

Rev January 2020

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

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 2019, and ending

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending
C SOUTHERN PARTNERS FUND, INC. 1 BALTIMORE PLACE #150 ATLANTA, GA 30308
D Employer identification number 58-2409301
E Telephone number (404) 541-9091
G Gross receipts \$ 2,528,478.

F Name and address of principal officer SAME AS C ABOVE
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No

I Tax exempt status X 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527
J Website: WWW.SOUTHERNPARTNERSFUND.ORG
H(c) Group exemption number

K Form of organization X Corporation Trust Association Other
L Year of formation 1998
M State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities SOUTHERN PARTNERS FUND IS A FOUNDATION CREATED TO SERVE SOUTHERN COMMUNITIES & ORGANIZATIONS SEEKING SOCIAL, ECONOMIC, AND ENVIRONMENTAL JUSTICE BY PROVIDING THEM WITH FINANCIAL RESOURCES, TECHNICAL ASST. & TRAINING, AND ACCESS TO SYSTEMS OF INFORMATION & EMPOWERMENT.
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets
3 Number of voting members of the governing body (Part VI, line 1a) 3 9
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 2
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 4
6 Total number of volunteers (estimate if necessary) 6 25
7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b Net unrelated business taxable income from Form 990-T, line 39 7b 0.

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-19: Contributions and grants, Program service revenue, Investment income, Other revenue, Total revenue, Grants and similar amounts paid, Benefits paid, Salaries, Professional fundraising fees, Total fundraising expenses, Other expenses, Total expenses, Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: Total assets, Total liabilities, Net assets or fund balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Fernando Cuevas Jr, Executive Director. Date: 8/10/20.

Paid Preparer Use Only: SHEILA M. KOZAK, CPA, FULTON & KOZAK, CPA, 7187 JONESBORO RD STE 100A MORROW, GA 30260-2944. Date: 7/31/20. PTIN: P00687026. Firm's EIN: 20-1403280. Phone no: 770-961-4200.

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

SCANNED MAR 07 2022

RECEIVED AUG 14 2020

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

X

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No X

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?

Yes No X

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 \$ 457,549. including grants of \$ 456,749.) (Revenue \$)

IN 2019, SOUTHERN PARTNERS FUND AWARDED \$457,549 GRANTS TO 82 NON-PROFIT ORGANIZATIONS LOCATED IN OUR 12 STATE FUNDING REGION.

4b (Code) (Expenses \$ 331,925. including grants of \$) (Revenue \$)

RAISING RESOURCES IN THE RURAL SOUTH: SOUTHERN PARTNERS FUND SUCCESSFULLY PROVIDED CAPACITY BUILDING TRAINING TO ORGANIZATIONS LOCATED WITHIN OUR 12 STATE FUNDING REGION. THE FOCUS OF THIS INITIATIVE WAS TO INCREASE GRASSROOTS ORGANIZATIONS ABILITY TO RAISE FUNDS USING INNOVATIVE STRATEGIES SUCH AS CROWD FUNDING AND INCREASED SOCIAL MEDIA ACCESS.

4c (Code) (Expenses \$ 213,796. including grants of \$) (Revenue \$)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O) SEE SCHEDULE O

(Expenses \$ 9,572. including grants of \$) (Revenue \$)

4e Total program service expenses 1,012,842.

ADDL DL

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III</i>		X
6 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? <i>If 'Yes,' complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	X	
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? <i>If 'Yes,' complete Schedule D, Part VI</i>	X	
b 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? <i>If 'Yes,' complete Schedule D, Part VII</i>		X
c 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? <i>If 'Yes,' complete Schedule D, Part VIII</i>		X
d 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? <i>If 'Yes,' complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X</i>	X	
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)? <i>If 'Yes,' complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b 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 foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>		X
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? <i>If 'Yes,' complete Schedule G, Part I (see instructions)</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
23 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 Schedule J		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 through 24d and complete Schedule K If 'No,' go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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		X
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 Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III		X
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 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 'Yes,' complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II		X
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		X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2		X
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, Part VI		X
38 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	X	

Part 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

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		
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?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2 a	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	<input type="checkbox"/>	<input type="checkbox"/>
2 a	4	<input type="checkbox"/>	<input type="checkbox"/>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 b		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 a		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If 'Yes,' has it filed a Form 990 T for this year? If 'No' to line 3b, provide an explanation on Schedule O	<input type="checkbox"/>	<input type="checkbox"/>
3 b		<input type="checkbox"/>	<input type="checkbox"/>
4 a	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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 a		<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 (FBAR)	<input type="checkbox"/>	<input type="checkbox"/>
4 b		<input type="checkbox"/>	<input type="checkbox"/>
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 a		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 b		<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	<input type="checkbox"/>	<input type="checkbox"/>
5 c		<input type="checkbox"/>	<input type="checkbox"/>
6 a	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 as charitable contributions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 a		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<input type="checkbox"/>	<input type="checkbox"/>
6 b		<input type="checkbox"/>	<input type="checkbox"/>
7	Organizations that may receive deductible contributions under section 170(c).	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 a		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	<input type="checkbox"/>	<input type="checkbox"/>
7 b		<input type="checkbox"/>	<input type="checkbox"/>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 c		<input type="checkbox"/>	<input checked="" type="checkbox"/>
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	<input type="checkbox"/>	<input type="checkbox"/>
7 d		<input type="checkbox"/>	<input type="checkbox"/>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 e		<input type="checkbox"/>	<input checked="" type="checkbox"/>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 f		<input type="checkbox"/>	<input checked="" type="checkbox"/>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<input type="checkbox"/>	<input type="checkbox"/>
7 g		<input type="checkbox"/>	<input type="checkbox"/>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<input type="checkbox"/>	<input type="checkbox"/>
7 h		<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>
9	Sponsoring organizations maintaining donor advised funds.	<input type="checkbox"/>	<input type="checkbox"/>
a	Did the sponsoring organization make any taxable distributions under section 4966?	<input type="checkbox"/>	<input type="checkbox"/>
9 a		<input type="checkbox"/>	<input type="checkbox"/>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<input type="checkbox"/>	<input type="checkbox"/>
9 b		<input type="checkbox"/>	<input type="checkbox"/>
10	Section 501(c)(7) organizations. Enter	<input type="checkbox"/>	<input type="checkbox"/>
a	Initiation fees and capital contributions included on Part VIII, line 12	10 a	<input type="checkbox"/>
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b	<input type="checkbox"/>
11	Section 501(c)(12) organizations. Enter	<input type="checkbox"/>	<input type="checkbox"/>
a	Gross income from members or shareholders	11 a	<input type="checkbox"/>
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 b	<input type="checkbox"/>
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	<input type="checkbox"/>
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b	<input type="checkbox"/>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<input type="checkbox"/>	<input type="checkbox"/>
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O	13 a	<input type="checkbox"/>
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13 b	<input type="checkbox"/>
c	Enter the amount of reserves on hand	13 c	<input type="checkbox"/>
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14 a	<input checked="" type="checkbox"/>
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14 b	<input type="checkbox"/>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If 'Yes,' see instructions and file Form 4720, Schedule N	15	<input checked="" type="checkbox"/>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O	16	<input checked="" type="checkbox"/>

Part VI 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 on Schedule O. See instructions

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. 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 committee, explain on Schedule O		
1 b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders? SEE SCHEDULE O	X	
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? SEE SCHEDULE O	X	
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? SEE SCH O	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11 b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
12 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE SCHEDULE O	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15 a	The organization's CEO, Executive Director, or top management official SEE SCHEDULE O	X	
15 b	Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)	X	
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 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?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ GA
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 Another's website Upon request Other (explain on Schedule O) SEE SCH. O
- 19 Describe on 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. SEE SCHEDULE O
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶
 DAPHNE SAETHANG 1 BALTIMORE PLACE NW STE 150 ATLANTA GA 30308 (404) 541-9091

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and 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 Employees

1 a 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.

See instructions for the order in which to list the persons above.

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 hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W 2/1099-MISC)	(E) Reportable compensation from related organizations (W 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FERNANDO CUEVAS, JR. EXECUTIVE DIR.	40 0			X			96,615.	0.	41,828.	
(2) LEROY JOHNSON DIRECTOR	10 0	X					34,350.	0.	0.	
(3) ROSE JOHNSON DIRECTOR	10 0	X					18,000.	0.	0.	
(4) CAROLYN FORD TREASURER	10 0	X		X			1,750.	0.	0.	
(5) GARDENIA WHITE VICE CHAIR	10 0	X		X			1,225.	0.	0.	
(6) TIRSO MORENO DIRECTOR	10 0	X					1,050.	0.	0.	
(7) JOHN LITTLES CHAIRMAN	10 0	X		X			875.	0.	0.	
(8) KAREN WATSON DIRECTOR	10 0	X					700.	0.	0.	
(9) TEE BARNES DIRECTOR	10 0	X					0.	0.	0.	
(10) EMMA DIXON SECRETARY	10 0	X		X			0.	0.	0.	
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										

1 b Subtotal	154,565.	0.	41,828.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	154,565.	0.	41,828.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	357,462.			
	g Noncash contributions included in lines 1a-1f	1 g				
	h Total. Add lines 1a-1f		357,462.			
Program Service Revenue	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		228,969.		228,969.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6 a	(i) Real			
			(ii) Personal			
	b Less rental expenses	6 b				
	c Rental income or (loss)	6 c				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	7 a	(i) Securities	1,942,047.		
			(ii) Other			
	b Less cost or other basis and sales expenses	7 b	1,671,088.	600.		
	c Gain or (loss)	7 c	270,959.	-600.		
d Net gain or (loss)		270,359.		270,359.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		8 a				
b Less direct expenses		8 b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities See Part IV, line 19		9 a				
b Less direct expenses		9 b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances		10 a				
b Less cost of goods sold		10 b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
	11 a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		-856,790.	0.	0.	499,328.	

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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	456,749.	456,749.		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	196,393.	87,903.	44,268.	64,222.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	140,003.	69,541.	43,690.	26,772.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	83,394.	46,312.	24,783.	12,299.
10 Payroll taxes	21,523.	11,622.	6,457.	3,444.
11 Fees for services (nonemployees)				
a Management				
b Legal	1,020.	551.	306.	163.
c Accounting	12,000.	6,480.	3,600.	1,920.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	48,518.		48,518.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	20,570.	7,359.	1,138.	12,073.
12 Advertising and promotion	13,239.	7,149.	3,972.	2,118.
13 Office expenses	30,873.	16,671.	9,262.	4,940.
14 Information technology				
15 Royalties				
16 Occupancy	48,526.	26,204.	14,558.	7,764.
17 Travel	30,933.	16,704.	9,280.	4,949.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,760.	16,760.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,136.	2,773.	1,541.	822.
23 Insurance	5,469.	2,953.	1,641.	875.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a LEADERSHIP DEVELOPMENT	126,378.	126,378.		
b BOARD & COMMITTEE DEVELOPMENT	54,534.	54,534.		
c PROGRAM DEVELOPMENT	46,234.	46,234.		
d EQUIPMENT LEASE & MAINTENANCE	10,302.	5,563.	3,091.	1,648.
e All other expenses	8,151.	4,402.	2,445.	1,304.
25 Total functional expenses Add lines 1 through 24e	1,376,705.	1,012,842.	218,550.	145,313.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash – non-interest-bearing	523,443.	1	498,678.
	2	Savings and temporary cash investments	503,872.	2	318,020.
	3	Pledges and grants receivable, net		3	100,339.
	4	Accounts receivable, net	316,647.	4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	37,901.	9	18,659.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 87,044.		
	10b	Less accumulated depreciation	10b 75,318.	10c	11,726.
	11	Investments – publicly traded securities	6,604,437.	11	7,571,331.
	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	Other assets See Part IV, line 11	3,780.	15	3,781.
16	Total assets. Add lines 1 through 15 (must equal line 33)	7,997,714.	16	8,522,534.	
Liabilities	17	Accounts payable and accrued expenses	93,638.	17	9,385.
	18	Grants payable		18	79,000.
	19	Deferred revenue	27,195.	19	33,518.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	3,544.	25	5,607.
	26	Total liabilities. Add lines 17 through 25	124,377.	26	127,510.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ▶ and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>				
	27	Net assets without donor restrictions	1,180,765.	27	1,935,252.
	28	Net assets with donor restrictions	6,692,572.	28	6,459,772.
	Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. <input type="checkbox"/>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	7,873,337.	32	8,395,024.
33	Total liabilities and net assets/fund balances	7,997,714.	33	8,522,534.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	856,790.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,376,705.
3	Revenue less expenses Subtract line 2 from line 1	3	-519,915.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,873,337.
5	Net unrealized gains (losses) on investments	5	1,041,602.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,395,024.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O

2 a Were the organization's financial statements compiled or reviewed by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both

Separate basis Consolidated basis Both consolidated and separate basis

c If '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?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O

3 a As 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?

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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2 a		X
2 b	X	
2 c	X	
3 a		X
3 b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2019

Open to Public Inspection

Name of the organization SOUTHERN PARTNERS FUND, INC.	Employer identification number 58-2409301
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization 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 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 _____
- 10 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)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 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
 - a **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.**
 - b **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.**
 - c **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 requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	240,050.	324,504.	1,072,404.	629,358.	357,462.	2,623,778.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	240,050.	324,504.	1,072,404.	629,358.	357,462.	2,623,778.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						937,256.
6 Public support. Subtract line 5 from line 4						1,686,522.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	240,050.	324,504.	1,072,404.	629,358.	357,462.	2,623,778.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	466,062.	232,520.	265,997.	273,595.	228,969.	1,467,143.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0.
11 Total support. Add lines 7 through 10						4,090,921.
12 Gross receipts from related activities, etc (see instructions)					12	0.
13 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	41.23 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	33.78 %

16a **33-1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33-1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶

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

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

(Complete only if you checked the box on line 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b 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.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried 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.)						
14 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

- 19a **33-1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 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

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

	Yes	No
1 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.		
2 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.		
b 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.		
c 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.		
4a 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) purposes.		
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).		
b 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?		
6 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.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).		
8 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.		
b 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.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c 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	

Section 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 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 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, supervised, or controlled the supporting organization.	2	

Section 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 or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section 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, (i) a written notice describing the type and amount of support provided during the prior tax 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	
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	

Section 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 instructions).
- a 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 instructions).

2 Activities Test Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify 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	
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 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.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

BAA

Schedule A (Form 990 or 990-EZ) 2019

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2019 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2019, 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 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2020. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

BAA

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No 1545 0047

2019

Open to Public Inspection

Employer identification number

SOUTHERN PARTNERS FUND, INC.

58-2409301

Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year, and two questions about donor advised funds property and grant fund usage.

Part III Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted, Number of conservation easements on a certified historic structure, Number of conservation easements included in (c) acquired after 7/25/06, Number of conservation easements modified, transferred, released, extinguished, or terminated, Number of states where property subject to conservation easement is located, Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8

Table with 2 columns: Revenue and Assets. Rows include 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items; 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items; 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply)

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1 c	
1 d	
1 e	
1 f	

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If 'Yes,' explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	6,229,341.	6,229,341.	6,229,341.	6,229,341.	6,229,342.
b Contributions	1,000.				
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	
f Administrative expenses					
g End of year balance	6,230,341.	6,229,341.	6,229,341.	6,229,341.	6,229,342.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ 100.00 %
- c Term endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds SEE PART XIII

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		82,441.	71,040.	11,401.
e Other		4,603.	4,278.	325.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)				11,726.

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Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) VACATION ACCRUAL	5,607.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total (Column (b) must equal Form 990, Part X, column (B) line 25.)	5,607.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII SEE PART XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,861,043.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
	a Net unrealized gains (losses) on investments	2 a	1,041,602.	
	b Donated services and use of facilities	2 b	11,169.	
	c Recoveries of prior year grants	2 c		
	d Other (Describe in Part XIII)	2 d		
	e Add lines 2a through 2d		2 e	1,052,771.
3	Subtract line 2e from line 1		3	808,272.
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	4 a	48,518.	
	b Other (Describe in Part XIII)	4 b		
	c Add lines 4a and 4b		4 c	48,518.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	856,790.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,339,356.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
	a Donated services and use of facilities	2 a	11,169.	
	b Prior year adjustments	2 b		
	c Other losses	2 c		
	d Other (Describe in Part XIII)	2 d		
	e Add lines 2a through 2d		2 e	11,169.
3	Subtract line 2e from line 1		3	1,328,187.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	48,518.	
	b Other (Describe in Part XIII)	4 b		
	c Add lines 4a and 4b		4 c	48,518.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	1,376,705.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE EARNINGS ARE FOR THE GENERAL PURPOSE OF THE ORGANIZATION.

PART X - FASB ASC 740 FOOTNOTE

THE ORGANIZATION'S APPLICATION OF ASC 740 REGARDING UNCERTAIN TAX POSITIONS HAD NO EFFECT ON ITS FINANCIAL POSITION AS MANAGEMENT BELIEVES THE ORGANIZATION HAS NO MATERIAL UNRECOGNIZED INCOME TAX BENEFITS, INCLUDING ANY POTENTIAL RISK OF LOSS OF ITS NOT-FOR-PROFIT TAX STATUS. THE ORGANIZATION WOULD ACCOUNT FOR ANY POTENTIAL INTEREST OR PENALTIES RELATED TO POSSIBLE FUTURE LIABILITIES FOR UNRECOGNIZED INCOME

BAA

Schedule D (Form 990) 2019

Part XIII Supplemental Information *(continued)*

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

TAX BENEFITS AS INCOME TAX EXPENSE. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION BY FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR PERIODS BEFORE 2016.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

SOUTHERN PARTNERS FUND, INC.

Employer identification number

58-2409301

Part I General Information on Grants and Assistance

1 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?

Yes No

SEE PART IV

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
(1) ACTION COMMUNICATION AND EDUC 610 HEAD START ST DUCK HILL, MS 38925	64-0893589	501 (C) (3)	6,000.	0.	FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
(2) ALABAMA COALITION FOR IMMIGRA 1826 6TH AVE IRONDALE, AL 35210	47-4352872	501 (C) (3)	7,000	0.	FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
(3) ALABAMA SUSTAINABLE AGRICULTU P.O. BOX 2533 BIRMINGHAM, AL 35202	56-2461946	501 (C) (3)	12,500	0.	FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
(4) ASSOC FOR MEXICANS IN NC P.O. BOX 2744 GREENVILLE, NC 27836	94-3421627	501 (C) (3)	7,000.	0.	FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
(5) BAMA KIDS P.O. BOX 212 CAMDEN, AL 36726	58-2120600	501 (C) (3)	7,000.	0.	FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
(6) BLUE RIDGE ENVIRONMENTAL DEFE 3417 SUTTON PLACE AUGUSTA, GA 30906	58-1624130	501 (C) (3)	7,000	0.	FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
(7) CAMPAIGN FOR SOUTHERN EQUALIT 20 OAK ST ASHEVILLE, NC 28801	27-4064401	501 (C) (3)	7,000.	0.	FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
(8) CAROLINA JUSTICE POLICY CTR P.O. BOX 309 DURHAM, NC 27702	58-1755809	501 (C) (3)	7,000.	0	FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

TEEA3901L 07/10/19

Schedule I (Form 990) (2019)

2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV, appraisal other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

THE ORGANIZATION HAS ESTABLISHED CRITERIA FOR ELIGIBILITY. THE GRANT APPLICATIONS ARE REVIEWED BY GRANT PANEL COMMITTEES. MOST GRANTS REQUIRE BOARD APPROVAL. ALL GRANT RECIPIENTS MUST SUBMIT A FINAL REPORT. THEY WILL NOT RECEIVE FUTURE FUNDING UNTIL THE FINAL REPORT IS SUBMITTED. A PROGRAM OFFICER IS RESPONSIBLE FOR MONITORING THE GRANT ACTIVITIES.

PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION

MOST RECIPIENTS ARE 501(C)(3) ORGANIZATIONS. THERE ARE SOME ORGANIZATIONS THAT DO NOT HAVE THEIR 501(C)(3) STATUS AND HAVE SECURED A FISCAL SPONSOR WHO ADMINISTERS THE GRANT TO THE ORGANIZATION AND TAKES CARE OF MANAGING THE FIDUCIARY REQUIREMENTS FOR THE GRASSROOTS ORGANIZATION.

Continuation Sheet for Schedule I (Form 990)

2019

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 4

Name of the organization

SOUTHERN PARTNERS FUND, INC.

Employer identification number

58-2409301

Part II- Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II)

(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
CAROLINA YOUTH ACTION PROJECT 226 ASHLEY AVE APT A CHARLESTON, SC 29403	27-5484213	501(C) (3)	10,000		FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
COAL RIVER MOUNTAIN WATCH P.O. BOX 651 WHITESVILLE, WV 25209	55-0765268	501(C) (3)	6,000		FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
COMPANEROS IMMIG DE LAS MONTA 528 EMMA RD ASHVILLE, NC 28806	20-8303608	501(C) (3)	7,000		FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
COUNTYWIDE FAMILY DEVELOPMENT P.O. BOX 6486 LAUREL, MS 39441	32-0172372	501(C) (3)	9,500		FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
ECONOMIC JUSTICE COALITION P.O. BOX 1225 ATHENS, GA 30603	20-1346967	501(C) (3)	10,000		FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
ELBERTON YOUTH DEVELOPMENT CO P.O. BOX 72 ELBERTON, GA 30635	58-2109435	501(C) (3)	10,000		FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
FAIR HOUSING AGENCY OF ALABAM 3737 GOVERNMENT BLVD STE 405 MOBILE, AL 36693	72-1383239	501(C) (3)	7,000		FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
FARMWORKER ASSOCIATION OF FLO 1264 APOPKA BLVD APOPKA, FL 32703	59-2683978	501(C) (3)	8,500		FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
FARMWORKERS SELF-HELP, INC 37240 CALLE DE MILAGROS DADE CITY, FL 33523	59-2382744	501(C) (3)	16,500		FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
FRIENDS OF BLACKWATER, INC P.O. BOX 247 THOMAS, WV 26292	55-0778211	501(C) (3)	7,000		FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE

Continuation Sheet for Schedule I (Form 990)

2019

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization		Employer identification number					
SOUTHERN PARTNERS FUND, INC.		58-2409301					
Part III: Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II)							
(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
GENDER BENDERS 201 IVY ACRES DR PIEDMONT, SC 29673	46-3989884	501 (C) (3)	7,000.		FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
GEORGIA MUSLIM VOTER PROJECT 1055 WESTCROFT LANE ROSWELL, GA 30075	81-1446781	501 (C) (3)	7,000.		FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
GLYNN ENVIRONMENTAL COALITION P O BOX 2443 BRUNSWICK, GA 31521	58-1999049	501 (C) (3)	6,000.		FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
HERO WOMEN RISING P O BOX 944 FLAGSTAFF, AZ 86002	46-4309143	501 (C) (3)	7,500.		FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
LOW INCOME HOUSING COALITION P O BOX 130159 BIRMINGHAM, AL 35213	26-2860761	501 (C) (3)	6,000.		FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
MORAE GAINES LEARNING CENTER P O BOX 1266 SELMA, AL 36702	63-1107519	501 (C) (3)	6,000.		FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
NEWTOWN FLORIST CLUB 1064 DESOTA ST GAINESVILLE, GA 30501	58-2181115	501 (C) (3)	26,500.		FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
NOLLIE JENKINS FAMILY CENTER 25 GLENDALE ST DURANT, MS 39063	13-3191113	501 (C) (3)	19,000.		FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
NORTH CAROLINA CONGRESS OF LA 4907 GARRETT RD DURHAM, NC 27707	51-0526332	501 (C) (3)	6,000.		FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
NORTH FLORIDA EDUCATIONAL DEV P O BOX 550 GRETNA, FL 32351	59-2801357	501 (C) (3)	12,000.		FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE

Continuation Sheet for Schedule I (Form 990)

2019

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 3 of 4

Name of the organization		Employer identification number					
SOUTHERN PARTNERS FUND, INC.		58-2409301					
Part II: Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(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
PEACH CONCERNED CITIZENS, INC 489 MATTHEWS RD FT VALLEY, GA 31030	83-1111184	501(C) (3)	6,000		FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
PEOPLES ACTION INSTITUTE 810 N MILWAUKEE AVE CHICAGO, IL 60642	36-2755109	501(C) (3)	6,500		FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
RALEIGH YOUTH CHAPTER APRI 1408 HILLSBOROUGH ST RALEIGH, NC 27605	46-3174721	501(C) (3)	7,000		FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
SOUTH CAROLINA PROGRESSIVE NE P.O. BOX 8325 COLUMBIA, SC 29202	57-1069839	501(C) (3)	9,500		FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
SOUTH CENTRAL EDUCATIONAL DEV P.O. BOX 4322 BLUEFIELD, WV 24701	55-0756137	501(C) (3)	8,499		FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
SOUTHERNERS ON NEW GROUND P.O. BOX 11250 ATLANTA, GA 30310	61-1274170	501(C) (3)	7,000		FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
THE ALLIANCE FOR APPALACHIA P.O. BOX 1450 LONDON, KY 40743	31-1113237	501(C) (3)	6,000		FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
TUNICA TEENS IN ACTION P.O. BOX 2250 TUNICA, MS 38676	45-2537773	501(C) (3)	7,000		FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
VIRGINIA COALITION FOR IMMIGRA P.O. BOX 6397 ARLINGTON, VA 22206	81-4184814	501(C) (3)	7,000		FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE
WESTERN NORTH CAROLINA WORKER P.O. BOX 3025 MARION, NC 28752	83-1120732	501(C) (3)	7,000		FMV		SOCIAL, ECONOMIC & ENVIRONM JUSTICE

Schedule I Cont (Form 990) 2019

TEEA4001L 07/10/19

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545 0047

2019

Open To Public Inspection

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

SOUTHERN PARTNERS FUND, INC.

Employer identification number

58-2409301

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						▶ \$ _____						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JOHN LITTLES	BOARD CHAIR	15,125.	CONSULTING SERVICES		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SUPPLEMENTAL INFORMATION

JOHN LITTLES' COMPANY, MCINTOSH SEED, PROVIDED CONSULTING SERVICES. THE CONSULTING SERVICES INCLUDES PROVIDING EXPERTISE FOR ALL THINGS PERTAINING TO ENGAGING DONORS ACROSS THE SOUTHERN REGION TO STRENGTHEN RACIAL EQUITY AND CIVIC ENGAGEMENT APPROACHES WHEN ADDRESSING SOCIAL CHANGE ISSUES, THROUGH TARGETED GIVING MODELS AND GRANTS TO COMMUNITY-BASED ORGANIZATIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Open to Public
Inspection

Name of the organization

SOUTHERN PARTNERS FUND, INC.

Employer identification number

58-2409301

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

SOUTHERN PARTNERS FUND IS A FOUNDATION CREATED TO SERVE SOUTHERN COMMUNITIES AND ORGANIZATIONS SEEKING SOCIAL, ECONOMIC, AND ENVIRONMENTAL JUSTICE BY PROVIDING THEM WITH FINANCIAL RESOURCES, TECHNICAL ASSISTANCE AND TRAINING, AND ACCESS TO SYSTEMS OF INFORMATION AND EMPOWERMENT.

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

THE SOCIAL JUSTICE INSTITUTE (SJI) IS A LEADERSHIP DEVELOPMENT AND CAPACITY BUILDING PROGRAM DESIGNED TO ENHANCE THE SUSTAINABILITY OF SPF'S GRANTEE ORGANIZATIONS AND OTHER GRASSROOTS ORGANIZATIONS COMMITTED TO UNDER RESOURCED INDIVIDUALS AND COMMUNITIES IN THE SOUTH. WE RECOGNIZE THE VITAL IMPORTANCE OF MAKING CAPACITY BUILDING A PRIORITY; NOT ONLY FOR SOUTHERN PARTNERS FUND AS A FOUNDATION, BUT ALSO FOR OUR GRANTEE PARTNERS. THESE GROUPS AND ORGANIZATIONS SERVE AN IMPORTANT ROLE IN ADDRESSING THE NEEDS OF CHILDREN, YOUTH, AND FAMILIES IN RURAL COMMUNITIES, TO IMPROVE THEIR CONDITIONS AND CREATE A LEGACY FOR FUTURE GENERATIONS. THE PROGRAMS AND INFORMATION OFFERED BY THE SOCIAL JUSTICE INSTITUTE ARE DESIGNED TO PROMOTE KNOWLEDGE BUILDING, BEST PRACTICES IN ORGANIZATIONAL MANAGEMENT, AND INCREASE COLLECTIVE UNDERSTANDING OF HISTORICAL AND PRESENT CIVIL AND HUMAN RIGHTS ISSUES IN THE SOUTH.

OVER THE PAST 20 YEARS, SPF HAS AWARDED CLOSE TO \$15,205,981 INTO RURAL COUNTIES ACROSS THE SOUTHEASTERN UNITED STATES. TO INCLUDE ALABAMA, ARKANSAS, FLORIDA, GEORGIA, KENTUCKY, LOUISIANA, MISSISSIPPI, NORTH CAROLINA, SOUTH CAROLINA, TENNESSEE, VIRGINIA, AND WEST VIRGINIA.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

ANNUAL MEMBERSHIP MEETING

Name of the organization SOUTHERN PARTNERS FUND, INC.	Employer identification number 58-2409301
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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

OPPORTUNITY OF SPF TO GATHER TOGETHER RURAL ORGANIZERS AND ORGANIZATIONS TO VOCALIZE THE WORK OR ISSUES PREVAILING IN THEIR COMMUNITIES, RECEIVE TECHNICAL ASSISTANCE OR TRAINING THAT WILL IMPROVE THEIR LEADERSHIP ABILITIES, AND OFFER GROUNDING STRATEGIES THAT WILL DETERMINE AND GUIDE THE INVESTMENTS MADE BY THE FOUNDATION.

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

THERE IS ONE CLASS OF MEMBERSHIP. BOARD MEMBERS, STAFF, AND VOLUNTEERS OF ORGANIZATIONS ELIGIBLE TO BE GRANTEE PARTNERS OF THE SOUTHERN PARTNERS FUND, INC. ARE ELIGIBLE TO BE MEMBERS.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

SPF IS A CORPORATION THAT HAS MEMBERS. THEY ELECT MEMBERS TO THE GOVERNING BODY.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

DECISIONS COMING BEFORE THE BOARD RELATED TO THE MEMBERSHIP NOMINATIONS ARE SUBJECT TO MEMBERSHIP APPROVAL.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE ORGANIZATION'S ACCOUNTANT PROVIDES A DRAFT OF FORM 990 TO THE BOARD FOR REVIEW AND APPROVAL PRIOR TO FILING. THIS DRAFT WILL BE REVIEWED BY THE ORGANIZATION'S TREASURER, EXECUTIVE DIRECTOR, ASSISTANT DIRECTOR, CPA AND EXECUTIVE COMMITTEE FOR CONSISTENCY WITH THE AUDITED FINANCIAL STATEMENTS AND WITH PREVIOUSLY FILED FORM 990S.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

A CONFLICT OF INTEREST IS CONSIDERED TO EXIST IF A SOUTHERN PARTNERS FUND BOARD OR GRANTS COMMITTEE MEMBER, OR THEIR SIGNIFICANT OTHER, OR FAMILY MEMBERS, HAS A STAKE, BY VIRTUE OF BOARD MEMBERSHIP, PAID POSITION OR VOLUNTEER POSITION, WITH AN ORGANIZATION, OR THE FISCAL SPONSOR OF AN ORGANIZATION WHICH IS APPLYING FOR A GRANT. THESE ARE CONSIDERED TO BE DIRECT AFFILIATIONS WITH GROUPS BEING CONSIDERED

Name of the organization

Employer identification number

SOUTHERN PARTNERS FUND, INC.

58-2409301

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)

FOR FUNDING. IN THE CASE OF A CONFLICT OF INTEREST BY DIRECT AFFILIATION, THAT PERSON SHALL NOT PROVIDE INFORMATION ABOUT THAT APPLICANT TO THOSE MAKING GRANT DECISIONS, BE PRESENT FOR DISCUSSION, NOR VOTE ON THE PROPOSAL DURING THE DECISION MAKING PROCESS. AT EACH GRANTMAKING MEETING, BOARD MEMBERS ARE EXPECTED TO SAY IF THERE IS A DIRECT AFFILIATION WITH GROUPS BEING CONSIDERED FOR FUNDING.

AN OFFICER OR DIRECTOR SHALL DISCLOSE THE EXISTENCE AND THE NATURE OF HIS OR HER INTEREST IN THE CASE OF INDIRECT AFFILIATIONS OF GROUPS BEING CONSIDERED FOR FUNDING. INDIRECT AFFILIATIONS ARE CONSIDERED TO BE NETWORKS, COALITIONS AND SIMILAR TYPES OF RELATIONSHIPS. AT EACH GRANTMAKING MEETING, BOARD MEMBERS ARE EXPECTED TO SAY IF THERE IS AN INDIRECT AFFILIATION WITH GROUPS BEING CONSIDERED FOR FUNDING BEFORE PROCEEDING. IN THE CASE OF A CONFLICT OF INTEREST BY INDIRECT AFFILIATION, THAT PERSON MAY PROVIDE INFORMATION ABOUT THE APPLICANT TO THOSE MAKING GRANT DECISIONS BY DISCLOSING THE EXISTENCE OF THE INTEREST AND NATURE OF THE CONFLICT.

FORMER STAFF WILL NOT BE ELIGIBLE FOR BOARD SERVICE UNTIL AT LEAST TWO YEARS HAVE PASSED FROM THE POINT OF THEIR RESIGNATION, DISMISSAL OR END OF TERM OF BOARD SERVICE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

A PERSONNEL COMMITTEE IS VOTED ON BY THE BOARD OF DIRECTORS TO RESEARCH, INTERVIEW, AND ASSESS THE QUALIFICATIONS OF POTENTIAL CANDIDATES AND COMPENSATION.

FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION

FORM 990 WILL BE AVAILABLE ON GUIDESTAR'S WEBSITE.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION'S ACCOUNTANT PROVIDES A COPY OF FORM 990 SPECIFICALLY FOR PUBLIC INSPECTION. THE ORGANIZATION POSTS THIS COPY ON THEIR WEBSITE AND IT IS ALSO

Name of the organization

Employer identification number

SOUTHERN PARTNERS FUND, INC.

58-2409301

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE (CONTINUED)

AVAILABLE UPON REQUEST.