

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning NOV 1, 2019, and ending OCT 31, 2020

2019

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

| | |
|--|--|
| Name of exempt organization SOUTHERN POVERTY LAW CENTER, INC. | Employer identification number 63-0598743 |
|--|--|

Name and title of officer
TEENIE HUTCHISON
CHIEF FINANCIAL OFFICER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| | | | | |
|-----------------------------|-------------------------------------|--|----|--------------|
| 1a Form 990 check here | <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | 132,918,576. |
| 2a Form 990-EZ check here | <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance Due (Form 8868, line 3c) | 5b | |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize JACKSON THORNTON & CO., PC to enter my PIN 08130
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Teenie Hutchison Date ▶ 2/5/21

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

63383197690
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ JACKSON THORNTON & CO., PC Date ▶ 01/12/21

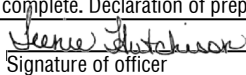
ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

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

A For the **2019** calendar year, or tax year beginning **NOV 1, 2019** and ending **OCT 31, 2020**

| | | |
|---|---|--|
| B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending | C Name of organization SOUTHERN POVERTY LAW CENTER, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 548 City or town, state or province, country, and ZIP or foreign postal code MONTGOMERY, AL 36104 | D Employer identification number 63-0598743 |
| | F Name and address of principal officer: MARGARET HUANG 403 WASHINGTON AVENUE, MONTGOMERY, AL 36104 | E Telephone number (334)956-8349 |
| | I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | G Gross receipts \$ 133,828,163. |
| J Website: ▶ SPLCENTER.ORG; TEACHINGTOLERANCE.ORG | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions) |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | L Year of formation: 1971 | M State of legal domicile: AL |

| Part I Summary | | Prior Year | Current Year |
|------------------------------------|--|---------------------|---------------------|
| | 1 Briefly describe the organization's mission or most significant activities: THE SPLC IS A CATALYST FOR RACIAL JUSTICE IN THE SOUTH AND BEYOND, WORKING IN PARTNERSHIP WITH | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| Activities & Governance | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 13 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 13 |
| | 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 475 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 161 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| | b Net unrelated business taxable income from Form 990-T, line 39 | 7b | 0. |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 97,352,445. | 108,078,656. |
| | 9 Program service revenue (Part VIII, line 2g) | 328,083. | 72,635. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 19,163,266. | 24,651,593. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 190,218. | 115,692. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 117,034,012. | 132,918,576. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 457,404. | 3,374,405. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 34,789,128. | 36,814,163. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 809,661. | 703,181. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,655,731. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 52,372,460. | 56,517,281. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 88,428,653. | 97,409,030. |
| | 19 Revenue less expenses. Subtract line 18 from line 12 | 28,605,359. | 35,509,546. |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | 569,403,418. | 614,389,428. |
| | 21 Total liabilities (Part X, line 26) | 26,259,368. | 26,585,814. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 543,144,050. | 587,803,614. |

| | | | | |
|---|---|--|-------------------------|--|
| 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. | | | | |
| Sign Here |  Signature of officer | | 2/5/2021 Date | |
| | TEENIE HUTCHISON, CHIEF FINANCIAL OFFICER Type or print name and title | | | |
| Paid Preparer Use Only | Print/Type preparer's name CHRISTINE K. COOK | Preparer's signature CHRISTINE K. COOK | Date 01/12/21 | Check if self-employed <input type="checkbox"/> PTIN P00537690 |
| | Firm's name ▶ JACKSON THORNTON & CO., PC | Firm's EIN ▶ 63-1035228 | | |
| | Firm's address ▶ PO BOX 96 MONTGOMERY, AL 36101-0096 | Phone no. 334-834-7660 | | |

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

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: THE SPLC IS A CATALYST FOR RACIAL JUSTICE IN THE SOUTH AND BEYOND, WORKING IN PARTNERSHIP WITH COMMUNITIES TO DISMANTLE WHITE SUPREMACY, STRENGTHEN INTERSECTIONAL MOVEMENTS, AND ADVANCE THE HUMAN RIGHTS OF ALL PEOPLE.

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 [X] No 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 [X] No 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 \$ 33,018,760. including grants of \$) (Revenue \$ 72,635.) THE SOUTHERN POVERTY LAW CENTER (SPLC) SEEKS JUSTICE BY SUPPORTING VICTIMS OF CIVIL RIGHTS ABUSES AND HATE CRIMES, AND PROMOTING THE CIVIL AND HUMAN RIGHTS OF GROUPS MOST AFFECTED BY BIAS AND DISCRIMINATION IN OUR SOCIETY: MINORITIES, IMMIGRANTS, GUEST WORKERS, CHILDREN, THE POOR, AND THE LGBT COMMUNITY - BOTH IN THE DEEP SOUTH AND NATIONWIDE. ITS CASE DOCKET FOCUSES ON HOLDING HATE GROUPS ACCOUNTABLE FOR MURDERS AND OTHER VIOLENT ACTS COMMITTED BY THEIR MEMBERS; ENDING WORKPLACE EXPLOITATION OF IMMIGRANTS; CHALLENGING UNCONSTITUTIONAL OR DISCRIMINATORY LAWS AND POLICIES AFFECTING IMMIGRANTS, MINORITIES AND THE LGBT COMMUNITY; AND WORKING TO REFORM JUVENILE JUSTICE, MENTAL HEALTH, AND EDUCATION SYSTEMS THAT FAIL CHILDREN AND ROUTINELY PUSH STUDENTS OUT OF CLASSROOMS AND INTO THE CRIMINAL JUSTICE SYSTEM,

4b (Code:) (Expenses \$ 39,779,034. including grants of \$ 3,374,405.) (Revenue \$ 19,597.) THE SPLC'S PUBLIC INFORMATION AND EDUCATION EFFORTS SEEK TO COMBAT HATE AND BIAS IN OUR SOCIETY, EXPOSE EXTREMISM, AND REDUCE DISCRIMINATION AND INJUSTICE. THE SPLC PROVIDES INFORMATION ABOUT HATE GROUPS AND OTHER EXTREMISTS, THEIR ACTIVITIES AND THEIR CRIMES TO THE PUBLIC, LAW ENFORCEMENT, POLICYMAKERS, HUMAN RIGHTS ORGANIZATIONS, AND THE MEDIA WITH THE GOAL OF PREVENTING HATE AND EXTREMISM FROM ENTERING THE MAINSTREAM. THE SPLC PROVIDES INFORMATION AND TRAINING MATERIALS TO TENS OF THOUSANDS OF LAW ENFORCEMENT OFFICERS NATIONWIDE AND CONDUCTS IN-PERSON TRAINING WITH THOUSANDS OF OFFICERS PER YEAR. THE SPLC ALSO SEEKS TO FOSTER EQUALITY IN THE CLASSROOM AND SUPPORT TOLERANCE EDUCATION BY PROVIDING AWARD-WINNING, ANTI-BIAS MATERIALS TO MORE THAN 400,000 TEACHERS AND SCHOOLS NATIONWIDE. THE SPLC EDUCATES THE PUBLIC

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 72,797,794.

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> ? | 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</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)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (13), 1b (13), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY
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.
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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 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 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) BENNETT GRAU DIRECTOR | 0.00 | X | | | | | 0. | 0. | 0. | |
| (2) BRYAN FAIR DIRECTOR | 0.00 | X | | | | | 0. | 0. | 0. | |
| (3) COREY WIGGINS DIRECTOR | 0.00 | X | | | | | 0. | 0. | 0. | |
| (4) ELDEN ROSENTHAL DIRECTOR | 0.00 | X | | | | | 0. | 0. | 0. | |
| (5) EMERY WRIGHT DIRECTOR | 0.00 | X | | | | | 0. | 0. | 0. | |
| (6) ISABEL RUBIO DIRECTOR | 0.00 | X | | | | | 0. | 0. | 0. | |
| (7) JAMES MCELROY DIRECTOR | 0.00 | X | | | | | 0. | 0. | 0. | |
| (8) JOSH BERKENSTEIN DIRECTOR | 0.00 | X | | | | | 0. | 0. | 0. | |
| (9) KAROL MASON DIRECTOR | 0.00 | X | | | | | 0. | 0. | 0. | |
| (10) KATHERYN RUSSELL-BROWN DIRECTOR | 0.00 | X | | | | | 0. | 0. | 0. | |
| (11) LIDA ORZECK DIRECTOR | 0.00 | X | | | | | 0. | 0. | 0. | |
| (12) MARSHA LEVICK DIRECTOR | 0.00 | X | | | | | 0. | 0. | 0. | |
| (13) MIJON THOLEN DIRECTOR | 0.00 | X | | | | | 0. | 0. | 0. | |
| (14) PAM HOROWITZ DIRECTOR | 0.00 | X | | | | | 0. | 0. | 0. | |
| (15) WILL LITTLE DIRECTOR | 0.00 | X | | | | | 0. | 0. | 0. | |
| (16) KAREN BAYNES-DUNNING INTERIM PRESIDENT/CEO | 40.00 | | | X | | | 353,734. | 0. | 32,784. | |
| (17) MARGARET HUANG PRESIDENT/CEO | 40.00 | | | X | | | 0. | 0. | 0. | |

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 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 | | | |
| (18) RICHARD COHEN OUTGOING PRESIDENT/CEO | 40.00 | | | X | | | | 401,802. | 0. | 11,785. |
| (19) TEENIE HUTCHISON SECRETARY/TREASURER | 40.00 | | | X | | | | 205,898. | 0. | 28,372. |
| (20) ED LORD CHIEF DEVELOPMENT OFFICER | 40.00 | | | | X | | | 220,480. | 0. | 40,054. |
| (21) ERIK OLVERA CHIEF COMMUNICATIONS OFFICER | 40.00 | | | | X | | | 167,599. | 0. | 29,952. |
| (22) LECIA BROOKS CHIEF OF STAFF | 40.00 | | | | X | | | 187,738. | 0. | 25,963. |
| (23) RHONDA BROWNSTEIN OUTGOING LEGAL DIRECTOR | 40.00 | | | | X | | | 272,365. | 0. | 12,100. |
| (24) SETH LEVI CHIEF PROGRAM STRATEGY OFFICER | 40.00 | | | | X | | | 204,646. | 0. | 28,940. |
| (25) DAVID DINIELLI DEPUTY LEGAL DIRECTOR | 40.00 | | | | | X | | 168,885. | 0. | 24,828. |
| (26) HEIDI BEIRICH DIRECTOR-INTEL PROJECT | 40.00 | | | | | X | | 173,090. | 0. | 25,721. |
| 1b Subtotal | | | | | | | | 2,356,237. | 0. | 260,499. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 502,674. | 0. | 94,314. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,858,911. | 0. | 354,813. |

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 70

| | 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 |
|--|-------------------------------------|---------------------|
| EVERBRIDGE, INC PO BOX 740745, LOS ANGELES, CA 90074 | DATABASE SERVICES - IP | 1,302,232. |
| NAMES IN THE NEWS 180 GRAND AVE, OAKLAND, CA 94612 | MAILING LIST & MERGE/PURGE SERVICES | 1,091,012. |
| BUCKLEY LLP 2001 M STREET NW, WASHINGTON, DC 20036 | CONSULTING | 982,792. |
| LAWRENCE & BUNDY LLC 1180 W. PEACHTREE S, ATLANTA, GA 30309 | LEGAL SERVICES | 818,096. |
| THINKSHOUT INC 433 NW 4TH AVE, PORTLAND, OR 97209 | WEB APPLICATION DEVELOPER | 460,862. |

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 36

SEE PART VII, SECTION A CONTINUATION SHEETS

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 line) | (C) Position (check all that apply) | | | | | | (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 | | | |
| (27) JAMES KNOEPP GENERAL COUNSEL | 40.00 | | | | | X | | 159,709. | 0. | 34,171. |
| (28) LISA GRAYBILL DEPUTY LEGAL DIRECTOR | 40.00 | | | | | X | | 174,088. | 0. | 27,012. |
| (29) MAUREEN COSTELLO DIRECTOR OF TEACHING TOLER | 40.00 | | | | | X | | 168,877. | 0. | 33,131. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | 502,674. | | 94,314. |

Part VIII Statement of Revenue

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

| | | | | (A) | (B) | (C) | (D) | |
|---|--|--|-----------------------------|---------------|------------------------------------|----------------------------|--|--------------|
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a 454,761. | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above ... | 1f 107,623,895. | | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g \$ 2,260,627. | | | | | |
| | h | Total. Add lines 1a-1f | | | | | | 108,078,656. |
| Program Service Revenue | 2 a | COURT AWARDS | Business Code 900099 | 72,635. | 72,635. | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | 900099 | | | | | |
| | g | Total. Add lines 2a-2f | | 72,635. | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 2,155,325. | | | 2,155,325. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | 96,095. | | | 96,095. | |
| | 6 a | Gross rents | (i) Real | | | | | |
| | | | (ii) Personal | | | | | |
| | | | | | | | | |
| | 6 b | Less: rental expenses ... | 6b | | | | | |
| | 6 c | Rental income or (loss) | 6c | | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | | | | | |
| | | | (ii) Other | | | | | |
| | | | | | | | | |
| | 7 b | Less: cost or other basis and sales expenses | 7b 889,156. | 0. | | | | |
| | 7 c | Gain or (loss) | 7c 22,128,307. | 367,961. | | | | |
| d | Net gain or (loss) | | | 22,496,268. | | | 22,496,268. | |
| 8 a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 8 b | Less: direct expenses | 8b | | | | | | |
| c | Net income or (loss) from fundraising events | | | | | | | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 9 b | Less: direct expenses | 9b | | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 10 b | Less: cost of goods sold | 10b 40,028. | 20,431. | | | | | |
| c | Net income or (loss) from sales of inventory | | | 19,597. | 19,597. | | | |
| Miscellaneous Revenue | 11 a | | Business Code | | | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | All other revenue | | | | | | |
| | e | Total. Add lines 11a-11d | | | | | | |
| 12 | Total revenue. See instructions | | | 132,918,576. | 92,232. | 0. | 24,747,688. | |

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 ... | 3,374,405. | 3,374,405. | | |
| 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 | 3,306,604. | 1,521,628. | 1,372,940. | 412,036. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 25,234,598. | 20,346,175. | 2,107,194. | 2,781,229. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 2,042,364. | 1,646,719. | 170,546. | 225,099. |
| 9 Other employee benefits | 4,302,228. | 3,452,907. | 377,402. | 471,919. |
| 10 Payroll taxes | 1,928,369. | 1,554,807. | 161,027. | 212,535. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 2,173,764. | | 2,173,764. | |
| c Accounting | 182,662. | | 182,662. | |
| d Lobbying | 2,000,000. | 2,000,000. | | |
| e Professional fundraising services. See Part IV, line 17 | 703,181. | | | 703,181. |
| f Investment management fees | 994,953. | | 994,953. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 1,353,211. | 256,451. | 1,054,867. | 41,893. |
| 12 Advertising and promotion | 443,924. | 443,924. | | |
| 13 Office expenses | 1,087,895. | 864,991. | 109,454. | 113,450. |
| 14 Information technology | 1,742,966. | 1,239,761. | 256,297. | 246,908. |
| 15 Royalties | | | | |
| 16 Occupancy | 2,636,599. | 2,263,891. | 209,045. | 163,663. |
| 17 Travel | 258,090. | 160,463. | 77,139. | 20,488. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 539,660. | 437,876. | 65,504. | 36,280. |
| 20 Interest | 124,173. | | 124,173. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,732,125. | 1,333,724. | 167,859. | 230,542. |
| 23 Insurance | 1,108,142. | 598,397. | 414,445. | 95,300. |
| 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 IMPACT INITIATIVES | 13,221,519. | 13,221,519. | | |
| b POSTAGE/PRINT/LETTERSHO | 9,943,666. | 4,107,040. | 2,422,344. | 3,414,282. |
| c EDUC PUB & PROGRAMS | 9,807,771. | 8,154,377. | 1,088,239. | 565,155. |
| d CASE COST EXPENSE | 3,958,271. | 3,958,271. | | |
| e All other expenses | 3,207,890. | 1,860,468. | 425,651. | 921,771. |
| 25 Total functional expenses. Add lines 1 through 24e | 97,409,030. | 72,797,794. | 13,955,505. | 10,655,731. |
| 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 checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 10,400,111. | 4,993,758. | 2,822,426. | 2,583,927. |

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 | 3,935,784. | 1 | 3,672,568. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | 6,346,104. | 3 | 4,810,007. |
| | 4 Accounts receivable, net | 1,329,997. | 4 | 1,248,410. |
| | 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 | 348,609. | 8 | 271,377. |
| | 9 Prepaid expenses and deferred charges | 2,174,567. | 9 | 2,103,848. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 35,791,655. | | |
| | b Less: accumulated depreciation | 10b 22,504,838. | | |
| | 11 Investments - publicly traded securities | 14,231,004. | 10c | 13,286,817. |
| | 12 Investments - other securities. See Part IV, line 11 | 11,235,518. | 11 | 18,095,587. |
| | 13 Investments - program-related. See Part IV, line 11 | 529,801,835. | 12 | 569,881,823. |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | 0. | 14 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 569,403,418. | 15 | 1,018,991. | |
| | | 16 | 614,389,428. | |
| Liabilities | 17 Accounts payable and accrued expenses | 3,557,553. | 17 | 3,671,260. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | 15,000,000. | 20 | 15,000,000. |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 2,260. | 21 | 3,649. |
| | 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 | 184,453. | 24 | -13,254. |
| | 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 | 7,515,102. | 25 | 7,924,159. |
| | 26 Total liabilities. Add lines 17 through 25 | 26,259,368. | 26 | 26,585,814. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 534,387,342. | 27 | 581,391,211. |
| | 28 Net assets with donor restrictions | 8,756,708. | 28 | 6,412,403. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 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 | 543,144,050. | 32 | 587,803,614. |
| 33 Total liabilities and net assets/fund balances | 569,403,418. | 33 | 614,389,428. | |

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 | 132,918,576. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 97,409,030. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 35,509,546. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 543,144,050. |
| 5 | Net unrealized gains (losses) on investments | 5 | 9,150,018. |
| 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 | 587,803,614. |

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.
- 2a** 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.
- 3a** 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 |
|-----------|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | | X |
| 3b | | |

Form **990** (2019)

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 POVERTY LAW CENTER, INC. | Employer identification number 63-0598743 |
|--|---|

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 | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 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.") | 50,297,653. | 132,044,179. | 111,176,287. | 97,352,445. | 108,078,656. | 498,949,220. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge ... | | | | | | |
| 4 Total. Add lines 1 through 3 | 50,297,653. | 132,044,179. | 111,176,287. | 97,352,445. | 108,078,656. | 498,949,220. |
| 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) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 498,949,220. |

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 | 50,297,653. | 132,044,179. | 111,176,287. | 97,352,445. | 108,078,656. | 498,949,220. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... | 714,531. | 1,247,538. | 2,470,204. | 2,896,177. | 2,251,420. | 9,579,870. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on ... | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 508,529,090. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 2,701,550. |
| 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 | 98.12 % |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14 | 15 | 98.14 % |
| 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 | | <input checked="" type="checkbox"/> |
| 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 | | <input type="checkbox"/> |
| 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 | | <input type="checkbox"/> |
| 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 | | <input type="checkbox"/> |
| 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 | | <input type="checkbox"/> |

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**

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? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

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? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

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? <i>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.</i> | | |
| 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? <i>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.</i> | | |

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)? <i>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).</i> | | |

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? | | |
| 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> 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. | | |
| 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? <i>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.</i> | | |
| 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? <i>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.</i> | | |
| 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? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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 | | | |

Schedule A (Form 990 or 990-EZ) 2019

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.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

SOUTHERN POVERTY LAW CENTER, INC.

Employer identification number

63-0598743

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| | |
|---|--|
| Name of organization SOUTHERN POVERTY LAW CENTER, INC. | Employer identification number 63-0598743 |
|---|--|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 1 | ANONYMOUS DONORS 403 WASHINGTON AVENUE MONTGOMERY, AL 36104 | \$ 2,500,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|--|
| Name of organization SOUTHERN POVERTY LAW CENTER, INC. | Employer identification number 63-0598743 |
|---|--|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |

| | |
|---|--|
| Name of organization SOUTHERN POVERTY LAW CENTER, INC. | Employer identification number 63-0598743 |
|---|--|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|--|---|
| Name of organization <p style="text-align: center;">SOUTHERN POVERTY LAW CENTER, INC.</p> | Employer identification number <p style="text-align: center;">63-0598743</p> |
|--|---|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2019**

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | | | | | | | | | | | | |

Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| | (a) | | (b) |
|---|-----|----|------------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | X | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | X | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | X | | 2,000,000. |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | X | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | | X | |
| j Total. Add lines 1c through 1i | | | 2,000,000. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | |
|---|----|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

GRANT PAID TO RELATED 501(C)(4) FOR THE PURPOSE OF LOBBYING, GRASSROOTS

ORGANIZING, AND OTHER FORMS OF ADVOCACY TO DISMANTLE WHITE SUPREMACY,

STRENGTHEN INTERSECTIONAL MOVEMENTS, AND ADVANCE THE HUMAN RIGHTS OF

ALL PEOPLE.

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.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: SOUTHERN POVERTY LAW CENTER, INC. Employer identification number: 63-0598743

Part I 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: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 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? (Yes/No), 6 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? (Yes/No)

Part II 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: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register; 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year; 4 Number of states where property subject to conservation easement is located; 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No); 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 8 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)? (Yes/No); 9 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, 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: (i) Revenue included on Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X; 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: a Revenue included on Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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.

- 1a 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:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a 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 |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 529,801,832. | 471,046,606. | 432,723,955. | 319,283,961. | 302,812,620. |
| b Contributions | 21,605,315. | 20,054,510. | 33,264,245. | 67,220,177. | 10,031,491. |
| c Net investment earnings, gains, and losses | 32,780,075. | 39,625,922. | 5,844,079. | 46,882,681. | 7,037,252. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 13,310,450. | | | | |
| f Administrative expenses | 994,953. | 925,206. | 785,673. | 662,864. | 597,402. |
| g End of year balance | 569,881,819. | 529,801,832. | 471,046,606. | 432,723,955. | 319,283,961. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 99.00 %
 - b Permanent endowment 1.00 %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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 |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 669,682. | | 669,682. |
| b Buildings | | 23,974,014. | 15,142,453. | 8,831,561. |
| c Leasehold improvements | | 882,146. | 30,704. | 851,442. |
| d Equipment | | 9,093,385. | 7,178,244. | 1,915,141. |
| e Other | | 1,172,428. | 153,437. | 1,018,991. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 13,286,817. |

Part VII Investments - Other Securities.

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) PRIVATE INVESTMENT FUNDS | 569,881,823. | END-OF-YEAR MARKET VALUE |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 569,881,823. | |

Part VIII Investments - Program Related.

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) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

Part IX Other Assets.

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) | |
| Total. (Column (b) must equal Form 990, Part X, col. (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) GIFT ANNUITY LIABILITIES | 7,924,159. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 7,924,159. |

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 ...

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 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | | 4c |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 |

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 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 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 | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | | 4c |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 |

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 IV, LINE 2B:

AN IOLTA TRUST ACCOUNT HAS BEEN SET UP IN A SEPARATE BANK ACCOUNT TO HOLD

ANY MONEY RECEIVED ON BEHALF OF A CLIENT OR A THIRD PARTY IN A LEGAL

MATTER FOR DISTRIBUTION TO DESIGNATED RECIPIENTS. THE BALANCE AT THE END

OF THE YEAR IS \$3,649.

PART V, LINE 4:

THE CENTER INVESTS CONSIDERING THE LONG-TERM EXPECTED RETURN ON ITS FUNDS

WHICH TARGETS A DIVERSIFIED ASSET ALLOCATION MADE UP OF PUBLIC AND PRIVATE

EQUITY, HEDGE FUNDS, FIXED INCOME, AND REAL ESTATE TO ACHIEVE ITS

LONG-TERM RETURN OBJECTIVES WITHIN PRUDENT RISK CONSTRAINTS. THE GOAL IS

TO HAVE AN ENDOWMENT LARGE ENOUGH TO SUSTAIN ITS CURRENT LEVEL OF

Part XIII Supplemental Information *(continued)*

ACTIVITIES, TO FUND NEW PROJECTS AND LAWSUITS AS THE NEED ARISES, AND TO

PROTECT THE CENTER FROM INFLATION.

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

▶ 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

Employer identification number

SOUTHERN POVERTY LAW CENTER, INC.

63-0598743

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, | 0 | 0 | FUNDRAISING | | 0. |
| EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA, | 0 | 0 | FUNDRAISING | | 0. |
| EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM | 0 | 0 | FUNDRAISING | | 0. |
| MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | 0 | 0 | FUNDRAISING | | 0. |
| NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES | 0 | 0 | FUNDRAISING | | 0. |
| NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES | 0 | 0 | INVESTING | | 0. |
| 3 a Subtotal | 0 | 0 | | | 0. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 0. |

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

Schedule F (Form 990) 2019

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

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 IV, QUESTION 3

THE CENTER HAS OWNERSHIP IN SEVERAL FOREIGN CORPORATIONS. HOWEVER, THE CENTER'S OWNERSHIP PERCENTAGE IN THESE CORPORATIONS DOES NOT RISE TO THE LEVEL OF REPORTING ON THE FORM 5471.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2019

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

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

Name of the organization: **SOUTHERN POVERTY LAW CENTER, INC.**
Employer identification number: **63-0598743**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|------------------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| TELEFUND, INC. - P O BOX 120557, BOSTON, MA 02112 | TELEMARKETING | | X | 209,813. | 159,856. | 49,957. |
| SD&A - 5757 WEST CENTURY BLVD., STE 300, LOS ANGELES, | TELEMARKETING | | X | 172,260. | 276,134. | -103,874. |
| INTEGRATED DIRECT MARKETING, LLC - 1250 CONNECTICUT AVE NW | FUNDRAISING CONSULTING | | X | 0. | 142,000. | -142,000. |
| RISING TIDE INTERACTIVE, LLC - 1250 H STREET NW, STE. 200, | MARKETING CONSULTING | | X | 0. | 72,000. | -72,000. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | 382,073. | 649,990. | -267,917. |

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS
MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI
WY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|--|---|--------------|------------------|---------------------------------|
| | | (event type) | (event type) | (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 | Gross receipts | | | |
| | 2 | Less: Contributions | | | |
| | 3 | Gross income (line 1 minus line 2) | | | |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | | | |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | | | |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--|---|---|---|--|
| | | 1 | Gross revenue | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

| | | | |
|-------------------------------|--|-----|---|
| a The organization's facility | | 13a | % |
| b An outside facility | | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: SD&A

(I) ADDRESS OF FUNDRAISER:

5757 WEST CENTURY BLVD., STE 300, LOS ANGELES, CA 90045

(I) NAME OF FUNDRAISER: INTEGRATED DIRECT MARKETING, LLC

(I) ADDRESS OF FUNDRAISER:

1250 CONNECTICUT AVE NW STE. 200, WASHINGTON, DC 20036

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: RISING TIDE INTERACTIVE, LLC

(I) ADDRESS OF FUNDRAISER:

1250 H STREET NW, STE. 200, WASHINGTON, DC 20005

SCHEDULE G, PART I, LINE 2B

AS IS TYPICAL OF MANY NONPROFITS, THE SPLC ENGAGES PROFESSIONAL FUNDRAISING FIRMS TO HELP IT INTEREST NEW SUPPORTERS OR PAST SUPPORTERS IN ITS WORK. THE AMOUNTS LISTED IN COLUMN (IV) ARE THOSE CONTRIBUTED BY SUCH SUPPORTERS AT THE TIME THAT THEY BECOME SUPPORTERS OR RENEW THEIR SUPPORT; THEY ARE NOT THE AMOUNTS REASONABLY EXPECTED TO BE CONTRIBUTED FROM SUCH SUPPORTERS OVER TIME. THE FIRMS DO NOT RETAIN ANY OF THE FUNDS THEY RAISE; THE AMOUNTS IN COLUMN (V) ARE THEIR FEES.

**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 POVERTY LAW CENTER, INC.** Employer identification number **63-0598743**

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**
- 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 noncash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|---------------------------------|--|--|--|---|
| AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY STREET PHILADELPHIA, PA 19102-1479 | 23-1352010 | 501(C)(3) | 50,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| AMERICA'S SECOND HARVEST OF COASTAL GEORGIA - 2501 E PRESIDENT ST - SAVANNAH, GA 31404 | 58-1442013 | 501(C)(3) | 50,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| ATLANTA COMMUNITY FOOD BANK 3400 NORTH DESERT DRIVE ATLANTA, GA 30344 | 58-1376648 | GOVERNMENT ENTITY | 25,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| BREAD OF LIFE FELLOWSHIP, INC P O BOX 770451 WINTER GARDEN, FL 34777-0451 | 59-3166797 | 501(C)(3) | 25,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| BREAD OF THE MIGHTY FOOD BANK, INC 325 NW 10TH AVE GAINESVILLE, FL 32601 | 59-2805577 | 501(C)(3) | 25,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS - 1000 HOWARD AVE SUITE 1000 - NEW ORLEANS, LA 70113 | 72-0408911 | 501(C)(3) | 25,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 90.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CENTRO CAMPESINO FARMWORKER CTR 35801 SW 186 AVE FLORIDA CITY, FL 33034 | 59-1460598 | 501(C)(3) | 50,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| CHATTANOOGA AREA FOOD BANK 2009 CURTAIN POLE RD CHATTANOOGA, TN 37406 | 62-0867645 | GOVERNMENT ENTITY | 25,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| COALITION OF FLORIDA FARMWORKER ORGANIZATION INC - 778 WEST PALM DRIVE - FLORIDA CITY, FL 33034 | 59-2149950 | 501(C)(3) | 25,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| COMMUNITY FOOD BANK OF CENTRAL ALABAMA - 107 WALTER DAVIS DR - BIRMINGHAM, AL 35209 | 63-0837956 | GOVERNMENT ENTITY | 25,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| DELTA FRESH FOODS INITIATIVE INC 4408 MCINGVALE RD HERNANDO, MS 38632 | 45-5378239 | 501(C)(3) | 75,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| DELTA HANDS FOR HOPE 124 E PEELER ST SHAW, MS 38773 | 46-3929294 | 501(C)(3) | 16,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| EL SOL JNRC 106 MILITARY TRAIL JUPITER, FL 33458 | 01-0870672 | 501(C)(3) | 25,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| ENDLESS CHARITIES 202 WESTON AVE LELAND, MS 38756 | 82-3471913 | 501(C)(3) | 5,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| ESPERANZA COMMUNITY CENTER 3600 BROADWAY#20 WEST PALM BEACH, FL 33407 | 83-3986715 | 501(C)(3) | 25,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| FARMWORKER ASSN OF FL INC, THE 1264 APOPKA BOULEVARD APOPKA, FL 32703 | 59-2683978 | 501(C)(3) | 50,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| FAYETTE HELPING HAND 1516 MAIN ST FAYETTE, MS 39069 | 64-0930662 | 501(C)(3) | 20,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| FEEDING AMERICA 35 EAST WACKER DR, STE 2000 CHICAGO, IL 60601 | 36-3673599 | 501(C)(3) | 1,000,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| FEEDING THE GULF COAST 5248 MOBILE SOUTH STREET THEODORE, AL 36582 | 63-0821997 | 501(C)(3) | 25,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| FEEDING THE VALLEY INC 6744 FLAT ROCK RD MIDLAND, GA 31820 | 58-1498131 | 501(C)(3) | 25,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| FOOD BANK OF CENTRAL LOUISIANA INC 3223 BALDWIN AVE ALEXANDRIA, LA 71301 | 72-1154072 | GOVERNMENT ENTITY | 25,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| FOOD BANK OF EAST ALABAMA INC 355 INSDUSTRY DR AUBURN, AL 36832 | 63-1112492 | GOVERNMENT ENTITY | 25,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| FOOD BANK OF NORTHEAST LOUISIANA 4600 CENTRAL AVE MONROE, LA 71203 | 72-1333809 | GOVERNMENT ENTITY | 75,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| FRANCISCAN CENTER INC 101 W 23RD STREET BALTIMORE, MD 21218 | 52-1164260 | 501(C)(3) | 50,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| GEORGIA MOUNTAIN FOOD BANK INC 1642 CALVARY INDUSTRIAL DR GAINESVILLE, GA 30507 | 26-2787610 | 501(C)(3) | 25,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| GOLDEN HARVEST FOOD BANK INC 3310 COMMERCE DR AUGUSTA, GA 30909-4417 | 58-1466516 | 501(C)(3) | 25,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| GREATER BATON ROUGE FOOD BANK 10600 SOUTH CHOCTAW DR BATON ROUGE, LA 70815 | 72-1065318 | GOVERNMENT ENTITY | 25,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| GREENWOOD COMMUNITY CENTER 709 AVENUE I GREENWOOD, MS 38930 | 81-5238235 | GOVERNMENT ENTITY | 50,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| IMMIGRANT ALLIANCE FOR JUSTICE AND EQUITY - 5106 KAYWOOD CR - JACKSON, MS 39211 | 84-4925897 | 501(C)(3) | 25,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| MAGNOLIA MEDICAL FOUNDATION P.O.BOX 1100 PMB 10414 RAYMOND, MS 39154-1100 | 90-0504363 | 501(C)(3) | 50,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| METROPOLITAN UNITED METHODIST CHURCH - 3108 ROSA PARKS AVE - MONTGOMERY, AL 36105 | 63-0860335 | 501(C)(3) | 50,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| MID-SOUTH FOOD BANK 3865 S PERKINS RD MEMPHIS, TN 38118 | 62-1340755 | GOVERNMENT ENTITY | 25,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| MILL COMMUNITY MINISTRIES 8 LOIS AVE GREENVILLE, SC 29611 | 90-0854058 | 501(C)(3) | 25,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| MISSISSIPPI BAND OF CHOCTAW INDIANS - 375 INDUSTRIAL RD - CHOCYAW, MS 39350 | 64-0345731 | 501(C)(3) | 30,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| MISSISSIPPI DELTA COUNCIL FOR FARM WORKERS OPPORTUNITIES INC - 1005 NORTH STATE STREET - CLARKSDALE, MS 38614 | 64-0507946 | 501(C)(3) | 25,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| MISSISSIPPI FOOD NETWORK INC 440 W. BEATTY ST JACKSON, MS 39201 | 64-0676325 | 501(C)(3) | 25,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| MONTGOMERY AREA FOOD BANK 521 TRADE CENTER STREET MONTGOMERY, AL 36108 | 63-0931846 | GOVERNMENT ENTITY | 25,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| NORTHWEST LOUISIANA FOOD BANK 2307 TEXAS AVE SHREVEPORT, LA 71103 | 72-1328890 | GOVERNMENT ENTITY | 25,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| OPEN ARMS INC 239 RAILROAD AVE PHILADELPHIA, MS 39350 | 30-0747555 | 501(C)(3) | 50,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| OUACHITA MULTI-PURPOSE COMMUNITY ACTION PROGRAM - 4001 JACKSON ST - MONROE, LA 71202 | 72-0631715 | 501(C)(3) | 50,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| REACHING EDUCATING FOR COMMUNITY HOPE FOUNDATION - P.O.BOX 10740 - JACKSON, MS 39289 | 84-1709644 | 501(C)(3) | 50,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| RURAL WOMENS HEALTH PROJECT INC 1108 SW 2ND AVE GAINESVILLE, FL 32604 | 59-3429511 | 501(C)(3) | 10,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SANDALWOOD COMMUNITY FOOD PANTRY P.O BOX 5061 HILTON HEAD ISLAND, SC 29938 | 27-2766571 | GOVERNMENT ENTITY | 25,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| SECOND HARVEST OF SOUTH GEORGIA 1411 HARBIN CIRCLE VALDOSTA, GA 31601 | 58-2208545 | GOVERNMENT ENTITY | 25,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| SELMA AREA FOOD BANK 101 AVE C SELMA, AL 36701 | 63-1275167 | GOVERNMENT ENTITY | 50,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| SOUTHERN FOUNDATION FOR HOMELESS CHILDREN INC - 317 MLK DRIVE SUITE 2 - STARKVILLE, MS 39759 | 58-2034687 | 501(C)(3) | 50,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| SOUTHWEST WELLNESS ASSOCIATION OF MISSISSIPPI - 408 N. DR MLK JR STREET - NATCHEZ, MS 39120 | 82-4560262 | 501(C)(3) | 7,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| THE EXPERIENCE CHRISTIAN CENTER THE - 5230 INDIAN HILL RD - ORLANDO, FL 32808 | 27-0865579 | 501(C)(3) | 50,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| TRINITY DEVELOPMENT FOUNDATION 321 S SHARPE AVENUE CLEVELAND, MS 38732 | 30-0708528 | 501(C)(3) | 50,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| TUTWILER COMMUNITY EDUCATION CENTER - 304 HANCOCK STREET - TUTWILER, MS 38963 | 58-1887449 | GOVERNMENT ENTITY | 35,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| UNCLE JERRYS FARMS 3179 LANEWOOD RD JACKSON, MS 39213 | 81-4353145 | 501(C)(3) | 50,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| UPSTATE CIRCLE OF FRIENDS 29 RIDGEWAY DR GREENVILLE, SC 29605 | 20-4593516 | 501(C)(3) | 50,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| WE2GETHER CREATING CHANGE 167 NORTH MAIN ST DREW, MS 38737 | 80-0438253 | 501(C)(3) | 25,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| WESTSIDE COMMUNITY ACTION COUNCIL INC - P.O.BOX 2162 - TUSCALOOSA, AL 35403 | 63-1185761 | 501(C)(3) | 100,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| WHEN WE ALL VOTE 1156 15TH STREET NW SUITE 1000 WASHINGTON, DC 20005 | 83-0996376 | 501(C)(3) | 50,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| WIREGRASS AREA FOOD BANK 382 TWITCHELL RD DOTHAN, AL 36303 | 63-1075810 | GOVERNMENT ENTITY | 50,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| A SERVANT'S LOVE INC P.O.BOX 9068 MOBILE, AL 36691 | 27-1443712 | 501(C)(3) | 50,000. | 0. | | | COVID-19 FOOD SECURITY GRANT |
| ANCHORAGE SCHOOL DISTRICT 4025 E.NORTHERN LTS BLVD ANCHORAGE, AK 99508 | 92-6000078 | GOVERNMENT ENTITY | 5,000. | 0. | | | TT EDUCATOR GRANT |
| BOARD OF EDUCATION OF THE VOCATIONAL SCHOOLS IN THE COUNTY OF MONMOUTH - 4000 KOZIOSKI ROAD - FREEHOLD, NJ 07728 | 21-6007749 | GOVERNMENT ENTITY | 7,500. | 0. | | | TT EDUCATOR GRANT |
| BUFFALO ACADEMY OF SCIENCE CHARTER SCHOOL - 190 FRANKLIN STREET - BUFFALO, NY 14202 | 20-0723492 | 501(C)(3) | 10,000. | 0. | | | TT EDUCATOR GRANT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| BURLINGTON SCHOOL DISTRICT 150 COLCHESTER AVENUE BURLINGTON, VT 05401 | 47-1351664 | GOVERNMENT ENTITY | 9,000. | 0. | | | TT EDUCATOR GRANT |
| CHAPEL HILL-CARRBORO CITY SCHOOLS 750 S. MERRITT MILL RD CHAPEL HILL, NC 27516 | 56-6001004 | GOVERNMENT ENTITY | 10,000. | 0. | | | TT EDUCATOR GRANT |
| COLLEGIATE ACADEMIES 7301 DWYER RD NEW ORLEANS, LA 70126 | 80-0601507 | 501(C)(3) | 5,000. | 0. | | | TT EDUCATOR GRANT |
| DISTRICT OF COLUMBIA GOVERNMENT 101 N. STREET NW WASHINGTON, DC 20001 | 53-6001131 | GOVERNMENT ENTITY | 5,000. | 0. | | | TT EDUCATOR GRANT |
| EASTSIDE UNION SCHOOL DISTRICT 44938 30TH ST EAST LANCASTER, CA 93535 | 95-6001044 | GOVERNMENT ENTITY | 10,000. | 0. | | | TT EDUCATOR GRANT |
| ERASE THE SPACE INC 230 E.BEECHWOLD BLVD COLUMBUS, OH 43214 | 82-5186828 | 501(C)(3) | 9,000. | 0. | | | TT EDUCATOR GRANT |
| ERIE ELEMENTARY CHARTER SCHOOL 1405 N. WASTENAW AVE. CHICAGO, IL 60622 | 37-1504399 | GOVERNMENT ENTITY | 5,000. | 0. | | | TT EDUCATOR GRANT |
| FREIRE CHARTER SCHOOL 2027 CHESTNUT ST. PHILADELPHIA, PA 19103 | 23-3001981 | GOVERNMENT ENTITY | 7,896. | 0. | | | TT EDUCATOR GRANT |
| FUND FOR PUBLIC SCHOOLS INC 52 CHAMBERS ST, ROOM#305 NEW YORK, NY 10007 | 11-2656137 | 501(C)(3) | 10,000. | 0. | | | TT EDUCATOR GRANT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| JACKSONVILLE PUBLIC EDUCATION FUND 40 E ADAMS ST, SUITE 110 JACKSONVILLE, FL 32202 | 59-2756660 | GOVERNMENT ENTITY | 10,000. | 0. | | | TT EDUCATOR GRANT |
| JUBILEE SCHOOL 4211 CHESTER AVE PHILADELPHIA, PA 19104 | 23-2844857 | GOVERNMENT ENTITY | 5,000. | 0. | | | TT EDUCATOR GRANT |
| LAPWAI SCHOOL DISTRICT#341 404 S. MAIN ST LAPWAI, ID 83540 | 82-6000843 | GOVERNMENT ENTITY | 5,000. | 0. | | | TT EDUCATOR GRANT |
| LONG BEACH UNIFIED SCHOOL DISTRICT 2800 SNOWDEN AVE LONG BEACH, CA 90815 | 95-6001886 | GOVERNMENT ENTITY | 10,000. | 0. | | | TT EDUCATOR GRANT |
| MILWAUKEE BD OF SCHOOL DIRECTORS 5225 W.VIET STREET MILWAUKEE, WI 53201-2181 | 39-6003457 | GOVERNMENT ENTITY | 10,000. | 0. | | | TT EDUCATOR GRANT |
| MONONA GROVE SCHOOL DISTRICT 5301 MONONA DR MONONA, WI 53716 | 39-0988596 | GOVERNMENT ENTITY | 9,975. | 0. | | | TT EDUCATOR GRANT |
| OAKLAND PUBLIC EDUCATION FUND P.O.BOX 71005 OAKLAND, CA 94612 | 43-2014630 | GOVERNMENT ENTITY | 5,000. | 0. | | | TT EDUCATOR GRANT |
| ODYSSEY CHARTER SCHOOL 4319 LANCASTER AVE, BLDG 22 WILMINGTON, DE 19805 | 20-1787299 | GOVERNMENT ENTITY | 5,000. | 0. | | | TT EDUCATOR GRANT |
| PINE HILL BOARD OF EDUCATION 1003 TURNERVILLE RD PINE HILL, NJ 08021 | 21-6000284 | GOVERNMENT ENTITY | 5,000. | 0. | | | TT EDUCATOR GRANT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| PORTLAND PUBLIC SCHOOLS 353 CUMBERLAND AVE PORTLAND, ME 04101 | 04-3374427 | GOVERNMENT ENTITY | 8,500. | 0. | | | TT EDUCATOR GRANT |
| RESEARCH FOUNDATION FOR SUNY 350 NEW CAMPUS DRIVE BROCKPORT, NY 14420-2932 | 14-1368361 | 501(C)(3) | 10,000. | 0. | | | TT EDUCATOR GRANT |
| STAFFORD COUNTY SCHOOLS 2135 MOUNTAIN VIEW RD STAFFORD, VA 22556 | 54-6001628 | GOVERNMENT ENTITY | 5,000. | 0. | | | TT EDUCATOR GRANT |
| THOMAS EDISON ELEMENTARY FOUNDATION - 435 SOUTH PACIFIC AVE - GLENDALE, CA 91204 | 45-3308542 | 501(C)(3) | 5,000. | 0. | | | TT EDUCATOR GRANT |
| TOWN OF SAUGUS 298 CENTRAL ST SAUGUS, MA 01906 | 04-6001291 | GOVERNMENT ENTITY | 5,000. | 0. | | | TT EDUCATOR GRANT |
| VOICES IN VOTING 11000 N.GREEN VALLEY PKWY, SUITE 44 HENDERSON, NV 89074 | 20-1130614 | 501(C)(3) | 10,000. | 0. | | | TT EDUCATOR GRANT |
| WAKE COUNTY PUBLIC SCHOOL SYSTEM 5625 DILLARD DR CARY, NC 27518 | 56-1137759 | GOVERNMENT ENTITY | 10,000. | 0. | | | TT EDUCATOR GRANT |
| WALLINGFORD-SWARTHMORE SCHOOL DIST. - 200 S.PROVIDENCE ROAD - WALLINGFORD, PA 19086 | 23-1740499 | GOVERNMENT ENTITY | 10,000. | 0. | | | TT EDUCATOR GRANT |
| ATLANTA PARTNERSHIP OF BUSINESS & EDUCATION INC - 130 TRINITY AVE SW - ATLANTA, GA 30303 | 58-1463137 | 501(C)(3) | 10,000. | 0. | | | TT VOTING & DEMOCRACY GRANTS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CLAYTON COUNTY BOARD OF EDUCATION 1058 FIFTH AVE JONESBORO, GA 30236 | 58-6000212 | GOVERNMENT ENTITY | 10,000. | 0. | | | TT VOTING & DEMOCRACY GRANTS |
| THE SCHOOL BOARD OF MIAMI-DADE COUNTY FL - 1450 NE 2ND AVE, - MIAMI, FL 33132 | 59-6000572 | GOVERNMENT ENTITY | 10,000. | 0. | | | TT VOTING & DEMOCRACY GRANTS |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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 noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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:

ORGANIZATIONS RECEIVING TT EDUCATOR GRANTS & TT VOTING & DEMOCRACY GRANTS
 ARE REQUIRED TO SUBMIT RESULTS RELATED TO THEIR PROJECTS AND A FINAL
 POST-PROJECT EVALUATION FORM. AN EMPLOYEE OF THE CENTER IS RESPONSIBLE FOR
 MONITORING THE GRANTS AND THEIR RESULTS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
SOUTHERN POVERTY LAW CENTER, INC.

Employer identification number
63-0598743

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | X | |
| 2 | X | |
| 4a | X | |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) KAREN BAYNES-DUNNING INTERIM PRESIDENT/CEO | (i) | 350,769. | 0. | 2,965. | 28,000. | 4,784. | 386,518. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) RICHARD COHEN OUTGOING PRESIDENT/CEO | (i) | 120,177. | 0. | 281,625. | 11,785. | 0. | 413,587. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) TEENIE HUTCHISON SECRETARY/TREASURER | (i) | 196,226. | 576. | 9,096. | 19,623. | 8,749. | 234,270. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) ED LORD CHIEF DEVELOPMENT OFFICER | (i) | 219,939. | 541. | 0. | 22,077. | 17,977. | 260,534. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) ERIK OLVERA CHIEF COMMUNICATIONS OFFICER | (i) | 161,539. | 0. | 6,060. | 16,154. | 13,798. | 197,551. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) LECIA BROOKS CHIEF OF STAFF | (i) | 185,709. | 0. | 2,029. | 18,571. | 7,392. | 213,701. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) RHONDA BROWNSTEIN OUTGOING LEGAL DIRECTOR | (i) | 100,285. | 0. | 172,080. | 10,029. | 2,071. | 284,465. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) SETH LEVI CHIEF PROGRAM STRATEGY OFFICER | (i) | 204,053. | 593. | 0. | 20,438. | 8,502. | 233,586. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) DAVID DINIELLI DEPUTY LEGAL DIRECTOR | (i) | 167,816. | 571. | 498. | 16,781. | 8,047. | 193,713. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) HEIDI BEIRICH DIRECTOR-INTEL PROJECT | (i) | 170,775. | 575. | 1,740. | 17,078. | 8,643. | 198,811. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (11) JAMES KNOEPP GENERAL COUNSEL | (i) | 159,166. | 543. | 0. | 16,577. | 17,594. | 193,880. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (12) LISA GRAYBILL DEPUTY LEGAL DIRECTOR | (i) | 173,527. | 561. | 0. | 17,556. | 9,456. | 201,100. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (13) MAUREEN COSTELLO DIRECTOR OF TEACHING TOLER | (i) | 167,579. | 558. | 740. | 16,758. | 16,373. | 202,008. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

DUES FOR MEMBERSHIP IN A SOCIAL (BUSINESS LUNCHEON) CLUB IS PAID BY THE

ORGANIZATION ON BEHALF OF THE CEO/PRESIDENT FOR A DE MINIMIS COST TO THE

CENTER. IT IS USED FOR BUSINESS PURPOSES.

THE ORGANIZATION PAYS 1/2 THE COST OF MEMBERSHIP FEES TO A HEALTH CLUB FOR

EVERY EMPLOYEE WHO CHOOSES TO PARTICIPATE IN THE HEALTH PROGRAM. THE

AMOUNT IS INCLUDED IN EACH EMPLOYEE'S COMPENSATION.

PART I, LINE 4A:

RHONDA BROWNSTEIN, LEGAL DIRECTOR, RECEIVED SEVERENCE PAYMENT OF \$101,197

FOR FY 10/31/2020.

RICHARD COHEN, PRESIDENT/CEO, RECEIVED SEVERENCE PAYMENT OF \$189,278 FOR FY

10/31/2020.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization: **SOUTHERN POVERTY LAW CENTER, INC.** Employer identification number: **63-0598743**

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 493 | 2,260,627. FMV | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other () | | | | |
| 26 Other () | | | | |
| 27 Other () | | | | |
| 28 Other () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

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 POVERTY LAW CENTER, INC.

Employer identification number

63-0598743

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITIES TO DISMANTLE WHITE SUPREMACY, STRENGTHEN INTERSECTIONAL
MOVEMENTS, AND ADVANCE THE HUMAN RIGHTS OF ALL PEOPLE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DISPROPORTIONATELY HARMING AFRICAN-AMERICAN AND LATINO STUDENTS LIVING
IN POVERTY. THE SPLC ATTORNEYS FOCUS ON THESE CRITICAL CIVIL RIGHTS
ISSUES FROM FIVE SPLC OFFICES IN THE DEEP SOUTH.

THE CENTER HAS IDENTIFIED FOUR AREAS OF WORK THAT POSE THE GREATEST

OPPORTUNITIES TO ACHIEVING ITS MISSION. THE CENTER HAS PRIORITIZED

THESE AREAS OF WORK IN ORDER TO ACHIEVE MAXIMUM IMPACT ON ITS GOALS,

INCLUDING ERADICATING POVERTY, DECRIMINALIZING AND DECARCERATING BLACK

AND BROWN PEOPLE, PROTECTING VOTING RIGHTS AND CIVIC ENGAGEMENT, AND

DISMANTLING WHITE NATIONALISM AND PROTECTING DEMOCRACY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

ON THE STRUCTURAL CAUSES, AND IMPACTS, OF INEQUALITY AND USES A

MULTIFACETED APPROACH OF COMMUNITY EDUCATION, MOBILIZATION, MEDIA AND

LEGISLATIVE ADVOCACY TO COMBAT BIAS AND DISCRIMINATION AGAINST

MINORITIES, IMMIGRANTS, THE POOR, THE LGBT COMMUNITY AND OTHER

VULNERABLE MEMBERS OF SOCIETY. ALL OF THE SPLC'S WORK IS PROVIDED FREE

OF CHARGE.

FORM 990, PART VI, SECTION B, LINE 11B:

AFTER FORM 990 IS PREPARED BY AN EXTERNAL ACCOUNTING FIRM, JACKSON

THORNTON, THE RETURN IS THOROUGHLY REVIEWED BY OUR CHIEF FINANCIAL OFFICER.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

| | |
|---|--|
| Name of the organization SOUTHERN POVERTY LAW CENTER, INC. | Employer identification number 63-0598743 |
|---|--|

THE FINANCIAL INFORMATION AND DISCLOSURES ARE EXAMINED AND TRACED FROM INTERNALLY PREPARED DOCUMENTS TO THE TAX RETURN TO ENSURE COMPLETENESS AND ACCURACY. THE 990 IS THEN PRESENTED TO THE AUDIT COMMITTEE FOR REVIEW AND APPROVAL BEFORE SUBMISSION TO THE IRS. IT IS SIGNED BY OUR CHIEF FINANCIAL OFFICER

FORM 990, PART VI, SECTION B, LINE 12C:
 EVERY YEAR IN APRIL, BOARD MEMBERS, DIRECTORS, OFFICERS, KEY EMPLOYEES, AND OTHER PERSONS AS DESIGNATED BY THE BOARD OR PRESIDENT SIGN A CONFLICTS OF INTEREST ACKNOWLEDGEMENT STATEMENT CERTIFYING THAT THEY (1) HAVE RECEIVED A COPY OF THE CONFLICTS POLICY, (2) HAVE READ AND UNDERSTAND THE CONFLICTS POLICY, (3) HAVE AGREED TO COMPLY WITH THE CONFLICTS POLICY, (4) HAVE AGREED TO NOTIFY THE CENTER OF ANY POTENTIAL CONFLICTS IN WRITING AND (5) UNDERSTAND THAT THE CENTER IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS STATED TAX-EXEMPT PURPOSES. MANAGEMENT REVIEWS POTENTIAL CONFLICTS OF INTEREST AND RESOLVES THE CONFLICT OR PRESENTS TO THE BOARD OF DIRECTORS FOR RESOLUTION.

FORM 990, PART VI, SECTION B, LINE 15:
 THE SALARY OF THE PRESIDENT & CEO SHALL BE FIXED BY THE BOARD AND SHALL BE REASONABLE IN AMOUNT. THE BOARD SHALL REVIEW AND APPROVE THE SALARY OF THE CHIEF FINANCIAL OFFICER.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
 AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC
 ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, MO

| | |
|---|--|
| Name of the organization SOUTHERN POVERTY LAW CENTER, INC. | Employer identification number 63-0598743 |
|---|--|

FORM 990, PART VI, SECTION C, LINE 19:

THE MOST CURRENT AND UPDATED COPY OF THE ANNUAL REPORT AND AUDITED
 FINANCIAL STATEMENTS ARE POSTED ON OUR WEB-SITE AND ARE AVAILABLE FOR
 MAILING TO AN INDIVIDUAL OR ORGANIZATION AS REQUESTED. THE BY-LAWS AND
 CONFLICTS OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ 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

Name of the organization **SOUTHERN POVERTY LAW CENTER, INC.** Employer identification number **63-0598743**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| SPLC ACTION FUND - 83-1085161 400 WASHINGTON AVENUE MONTGOMERY, AL 36104 | ADVOCACY | ALABAMA | 501(C)(4) | | | | X |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | X | |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | X | |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | X | |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) SPLC ACTION FUND | B | 2,000,000. | ACTUAL TRANSFER |
| (2) SPLC ACTION FUND | N | 55,312. | USAGE PERCENTAGE |
| (3) SPLC ACTION FUND | O | 378,964. | TIME ALLOCATION PERCENTAGE |
| (4) SPLC ACTION FUND | Q | 34,599. | USAGE PERCENTAGE |
| (5) | | | |
| (6) | | | |

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners sec. 501(c)(3) orgs.? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Dispropor- tionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|---|--|----|------------------------------------|--|--|----|---|---|----|--------------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Area with multiple horizontal lines for providing supplemental information.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2019

For calendar year 2019 or other tax year beginning NOV 1, 2019, and ending OCT 31, 2020

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

Part I: Name of organization (SOUTHERN POVERTY LAW CENTER, INC.), Employer identification number (63-0598743), and other identifying information.

Part C: Book value of all assets at end of year (614,389,428) and Part G: Check organization type (501(c) corporation).

Part H: Enter the number of the organization's unrelated trades or businesses (1) and describe the only (or first) unrelated trade or business here (NONE).

Part I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (No).

Part J: The books are in care of (TEENIE HUTCHISON) and Telephone number (334-956-8349).

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, and Total income (488,541).

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

Table with 3 columns: Description, Amount, and Net. Rows include Compensation of officers, Salaries and wages, and Total deductions (0).

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 32-39 for unrelated business taxable income calculations.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 40-45 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 46a-56 for tax and payment details.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 57-59 regarding foreign interests and tax-exempt interest.

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.

Sign Here: Signature of officer (Christine K. Cook), Date (2/5/21), Title (CHIEF FINANCIAL OFFICER).

Paid Preparer Use Only: Print/Type preparer's name (CHRISTINE K. COOK), Preparer's signature, Date (01/12/21), Check self-employed, PTIN (P00537690), Firm's name (JACKSON THORNTON & CO., PC), Firm's address (MONTGOMERY, AL 36101-0096), Firm's EIN (63-1035228), Phone no. (334-834-7660).

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

| | | | | | | | | | |
|----|---|----|--|---|--|---|-----|----|--|
| 1 | Inventory at beginning of year | 1 | | 6 | Inventory at end of year | 6 | | | |
| 2 | Purchases | 2 | | 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | | | |
| 3 | Cost of labor | 3 | | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | Yes | No | |
| 4a | Additional section 263A costs (attach schedule) | 4a | | | | | | | |
| b | Other costs (attach schedule) | 4b | | | | | | | |
| 5 | Total. Add lines 1 through 4b | 5 | | | | | | | |

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

| | |
|-----|--|
| (1) | |
| (2) | |
| (3) | |
| (4) | |

2. Rent received or accrued

| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | 0. | Total 0. |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

| 1. Description of debt-financed property | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | | |
|---|---|--|--|---|
| | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| Totals | | | Enter here and on page 1, Part I, line 7, column (A). 0. | Enter here and on page 1, Part I, line 7, column (B). 0. |
| Total dividends-received deductions included in column 8 | | | | 0. |

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|---------------------|---|-------------------------------------|--|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |
| Totals | | | 0. | 0. |

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|---|---------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Enter here and on page 1, Part I, line 9, column (A). | | Enter here and on page 1, Part I, line 9, column (B). |
| Totals | | 0. | | 0. |

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | Enter here and on page 1, Part I, line 10, col. (A). | Enter here and on page 1, Part I, line 10, col. (B). | | | | Enter here and on page 1, Part II, line 25. |
| Totals | 0. | 0. | | | | 0. |

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) | 0. | 0. | | | | 0. |

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | 0. | 0. | | | | 0. |
| Totals, Part II (lines 1-5) | 0. | 0. | | | | 0. |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | | 0. |

Form 990-T (2019)

FORM 990-T

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 1

| DESCRIPTION | NET INCOME OR (LOSS) |
|--|-------------------------|
| PALLADIAN PARTNERS V-A, LLC - ORDINARY BUSINESS INCOME (LOSS) | -10,491. |
| ENR PARTNERS - ORDINARY BUSINESS INCOME (LOSS) | -180,876. |
| LEGACY VENTURES VI - ORDINARY BUSINESS INCOME (LOSS) | -109. |
| CONTRARIAN DISTRESSED REAL ESTATE FUND II, L. P. - ORDINARY BUSINESS INCOME | -548. |
| DCPF VI OIL AND GAS COINVESTMENT FUND, L. P. - ORDINARY BUSINESS INCOME (LOS | 526,116. |
| AMBERBROOK VI, LLC - ORDINARY BUSINESS INCOME (LOSS) | 1,833. |
| COMMONFUND CAPITAL VENTURE PARTNER IX - ORDINARY BUSINESS INCOME (LOSS) | -4,275. |
| YORKTOWN ENERGY PARTNERS IX, L. P. - ORDINARY BUSINESS INCOME (LOSS) | 74,521. |
| LEXINGTON CAPITAL PARTNERS VII, L. P. - ORDINARY BUSINESS INCOME (LOSS) | 28,747. |
| COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VIII - ORDINARY BUSINESS INCOM | -13,938. |
| BAUPOST VALUE PARTNERS, LP - III - ORDINARY BUSINESS INCOME (LOSS) | -28,995. |
| HIGHFIELDS CAPITAL IV, LP - ORDINARY BUSINESS INCOME (LOSS) | -1,488. |
| YORKTOWN ENERGY PARTNERS XI, LP - ORDINARY BUSINESS INCOME (LOSS) | -229,275. |
| ENR PARTNERS II - ORDINARY BUSINESS INCOME (LOSS) | -341,563. |
| CANYON VALUE REALIZATION FUND, LP - ORDINARY BUSINESS INCOME (LOSS) | 3,420. |
| DAVIDSON KEMPNER INSTITUTIONAL PARTNERS - ORDINARY BUSINESS INCOME (LOSS) | 945. |
| DCPF VI, LP - ORDINARY BUSINESS INCOME (LOSS) | 115,888. |
| FFIP, LP - ORDINARY BUSINESS INCOME (LOSS) | 406,526. |
| GOVERNORS LANE ONSHORE FUND LP - ORDINARY BUSINESS INCOME (LOSS) | 372. |
| PARK PRESIDIO, LP - ORDINARY BUSINESS INCOME (LOSS) | 12,067. |
| SUSTAINABLE ASSET FUND II, LP - ORDINARY BUSINESS INCOME (LOSS) | -36,481. |
| TRUEBRIDGE CAPITAL PARTNERS V - ORDINARY BUSINESS INCOME (LOSS) | -509. |
| ROARK CAPITAL PARTNERS V (T) LP - ORDINARY BUSINESS INCOME (LOSS) | -38,070. |
| TRUEBRIDGE CAPITAL PARTNERS VI, L.P. - ORDINARY BUSINESS INCOME (LOSS) | -2. |
| RRG GLOBAL PARTNERS FUND LP - ORDINARY BUSINESS INCOME (LOSS) | 129,949. |
| OLYMPUS GROWTH FUND - ORDINARY BUSINESS INCOME (LOSS) | -56,767. |
| ELLIOTT ASSOCIATES LP - ORDINARY BUSINESS INCOME (LOSS) | 136,172. |
| GAOLING FUND LP - ORDINARY BUSINESS INCOME (LOSS) | 2,531. |
| CORTEC GROUP FUND, LP - ORDINARY BUSINESS INCOME (LOSS) | -7,159. |
| TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5 | 488,541. |

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 2

| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-----------------------------------|----------------|-------------------------|----------------|---------------------|
| 10/31/19 | 1,462,157. | 0. | 1,462,157. | 1,462,157. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 1,462,157. | 1,462,157. |

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 3

| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-----------------------------------|----------------|-------------------------|----------------|---------------------|
| 10/31/07 | 20,331. | 20,331. | 0. | 0. |
| 10/31/08 | 81,261. | 81,261. | 0. | 0. |
| 10/31/09 | 120,066. | 62,462. | 57,604. | 57,604. |
| 10/31/10 | 114,965. | 0. | 114,965. | 114,965. |
| 10/31/11 | 103,348. | 0. | 103,348. | 103,348. |
| 10/31/13 | 209,371. | 0. | 209,371. | 209,371. |
| 10/31/14 | 29,336. | 0. | 29,336. | 29,336. |
| 10/31/15 | 262,536. | 0. | 262,536. | 262,536. |
| 10/31/16 | 3,498. | 0. | 3,498. | 3,498. |
| 10/31/17 | 182,064. | 0. | 182,064. | 182,064. |
| 10/31/18 | 553,362. | 0. | 553,362. | 553,362. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 1,516,084. | 1,516,084. |