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	Form	99	Return of Organization Exempt From Inc	ome Tax		OMB No 1545-0047		
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (extension to the Treasury Do not enter social security numbers on this form as it may be service Go to www.irs.gov/Form990 for instructions and the latest in	made public.	ons)	Open to Public		
	A Fo	or the	2017 calendar year, or tax year beginning , 2017, and	d ending		, 20		
	B Ch	eck if a	populable C Name of organization The Southern Documentary Fund	······································	D Em	ployer identification no.		
	☐ Ad	idress o	thange Doing business as		75-	2993148		
	□ Na	me cha		Room/suite	E Tek	E Telephone number		
		hal retu	m PO Box 3622		(91	(919) 308-3714		
	Fir	nal retur	myterminated City or town, state or province, country, and ZIP or foreign postal code		G Gro	oss receipts		
	□ Ал	nended	return Durham, NC 27702		\$	1,196,397		
	□⊸	plicatio	n pending F Name and address of principal officer Naomi Walker	H(a) is thus a group ref	um for subord	Inates? Yes X No		
			Same as C above	H(b) Are all subordi	nates includ	sed? 🔲 Yes 📗 No		
	l Ta	x-exem	ach a list. (s	th a list, (see instructions) '				
	J W	otion numbe	on number					
	K Fo	rm of o	rganization. Corporation ☐ Trust ☐ Association ☐ Other ►	2002 M State of	legal domic	ale NC		
	Part	t I)	Summary					
		1	Briefly describe the organization's mission or most significant activities To cultivate of	locumentaries i	nade 11	n or about		
	Φ.		the American south and serve as a leading advocate for powerf	ul southern st	orytel	ling,		
	anc		while providing filmmakers with support and creative community	у				
2 1 2019	E.							
	Š	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25	% of its net assets				
<u> 5</u>	8	3	Number of voting members of the governing body (Part VI, line 1a)	· • • • • • • • • <u> </u> _	3	13		
20	es es	4	Number of independent voting members of the governing body (Part VI, line 1b)	· · · · · · · · ·	4	13		
	.₹	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	6		
	Ct	6	Total number of volunteers (estimate if necessary)	· · · · · · · · <u> </u>	6	50		
		7a	Total unrelated business revenue from Part VIII, column (C), line 12 · · · · · · · · · · · · · · · · · ·	<u> </u>	7a	0		
FEB		b	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>	7b	0		
سا				Prior Year		Current Year		
0		8	Contributions and grants (Part VIII, line 1h)	2/300/	926	1,165,205		
쁘	Revenue	9	Program service revenue (Part VIII, line 2g)		510	26,632		
5	9,6	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	502	280		
Z	æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			3,036		
SCANNED		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		038	1,195,153		
Ø		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			17,568		
		14	Benefits paid to or for members (Part IX, column (A), line 4)					
	g	15	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	93,0	060	152,410		
	Ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	. }	1	0		

Under penalties of penury, I decit true, correct, and complete Deci Sign Bowles Vasmine 11-14-2018 Here Type or print name and title Check I If PTIN Preparer's signature Print/Type preparer's name Mark Paid P01321736 1-13-2018 Mark Danes self-employed Preparer Firm's EIN 46-1061285 Mark S Danes CPA PLLC Firm's name **Use Only** Firm's address P.O. Box 424 Clayton NC 27528

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Total fundraising expenses (Part IX, column (D), line 25) ▶

Revenue less expenses Subtract line 18 from line 12

Net assets or fund balances Subtract line 21 from line 20

Total assets (Part X, line 16)

Signature Block

Total liabilities (Part X, line 26)

Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

Form 990 (2017)

☐ No

943,731

81,444

892,142

11,253

880,889

1,113,709

End of Year

900,548

993,608

396,430

802,629

799,445

3,184

Beginning of Current Year

Expenses

Net Assets or und Balances

Part III

17

18

19

20

21

22

	rt III Statement of Program Service Accomplishments
1 4	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
	To cultivate documentaries made in or about the American south and serve as a leading
	advocate for powerful southern storytelling, while providing filmmakers with support and
	creative community.
2	Did the organization undertake any significant program services during the year which were not listed on the
	pnor Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$1,014,674 including grants of \$) (Revenue \$26,632)
	SDF sponsored more than 80 documentary projects and helped filmmakers marshal resources
	through grants, individual contributions, and crowd funding. Sponsored projects received
	valuable benefits, including pro bono consultations with legal, distribution, and outreach
	professionals.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	/ (2500) (25pt 300 V) (1000 00 V)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	,
	•
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,014,674

EEA

Form 990 (2017)



Checklist of Required Schedules Part IV Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 2 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Х 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х complete Schedule D. Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or Х debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII. VIII. IX. or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Х 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more X 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 11e Х f 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 (ASC 740)? If "Yes," complete Schedule D. Part X Х 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If Х "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 14a Did the organization maintain an office, employees, or agents outside of the United States? Х 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate Х 14b foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Х 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Х assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 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 (see instructions) Х 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Х

19

19

75-2993148 Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Х b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 Х 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 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, that was issued after December 31, 2002? If "Yes," answer lines 24b Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a 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? 25b Х 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 Х 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Х 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 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 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Х 34 Х 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Х 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable Х 36 37 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, Х 37

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

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

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	1990 (2017) The Southern Documentary Fund 75-2993	148	F	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	7		
b		o	'	
	Did the organization comply with backup withholding rules for reportable payments to vendors and	٩		1
С		1	 -	
_	reportable gaming (gambling) winnings to prize winners?	· 1c	X	<u> </u>
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	6		نـــا
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	- 2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	٠١	!!	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 3b	\Box	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	<u> </u>		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial] !	
	account)?	· 4a	$\vdash \vdash$	X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			1
	(FBAR)	l	!	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. 5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. 5c	 	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	55	\vdash	$\vdash \vdash$
va			1 /	
	organization solicit any contributions that were not tax deductible as chantable contributions?	- <u>6a</u>	₩	X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	· <u>6b</u>		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		l!	
	and services provided to the payor?	. 7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	. 7c		v
		1	\vdash	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	 -		لبيدا
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>X</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		_X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			-
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
-			$\vdash \vdash$	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	⊢⊦	
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	4		. !
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_]	1 1	. [
1	Section 501(c)(12) organizations. Enter		1	
а	Gross income from members or shareholders		1 1	.
b	Gross income from other sources (Do not net amounts due or paid to other sources	י ך	1 1	
	against amounts due or received from them)		1 1	
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	iI	
		120	 	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		. 1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		$\vdash \vdash \vdash$	<u>_</u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	├	
	Note. See the instructions for additional information the organization must report on Schedule O		/ I	J
b	Enter the amount of reserves the organization is required to maintain by the states in which		<i>i</i> 1	
	the organization is licensed to issue qualified health plans]]		- }
С	Enter the amount of reserves on hand	7		İ
i4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	\Box	<u></u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u></u>
			992 (2	20171
EA		LOHI	990 (2	.U 1/ j

Form	990 (2017) The Southern Documentary Fund 75-2993	148	F	Page 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	"No"	,	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	3.		
	Check if Schedule O contains a response or note to any line in this Part VI			<u> - 🛛 </u>
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			}
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			1
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13	↓		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		1
	any other officer, director, trustee, or key employee?	· 2	ļ	X
3	Did the organization delegate control over management duties customanly performed by or under the direct		1	
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u> X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	ļ	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	L	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	1_		١
	one or more members of the governing body?	7a		X
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l		
_	stockholders, or persons other than the governing body?	7b		X,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			لــــا
a .	The governing body?	8a	X	├──
ь	Each committee with authority to act on behalf of the governing body?	8b	X	├
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	. 9		v
Sec	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9		X
	don D. 1 Onotes (This Section D requests information about policies not required by the internal Nevenue Code)			
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	102		<u> </u>
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	1	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1	<u> </u>	1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	☐ Own website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Naomi Walker (919)308-3714. PO Box 3622. Durham. NC 27702			

Form 990 (20		75-2993148 Pag	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees	, Highest Compensated Employees, a	n
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employ	ees	

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

EEA

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any	box	from				ın	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizzuoris (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LaTosha Brown Director	1.00	х						o	0	0
(2) Peter_Gilbert Director	_ 1.00_	Х						0	0	0
(3) Marsha Gordon Director	1.00	х						0	0	0
(4) Kim Lan Grout Vice President	1.50	Х		Х				0	0	0
(5) Allison Inman Director	1.00	х						0	0	0
(6) Eric Johnson Director	1.00	х						0	0	0
(7) Vedia Jones-Richardson Secretary	1.50	х		х				0.	. 0	0
(8) Kirsten Mullen Director	1.00	х						0	0	0
(9) Alyson Newby Director	1.00	х						0		0
(10)Irene Oakley Johnson Director	1.00	х						0	0	0
(11)Andie Rea President	1.50	х		х				0	0	0
(12)Amy Salo Treasurer	1.50	х		х				0	0	0
(13)Ellen Stolzman Director	1.00	х						0	0	0
(14)Naomi Walker Executive Director	40.00			Х				55,000	0	3,750

Form 990 (2017)

	(A) Name and title	(B) Average hours per	box,	unies	s pers	ition one th	han one both an finustee))	(D) Reportable compensation from	(E) Reportable compensation from related		(F) strnated mount of	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the - organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	npensati from the ganization nd relate ganizatio	e on ed
(15)													
<u>(16)</u> _													
<u>(17)</u>													
(18)_	3)												
<u>(19)</u>													
(20)													
(21)													
(22)_													-
<u>(23)</u>					1								
(24)										- 			
(25)_											-		
1b c d	Sub-total	on A · ·						 	55,000	0		3,	750
2	Total number of individuals (including but not limited reportable compensation from the organization	I to those list	ed abo	ve)	who	rece	eived i	more	than \$100,000 of	0			
					•							Yes	No
3	Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J		-	•			-		pensated		3		<u>x</u>
4	For any individual listed on line 1a, is the sum of rep												
	organization and related organizations greater than individual				npie 	te S 	chedu	ile J	tor such		4		x
5	Did any person listed on line 1a receive or accrue or				unre	lated	d orga	nıza	tion or individual				
Casti	for services rendered to the organization? If "Yes," o	complete Sch	edule	J fo	r suc	h pe	erson				5		Х
1	on B. Independent Contractors Complete this table for your five highest compensate compensation from the organization. Report compensation from the organization.	•											
	year	nsation for a	ie cale	IIQai	yce		iding v	VILIT	or within the organi	Zation's tax			
	`(A)								(B)			(C)	
	Name and business address	P-				0.77	701		Description of s		Comp	ensation	
	<u>iful Project LLC, 919 Lancaster S</u> ning Arthur Film Project, LLC, 304							01	film produ			195 146	
	er Home Productions, 3956 San Rafa								film produ			175	
									 				
2	Total number of independent contractors (including large) and more than \$100,000 of compensation from			ose	liste	d ab	ove) v	vho		3			
	received more than \$100,000 of compensation from	ule organiza	เนบก	_						3			

Page 8

		Check if Schedule O contain	ns a response	or n	ote to any line in th	ıs Part VIII	<u></u>	<u></u>	<u></u>
			•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
29.99	1a	Federated campaigns · · ·		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues · · · ·	[1b]	i		1
وَ ق	c	Fundraising events	[1c					
ar A	d	Related organizations	[1d]			
% <u>E</u>	e	Government grants (contribut	ions) · · [1e	307,500				
ar S	f	All other contributions, gifts, g	rants,			1			
륟		and similar amounts not include	ded above	1f	857,705]			
age age	g	Noncash contributions include	ed in lines 1a-	1f \$					
	h	Total. Add lines 1a-1f · ·				1,165,205			
					Business Code				
5	2a	Artists Convening			900099	9,907	9,907		
Program Service Revenue	b	Artists Memberships			900099	4,725	4,725		
	C	Reel South Revenue			900099	12,000	12,000		
2	d								
Ē	e							•	
E E	f	All other program service rever	nue · · · ·						
	g	Total. Add lines 2a-2f · · ·				26,632			
	3	Investment income (including of	lividends, inte	rest.				•	
		and other similar amounts) .				280			280
	4	Income from investment of tax-	exempt bond	proc	eeds · · · ▶		,		
	5	Royalties			▶				
			(i) Real		(ii) Personal]			
	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	(i) Securities	3	· (ii) Other				
	Ь	Less cost or other basis							
		and sales expenses · · · ·	_						
	C	Gain or (loss)			<u> </u>				
	d	Net gain or (loss)			<u> ▶</u>				
Other Revenue	8a	Gross income from fundraising							
ě		events (not including \$		_					
æ	ļ	of contributions reported on line	•						
Ę		See Part IV, line 18 · · · · ·			4,110				
ŏ	b	Less direct expenses · · ·		b	1,244				<u>-</u> ,
	c	Net income or (loss) from fundr	aising events	•	.	2,866			2,866
	9a	Gross income from garning acti					İ		1
		See Part IV, line 19 · · · · ·	<i></i> .	а					
	b	Less direct expenses		b					_
	С	Net income or (loss) from gami	ng activities	• •	<u> ▶</u>				·
	10a	Gross sales of inventory, less			`		İ		
		returns and allowances · · ·		_					
	1	Less cost of goods sold · ·		,					
	C	Net income or (loss) from sales	of inventory	••		ļļ.			
	_	Miscellaneous Revenue			Business Code	ļ			
	11a								-
	b			_					ļ
	C								1
	1	All other revenue		,	900099	170	170		<u> </u>
		Total. Add lines 11a-11d -				170			
	117	Total revenue. See instructions			D 1	1 105 152	26 902		0 2 146

Form 990 (2017) The Southern Documentary Fund Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

ants and other assistance to domestic organizations of domestic governments. See Part IV, line 21 ants and other assistance to domestic ants and other assistance to domestic dividuals. See Part IV, line 22 ants and other assistance to foreign governments, and for	. 58,750 82,829	29,374	14,688 30,094	14,688
d domestic governments See Part IV, line 21 ants and other assistance to domestic ividuals See Part IV, line 22 ants and other assistance to foreign anizations, foreign governments, and foreign ividuals See Part IV, lines 15 and 16 inefits paid to or for members impensation of current officers, directors, stees, and key employees impensation not included above, to disqualified risons (as defined under section 4958(f)(1)) and risons described in section 4958(c)(3)(B) iner salaries and wages insion plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) iner employee benefits ividials section exployees)	. 58,750	29,374		14,688
ants and other assistance to domestic ividuals See Part IV, line 22	. 58,750	29,374		14,688
ants and other assistance to foreign panizations, foreign governments, and foreign panizations, foreign governments, and foreign panizations, foreign governments, and foreign panizations, foreign governments, and foreign panizations, foreign governments, and foreign prividuals See Part IV, lines 15 and 16 panization of current officers, directors, patients, and key employees panization not included above, to disqualified particular association and panization and pa	. 58,750	29,374		14,688
ants and other assistance to foreign panizations, foreign governments, and foreign ividuals See Part IV, lines 15 and 16	. 58,750	29,374		14,688
panizations, foreign governments, and foreign inviduals. See Part IV, lines 15 and 16				14,688
inviduals See Part IV, lines 15 and 16				14,688
mefits paid to or for members				14,688
mpensation of current officers, directors, stees, and key employees				14,688
stees, and key employees				14,688
mpensation not included above, to disqualified resons (as defined under section 4958(f)(1)) and resons described in section 4958(c)(3)(B)				14,688
rsons (as defined under section 4958(f)(1)) and rsons described in section 4958(c)(3)(B)	82,829	49,710	30,094	
rsons described in section 4958(c)(3)(B)	82,829	49,710	30,094	
ner salaries and wages	82,829	49,710	30,094	
nsion plan accruals and contributions (include ction 401(k) and 403(b) employer contributions)	82,829	49,710	30,094	
ction 401(k) and 403(b) employer contributions) ner employee benefits yroll taxes es for services (non-employees)				3,025
ner employee benefits		l I	1	
yroll taxes · · · · · · · · · · · · · · · · · · ·				
es for services (non-employees)				
	10,831	7,582	2,166	1,083
nagement				•
gal				
counting	17,150		17,150	
obying				
ofessional fundraising services See Part IV, line 17				
estment management fees				
ner (If line 11g amount exceeds 10% of line 25, column				
amount, list line 11g expenses on Schedule O)	5,463	1,186	4,277	
vertising and promotion	576	576	-,	
ice expenses	3,747	2,703	696	348
ormation technology	3,382	2,395	658	329
	3,302	2,333	030	
· •	5 050	3 535	1 010	505
· · ·				643
F	0,431	4,502	1,280	043
•				
· · · · · · · · · · · · · · · · · · ·	21 027	21 027		
	21,921	21,921	`	
				
' -	-			
·		1 00=	100	
· · · · ·	1,433	1,027	406	
·				
· · · · · · · · · · · · · · · · · · ·				
F				
		871,216		
ofessional development	5,655		5,655	
				
other expenses	1,701	1,373	328	
	1,113,709	1,014,674	78,414	20,621
al functional expenses. Add lines 1 through 24e ·		j		
nt costs. Complete this line only if the	-1			
nt costs. Complete this line only if the anization reported in column (B) joint costs	1		1	
nt costs. Complete this line only if the				
	al functional expenses. Add lines 1 through 24e . nt costs. Complete this line only if the anization reported in column (B) joint costs	supancy	supancy	supancy

Total liabilities and net assets/fund balances

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year Cash - non-interest-bearing 1 151,758 167,065 2 2 225,236 380,515 3 3 425,000 343,892 4 4 35 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 Notes and loans receivable, net 7 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a Less accumulated depreciation 10b b 10c 635 635 11 11 Investments - other securities See Part IV, line 11 12 12 13 13 14 14 15 15 16 802,629 16 892,142 17 17 3,184 11,253 18 18 19 Deferred revenue 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities 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 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 3,184 11,253 Organizations that follow SFAS 117 (ASC 958), check here > X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 77,620 24,554 Temporanly restricted net assets 28 721,825 856,335 29 Organizations that do not follow SFAS 117 (ASC 958), check here

I and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32

33

880,889

799,445

802,629

33

	90 (2017) The Southern Documentary Fund	75-2	99314	3	Pa	ge 12
art	and the state of t					П
4 7	Check if Schedule O contains a response or note to any line in this Part XI	1 1		• • •		· <u>L</u>
		2	+		L95,	
		$\frac{2}{3}$		1,1	113,	
	Revenue less expenses Subtract line 2 from line 1		+		81,4	
	let assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			799,4	145_
	let unrealized gains (losses) on investments	· 5	-			
-	onated services and use of facilities	. 6	-			
	nvestment expenses	. 7				
	rnor penod adjustments	· 8	+			
	other changes in net assets or fund balances (explain in Schedule O)	· 9				0
	let assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	3, column (B))	· 10	<u> </u>	8	380,6	389
Part	XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII					5 7
					Yes	No
1 A	coounting method used to prepare the Form 990					1
	the organization changed its method of accounting from a prior year or checked "Other," explain in					
	the digital and the state of th					l i
S	chedule O					
	chedule O Were the organization's financial statements compiled or reviewed by an independent accountant?					<u>~</u>
2a V	Vere the organization's financial statements compiled or reviewed by an independent accountant?			2a		$\frac{1}{x}$
2a V	Were the organization's financial statements compiled or reviewed by an independent accountant? "Yes," check a box below to indicate whether the financial statements for the year were compiled or			2a		$\frac{1}{x}$
2a V	Were the organization's financial statements compiled or reviewed by an independent accountant? "Yes," check a box below to indicate whether the financial statements for the year were compiled or eviewed on a separate basis, consolidated basis, or both		• • • •	2a		X
2a V If n	Were the organization's financial statements compiled or reviewed by an independent accountant? "Yes," check a box below to indicate whether the financial statements for the year were compiled or eviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis					X
2a V If n D	Were the organization's financial statements compiled or reviewed by an independent accountant? "Yes," check a box below to indicate whether the financial statements for the year were compiled or eviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?			2a 2b	X	X
2a V If R D V If	Were the organization's financial statements compiled or reviewed by an independent accountant?				<u> </u>	X
2a V	Were the organization's financial statements compiled or reviewed by an independent accountant? "Yes," check a box below to indicate whether the financial statements for the year were compiled or eviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? "Yes," check a box below to indicate whether the financial statements for the year were audited on a eparate basis, consolidated basis, or both				<u>x</u>	X
2a V If n L b V If	Were the organization's financial statements compiled or reviewed by an independent accountant?				X	X
2a V If n L b V If s C If	Were the organization's financial statements compiled or reviewed by an independent accountant?			2b		X
2a V If n L b V If s C If	Were the organization's financial statements compiled or reviewed by an independent accountant?				x	X
2a V If b V If c If	Were the organization's financial statements compiled or reviewed by an independent accountant?			2b		X
2a V If b V If c If c If	Were the organization's financial statements compiled or reviewed by an independent accountant?			2b		X
2a V If b V If s c If s 3a A	Were the organization's financial statements compiled or reviewed by an independent accountant?			2b 2c		
2a V If b V If c If s 3a A	Were the organization's financial statements compiled or reviewed by an independent accountant? "Yes," check a box below to indicate whether the financial statements for the year were compiled or eviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? "Yes," check a box below to indicate whether the financial statements for the year were audited on a eparate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? the organization changed either its oversight process or selection process during the tax year, explain in chedule O s a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			2b		x
2a V Iff	Were the organization's financial statements compiled or reviewed by an independent accountant?			2b 2c		

•

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Employer identification number

2017

Open to Public Inspection

The Southern Documentary Fund 75-2993148 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

he o	orga	nization is not a private foundation because it is. (For lines 1 through 12, 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 (Form 990 or 990-EZ))
3		A hospital or a 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		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	X	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). (Complete Part II)
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or
		university
0		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross
		receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its
		support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses
	_	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
1		An organization organized and operated exclusively to test for public safety See section 509(a)(4).
2		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes
		of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).
		Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
	а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the
		supporting organization You must complete Part IV, Sections A and B.
	þ	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having
		control or management of the supporting organization vested in the same persons that control or manage the supported
		organization(s) You must complete Part IV, Sections A and C.
	С	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,
		its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E.
	d	Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)
		that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

f Enter the number of supported organizations g Provide the following information about the supported organization(s) (n) EIN (iii) Type of organization (i) Name of supported organization (v) Amount of monetary (iv) is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) document? instructions) Yes No (A) (B) (C) (D) (E) **Total**

requirement (see instructions) You must complete Part IV, Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization

e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

990 or 990-EZ) 2017 The Southern Documentary Fund 75-2993148
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	iano to quamy		, noted botott, p	, cass complet		
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	961,692	622,138	1,030,276	1,356,957	1,165,205	5,136,268
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	961,692	622,138	1,030,276	1,356,957	1,165,205	5,136,268
5	The portion of total contributions by					1	
	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)						1,008,137
6	Public support. Subtract line 5 from line 4 · ·						4,128,131
Sec	tion B. Total Support					· · · · · · · · · · · · · · · · · · ·	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4 · · · · · · · · ·	961,692	622,138	1,030,276	1,356,957	1,165,205	5,136,268
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	80	95	74	502	280	1,031
9	Net income from unrelated business activities, whether or not the business is regularly carried on						- ,
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				500		500
11	Total support. Add lines 7 through 10 .						5,137,799
12	Gross receipts from related activities, etc. (s	see instructions)				12	45,290
13	First five years. If the Form 990 is for the o organization, check this box and stop here	<u> </u>					▶□
	tion C. Computation of Public Su	 		······································			
14	Public support percentage for 2017 (line 6,						30.35 %
15	Public support percentage from 2016 Sched		• •				79.29 %
16a	33 1/3% support test - 2017. If the organization qualifi					ж uns 	▶ 🛭
ь	33 1/3% support test - 2016. If the organization						[7]
U	this box and stop here. The organization qu				5 33 1/3 % OF INOTE,	dieck	▶ □
179	10%-facts-and-circumstances test - 2017		•		or 16h and line 14	ie	,
174	10% or more, and if the organization meets	-					
	Part VI how the organization meets the "fac		· ·				
	organization · · · · · · · · · · · · · · · · · · ·		_	-			▶ □
b	10%-facts-and-circumstances test - 2016						
·	15 is 10% or more, and if the organization in	-					
	Explain in Part VI how the organization mee			•	•	riv	
	supported organization			-	•	-	▶ □
18	Private foundation. If the organization did						
.5	instructions			•			▶ □
EFA.					· · · · · · · · · · · · · · · · · · ·		n 990 or 990-F7) 2017

Schedule A (Form 990 or 990-EZ) 2017 The Southern Documentary Fund

Part III Support Schedule for Organizations Described in Section 509(a)(2)

		, , , , ,
(Complete only if	you checked the box on I	ine 10 of Part I or if the organization failed to qualify under Part II.
If the organization	fails to qualify under the	tests listed below, please complete Part II.)

Se	tion A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513				,		•
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	,					
6	Total. Add lines 1 through 5						<u> </u>
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons · · · ·	<u> </u>					
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b · · · · · · · · · · · ·			/			
8	Public support. (Subtract line 7c from line 6)	I		/			
Sec	tion B. Total Support		l				<u> </u>
_	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6 · · · · · · · · · · · ·			-/	·		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				,	'	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b · · · · · · · · · · ·	ļ 					ļ
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on • • • •				:		
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				•	•	•
13	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Su	<i>. f</i>	· · · · · · · · · · · · · · · · · · ·	, or fifth tax year as	, , ,	•	▶ □
15	Public support percentage for 2017 (line 8, or	" .		<u>(i)</u>		15	%
16	Public support percentage from 2016 Schedu	• • •	•	<i>"</i>		16	%
	tion D. Computation of Investme						
17	Investment income percentage for 2017 (line	10c, column (f) di	vided by line 13, co	lumn (f))		17	%
18	Investment income percentage from 2016 Sc	hedule A, Part III,	line 17			18	<u>%</u>
19a	33 1/3% support tests - 2017. If the organization is not more than 33 1/3%, check this box						▶ 🔲
b	33 1/3% support tests - 2016. If the organization 18 is not more than 33/1/3%, check this li	ation did not check	a box on line 14 o	r line 19a, and line	16 is more than 33	1/3%, and	▶□
20	Private foundation. If the organization did no	ot check a box on l	line 14, 19a, or 19b	o, check this box an	d see instructions		▶ 🗍
EΕΔ	/					Schedule A (F	orm 990 or 990-EZ) 2017

Part IV Supporting Organizations

> (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer 10b below
- Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		
2		
3a		
3b		,
3c		
	-	
4b		
4c		
"		
5a		
5b 5c		
6		
_		j
7		
8		
		1
9a		
9b		لـــا
9c		
10a		
10b	l	

Caban	tule A (Form 990 or 990-EZ) 2017 The Southern Documentary Fund 75-2993148			Page:
	tily Supporting Organizations (continued) The Southern Documentary Fund 75-2993148			age .
Ъ			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)]	İ
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		Į.	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	l	l	<u> </u>
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	İ		l
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	İ		ł
	or management of the supporting organization was vested in the same persons that controlled or managed	İ		
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
	,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (ı) a written notice describing the type and amount of support provided during the prior tax	ĺ		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	 _		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	'		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
	the organization maintained a close and continuous working relationship with the supported organization(s)		-	\vdash
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	ctions	<i>i)</i>
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ı	nstruc	ction
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			ĺ
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	. 1		ĺ
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	لبيا	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			l
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		<u> </u>	
	trustees of each of the supported emanurations? Provide details in Part VI	32		

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ations	s must complete Secti (A) Prior Year	ons A through E (B) Current Year
	(A) Prior Year	(K) () mant voor
	(A) Frior real	(optional)
1		
2		1
3		
4		
5		
6		
7		
8		
	(A) Prior Year	(B) Current Year (optional)
		i
1a		
1b		
1c		-
1d		
2		
3		
4		
5		
		·
_		-
8		
		Current Year
1		
2		-
3		
4		
5	·····	1
Ť		<u> </u>
6		
ntear	ated Type III supporting	organization (see
	3 4 5 6 6 7 8 8 1 1 2 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	3 4 5 6 7 8 (A) Prior Year 2 3 4 5 6 7 8 8 1 1 2 3 4 4 5 6 6 7 7 8 8 1 1 2 3 3 4 4 5 6 6 7 7 8 8 1 1 2 2 3 3 4 4 5 6 6 7 7 8 8 1 1 2 2 3 3 4 4 5 6 6 7 7 8 8 1 1 2 2 3 3 4 4 5 6 6 7 7 8 8 1 1 2 2 3 3 4 4 5 6 6 7 7 8 8 1 1 2 2 3 3 4 4 5 6 6 7 7 8 8 1 1 2 2 3 3 4 4 5 6 6 7 7 8 8 1 1 2 2 3 3 4 4 5 6 6 7 7 8 8 1 1 2 2 3 3 4 4 5 6 6 7 7 8 8 1 1 2 2 3 3 4 5 6 6 7 7 8 8 1 1 2 2 3 3 4 5 6 6 7 7 8 8 1 1 2 2 3 3 4 5 6 6 7 7 8 8 1 1 2 2 3 3 4 5 6 6 7 7 8 8 1 1 2 2 3 3 4 5 6 6 6 7 7 8 8 1 1 2 2 3 3 5 6 6 6 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8

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	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sec	tion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exer	mpt purposes					
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity		·				
3	Administrative expenses paid to accomplish exempt purpose	s of supported organiza	tions				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI) See instructions						
	Total annual distributions. Add lines 1 through 6			······			
8	Distributions to attentive supported organizations to which th	e organization is respon	sive				
	(provide details in Part VI). See instructions						
9	Distributable amount for 2017 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
		a	(ii)	(iii)			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions	Distributable			
		Excess Distributions	Pre-2017	Amount for 2017			
	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017						
	(reasonable cause required - explain in Part VI) See						
	instructions.						
3	Excess distributions carryover, if any, to 2017						
а	1						
b	From 2013						
C	From 2014						
	From 2015			<u>-</u>			
	From 2016						
	Total of lines 3a through e						
	Applied to underdistributions of prior years						
	Applied to 2017 distributable amount						
	Carryover from 2012 not applied (see instructions)						
	Remainder Subtract lines 3g, 3h, and 3i from 3f.						
	Distributions for 2017 from						
	Section D, line 7: \$						
a	Applied to underdistributions of prior years						
$\overline{}$	Applied to 2017 distributable amount						
	Remainder Subtract lines 4a and 4b from 4						
	Remaining underdistributions for years prior to 2017, if						
	any. Subtract lines 3g and 4a from line 2 For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2017. Subtract lines 3h						
-	and 4b from line 1 For result greater than zero, explain in						
	Part VI. See instructions						
7	Excess distributions carryover to 2018 Add lines 3			<u> </u>			
•	and 4c			٠.			
8	Breakdown of line 7	<u> </u>					
	Excess from 2013 · · · ·	· · · · · · · · · · · · · · · · · · ·					
	Excess from 2014						
	Excess from 2015						
	Excess from 2016	<u> </u>					
	Excess from 2017						
_							

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Page 8

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990.

OMB No 1545-0047

2017

Open to Public

	tment of the Treasury	S 2 42	Auacii w Fo			Inspection
	al Revenue Service	Go to www.irs.gov/r	ormago for instruc	tions and the latest infor	Employer identifi	Inspection
	of the organization	Decementary Fund			1	
_		Documentary Fund	ad Funda on Oth	as Similas Eunda as A	75-299	3140
Га		tions Maintaining Donor Advis if the organization answered "Ye			ccounts.	
_	Complete	ii the organization answered Te	· · ·		1	
_	Total mumb as at an	od of coop	(a) Don	or advised funds	(b) Funds and	other accounts
1		d of year				
2		f contributions to (during year)				
3		f grants from (dunng year)			 	
4		t end of year	n in weeting that the	accets hold in donor action	J	
5		in inform all donors and donor advisor nization's property, subject to the orga				· · · Yes No
6		in inform all grantees, donors, and do				Птез Птео
0	-	purposes and not for the benefit of the				
		ssible private benefit?				· · · 🗍 Yes 📗 No
Pa		vation Easements.				· · · <u> </u>
٠.٠		e if the organization answered "Y	es" on Form 990	Part IV line 7		
1		servation easements held by the organic				
•	— ' ' '	f land for public use (e.g., recreation of	•		oncally important land a	rea
	Protection of n	, , ,	or education)	Preservation of a certi	* :	ica
	Preservation of				med filstorie su dotare	
2	_	through 2d if the organization held a	unalified conservation	on contribution in the form o	of a conservation	
-	•	ast day of the tax year	quanned conservation		r	he End of the Tax Year
а		nservation easements				
b		ncted by conservation easements				
c		vation easements on a certified histori				
d		ration easements included in (c) acqu		(4-7		
٦		sted in the National Register			2d	
3		ration easements modified, transferre				
_	tax year ▶		o,	,,		
4		where property subject to conservation	n easement is locate	ed ▶		
5		tion have a written policy regarding the				
	-	proement of the conservation easeme	· ·			· · · Yes No
6	Staff and volunteer	hours devoted to monitoring, inspect	ing, handling of viol	ations, and enforcing conse	ervation easements duri	ng the year
	•					
7	Amount of expense	es incurred in monitoring, inspecting,	nandling of violation	s, and enforcing conservati	on easements dunng th	ne year
	▶ \$	-				
8	Does each consen	vation easement reported on line 2(d)	above satisfy the re	equirements of section 170((h)(4)(B)(ı)	
	and section 170(h)	(4)(B)(II)? · · · · · · · · · · · ·				· · · 🗌 Yes 📗 No
9	In Part XIII, describ	e how the organization reports conse	rvation easements	in its revenue and expense	statement, and	
	balance sheet, and	I include, if applicable, the text of the f	ootnote to the organ	nızatıon's financıal statemer	nts that describes the	
		ounting for conservation easements				
Pa	rt III Organi	zations Maintaining Collect	ions of Art, His	storical Treasures, o	or Other Similar A	ssets.
	Complet	e if the organization answered "	es" on Form 990	, Part IV, line 8.		
1a	If the organization	elected, as permitted under SFAS 116	6 (ASC 958), not to	report in its revenue statem	ent and balance sheet	
	works of art, histori	ical treasures, or other similar assets	held for public exhib	ortion, education, or research	h in furtherance of	
	public service, prov	vide, in Part XIII, the text of the footno	te to its financial sta	tements that describes the	se items	
þ	If the organization	elected, as permitted under SFAS 116	(ASC 958), to repo	ort in its revenue statement	and balance sheet	
	works of art, histori	cal treasures, or other similar assets	held for public exhib	ntion, education, or researc	h in furtherance of	
	public service, prov	vide the following amounts relating to	these items.			
		ded on Form 990, Part VIII, line 1				
		d in Form 990, Part X				
2	If the organization	received or held works of art, historica	al treasures, or othe	r sımılar assets for financıal	gain, provide the	
	following amounts	required to be reported under SFAS 1	16 (ASC 958) relat	ing to these items		
а	Revenue included	on Form 990, Part VIII, line 1		• • • • • • • • • • • • • • • • • • • •	▶ \$	
b	Assets included in	Form 990, Part X			▶ \$	

Schedu	de D (Form 990) 2017 The Southern De	ocumer	itary Fur	nd				75-299		Page 2
Par	t III Organizations Maintaining (Collect	ions of A	rt, Histo	orical Tr	easures,	or Oth	er Similar As	sets (con	tinued)
3	Using the organization's acquisition, accession,	and oth	er records, c	heck any o	of the follow	ving that are	a signific	ant use of its		
	collection items (check all that apply)									
а	Public exhibition		d 🗌 Loa	n or excha	nge progra	ıms				
b	Scholarly research		e Oth	er						
c	Preservation for future generations									
4	Provide a description of the organization's colle	ctions ar	nd explain ho	ow they fur	ther the on	anization's	exempt p	urpose in Part		
•	XIII				•	-	• •	•		
5	During the year, did the organization solicit or re	eceive de	onations of a	irt. historica	d treasures	s. or other si	mılar			
•	assets to be sold to raise funds rather than to b							.	Te	s No
Par	t IV Escrow and Custodial Arran								·	
	Complete if the organization a	nswere	ed "Yes" o	ກ Form 9	90, Par	t IV, line 9	, or rep	orted an amo	unt on Fo	m
	990, Part X, line 21.						•			
1a	Is the organization an agent, trustee, custodian	or other	ıntermedian	y for contrib	outions or o	other assets	not			
									Tye	s 🗌 No
b	If "Yes," explain the arrangement in Part XIII an	d comple	ete the follow	ving table					_	_
_		•		Ū				An	nount	
С	Beginning balance						1c			
d	Additions during the year						· · 1d	1		
e	Distributions during the year						1e	1 "		
f	• •						1f		-	
	Did the organization include an amount on Forr	n 990. P	art X. line 21	, for escro	w or custoo	dial account	liability?		Ye	s No
	If "Yes," explain the arrangement in Part XIII C							. 		□
Par							•			
	Complete if the organization a	nswere	ed "Yes" o	n Form 9	90. Par	t IV, line 1	0.			
			urrent year	(b) Pn		(c) Two year		(d) Three years back	(e) Four ye	ears back
1a	Beginning of year balance	10,0	a.rom you	(2)		(-)		(,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b	Contributions	 		<u> </u>						
c	Net investment earnings, gains, and		•							
·	losses · · · · · · · · · · · · · · · · · ·									
а	Grants or scholarships	<u> </u>								
e	Other expenditures for facilities and	-			-			·		
•	programs · · · · · · · · · · · · · · · · · · ·									
f	Administrative expenses			 						
	End of year balance	-							-	
9 2	Provide the estimated percentage of the curren	t vear er	nd halance (l	ine 1a coli	ımn (a)) he	l				
a	Board designated or quasi-endowment	t year er	%	ine ig, wit	2.1.1.1 (G)) 110					
b	Permanent endowment > %		— ~							
c	Temporarily restricted endowment		%							
·	The percentages on lines 2a, 2b, and 2c should	l equal 1	•							
3a	Are there endowment funds not in the possessi	-		n that are h	eld and ac	iministered f	for the			
Ju	organization by	011 01 1110	· organization						5	es No
	(i) unrelated organizations · · · · · · ·							<i></i> .	. 3a(i)	
	(ii) related organizations								. 3a(ii)	\neg
ь	If "Yes" on 3a(ii), are the related organizations I	isted as	required on :	Schedule F	27				. 3b	\neg
4	Describe in Part XIII the intended uses of the or		•		•				1 22 1	
Par					•					
	Complete if the organization a		ed "Yes" o	n Form 9	90. Par	t IV, line 1	1a. Sec	e Form 990, F	art X, line	10.
	Description of property		(a) Cost or oth			r other basis		Accumulated	(d) Book v	
			(investm	ent)		other)	de	preciation		
1a	Land		•							
b	Buildings									
c	Leasehold improvements	Ի								
d	Equipment					1,815		1,180		635
e	Other					_,				
	Add lines 1a through 1e (Column (d) must equ	ual Form	990, Part X,	, column (E), line 10c)				635

Schedule D (Form	1990) 2017 The Southern D Investments - Other Securities.	ocumentary Fund	75-29	93148 Page
Part VII	Complete if the organization answer	nd "Voo" on Form 000 B	Part IV line 11h See Form 000	Dort V line 12
	Complete if the organization answere	ed tes on Form 990, F	art IV, line 11b. See Form 990	, rait A, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuate Cost or end-of-year marke	
(1) Financial	denvatives · · · · · · · · · · · · · · · · · · ·			
Ī	eld equity interests			
(3) Other			· · · · · · · · · · · · · · · · · · ·	
_(A)				
(B)		•		
(C)				
(D)				
(E)				
_(F)				
_(G)				·
<u>(H)</u>				
	must equal Form 990, Part X, col (B) line 12)	<u> </u>	<u></u>	
Part VIII	Investments - Program Related.	- d (IN/a-ell a Farm 000 D	ant IV line 44 a See Farm 000	Dort V. line 42
	Complete if the organization answere	ea tes on Form 990, P	art IV, line TTC. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuate Cost or end-of-year market	
			Cost of encoryear market	Aside
(2)			 	
(3)				
_ (4)				· · · · · · · · · · · · · · · · · · ·
(5)				
(6)				
(8)				
(9)				
	must equal Form 990, Part X, col (B) line 13)		<u> </u>	
Part IX	Other Assets.	1 III	- 4 D. F 44 4 . O E 000	, D=4.V 1 - 45
	Complete if the organization answere	ed "Yes" on Form 990, P	art IV, line 11d. See Form 990	
	(a) (Description		(b) Book value
_(1)				
(2)				
(3) (4)		····		
_(5)				
_(6)				
(7)		,		
(8)				
	n (b) must equal Form 990, Part X, ∞l (B) line 15)		
Part X	Other Liabilities.			
	Complete if the organization answere	ed "Yes" on Form 990, P	art IV, line 11e or 11f. See For	m 990, Part X,
	line 25.	T		
1.	(a) Description of liability	(b) Book value	_	
	ncome taxes			
_(2)			\dashv	
<u>(3)</u>			\dashv	
(4) (5)				
(6)		· · · · · · · · · · · · · · · · · · ·	7	
_ (0) _(7)			7	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII.

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_(8) (9)

Total (Column (b) must equal Form 990, Part X, col (B) line 25)

	ule D (Form 990) 2017 The Southern Documentary Fund		5-2993148	Page 4
Pa	Reconciliation of Revenue per Audited Financial Stateme	ents with Revenue per	Rewin.	
	Complete if the organization answered "Yes" on Form 990, P	aπ IV, line 12a.	 -	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 1	1	
а	Net unrealized gains (losses) on investments	2a	1	
b	Donated services and use of facilities	2b]	
c	Recovenes of pnor year grants	2c	<u> </u>	
d	Other (Describe in Part XIII)	2d	J	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	1	
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
	rt XII Reconciliation of Expenses per Audited Financial State	ments With Expenses	per Return.	
<u> </u>	Complete if the organization answered "Yes" on Form 990,		P 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			11	
1	total expenses and tosses per addited intalical outcoments		-'-	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	اما		
a	Donated services and use of facilities	2a	- 1	
ь	Prior year adjustments	2b	4 }	
C	Other losses · · · · · · · · · · · · · · · · · ·	2c	-	
d	Other (Describe in Part XIII)	2d	 	
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		2e	
3	Subtract line 2e from line 1 $\cdots \cdots	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4 1	
b	Other (Describe in Part XIII)	4b	<u> </u>	
c	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	· · · · · · · · · · · · · · · · · · ·
Pa	rt XIII Supplemental Information.			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lin	es 1b and 2b, Part V, line 4, Pa	art X, line	
2, Pa	irt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information		
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Schedule I (Form 990) (2017) (h) Purpose of grant Open to Public or assistance OMB No 1545-0047 Inspection ⊠ Yes 2017 Employer identification number 75-2993148 (g) Description of noncash assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (f) Method of valuation (book, FMV, appraisal, other) 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States (e) Amount of noncash assistance ■ Go to www.irs.gov/Form990 for the latest information. (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the instructions for Form 990. Enter total number of other organizations listed in the line 1 table the selection critena used to award the grants or assistance? (p) EIN The Southern Documentary Fund (a) Name and address of organization or government Department of the Treasury nal Revenue Service Name of the organization SCHEDULE (Form 990) Part Part (10) 3 9 <u>@</u> 6 Ξ 3 9 3 ල

Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. 75-2993148 The Southern Documentary Fund

Schedule I (Form 990) (2017)

Part III

Schedule I (Form 990) (2017) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) SDF requires progress reporting from its grantees. If a progress report is not submitted to SDF by each deadline, or if project expenditures are found to be significantly out of line with denied until SDF is satisfied with the status of the project and project reports are (d) Amount of noncash assistance funding source requirements or budget, disbursement requests may be modified or (c) Amount of cash grant 01. Monitoring procedures (Part I, line 2) Part III can be duplicated if additional space is needed. (b) Number of reciplents (a) Type of grant or assistance submitted Part IV 찚 4

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

to specific questions on tional information.

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No 1545-0047

Employer identification number The Southern Documentary Fund 75-2993148 01. Form 990 governing body review (Part VI, line 11) The Form 990 is provided to the Executive Director who sends it to the Board of Directors for review and acceptance. 02. Conflict of interest policy compliance (Part VI, line 12c) The Organization regularly and consistently monitors and enforces compliance with its written conflict of interest policy by requiring management and the Board of Directors to sign and complete a Conflict of Interest Policy statement annually. 03. CEO, executive director, top management comp (Part VI, line 15a) The compensation of the Executive Director is evaluated annually by the Board of Directors and is based upon the funds available. 04. Governing documents, etc, available to public (Part VI, line 19) The Organization makes its financial statements, governing documents and conflict of interest policy available to the general public upon request. 05. Audited by an independent accountant (Part XII, line 2b) The Executive Director and the Board of Directors assume responsibility for the oversight of the audit. This process has not changed during the year.