of Acc	ounts complete	5 II
	the organization anothered too t	(a) Donor advised funds	(b) E	unds and other acc	
1	Total number at end of year	_ ` ` `	3	unus and other acc	Journs
2	Aggregate contributions to (during year)				
3	Aggregate contributions to (during year) Aggregate grants from (during year)	38,500	-	- ·	
1	Aggregate value at end of year	192,285			
7			•		
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the assets held in to the organization's exclusive legal control?	donor advised	XYes	No No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or donor advisor or fo	inds may be or any other	XYes	No No
Pa	rt II. Conservation Easements Comple	ete if the organization answered 'Yes	to Form 99	0, Part IV, line	7
	Purpose(s) of conservation easements held by				
	Preservation of land for public use (e.g., r	r	n of an historic	ally important land	area
	Protection of natural habitat	· H		storic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organizations day of the tax year	on held a qualified conservation contribution	in the form of	a conservation eas	ement on the
				Held at the End o	f the Year
	a Total number of conservation easements		2a	·	 _
	b Total acreage restricted by conservation ease	ments	2b		
	c Number of conservation easements on a certi	fied historic structure included in (a)	2 c		
	d Number of conservation easements included in	n (c) acquired after 8/17/06	2 d		
3	Number of conservation easements modified,	transferred, released, extinguished, or termin	nated by the or	ganization during t	he tax
	year ►				
4	Number of states where property subject to co	onservation easement is located 🟲			
5	Does the organization have a written policy reand enforcement of the conservation easeme	garding the periodic monitoring, inspection, but it holds?	nandling of vio	lations, Yes	□ No
6			sements _		
7	Amount of expenses incurred in monitoring, in during the year ►	nspecting, and enforcing conservation easem	ents \$		
8	Does each conservation easement reported o 170(h)(4)(B)(i) and 170(h)(4)(B)(i)?	n line 2(d) above satisfy the requirements of	section	Yes	No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and exp to the organization's financial statements tha	ense statement t describes the	, and balance sheet, organization's acc	and counting for
Pa	organizations Maintaining Collectory Complete if the organization ans	ections of Art, Historical Treasures, wered 'Yes' to Form 990, Part IV, In	or Other Sir e 8.	nilar Assets	
1	a If the organization elected, as permitted unde treasures, or other similar assets held for put the text of the footnote to its financial statem	olic exhibition, education, or research in further	ement and bala erance of publi	ance sheet works of c service, provide,	f art, historical in Part XIV,
	b If the organization elected, as permitted unde treasures, or other similar assets held for put amounts relating to these items	i SFAS 116, to report in its revenue stateme dic exhibition, education, or research in furth	nt and balance erance of publi	c service, provide t	he following
	(i) Revenues included in Form 990, Part VIII	, line 1		► \$	
	(ii) Assets included in Form 990, Part X			> \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	ort, historical treasures, or other similar asset 116 relating to these items	s for financial		
	a Revenues included in Form 990, Part VIII, line	e 1		►\$	
	b Assets included in Form 990, Part X			► \$	

Schedule D (Form 990) 2009 FUND					58-142	6028		Page 2
Part'III Organizations Mainta	ining Collection	is of Art, Histo	orica	Treasures, or	Other Similar Ass	ets (cc	intinu	ed)
3 Using the organization's acquisitionity (check all that apply)	on accession and c	£1			at are a significant us	e of its c	ollectio	วท
a Public exhibition				change programs				
b Scholarly research		e U Other			_			
c Preservation for future gener			41	. Clla a Ha a	at a de la			
4 Provide a description of the organ Part XIV5 During the year, did the organiza						se in	_	_
5 During the year, did the organiza assets to be sold to raise funds r						Yes		No
Part IV Escrow and Custodia 9, or reported an amo	l Arrangements unt on Form 99	Complete if on the Complete of	organ 21.	ization answere	d 'Yes' to Form 99	90, Par 	t IV, I	ine
1a Is the organization an agent, trus included on Form 990, Part X?					r assets not	Yes		No
b If 'Yes,' explain the arrangement	in Part XIV and co	mplete the follow	ing tal	ole				
a Danismina halawa					· · · · · · · · · · · · · · · · · · ·	Amount		
c Beginning balanced Additions during the year					1c			
e Distributions during the year					1d			
f Ending balance					1 e			
2a Did the organization include an a	mount on Form 99(Part X June 212	>		<u> </u>	Yes		No
b If 'Yes,' explain the arrangement		o, rait A, line 21			ι		L	Лио
Part V Endowment Funds Co		zation answer	ed 'Y	es' to Form 990	Part IV. line 10			
	(a) Current year	(b) Prior yea		(c) Two years back	(d) Three years back	(e) Fo	our years	back
1 a Beginning of year balance	226,475			*	(*, *, %, .	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	910000	3. 1
b Contributions	650					126	,, ¥.(3) 2	
c Net Investment earnings, gains, and losses	3,181	8,2	94.					
d Grants or scholarships				* * * * * * * * * * * * * * * * * * * *		3		
 Other expenditures for facilities and programs 			_	· · ·				
f Administrative expenses			11.	······	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, , , ,		整 [7]
g End of year balance	230,306		75.		, , ,	<u></u>	<u> </u>	**************************************
2 Provide the estimated percentage								
a Board designated or quasi-endov		.7.33 %						
b Permanent endowment ►	82.67 %							
c Term endowment ►	%							
3a Are there endowment funds not a organization by	n the possession of	f the organization	that a	are held and admini	stered for the		V	
(i) unrelated organizations						20(1)	Yes	No_X
(ii) related organizations						3a(i) 3a(ii)		$\frac{X}{X}$
b If 'Yes' to 3a(ii), are the related of	rganizations listed	as required on So	chedul	e R?	•	3b		
4 Describe in Part XIV the intended					SEE P	ART X	TV	
Part VI Investments-Land, B								
Description of investment	(a) Co	st or other basis investment)	(b)	Cost or other pasis (other)	(c) Accumulated Depreciation	(d) Bo	ook Va	lue
1 a Land					*			
b Buildings								
c Leasehold improvements								
d Equipment				12,112.	12,112.			0.
e Other				48,438.	48,438.			0.
Total. Add lines 1a through 1e (Column	n (d) must equal Fo	orm 990, Part X, c	columi	n (B), line 10(c)).	•			0.
BAA					Sched	ule D (Fo	rm 990	3) 2009

Schedule D (Form 990) 2009 FUND FOR SOUTHERN	COMMUNITIES, I	NC.	58-1426028	Page 3
Part VII Investments-Other Securities See Fo	orm 990, Part X, lir	ne 12. N/A		
 (a) Description of security or category (including name of security) 	(b) Book value	(c) N Cost or e	Method of valuation end-of-year market value	
Financial derivatives				
Closely-held equity interests				
Other				
		· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990 Part X, col (B) line 12) ►		The Market		* * * * * * * * * * * * * * * * * * * *
Part VIII Investments—Program Related (See	Form 990 Part X I		1. maker . She no nothingle .	erro Sakurandesi Sik
(a) Description of investment type	(b) Book value		Mothed of voluntion	
(a) Description of investment type	(b) Book value	Cost or e	Method of valuation and-of-year market value	
				
				
				
				
	· · · · · · · · · · · · · · · · · · ·	ļ		
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13)		, , , , ,	A CONTRACTOR OF THE PROPERTY O	1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Part IX Other Assets (See Form 990, Part X,	line 15) N/A			, , , , , , , , , , , , , , , , , , , ,
	scription	<u> </u>	(b) E	Book value
(a) De	scription	 	(0) 5	ook value
		· · · · · · · · · · · · · · · · · · ·		
				
				
	·			
				
Total (Column (b) must asked Farm 2000 Dark V and (D) I	15)	·······		
Total. (Column (b) must equal Form 990, Part X, col (B), In Part X Other Liabilities (See Form 990, Part			<u> </u>	
				 ,
(a) Description of Liability	(b) Amount	_		į.
Federal Income Taxes				
		_		- [
				
			, ",	*
			سان باستان	, ,
			w Saley will have	
			Comment of the second	. 24 D. 184
			ATT A PROPERTY OF THE PARTY.	
				A以"净紧张
			8. V.	1
Total (Column (b) must equal Form 990, Part X, col (B) line 25)				* **
O FINI 40 February 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

	dule D (Form 990) 2009 FUND FOR SOUTHERN COMMUNITIES, INC.	58-1426028	Page 4
	Reconciliation of Change in Net Assets from Form 990 to Financia	al Statements	
1	Total revenue (Form 990, Part VIII,column (A), line 12)		126,529.
2	Total expenses (Form 990, Part IX, column (A), line 25).		230,401.
3	Excess or (deficit) for the year Subtract line 2 from line 1		-103,872.
4	Net unrealized gains (losses) on investments		4 <u>9,</u> 175.
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments .		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		49,175.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-54,697.
Par	XII Reconciliation of Revenue per Audited Financial Statements With	Revenue per Return	
1	Total revenue, gains, and other support per audited financial statements	1	203,604.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a	49,175.	
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
đ	Other (Describe in Part XIV) SEE PART XIV 2d	27,900.	
е	Add lines 2a through 2d	2e	77,075.
3	Subtract line 2e from line 1	3	126,529.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investments expenses not included on Form 990, Part VIII, line 7b. 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	126,529.
Par	XIII Reconciliation of Expenses per Audited Financial Statements Wi	th Expenses per Return	
1	Total expenses and losses per audited financial statements	1	258,301.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIV) SEE PART XIV 2d	27,900.	
е	Add Innes 2a through 2d	2e	27,900.
3	Subtract line 2e from line 1	3	230,401.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investments expenses not included on Form 990, Part VIII, line 7b. 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	230,401.
Par	XIV Supplemental Information		
line 4 inforr	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b, and All XIII, lines 2d and A	es 1a and 4, Part IV, lines 1b an Also complete this part to provide	od 2b; Part V, e any additional
	GENERALLY FOR GRANT MAKING		
			-

TEEA3304L 02/02/10

Schedule D (Form 990) 2009

BAA

Schedule D (Form 990) 2009 FUND FOR SOUTHERI	N COMMUNITIES,	INC.	58-1426028	Page 5
Rank NV Supplemental Information (continue	ea)			
				
			·	

2009

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

FUND FOR SOUTHERN COMMUNITIES, INC.

58-1426028

SCHEDULE D, PART XII, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

RETURN OF PRIOR YEAR CONTRIBUTION

TOTAL $\frac{$}{$}$ $\frac{27,900}{27,900}$.

SCHEDULE D, PART XIII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

RETURN OF PRIOR YEAR CONTRIBUTION

TOTAL \$ 27,900. \$ 27,900.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

Department of the Treasury Internal Revenue Service	Complete it tile organization answered Tes, to Form 990, Fart IV, lines ZI of ZZ. Attatch to Form 990.	් රෝකාලා මේක්ක	E.B
Name of the organization		Employer identification number	
FUND FOR SOUTHE	FUND FOR SOUTHERN COMMUNITIES, INC.	58-1426028	
Part I General Inf	Part I General Information on Grants and Assistance		
1 Does the organization the selection criter	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	nd X Yes	
2 Describe in Part IV	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States SEE PART IV		'
Part II Grants and	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form	answered 'Yes' to Forr	Ε

&

990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	y recipient that r <u>Form</u> 990) if ad <u>d</u>	eceived more the	ian \$5,000. Check i needed	his box if no one r	ecipient received	more than \$5,00	i0. Use
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALTERNATE ROOTS 1083 AUSTIN AVE ATLANTA, GA 30307		501C3	6,600.	0			GENERAL GRANT
INSTIT. OF WOMEN& ETHNIC STUDIES 4038 CANAL ST NEW ORLEANS, LA 70119		501C3	10,000.	0			REPRODUCTIVE JUSTICE
SISTER LOVE, INC		501C3	10,000.	0			REPRODUCTIVE JUSTICE
SISTERSONG 1237 RALPH DAVID ABERNATHY BOULE ATLANTA, GA 30310		501C3	10,000.	0			REPRODUCTIVE JUSTICE
SI_THOMAS_PRESBYTERIAN_CHURCH_ 14100 MEMORIAL DRIVEHOUSTON, TX 77079		50103	25,000.	0.			DONOR ADVISED GRANT
2 Enter total number of section 501(c)(3) and government organizations	3) and government o	rganizations				A	5

Schedule I (Form 990) 2009

TEEA3901L 02/10/10

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

3 Enter total number of other organizations

Page 2 **Parally Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Partiv | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information 58-1426028 (e) Method of valuation (book, FMV, appraisal, other) THE ORGANIZATION REQUIRES THE RECIPIENTS TO MEET CERTAIN CRITERIA. FOR GRANTS WITH 501 (C) (3) IRS TAX STATUS, A LIMITED NUMBER OF 501 (C) (4) GROUPS, OR ORGANIZATIONS THE FUND FOR SOUTHERN COMMUNITIES WILL ONLY MAKE GRANTS TO ORGANIZATIONS WITH A RESTRICTIONS, THE ORGANIZATION WILL OBTAIN A BUDGET AND REPORTING FROM THE (d) Amount of non-cash assistance PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED (c) Amount of cash grant FUND FOR SOUTHERN COMMUNITIES, INC. PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION (b) Number of recipients THAT HAVE A FISCAL SPONSOR AGREEMENT (a) Type of grant or assistance Schedule I (Form 990) 2009 RECIPIENTS.

BAA

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Publication

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Name of the organization	Employer identification number
FUND FOR SOUTHERN COMMUNITIES, INC.	58-1426028
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	
THE FUND FOR SOUTHERN COMMUNITIES IS A PUBLIC FOUNDATION THAT S	UPPORTS AND UNITES
ORGANIZATIONS AND DONORS WORKING TO CREATE JUST AND SUSTAINABLE	COMMUNITIES THAT ARE
FREE_OF_OPPRESSION_AND_THAT_EMBRACE_AND_CELEBRATE_ALL_PEOPLE	THROUGH_GRANT-MAKING
AND_RELATED_ACTIVITIES_THE_FUND_FOR_SOUTHERN_COMMUNITIES_FOSTER	S SOCIAL CHANGE
INITIATED_BY_COMMUNITY-BASED_GROUPS_IN_GEORGIA,_NORTH_CAROLINA_	AND_SOUTH CAROLINA
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS	
THE FUND FOR SOUTHERN COMMUNITIES (FSC OR THE FUND) PROVIDES TH	E FINANCIAL RESOURCE
TO HELP MOVE GROUPS FROM THOUGHT TO ACTION. FSC SUPPORTS SMALL	COMMUNITY GROUPS
WORKING FOR ENVIRONMENTAL JUSTICE, ANTI-RACISM, WOMEN'S RIGHTS,	YOUTH DEVELOPMENT,
LGBTQ RIGHTS, WORKER'S RIGHTS, CIVIL RIGHTS AND DISABILITY RIGH	ITS AND OTHER VARIED
ISSUES THAT ADDRESS SOCIAL CHANGE THROUGH COMMUNITY ORGANIZING.	GRANTEES NOT ONLY
BENEFIT FROM FINANCIAL SUPPORT, BUT THEY ARE ALSO GIVEN TECHNI	CAL ASSISTANCE.
FSC IS UNUSUAL IN THAT IT AWARDS GRANTS TO COMMUNITY ORGANIZATI	ONS THAT ARE WORKING
TO ADDRESS THE SYSTEMS AND STRUCTURES THAT CAUSE COMMUNITY PROE	BLEMS. OFTEN
TRADITIONAL CHARITIES AND PRIVATE FOUNDATIONS OVERLOOK THESE OF	RGANIZATIONS BECAUSE
THEIR PROJECTS ARE CONSIDERED TOO NEW, THE ORGANIZATION TOO SMA	ALL, OR THEIR
OBJECTIVES ARE TOO CONTROVERSIAL. THE FUND IS WILLING TO MAKE	GRANTS TO THESE GROUPS
AND ORGANIZATIONS BECAUSE WE BELIEVE THAT COMMUNITIES WORKING O	ON THEIR OWN BEHALF ARE
POWERFUL FORCES FOR CHANGE.	
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVE	
DONORS AND GRANTEES CAN NOMINATE AND ELECT 1/3 OF THE SITTING E	BOARD MEMBERS. NO
DECISIONS BY THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY THE	DONORS AND GRANTEES.

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer Identification number 58-1426028
FUND FOR SOUTHERN COMMUNITIES, INC.	130-1420020
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
THE FORM 990 IS ELECTRONICALLY DISTRIBUTED TO THE BOARD MEMBERS	S PRIOR TO FILING
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEM	ENT OF CONFLICTS
EACH NEW BOARD MEMBER IS REQUIRED TO UNDERSTAND THE POLICY.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	/AILABLE
UPON REQUEST	
	·

Schedule 0 (Form 990) 2009	Page 2
Name of the organization	Employer identification number
FUND FOR SOUTHERN COMMUNITIES, INC.	58-1426028
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

2009

## SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

58-1426028

PART II,	LINE 1	0 - OTHER	INCOME
----------	--------	-----------	--------