Form 990

Department of the Treasury

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047

2017

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service For the 2017 calendar year, or tax year beginning , and ending D Employer Identification number Name of organization Check if applicable: SOUTHERN INSTITUTE FOR APPROPRIATE Address change 63-0776048 Doing business as SIFAT Name change E Telephono number Number and street (or P.O. box if mail is not delivered to street address) 2944 COUNTY ROAD 113 leitial retura City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated 1,863,902 AL 36266 LINEVILLE G Gross receipts 3 Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Application pending TOM CORSON 2944 CO RD 113 H(b) Are all supordinates included? AL 36266 If "No," attach a list, (see instructions) LINEVILLE X 501(c)(3) 🍕 (insertino) 4947(a)(1) or Tax-exempt status: SIFAT.ORG H(c) Group exemption number Website: Year of termation: 1979 M State of legal comicile: Form of organization: X Corneration Trust Association Other 🏲 Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO SHARE GOD'S LOVE THROUGH SERVICE, EDUCATION AND PERSONAL INVOLVEMENT Governance WITH A NEEDY WORLD. 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) 4 8 4 Number of independent voting members of the governing body (Part VI, line 1b) 49 5 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 0 6 6 Total number of volunteers (estimate if necessary) ō 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T, line 34 Current Year Prior Year 1,617,560 1,640,967 8 Contributions and grants (Part VIII, line 1h) 235,807 193,310 9 Program service revenue (Part VIII, line 2g) 24,902 40.608 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,723 7,105 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 901,080 1,863,902 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 538,678 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,252,404 1,335,133 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .766,127 1,873,811 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 27,269 97,775 19 Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year 908,171 1,012,453 20 Total assets (Part X, line 16) <u>1,727</u> 8,234 21 Total liabilities (Part X, line 26) 1,004,219 22 Net assets or fund balances. Subtract line 21 from line 20 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 others Sign EXECUTIVE DIRECTOR TOM CORSON Here Type or print name and title PTIN Check Pret/Type preparer's name Preparer's signature 11/09/18 self-amployed P00837524 DAVID F DENTON, CPA Paid DAVID F DENTON, 72-1348617 DENTON & ASSOCIATES Firm's EIN ▶ Preparer DAVID F. Firm's name Use Only 945 MAIN ST. 334-863-8117 ROANOKE, AL 36274 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

		*CMTM11MD DOD	APPROPRIATE	63-0776048	Page 2
990 (201	17) SOUTHERN IN	ram Service Accol	mplishments		П
rt III	Check if Schedule	O contains a respor	ise of note to any inte	in this Part III	
Briefly d	describe the organization's ARE GOD'S LOV A NEEDY WORLD	mission: E THROUGH SE	ERVICE, EDUCA	TION AND PERSONAL	INVOLVEMENT
†.†.***			*******		
	organization undertake ar	-iifoget program S6	enrices during the year wh	ch were not listed on the	Yes X No
prior Fo	orm 990 or 990-EZ?				T TES M
Did the	," describe these new serve organization cease condi-	or make significal	nt changes in how it cond	icts, any program	Yes X No
service If "Yes	," describe these changes	on Schedule U.		largest program services, as meas	ured by
Descri	be the organization's prog	ram service accomplishr (501(c)(4) organizations	gle ledance to take the	largest program services, as meas amount of grants and allocations to	others,
the tot	tal expenses, and revenue	, if any, for each program	30,000,00) (Reve	
PROGRAND THES EMPO HEAL	RAMS FOR YOU'L COMMUNITY DEV E PROGRAMS AF	TELOPMENT WOR TARGETED	RKERS THROUGH TOWARDS MISSI	U.S. CAMPUS PROV Y STUDENTS, MISSI VARIOUS WORKSHOP ON AWARENESS, EDU EDS USING KNOWLED TE TECHNOLOGIES A	S AND RETREATS. CATING AND GE OF PUBLIC

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	other program services (De	scribe in Schedule O.) 05,291 including	-contract &) (Revenue \$)
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(A)	Wife Checklist of Required Ochedules		Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		Maria	
	candidates for public office? If "Yes," complete Schedule C. Part I	3		<u>X</u> _
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		į	
	election in effect during the tax year? If "Yes," complete Schedule C. Part II	4		<u>X</u>
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? If "Yes," complete Schedule C,			
	Part III	5_		<u> </u>
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? If		ĺ	
	"Yes," complete Schedule D, Part I	6		<u>x</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		}	
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		1	
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			**
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	├	<u>X</u>
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted		7.7	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	100000000
1	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.	980000	 	P0000000000000000000000000000000000000
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		x	
	complete Schedule D, Part VI	11a	1-2-	
b	Did the organization report an amount for investments—other securities in Part X sine & that is 3% or mos	445	1	x
	of its total assets reported in Pirt X, lines 6? If Yes complete anedue D, ParaVII	11b	╁┈	**
C		110		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	130	╁──	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		x
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	 -	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		 	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	111		x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	.		
12a		12a		x
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If			
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	121	,	X
	"Yes," and if the organization answered "No to line 12a, their completing schedule 5,1 and xt allo xt is opened. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?			
14a	Did the organization maintain an office, employees, or agents outside of the office of the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	141	\mathbf{x}	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	`		
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
40	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	. 17		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? If "Yes," complete Schedule G, Part II	. 18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	15		X
		1	-orm ♂;	90 (2017)

Did the organization potents one or more hospital facilities? If "Yes," complete Schedule H 200		1,- 1	1	7			PROPRIATE 63-0776048		7, 1	31 -
Did the organization operate one or more hospital facilities? If "Yes," complete Schedule IP If "Yes" to line 20s, addite organization attach a copy of its budder differencial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government or Part IX, column (A), line 12 /f "Yes," complete Schedule I, Part I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 /f "Yes," complete Schedule I, Part I and III Did the organization assessment with a schedule I, Part I and III Did the organization assessment in the schedule I, Part I and III Did the organization assessment in the schedule I, Part I and III Did the organization have a tax-exempt bords the schedule I part I and III Did the organization have a tax-exempt bords the schedule I part I and III Did the organization have a tax-exempt bords the schedule I part I and III and I and		1				<u> </u>			Yes	No X
b If "Yes" to line 20a, did the organization attach a coly of or grants or other assistance to any domestic organization or 21 bid the organization or Part IX, column (A), line 17 // "Ves," compiles Schedule I, Parts I and II demonstration report more than \$5,000 or grants or other assistance to any domestic individuals on 22 If "Yes," compiles Schedule I, Parts I and III and III demonstration report more than \$5,000 or grants or other assistance to an or domestic individuals on 22 If "Yes," compiles Schedule I, Parts I and III						. ———	u ta Oakadula H			
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Did the organization report more time at N., column (A.), lime 1? If "Yes," complete Schedule (Parts and I) Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column (A.), line 2? If "Yes," complete Schedule (Parts I and III) Did the organization source of the second of the control of the organization of the organization source of the second of the organization of the organization are at executing the second of the organization source of the second of the year. Into was issued after December 31, 2002? If "Yas," answer lines 24b (through 24d and complete Schedule K. If "Yos," so to line 25d (14d (.	.			.]	_		essistance to any domestic organization or			X
Did the organization report more than \$5,000 or grants up to under a season of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization throw a lax-exempt bond base with an outstanding principal amount of more than \$100,000 as of the last day of the year. Ital was issued after December 31, 2002? If "Yas," answer lines 24b through 24d and competes Schedule K. If "No." go to line 25d Did the organization material an escrow account other than a refunding secrow at any time during the year? Clut the organization material an escrow account other than a refunding secrow at any time during the year? Did the organization act as an 'in a behalf of I issuer for bonds outstanding at any time during the year? Section \$61(c)(3), \$91(c)(4), and \$91(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior 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 proferoms 990 or \$90-E27 year, and that the transaction has not been reported on any of the organization proferoms 990 or \$90-E27 year, and that the transaction than not been reported on any of the organization proferoms 990 or \$90-E27 year, and that the transaction than orbit person reported on any of the organization proferoms 900 or \$90-E27 year. And the organization provide a great or other assistance to an officer, director, trustee, or director, trustee, or five organization provide a great or other assistance to an officer, director, trustee, or year ore		+		╌┼	21	. 21	molete Schedule I, Parts I and It	21		
Part IX, column (A), line 27 if "Yes," complete Schedule J. Did the organization answer "Yes," to "rat VII, Section A, line 3, 4, or 5 about compensation of the Did the organization answer "Yes," to "rat VII, Section A, line 3, 4, or 5 about compensated employees? If "Yes," complete Schedule J. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 3 bid the organization have a tax-exempt bond issue with an outstanding principal amount of more than 3 bid the organization have a tax-exempt bond issue with an outstanding principal amount of more than 3 bid the organization invest any proceeds of tax-exempt bonds beyond a temporary pariod exception? 24b Did the organization minet an escrow account other than a refunding escrow at any time during the year? Did the organization axis an "on behalf of issuer for bonds outstanding at any time during the year? Did the organization axis an "on behalf of issuer for bonds outstanding at any time during the year? Did the organization axis an "on behalf of issuer for bonds outstanding at any time during the year? Did the organization axis and the graged in an excess benefit transaction with a disqualified person during the year? If year, complete Schedule L. Part I transaction with a disqualified person during the year? If year, complete Schedule L. Part I If "Yes," complete Schedule L. Part I Did the organization provide a grant or other assistance to any of the organization's prior Forms 990 or 990-EZ7 If "Yes," complete Schedule L. Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or disqualified person II "Yes," complete Schedule L. Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee? Was the organization provide a grant or other assistance to an officer, director, trustee, key employee? If "Yes," complete Schedule II. A current or former officer, director, trustee, or key employee? If "Yes," complete		}					resistance to or for domestic individuals on		}	X
Part K, column (A), time 2** If Yes, "Complete Schedule" 2 ibid the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the Did the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensated employees if Yes, "Complete Schedule" 2 ibid the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If Yes," answer lines 24b 24a indicomplete Schedule K. If Yes," too lo line 25a 14th country and the organization makes any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization makes any account other than a refunding escrow at any time during the year? 25c Did the organization and a secrow account other than a refunding escrow at any time during the year? 26c Did the organization and any and the secrom account of the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes, "Complete Schedule L. Fart I transaction with a disqualified person during the year? If Yes, "Complete Schedule L. Fart I transaction what that it engaged in an excess benefit transaction with a disqualified person in a prior is the organization experts and it is experted on any of the organization's prior Forms 990 or 990-EZ? If Yes, "Complete Schedule L. Part I if Yes," Complete Schedule L. Part I if Yes, "Complete Schedule L. Part I if Yes,				4	22	. 22	Land III	22		
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Other in American Committee of the Commi	37	37	37	L			purposes? If "Yes," complete Schedule 19	<u>_</u>	37	
Dod VI	ļ				· [The December 11th linns 11th and	·····		l
Part VI 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.	38	38	38	_ \	1		F ^{**}	1	38	X

Form 990 (2017) SOUTHERN INSTITUTE FOR APPROPRIATE

Part V Statements Regarding Other IRS Filings and Tox Or 63-0776048

Page 5

Pa	Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part	<u>V</u>	<u> </u>	<u></u>		
		1 1			Yes	No
1a	***************************************	1a	5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and					
2-	reportable gaming (gambling) winnings to prize winners?	1 1	, I	1c	00000000	3823823
2a		_	49			
h	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax return	2a		2b	X	
Þ	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction			20	<u> </u>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	12)		3a	W. S. S. W. S.	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			30		
70	over, a financial account in a foreign country (such as a bank account, securities account, or other f		=			
	account)?	manciai		4a		x
b	If "Vac " enter the name of the foreign payment.					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial					
	(FBAR).	7 100001				
5a				5a	.00,00,00,0	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did					
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ions or	.,	****		
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods				
	and services provided to the payor?		,	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**********	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas				
	required to file Form 8282?		[7c	500000000	388393333
d	* ************************************	7d	L			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		£7	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	•		7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file F		****	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain			1		
^	sponsoring organization have excess business holdings at any time during the year?			8	× × × × ×	3833333
9	Sponsoring organizations maintaining donor advised funds.			9a		
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?					
ь 10	Section 501(c)(7) organizations. Enter:	.,,,,,,	,			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a]			
b		10b				
11	Section 501(c)(12) organizations. Enter:	•				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a		rm 1041	1?	12a	3201781711	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		35000000
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	1	1			
	the organization is licensed to issue qualified health plans					
C	Enter the amount of reserves on hand	13c		14a		X
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched					
<u>d</u>	if ites, has it filed a Form (20 to report these payments? if two, provide an explanation in Scheo	uie U ,.			m 991	0 (2017)
DAA				, 0		/

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 in 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
1a	Enter the number of voting members of the governing body at the end of the tax year [1a 8			
	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 in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	7		
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
-	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code.		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
ь	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?	10b		_
11a		11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			'
	describe in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	Х	<u></u>
14	Did the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	20000000	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	34,000,000	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
Sec	ction C. Disclosure			-
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20 m	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	OM CORSON 2944 CO RD 113 INEVILLE AL 36266 25	6-39	6-2	การ
بند	INEVILLE AL 36266 25			<u> </u>

				APPROPRIATE	CO 0776040
	COSTRUCTOR	TAICHTHUME	$\mathbf{r} \cap \mathbf{r}$	APPROPRIATE	63-07/0040

Form 990 (2017) SOUTHERN INSTI 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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the
- 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. the following order individual trustees or directors: institutional trustees; officers; key employees; highest

Check this box if neither the orga	inization nor any	relate	d orga	aniza	tion co	npensated any current c	illicel, director, di dasi		
(A) Name and Title	(B) Average hours per weak (list any	(do n box, i office	Po ot check onless p ir and a	(C) sition k more erson directo	than on is both a orthusted	(D) Reportable compensation from the	(E) Reportable compensation fi related organization: (W-2/1099-MIS	om i	(F) Estimated amount of other compensation from the organization
ļ	related organizations bolow dotted line)	Individual trustee or director	Officer Institutional trustee	Key employee	Highest compensated employee	(W-2/1099-MISC)			and reliated organizations
1)WILLIAM BRAWNER	1.00							0	0
OARD MEMBER	6 .00	N.		A				<u> </u>	
2)BENJAMIN CAMP		Wezzen		With State				0	C
HAIRMAN	0.00	x			$\perp \perp$		0	- 0	<u> </u>
3)BRITT CARTER	1.00								(
OARD MEMBER	0.00	x		_			_0	0	
	JR 1.00								•
SOARD MEMBER	0.00	X							
(5) MELLIE PARRISH				1					
(•,	1.00	.]]						o	•
BOARD MEMBER	0.00	X		_ _					
(6) SCOTT KRAMER	1.00							o	
BOARD MEMBER	0.00	X			<u> </u>		0		<u>,</u>
(7) ART STEPHENSON	1.00							0	
BOARD MEMBER	0.00	X		_	_				
(8) JASON WASHBURN	1.00							٥	
BOARD MEMBER	0.00	X	1				0		
(9) LEWIS ARCHER	1.00						0	o	
BOARD MEMBER	0.00	X	 						
(10) TOM CORSON	40.00					F0	000	o	
EXECUTIVE DIRECTOR	0.00		1	X		50,	000		
(11) JK CORSON	5.00						o	0	
PRESIDENT	0.00	1	1]	X			<u> </u>	~1.	Form 990 (20

Part VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any	bo	la net o ox, unio ricer a	Pos chack ess po	erson i	is both	อก	(D) Reportable compensation from the	(E) Reportable compensation from related crganizations	(F) Estimated amount of other compensation
	heurs for related organizations balow dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1089-MISC)	(W-2/1099-MISC)	from the organization and related organizations
	4.1144									
									1	
			i de	150EX	A			FCO	PY_	
		-					'			
Sub-total Total from continuation she Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	eets to Part VII,	limit	ed to				abov	50,000 50,000 ve) who received more than		
 3 Did the organization list any femployee on line 1a? If "Yes, 4 For any individual listed on line organization and related organization and related organization. 5 Did any person listed on line for services rendered to the company. 	"complete Schene 1a, is the sum inizations greate 1a receive or accorganization? If "	dule of r r tha	epor n \$1 com	r suc table 50,0 ipen:	ch in e con 00? satio	divid npen If "Ye n fro	ual sations ss, " m a	ion and other compensation complete Schedule J for so	n from the uch or individual	3 X 4 X 5 X
Section B. Independent Contract Complete this table for your f compensation from the organ	ive highest comp	ens	ated	inde	pen	dent	con	itractors that received more	than \$100,000 of	vear.
	(A) id business address	~!!!	20113	<u> </u>				Descr	(B) iption of services	(C) Compensation
				Le serrece						
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				er-in-in-in-			1.11 - 11 - 11 - 11 - 11 - 11 - 11 - 11	
Total number of independent received more than \$100,000	contractors (inc of compensation	ludir on fro	ng bu om th	it no ne or	t limi gani	ted t zatio	o the	ose listed above) who	0	290

Check if Schedule O contains a response or note to any line in this Part VIII Total resource in the property of the second of t	Pa	rt VI	Statement of Rever		ains a r	esnonse.	or note to any line	in this Part VIII		
Programment income from foreign generals The Receivable description dues Fundamental description of the second descripti			Official if defined lie v	o com	anis a i	esponse	(A)	(B) Related or exempt function	(C) Unrelated business	Revenue excluded from tax under sections
22 PROGRAM SERVICE REVENUE 90009\$ 193,310 193,	डाँडी	1a	Federated campaigns	1a	erationianism					
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							1,863,902	222,935	0	<u> </u>

Form 990 (2017) Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Management and Program service general oxpenses expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 25,000 25,000 50,000 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 28,398 62,295 342,070 251,377 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 46,335 33,356 8,466 88,157 Other employee benefits 9 2,138 9,545 21,813 33,496 10 Payroll taxes Fees for services (non-employees): Management Legal 4,288 4,288 Accounting Professional fundraising services. See ParaV, one 17 investment management fees Other. (If line 11g amount exceeds 16% of line (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 21.448 15,164 120 36,732 Office expenses 13 459 5,688 6,147 Information technology 14 15 Royalties 3,207 42,392 45,599 Occupancy 16 ,298 4,087 850 6,235 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 33,985 33,985 Depreciation, depletion, and amortization 22 426 4,023 25,461 21,012 23 Other expenses, Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 542,507 542,507 ECUADOR PROGRAM 154,837 154,837 BOLIVIA PROGRAM 154,621 154,621 INT'L TEAMS & PROJECTS 63,226 63,226 UNITED STATES PROGRAM 4,561 107,327 66,878 178,766 All other expenses 233,531 66,735 465,861 1,766,127 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720) Form 990 (2017) Form 990 (2017) SOUTHERN INSTITUTE FOR APPROPRIATE 63-0776048

P	art X	Balance Sheet			······································		
		Check if Schedule O contains a response or note t	o any lir	e in this Part X		<u> </u>	
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			210,256	1	215,787
	2	Savings and temporary cash investments			13,690	2	18,152
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and former offi					
		trustees, key employees, and highest compensated emp		,			
		Commission Dock II of Colondalo I		5			
	6	Loans and other receivables from other disqualified pers		defined under section			
	_	4958(f)(1)), persons described in section 4958(c)(3)(B),		.			
	}	sponsoring organizations of section 501(c)(9) voluntary s					
S		organizations (see instructions). Complete Part II of Sch		,		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use		į	109,388	8	113,520
	9	Prepaid expenses and deferred charges			452	9	
	10a	Land, buildings, and equipment: cost or	1				
		other basis. Complete Part VI of Schedule D	10a	1,131,683			
	ь	Less: accumulated depreciation	10b	815,698	349,970	10c	315,985
	11	Investments—publicly traded securities			224,415	11	349,009
	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				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34			908,171	16	1,012,453
	17	Accounts payable and accrued expenses			1,727	17	8,234
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account tiability. Complete Part IV o	f Sched	ule D		21	
S	22	Loans and other payables to current and former officers	, directo	rs,			
Liabilities		trustees, key employees, highest compensated employe	ees, and				
ap		disqualified persons, Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated third	i parties	3 - 2 - 3 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		23	
	24	Unsecured notes and loans payable to unrelated third pa		*****		24	
	25	Other liabilities (including federal income tax, payables t					
		parties, and other liabilities not included on lines 17-24).	Comple	ete Part X			
		of Schedule D			1 707	25	0 224
	26	Total liabilities. Add lines 17 through 25			1,727	26	8,234
45		Organizations that follow SFAS 117 (ASC 958), chec	k here J	X and			
češ		complete lines 27 through 29, and lines 33 and 34.			010 540		989,803
laп	27	Unrestricted net assets			818,540 87,904	+	14,416
or Fund Balances	28				67,304	28	14,410
nuc	29	Permanently restricted net assets				29	
Ē		Organizations that do not follow SFAS 117 (ASC 958	s), cneci	k here 🕨 🔛 and			
ts c		complete lines 30 through 34.			30		
356	30	Capital stock or trust principal, or current funds			<u> </u>	31	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipmen				32	
Ze Se	32	Retained earnings, endowment, accumulated income, or			906,444		1,004,219
	33	Total net assets or fund balances Total liabilities and net assets/fund balances			908,171		1,012,453
	7.00	rotar natinged and not about stand balance	<u></u>		<u>,</u>		

Form 990 (2017)

Form 990 (2017)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

➤ Attach to Form 990 or Form 990-EZ.

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

SOUTHERN INSTITUTE FOR APPROPRIATE

Employer Identification number 63-0776048

Part	Reas	on for Public Charity	Status (All organizations	must co	mplete:	this part.) See instructior	ns.					
The orga	nization is not	a private foundation because	e it is: (For lines 1 through 12, c	heck only	one box.))						
1	A church, cor	vention of churches, or asso	ociation of churches described in	n section	170(b)(1)(A)(i).						
2			A)(ii). (Attach Schedule E (Form									
3			e organization described in sec			ii).						
4			in conjunction with a hospital d				osnital's name					
-		- '	in conjunction with a nospital c	00011000		TTO (B)(T)(T)(T)	sopital o ((dillo)					
	city, and state	• . •										
5	-		f a college or university owned	or operate	o by a go	vernmental unit described in						
_ [1	b)(1)(A)(iv). (Complete Part			A/T-3/#3/A3	6.3						
6	-		overnmental unit described in so		. ,, ,. ,	• •						
7 X		on that normally receives a s se <mark>ction 170(b)(1)(A)(v</mark> i). (Co	substantial part of its support fro emplete Part II.)	m a gove	rnmental	unit or from the general public	;					
8	A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part	IL}								
9	An agricultura	al research organization des	cribed in section 170(b)(1)(A)(i	x) operate	d în conju	inction with a land-grant colleg	ge					
-	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 organizati) more than 33 1/3% of its supp	ort from o	ontributio	ns, membership fees, and gro	oss					
,			pt functions—subject to certain									
			d unrelated business taxable in									
,		-), 1975. See section 509 (a)(2).									
11			exclusively to test for public safe									
12			exclusively for the benefit of, to									
			ations described in section 509									
			atties , noes the type o r suppo r									
а			erated arraer vised, or controlled				រាថ្ម					
			earo equiarly appoint or elect		of the dir	ezion or trustees of the						
			omplete Part IV, Sections A a		•	A. J						
b			pervised or controlled in connect									
			ting organization vested in the s	ame pers	ons (nat c	control or manage the support	eu					
	_ ·	ion(s). You must complete		lim aanna	طائده ممثلم	and functionally integrated to	áth					
С	its suppo	rted organization(s) (see ins	upporting organization operated tructions), You must complete	Part IV,	Sections	A, D, and E.						
đ			l. A supporting organization ope									
			rust complete Part IV, Section				C33					
_		,	eived a written determination from									
е			n-functionally integrated support			a type i, type ii, type iii						
f		nber of supported organizati										
g		ollowing information about th	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				······					
	ne of supported	(ii) EIN	(iii) Type of organization	(iv) is the o	rosnization	(v) Amount of monetary	(vi) Amount of					
	rganization	417	(described on lines 1-10		ir governing	support (see	other support (see					
			above (see instructions))	docus	nenl?	instructions)	instructions)					
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SOUTHERN INSTITUTE FOR APPROPRIATE 63-0776048 Page 2 Schedule A (Form 990 or 990-EZ) 2017

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.)

Sect	on A. Public Support						
Calend	lar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,393,699	1,719,301	1,502,615	1,617,560	1,640,967	7,874,142
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,393,699	1,719,301	1,502,615	1,617,560	1,640,967	7,874,142
	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)						
6	Public support. Subtract line 5 from line 4.						7,874,142
	ion B. Total Support						-
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1,393,699	1,719,301	1,502,615	1,617,560	1,640,967	7,874,142
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,853					4,853
9	Net income from unrelated business activities, whether or not the business is regularly carried on			CC	PY		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						7,878,995
12	Gross receipts from related activities, etc.	. (see instructions)				12	222,935
13	First five years. If the Form 990 is for th	e organization's fir	st, second, third, fo	ourth, or fifth tax ye	ear as a section 501	I(c)(3)	. —
	organization, check this box and stop he	re			<u> </u>		<u></u>
Sec	tion C. Computation of Public S	upport Percer					
14	Public support percentage for 2017 (line	6, column (f) divide	ed by line 11, colur	nn (f))		14	99.94%
15	Public support percentage from 2016 Sc	hedule A, Part II, li	ne 14			15	99.83%
16a	33 1/3% support test—2017. If the orga	nization did not ch	eck the box on line	13, and line 14 is	33 1/3% or more,	check this	⊾ F G 7
	box and stop here. The organization qua	alifies as a publicly	supported organiz	ation			▶ 🗵
b	33 1/3% support test-2016. If the orga	inization did not ch	eck a box on line 1	3 or 16a, and line	15 is 33 1/3% or m	iore, check	▶ □
	this box and stop here. The organization	n qualifies as a pub	licly supported org	anization	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		F U
17a	10%-facts-and-circumstances test—2	017. If the organiza	ition did not check	a box on line 13, 1	16a, or 16b, and lin	ė 14 is	
	10% or more, and if the organization me	ets the "facts-and-	circumstances" tes	st, check this box a	and stop here. Exp	nam in	
	Part VI how the organization meets the "						>
	organization 10%-facts-and-circumstances test—2	016. If the organiza	ation did not check	a box on line 13.	16a, 16b, or 17a, a	nd line	
ь	15 is 10% or more, and if the organization	on mosts the "facts	-and-circumstance	s" test, check this	box and stop here).	
	Explain in Part VI how the organization of	meets the "facts-an	d-circumstances"	test. The organiza	tion qualifies as a p	oublicly	_
	supported organization	coots are tests er.			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		> 🗌
18	Private foundation. If the organization	did not check a bo	on line 13, 16a, 1	6b, 17a, or 17b, c	heck this box and s	ee	
10	instructions						> L
	(100) 000010					Cabadula A /Form	990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

Part III Support Sched 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.)

Sec	tion A. Public Support	1		<u> </u>			
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total, Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				,		
	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
5	line 6.) tion B. Total Support						
	ndar year (or fiscal year beginning in)	E 1	e Name	(c) 1016	(d) 10 h	(e) 2017	(f) Total
9	Amounts from line 6	23/10/13	101204	(C)120		(0) 201.	()/ 10:00
10a			N				
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 the state of t			<u> </u>
14	First five years. If the Form 990 is for the organization, check this box and stop her	_			ear as a section 50		▶ □
Sec	tion C. Computation of Public Su			<u> </u>			
15	Public support percentage for 2017 (line 8			mn (f))		15	%
16	Public support percentage from 2016 Scho					1	%
	tion D. Computation of Investme			<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	nama militari di mandali di Manda		
17	Investment income percentage for 2017 (I			3. column (f))	1	17	%
18	Investment income percentage from 2016					5.40	%
19a	33 1/3% support tests—2017. If the orga						
100	17 is not more than 33 1/3%, check this b						,
b	33 1/3% support tests-2016. If the orga	nization did not	check a box on line	14 or line 19a, ar	id line 16 is more ti	nan 33 1/3%, and	
	line 18 is not more than 33 1/3%, check the	nis box and stop	here. The organiz	ation qualifies as a	publicly supported	d organization	
20	Private foundation. If the organization die	d not check a bo	x on line 14, 19a, o	or 19b, check this l	box and see instruc	cuons	>

Schedule A (Form 990 or 990-EZ) 2017

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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).
- 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.
- Did the organization add, substitute of remove any supported organizations during the try year in Yes answer (b) and (c) below (if poplicable. Also, profile detail in Part VI including (i) the names and the numbers of the supported organization, added, substituted, or amoved; (ii) the names and the numbers of the supported 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- 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.
- 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.)

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Page 5

11 Has the organization accepted a gift or conhibution from any of the following persons? 2 A Purson who directly or indirectly controls, either alone or toperfor with persons described in (b) and (c) below, the governing body of a supported organization? 3 A 30% controlled entitly of a person described in (a) above? 4 A 30% controlled entitly of a person described in (c) above? 5 A 30% controlled entitly of a person described in (c) above? 5 A 30% controlled entitly of a person described in (c) above? 6 A 30% controlled entitly of a person described in (c) above? 7 A 30% controlled entitly of a person described in (c) above? 8 A 30% controlled entitly of a person described in (c) above? 8 A 30% controlled the argenization of the organizations of the controlled the apportunity of the organizations are all times during the tay year? If 'No,' describe in Part VI how the supported organizations of effectively generated, supported organizations and what conditions or restributions in the supported organizations or trustees or apported generated provers charge the tay year. 9 Did the constitution operated to the benefit of any appointed organization of the tax year. 10 Did the constitution operated to the benefit of any appointed organization of the trust of the supported organizations operated by the benefit of any appointed organization of the supported organization operated. 10 Did the organization operated to the benefit of any appointed organization of the 'No,' describe in Part VI how provided part benefit or any appointed organization of the supported organizations. 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 provincing organization organization organization or trustees of each of the organization's provincing organization organization organization organization organization organization organization organization organization organization organization organization organization organizat		e A (Form 990 or 990-EZ) 2017 SOUTHERN INSTITUTE FOR APPROPRIATE 63-017604	<u> </u>		Page 5
1 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? b A bunky member of a person described in (c) above? c A SSS controls entirely a person described in (c) above? c A SSS controls entirely a person described in (c) above? 1 Did the directors, flustees, or membership of one or more supported organizations have the power to requisitly appoint or elect at seal a majority of the organizations directly operated, supervised, or controlled the organizations flustees and all times during the tax year? If "No," describe in Part VI how the supported organizations described in State organizations and what conditions or restribution, If yield, appeared organizations and what conditions or restribution, If yield, appeared organizations and what conditions or restribution, If yield, appeared organizations and what conditions or restribution, If yield, appeared organizations and what conditions or restribution, If yield, applicated out the proposes of the borsels of any supported organizations other than the supported organizations or controlled the supporting organization of this person or controlled the supporting organizations or controlled the supporting organizations. 2 Did the organization is described in C) and the pumposes of the supported organizations of this person of the borsels of any supported organizations of the person or the person of each of the organizations of supported organizations. 2 Vers in Vi how providing such basels of carried out the pumposes of the supported organizations. 2 Vers a majority of the organization is directors or trustees during the tax year also a majority of the directors or trustees of each of the organizations are supported organizations. 3 Vers in Vi the organization is supported organizations. 4 Vers a majority of the organization is directors or trustees on the organi	Part	N Supporting Organizations (continued)		., 1	
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below, the governing body of a supported organization? b A family member of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11b Section B. Type I Supporting Organizations 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 law year? If "No," security is a provided organization or elected the arganization and with crudinals. If he organization can will be a supported organization or the results of the supported organization of the results of the provided organization and what crudinals or restrictions, If any, applied to such powers foring the tax year? 2 Did the organization operate for the bonefl of any supported organization of the finant this supported organization and what crudinals or restrictions, If any, applied to such powers foring the tax year? 2 Did the organization operate for the bonefl of any supported organization of the finant this supported organization of crudinals the supporting organization? If "Yes" is explain in Part VI how providing such barself curried of the purposes of the supported organization of "Yes" in such in Part VI how powering organizations of the purposes of the supported organization of the finant the supported organization of the finant the supported organization of the finant or trustees of each of the organizations of directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees of each of the organizations are decided organization of the supported organization of the finant organization of the supported organization of the finant organization of the supported organization of the finant organization of the supported organization of the supported organization of the supported organization organization organization organization organization organization organization organizat					
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Schedule A (Form 990 or 990-EZ) 2017 SOUTHERN INSTITUTE FOR APPRO	OPR.	IATE 63-0776	048 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	niza	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No			ee
instructions. All other Type III non-functionally integrated supporting organizations mus			
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)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year);			
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).			
5 Net value of non-exempt-use assets (subtraction 4 from the 4)	5		
6 Multiply line 5 by .035.	-		
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 II	I supporting greanization (see

instructions).

Schedu Pari	e A (Form 990 or 990-EZ) 2017 SOUTHERN INSTITUTE Type III Non-Functionally Integrated 509(a)(3) S	······································		048 Page 7
	on D - Distributions	upporting Organiza	nona (consinued)	Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos		. , , , , , , , , , , , , , , , , , , ,	Current rear
2				
2	Amounts paid to perform activity that directly furthers exempt purposes organizations, in excess of income from activity	or supported		
3		adad assanizations		
	Administrative expenses paid to accomplish exempt purposes of suppo	inted organizations		
<u>4</u> 5	Amounts paid to acquire exempt-use assets			
6	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI), See instructions.		MINOR 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
7	Total annual distributions. Add lines 1 through 6.	1' I		
8	Distributions to attentive supported organizations to which the organiza	tion is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			-,
10	Line 8 amount divided by line 9 amount	/••		
	Darker T. Bratista de Allera Carre (anticado de Carre)	(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
4	Distributable assessed to 2007 for a Casting O. Cast		Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017:			
a	2.0000 00.00000 00.00000000000000000000			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions provy ars			
	Applied to 2017 distributable amount		$\mathbf{D}V$	
	Carryover from 2012 not apply d (see instructions	しょくか		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	2002		
4	Distributions for 2017 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
_	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
_	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
			Schedule	A (Form 990 or 990-EZ) 2017

DAA

Schedule A (For	m 990 or 990-EZ) 2017 SOUTHERN INSTITUTE FOR APPROPRIATE 63-0776048 Page 8
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.)
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Schedule A (Form 990 or 990-EZ) 2017

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

63-0776048

SOUTHERN INS	TITUTE FOR APPROPRIATE	63-0776048
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private founda	ation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See
Compand Bulls		
General Rule		The second secon
	n filing Form 990, 940-EZ, or 940-PE that received, during the year, contribution or property from any one contributor. Complete Parts I and Septimistructions contributions.	
Special Rules		
	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% s	
-	sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or	
	id that received from any one contributor, during the year, total contributions of of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Cor	
	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece	
	the year, total contributions of more than \$1,000 exclusively for religious, chari- onal purposes, or for the prevention of cruelty to children or animals. Complete	
For an organization	n described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that rece	eived from any one
	the year, contributions exclusively for religious, charitable, etc., purposes, but r	
	ed more than \$1,000. If this box is checked, enter here the total contributions th	
	an exclusively religious, charitable, etc., purpose. Don't complete any of the pa	
	lies to this organization because it received <i>nonexclusively</i> religious, charitable more during the year	
Caution: An organization t	that isn't covered by the General Rule and/or the Special Rules doesn't file Sch	nedule B (Form 990,
	must answer "No" on Part IV, line 2, of its Form 990; or check the box on line h t, to certify that it doesn't meet the filing requirements of Schedule B (Form 990	
Form 990-PF, Marti, Ime 2	, to certify that it doesn't intest the fining requirements of schedule 6 (Forth 990	, 000 LL, 01 000 - 1.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

2017 Open to Public

Employer identification number Name of the organization 63-0776048 SOUTHERN INSTITUTE FOR APPROPRIATE Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a Total number of conservation easements 2b Total acreage restricted by conservation easements b c Number of conservation easements on a certified restoric structure included in (a 2с d Number of conservation easements included in c) acquired after historic structure listed in the National Rigister Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (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. b If the organization elected, as permitted under SFAS 116 (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: (i) Revenue included on Form 990, Part VIII, line 1 **▶ \$** (ii) Assets included in Form 990, Part X 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 SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X.

Septiment Continued Cont		Me Organizations Maintaining Co	ollections of Ar	t Historical Trea	sures, or Other	Similar Assets	s (continued)
collection items (check all that apply): a Public exhibition b Shotlarty research c Preservation for future generations c Preservation for future generations c Preservation for future generations d Pound to see future or collections and explain how they further the organization's evernpt purpose in Part XII. 5. During the year, did the organization solicid or receive donaliters of art, historical trassures, or other similar sesset to be obtion to rise turbs after than to be maintained as pare in the organization's collection? Part XII. 5. During the year, did the organization solicid or receive donaliters of art, historical trassures, or other similar sessets to be obtion to rise turbs after than to be maintained as pare in the organization's collection? Part XII. 5. During the year, did the organization and amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XII. 5. During the year and custodial arrangement in Part XIII and complete the following table: 6. Beginning balance 6. Beginning balance 7. During the year 1.10. 8. During the year 1.10. 8. During the year 1.10. 9. Purpose the part XIII. 9. Purpose the part to the organization answered "Yee" on Form 990, Part IV, line 10. 9. Complete if the organization answered "Yee" on Form 990, Part IV, line 10. 9. Complete prenditures for facilities and programs 9. Sool 2.00 1,.100 1. During the year 2.00 1,.000 1. During the year 2.000 1,.000 1. During the year 2.000 1,.000 1. During the year 2.000 1,.000 1. During the year balance 1. During the year balance 2.000 1,.000 1. During the year balance 2.000 1,.000 1. During the year balance 2.000 1,.000 1. During the year balance 3.000 1. During the year balance 4.000 1. Du	2 1	leing the experiencian's acquisition accession a	and other records C	heck any of the follow	ing that are a significa	ant use of its	
a Posiciary research Cotter	3 C	coffection items (check all that apply):	110 00101 1000140, 0				
b Scholarly research c Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XXII. XXII. During the year, did the organization solicit or receive donations of ant, historical reasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yea No Part XII Inc 21. 1a is the organization analysered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization analyser of the intermediaty for confributions or other assets not included on Form 990, Part X, line 21. 1b is the organization analyser of the intermediaty for confributions or other assets not included on Form 990, Part X, line 21. 1c Beginning blance 1c	ſ	—	d Loa	in or exchange progra	ms		
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Burling the year, did the organization's solicit or receive donations of art, historical breasures, or other similar assets to be sold to naise funds rather than to be maintained as part of the organization's collection? Part XIII. 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. Is a the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the the organization in Part XIII and complete the following table: Complete if the organization and the part XIII and complete the following table: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account fishelity? Part XIII. Complete if the organization answered "Yes" on Form 990 Part X, line 21, for escrow or custodial account fishelity? Part XIII. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization seed as required on Schedule R? Complete if the organization	· -						
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.		year.	·				
SUIL. So During the year, did the organization solicit or receive donations of art, historical treasures, or other similar sected to be sold to raise funds rather than to be maintained as part of the organization's collection? 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. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X in Early 10 the 10 th		Preservation for future generations	tions and explain he	wy they further the oro	anization's exempt by	proose in Part	
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Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Parl IV, line 9, or reported an amount on Form 990, Parl X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on form 990, Parl X in et al. 1b if "Yes," explain the arrangement in Parl XIII and complete the following table: 1	5 [During the year, did the organization solicit or rec	ceive gonations of a	of the organization's	collection?		Yes No
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	Tota	l. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, column (B), line 10	C.)		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

	SOUTHER	N INSTITUT	E FOR A	PPROPRIAT	E 63-07760	Λ Ω
Part I Ge	neral Information	on Activities Or	utside the	United States.	Complete if the organization answer	red "Yes" on
	m 990, Part IV, line		······································			
roi granunai	kers. Does the organiza	ation maintain records	to substantia	ite the amount of it	s grants and other	
assistance, th	e grantees' eligibility fo					
grants or assi		***************				. Yes 🗵 No
2 For grantmal	kers. Describe in Part V	the organization's pr	ocedures for	monitoring the use	of its grants and other	
assistance ou	tside the United States	`				
 Activities per l 	Regioл. (The following	Part I, line 3 table can	be duplicated	d if additional space	e is needed.)	
(a) Region	(b) Number of offices in the	(c) Number of	(d) Activiti	es conducted in the	(e) If activity listed in (d) is	(f) Total
	region	employees. agents, and		by type) (such as, J. program services.	a program service, describe specific type of	expenditures for and investments
		independent contractors	investments	i, grants to recipients	service(s) in the region	in the region
		in the region	locate	d in the region)		
SOUTH AMER	l :					
(1) SOUTH AMER	1	11	PROGRAM	SERVICES	EDUCATIONAL PROGRAMS	154,837
(2)	1	3	DDOGDANA	<u> </u>		
SUB-SAHARAI		3	PROGRAM	SERVICES	MISSION/MEDICAL TEAM	474,881
(3)	***************************************	6	PPOCDAM	SERVICES	MINE THINKS PROGRAM	d P 4
			22/001011	DIRYTCES	TRAINING PROGRAM	154,621
(4)						
(5)						
(6)		A B B				
(7)						
177						
(8)						
(9)						
(10)	MILEGANIA	WINE				

11)						
12)	ļ	:				
14/						
13)					k k	

14)						
15)						
	1					
16)						
17)						
la Sub-total	2	20				784,339
b Total from continuation						104,339
sheets to Part I						
c Totals (add						
lines 3a and 3b)	2	20			1	794 330

Instructions for Form 5713; don't file with Form 990)

CLIENT COPY

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional

information. See instructions.					—
PART I, LINE 3 - ACTIVITIES PER REGION			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
REGION	EXI	PENDITURES	INVESTMI	ents	
SOUTH AMERICA	\$	154,837	\$	0	
SOUTH AMERICA	\$	474,881	\$	0	
SUB-SAHARAN AFRICA	\$	154,621	\$	0	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	****		*******	***************************************	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization SOUTHERN INSTITUTE FOR APPROPRIATE 63-0776048 FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS JK CORSON TOM CORSON EXE DIRECTOR PRESIDENT FATHER FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A COPY OF THE 990 IS SENT TO ALL BOARD MEMBERS FOR REVIEW AND COMMENT PRIOR TO FILING THE RETURN. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCMENTS AVAILABLE FORM 990, PART IX, LINE 24E - OTHER EXPENSES DESCRIPTION PROGRAM SERVICE REPAIRS & MAINTENANCE 39.710 TELEPHONE VEHICLE EXPENSES 15,016 FOOD 16,447

3,901

6,046

MISCELLANEOUS

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SIFAT SOUTHERN INSTITUTE FOR APPROPRIATE

Federal Statements

FYE: 12/31/2017

Expenses
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Part IX, Line 24e - All Other
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Form 990

Fund Fund	30,654 5,528	3,398 3,398 9,933 3,464	66, 878 \$ 4, 561
Management & General	\$ 30,		99 8
Program Service	39,710 1,585 15,016	6,046 12,376 9,643 6,504	107,327
	v,		
Total Expenses	39,710 32,239 20,544 16,447	14,508 12,398 12,346 9,933 6,504 3,464	178,766
	w _ጉ		v).
Description	REPAIRS & MAINTENANCE TELEPHONE VEHICLE EXPENSES FOOD	MISCELLANEOUS EMERGENCY FUND SUPPLIES WOW EXPENSE OTHER - COST OF GOODS CONTRACT LABOR BANK CHARGES	TOTAL

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SIFAT SOUTHERN INSTITUTE FOR APPROPRIATE

Federal Statements

FYE: 12/31/2017

Schedule A, Part II, Line 1(e) (continued)

Description

1,640,967 Amount

TOTAL

Schedule A, Part II, Line 12 - Current year

Description

TAXABLE INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS GAIN ON STOCKS
DORM PROGRAM SERVICE REVENUE

TOTAL

222,935

193,310 7,246 17,656

Amount

s)

4,723