Form **990**

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.

2018
Open to Public linspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made publication.
 Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	2018 calendar year, or tax year beginning No	ov 1, 2018 and	enaing O	ST 31, 2019		
Bo	heck if pplicabl				D Employer i	dentifi	cation number
	Addre	southern poverty LAW CENTER, INC.					
L	Name chang			 	ļ	63-0	598743
F]Initial return]Final]return	Number and street (or P.O. box if mail is not del P.O. BOX 548	ivered to street address)	Room/suite	E Telephone (er 956-8349
	termin ated		ZIP or foreign postal code		G Gross receipts	\$	118,765,026.
_	Ameno		Lii o. foroigii pootai oodo		H(a) Is this a g		eturn
۳	Applic		BAYNES-DUNNING				s? Yes 🗓 No
_	non pendir	403 WASHINGTON AVENUE, MONTGOMERY,	AL 36104				ncluded? Yes No
				or 527			list. (see instructions)
1 1	AZ-UX	e: SPLCENTER.ORG; TEACHINGTOLERANCE.		<u> </u>	H(c) Group ex		
			sociation Other	1 Vear			M State of legal domicile; AL
	int)	Summary	Sociation Care P	L Total	or torriadon,		W Outo of logar definitions.
G.EA.		Briefly describe the organization's mission or most	cignificant activities: THE CE	NTER IS D	EDICATED TO		
9	1	FIGHTING HATE AND BIGOTRY AND TO SEEK	ING JUSTICE FOR THE MOS	T			
an		Check this box ▶ ☐ if the organization disco			than 25% of its	net as	sets
er		Number of voting members of the governing body					10
õ		Number of independent voting members of the governing body					10
-	l .	•					441
Activities & Governance	1	Total number of individuals employed in calendar y					446
Ξ		Total number of volunteers (estimate if necessary)				. –	
Ac	1	Total unrelated business revenue from Part VIII, co				. —	
	b	Net unrelated business taxable income from Form	990·1, IIII 30	·····	Prior Year		Current Year
		0 19 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			111,176	287	
ē	8	• • • • • • • • • • • • • • • • • • • •				,861.	
Revenue	9	Program service revenue (Part VIII, line 2g)		10,569	·		
Š	10	Investment income (Part VIII, column (A), lines 3, 4,		I		,520.	
_	וון	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			121,975	<u>. </u>	
		Total revenue - add lines 8 through 11 (must equal		1		,102. ,539.	
	1	Grants and similar amounts paid (Part IX, column (······-	- 603	0.	
		Benefits paid to or for members (Part IX, column (A			20 201		
S	15	Salaries, other compensation, employee benefits (F			29,201	<u> </u>	
Š	16a	Professional fundraising fees (Part IX, column (A), l	ne 11e)		1,535		·
Expenses	Ь	Total fundraising expenses (Part IX, column (D), line			42.627		
Ш	, · <i>,</i>	Other expenses (Part IX, column (A), lines 11a-11d,			43,627	<u> </u>	
		Total expenses. Add lines 13-17 (must equal Part I			74,970		
	-	Revenue less expenses. Subtract line 18 from line	<u> 12</u>		47,004		
Soc				Be	ginning of Currer		242 442 444
Set	7	•		······ —	518,251		
ZE E	21	Total liabilities (Part X, line 26)		······	25,758		543,144,050.
Ž	22	Net assets or fund balances. Subtract line 21 from	tine 20		492,493	,305.	543,144,030.
II.	irt II	Signature Block					u knowledge and halief it is
Und	er pena	lties of perjury, I declare that I have examined this return,	including accompanying schedule	s and stateme	ents, and to the be	ist of m	y knowledge and bellet, it is
true,	, correc	t, and complete. Declaration of preparer (other than office		ncn preparer	nas any knowled	2 / 2 /	
		Signature of officer	<u> </u>		Date	3/ <i>2</i> /	<u>) </u>
Sig	n .	•	, , , , , , , , , , , , , , , , , , ,		Julio	•	
Her	.6	TEENIE HUTCHISON, SECRETARY/TREAS	URER				
			Donatale alegation		Date	Check	PTIN
		Print/Type preparer's name	Preparer's signature		1/10/20	if '	
Paid		LUCINDA S. CHAPPELLE	LUCINDA S. CHAPPELLE	<u>_</u>		self-emplo	63-1035228
•	parer	THIII 3 Italii	PC		Firm's	EIN >	03 1003420
Use	Only	Firm's address PO BOX 96	ı.c		05	no 22.	4-834-7660
		MONTGOMERY, AL 36101-009			I Prione	110.33	
Mar	tha li	RS discuss this return with the preparer shown abo	vey (see instructions)				X Yes No

Pa	Till 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 CENTER IS DEDICATED TO FIGHTING HATE AND BIGOTRY AND TO SEEKING	
	JUSTICE FOR THE MOST VULNERABLE MEMBERS OF OUR SOCIETY. USING	
	LITIGATION, EDUCATION AND OTHER FORMS OF ADVOCACY, THE CENTER WORKS	
	TOWARD THE DAY WHEN THE IDEALS OF EQUAL JUSTICE AND EQUAL OPPORTUNITY	
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	•
	revenue, if any, for each program service reported.	ar experience, arra
4a	(Code:) (Expenses \$ 35,706,583. including grants of \$) (Revenue \$	328 083. \
ти	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 \$ 27,211,686. including grants of \$ 457,404.) (Revenue \$	61,954.
	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 \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 62,918,269.	Faura 990 (0010)
		Ca UU() (0010)

Form 990 (2018) SOUTHERN POVERTY LAW CENTER, INC. 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	└		
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
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?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, .u		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	145		
15		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		Y	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مر ا		•
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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? If "Yes." complete Schedule I, Parts I and II	21	X	

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Form **990** (2018)

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Form 990 (2018) SOUTHERN POVERTY LAW CEI
Part IV | Checklist of Required Schedules (continu

I ai	Officerist of Required Scriedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			17
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"			v
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		A
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		х
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 00		
٥.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
02	Schedule N. Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 713			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
000	(gambling) winnings to prize winners?	1c	990	(2018)
o32004	¥ 12-31-18	LOUI		(CU 10)

	990 (2018) SOUTHERN POVERTY LAW CENTER, INC.	63-059874	3	P	age ɔ
Pai	T V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		1 1		Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	441			
	filed for the calendar year ending with or within the year covered by this return	441		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	i i	2b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v	
3a			3a_	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author	-	4 -	х	
	financial account in a foreign country (such as a bank account, securities account, or other financial account (\$NNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNN	ıτ)?	4a	Α	
р	If "Yes," enter the name of the foreign country: CAYMAN ISLANDS				
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account		En		х
5a			<u>5a</u> 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file Form 8886-T?		50		
ua			6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions o		ua		
b			6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services p	rovided to the navor?	7a		х
b		payor:	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was req	ſ	7.5		
·	to file Form 8282?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88	ſ	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fi	ſ	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	T T			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				7.
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration		4-		•
	excess parachute payment(s) during the year?		15		X
46	If "Yes," see instructions and file Form 4720, Schedule N.	ma?	40		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	11C (16		

If "Yes," complete Form 4720, Schedule O.

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

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses in Schedule O</i>	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	This occion b requests information about policies not required by the internal nevertide dode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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	onlv) :	availah	ole
. =	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	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			
_0	TEENIE HUTCHISON - 334-956-8349			
	403 WASHINGTON AVENUE, MONTGOMERY, AL 36104			
	, ,			

Form **990** (2018)

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.

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

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week				110010	1711 43	(00)	from the	from related	other
	(list any hours for	ndividual trustee or director				_		organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 111100)	organization
	organizations	trust	nal tru		oyee	om pe		,		and related
	below	vidua	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	Ind	Inst	Officer	Key	E E	For			
(1) ELDEN ROSENTHAL	0.00									
DIRECTOR		Х						0.	0.	0.
(2) BRYAN FAIR	0.00									
DIRECTOR		Х						0.	0.	0.
(3) PAM HOROWITZ	0.00									
DIRECTOR		Х						0.	0.	0.
(4) MARSHA LEVICK	0.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(5) KATHERYN RUSSELL-BROWN	0.00									
DIRECTOR		Х						0.	0.	0.
(6) BENNETT GRAU	0.00									
DIRECTOR		Х						0.	0.	0.
(7) KAROL MASON	0.00									
DIRECTOR	_	Х						0.	0.	0.
(8) WILL LITTLE	0.00									
DIRECTOR		Х						0.	0.	0.
(9) JAMES MCELROY	0.00								•	
DIRECTOR		Х						0.	0.	0.
(10) HOWARD MANDELL	0.00									
DIRECTOR		Х						0.	0.	0.
(11) LIDA ORZECK	0.00									
DIRECTOR		Х						0.	0.	0.
(12) ELLEN SUDOW	0.00								•	
DIRECTOR	10.00	Х						0.	0.	0.
(13) KAREN BAYNES-DUNNING	40.00			l					•	
INTERIM PRESIDENT/CEO	10.00			Х				0.	0.	0.
(14) TEENIE HUTCHISON	40.00			l				100 500	•	0.5.4.0.0
SECRETARY/TREASURER	40.00			Х				190,609.	0.	26,129.
(15) RICHARD COHEN	40.00			l				202 021	•	42.455
PRESIDENT/CEO	40.00			Х				383,231.	0.	43,477.
(16) WENDY VIA	40.00	ŀ			١,,			154 634	_	22.204
CHIEF DEVELOPMENT & COMMUN	40.00		\vdash		Х			154,634.	0.	22,394.
(17) MORRIS DEES	40.00							272 000	^	44.064
CO-FOUNDER	1				Х			373,899.	0.	44,264.

Form **990** (2018) 832007 12-31-18

1 CHIT CCC (EC 16)										9-
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours per week	box	not cl	ss per	more	than o s both or/trus	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) RHONDA BROWNSTEIN	40.00									
LEGAL DIRECTOR					Х			233,062.	0.	31,116.
(19) LISA GRAYBILL DEPUTY LEGAL DIRECTOR	40.00					х		161,144.	0.	24,604.
(20) DAVID DINIELLI	40.00									
DEPUTY LEGAL DIRECTOR						х		154,939.	0.	23,441.
(21) MAUREEN COSTELLO	40.00									
DIRECTOR OF TEACHING TOLER						х		155,749.	0.	31,900.
(22) HEIDI BEIRICH DIRECTOR-INTEL PROJECT	40.00					х		166,469.	0.	24,623.
(23) JAMES KNOEPP	40.00									
GENERAL COUNSEL						Х		149,375.	0.	31,848.
4h Osh Asid							_	2 122 111	0.	303,796.
1b Sub-total								2,123,111.	0.	303,796.
c Total from continuation sheets to Part VI								2,123,111.	0.	303,796.
d Total (add lines 1b and 1c)									_ ·	303,790.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100.	UUU of reportable	

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

Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 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)	(B)	(C)
Name and business address	Description of services	Compensation
GRASSROOTS CAMPAIGNS INC.		
P O BOX 120557, BOSTON, MA 02112	CANVASSER	1,028,324.
NAMES IN THE NEWS	MAILING LIST & MERGE/PURGE	
180 GRAND AVE, OAKLAND, CA 94612	SERVICES	900,448.
WK UPCHURCH CONSTRUCTION	CRMC MEMORIAL TABLE RENO AND	
PO BOX 230487, MONTGOMERY, AL 36123-0487	KITCHEN REN	753,637.
OPERATIONS GROUP, INC		
1629 K ST NW, WASHINGTON, DC 20006	VOTER ENGAGEMENT PROJECT	415,000.
BUSINESS INTERIORS, INC, 2309 5TH AVENUE	OFFICE REMODELING & FURNITURE	
SOUTH, BIRMINGHAM, AL 35233-3203	SERVICE	399,977.
2 Total number of independent contractors (including but not limited to the	se listed above) who received more than	
\$100,000 of compensation from the organization	.8	
	·	= 000 (22.12)

Form **990** (2018)

10

63-0598743

Form 990 (2018) SOUTHERN POPER PART VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a	369,709.				
ran	b	Membership dues						
E G	С	Fundraising events						
iifts ar A	d	Related organizations						
s, G mila	е	Government grants (contributi						
igi	f	All other contributions, gifts, gran						
but		similar amounts not included above	1 1	96,982,736.				
ÖĖ	g	Noncash contributions included in lines	1a-1f: \$	1,837,251.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		>	97,352,445.			
				Business Code				
e l	2 a	COURT AWARDS		900099	328,083.	328,083.		
Program Service Revenue	b	·						
Se	С	:						_
am	d	l						
<u>Б</u> О.	е							
<u> </u>	f	All other program service reve	nue	900099				
	g	Total. Add lines 2a-2f			328,083.			
	3	Investment income (including						
		other similar amounts)		i i	2,770,007.			2,770,007.
	4	Income from investment of tax						<u> </u>
	5	Royalties			128,264.			128,264.
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	_	assets other than inventory	17,927,080.	116,504.				
	b	Less: cost or other basis	1 650 335					
	_	and sales expenses	1,030,325.	116,504.				
		Gain or (loss)			16,393,259.			16,393,259.
		Net gain or (loss)		P	10,333,233.			10,333,233.
ne	8 a	 Gross income from fundraising including \$ 	-					
Other Reven		contributions reported on line						
Be		Part IV, line 18	,					
her	h	Less: direct expenses						
ŏ		: Net income or (loss) from fund						
		Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
		and allowances		142,643.				
	b	Less: cost of goods sold		80,689.				
		Net income or (loss) from sale			61,954.	61,954.		
		Miscellaneous Revenu		Business Code				
	11 a	·						
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d		>				
	12	Total revenue. See instructions		>	117,034,012.	390,037.	0.	19,291,530.

63-0598743

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 respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	457,404.	457,404.		
^	and domestic governments. See Part IV, line 21	457,404.	437,404.		
2	Grants and other assistance to domestic				
2	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 Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
J	· · · · · · · · · · · · · · · · · · ·	1,786,803.	799,687.	708,737.	278,379
6	trustees, and key employees Compensation not included above, to disqualified	1,700,000.	733,007.	700,737.	270,372
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	24,350,596.	19,967,045.	1,913,536.	2,470,015
8	Pension plan accruals and contributions (include	21,330,330.	13,307,013.	1,313,330.	2,1,0,013
0	section 401(k) and 403(b) employer contributions)	2,049,098.	1,680,223.	161,024.	207,851
9	Other employee benefits	4,699,596.	3,836,669.	389,418.	473,509
0		1,903,035.	1,560,455.	149,545.	193,035
1	Payroll taxes	2,500,000.	2,000,100.	213,010.	250,000
' а	Management				
b	Legal	1,681,194.		1,681,194.	
	Accounting	165,739.		165,739.	
d	Lobbying	2,000,000.	2,000,000.		
e	Professional fundraising services. See Part IV, line 17	809,661.			809,661
f	Investment management fees	925,206.		925,206.	, , , , , , , , , , , , , , , , , , , ,
g		,		, -	
9	column (A) amount, list line 11g expenses on Sch O.)	1,242,149.	192,908.	1,022,830.	26,411
2	Advertising and promotion	393,212.	393,212.	, ,	,
3	Office expenses	1,105,565.	872,263.	118,332.	114,970
4	Information technology	1,342,535.	951,278.	185,968.	205,289
5	Royalties	, ,	,	,	,
16	Occupancy	2,313,399.	1,879,031.	241,505.	192,863
7	Travel	1,153,511.	880,788.	199,035.	73,688
8	Payments of travel or entertainment expenses	, ,	·	·	·
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	1,455,379.	1,204,606.	134,788.	115,985
20	Interest	238,146.	160,082.	27,601.	50,463
21	Payments to affiliates				•
22	Depreciation, depletion, and amortization	1,802,432.	1,390,010.	151,882.	260,540
3	Insurance	965,779.	546,438.	333,290.	86,051
4	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	12 101 072	11 102 252	1 105 100	042 444
а	EDUCATION PUBLICATIONS	13,191,972.	11,193,372.	1,185,489.	813,111
b	CASE COST EXPENSE	6,124,129.	6,124,129.	1 (12 50)	1 000 000
С	ALL OTHER EXPENSES	6,019,046.	2,537,138.	1,613,706.	1,868,202
d	POSTAGE & SHIPPING COST	5,164,161.	2,073,503.	1,236,177.	1,854,481
е.	All other expenses	5,088,906.	2,218,028.	1,173,778.	1,697,100
5	Total functional expenses. Add lines 1 through 24e	88,428,653.	62,918,269.	13,718,780.	11,791,604
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	11 155 611	F 300 000	2 002 041	0.000.71
	Check here X if following SOP 98-2 (ASC 958-720)	11,155,611.	5,382,926.	2,903,941.	2,868,744

Form **990** (2018)

Form 990 (2018) Part X Balance Sheet

Part X	Balance Sheet					
	Check if Schedule O contains a response or not	e to any li	ne in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			1,861,393.	1	3,935,784
2	Savings and temporary cash investments		2			
3	Pledges and grants receivable, net	8,234,650.	3	6,346,10		
4	Accounts receivable, net		3,062,470.	4	1,329,99	
5	Loans and other receivables from current and fo					
	trustees, key employees, and highest compensa	ted emplo	ovees. Complete			
	Part II of Schedule L				5	
6	Loans and other receivables from other disquali					
	section 4958(f)(1)), persons described in section	4958(c)(3	()(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary				
,	employees' beneficiary organizations (see instr).		6			
Assets	Notes and loans receivable, net			7		
ž 8	Inventories for sale or use			442,299.	8	348,60
9				2,026,217.	9	2,174,56
	a Land, buildings, and equipment: cost or other	I I				· ·
'	basis. Complete Part VI of Schedule D	10a	35,224,729.			
	b Less: accumulated depreciation		20,993,725.	14,148,098.	10c	14,231,00
11	Investments - publicly traded securities			17,429,774.	11	11,235,51
12	Investments - other securities. See Part IV, line 1			471,046,609.	12	529,801,83
13	Investments - program-related. See Part IV, line	· · ·	13	•		
14	Intangible assets		14			
15	Other assets. See Part IV, line 11	0.	15			
16	Total assets. Add lines 1 through 15 (must equ			518,251,510.	16	569,403,41
17	Accounts payable and accrued expenses	2,961,148.	17	3,557,55		
18	Grants payable		18			
19	Deferred revenue				19	
20	Tax-exempt bond liabilities			15,000,000.	20	15,000,00
21	Escrow or custodial account liability. Complete			2,260.	21	2,26
, 22	Loans and other payables to current and former					
<u> </u>	key employees, highest compensated employee					
	Complete Part II of Schedule L	·			22	
ے ا	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelated	d third par	ties	341,506.	24	184,45
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines					
	Schedule D			7,453,231.	25	7,515,10
26	Total liabilities. Add lines 17 through 25			25,758,145.	26	26,259,36
	Organizations that follow SFAS 117 (ASC 958), check h	nere 🕨 🗓 and			
တ္	complete lines 27 through 29, and lines 33 an					
27	Unrestricted net assets			483,468,770.	27	534,387,34
28	Temporarily restricted net assets	5,452,696.	28	8,756,70		
29	Permanently restricted net assets	3,571,899.	29			
5	Organizations that do not follow SFAS 117 (A	SC 958),	check here			
5	and complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or ed	quipment 1	fund		31	
27 28 29 30 31 32 33 33 33 33 33 33 33 33 33 33 33 33	Retained earnings, endowment, accumulated in	come, or	other funds		32	
ž 33	Total net assets or fund balances			492,493,365.	33	543,144,05
34	Total liabilities and net assets/fund balances .	<u></u>		518,251,510.	34	569,403,418

Form **990** (2018)

	rt XI Reconciliation of Net Assets			1 4	<u> 10 - </u>
	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	117	,034,	012.
2	Total expenses (must equal Part IX, column (A), line 25)	2	88	,428,	653.
3	Revenue less expenses. Subtract line 2 from line 1	3	28	,605,	359.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	492	,493,	365.
5	Net unrealized gains (losses) on investments	5	22	,045,	326.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	coluṃn (B))	10	543	,144,	050.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	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?		2b	Х	
	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 X Consolidated basis Both consolidated and separate basis				
С	, , ,				
	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 in Schedule O.				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	
			Form	990	(2018)

832012 12-31-18

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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

2018

Open to Public Inspection

Name of the organization **Employer identification number** SOUTHERN POVERTY LAW CENTER INC. 63-0598743 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	44,968,003.	50,297,653.	132,044,179.	111,176,287.	97,352,445.	435,838,567.
2	Tax revenues levied for the organ-						
	ization'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	44,968,003.	50,297,653.	132,044,179.	111,176,287.	97,352,445.	435,838,567.
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.						435,838,567.
	etion B. Total Support						, , , -
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	44,968,003.	50,297,653.	132,044,179.	111,176,287.	97,352,445.	435,838,567.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	921,422.	714,531.	1,247,538.	2,470,204.	2,896,177.	8,249,872.
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						444,088,439.
12	Gross receipts from related activities,	etc. (see instruction	ins)			12	2,938,115.
13	First five years. If the Form 990 is for	•	,	d fourth or fifth ta	x vear as a section		
	organization, check this box and stor						
Sec	ction C. Computation of Publi		centage				
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	98.14 %
15	Public support percentage from 2017					15	98.36 %
16a	33 1/3% support test - 2018. If the o					ore, check this box	c and
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	•	• •				
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			-	•	-	
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ				-		▶ □
18	Private foundation. If the organization			•	,		 ▶□
	<u> </u>		,	. , ,	•		

Schedule A (Form 990 or 990-EZ) 2018

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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.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 organ- ization'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						
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						
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	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						.
	ction C. Computation of Publi						
15	Public support percentage for 2018 (I			column (f))		15	<u>%</u>
16	Public support percentage from 2017					16	%
	ction D. Computation of Inves					 	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
19	a 33 1/3% support tests - 2018. If the						▶ □
ŀ	more than 33 1/3%, check this box ar 33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation If the organization						\sim

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Schedule A (Form 990 or 990-EZ) 2018

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
10a		
iva		
10b		

Pal	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst.	ructions).	
2	Activities Test. Answer (a) and (b) below.	401.07.0,	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	tion 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		
Sect	tion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ed Type III supporting orga	nization (see
	instructions)	. •		•

Schedule A (Form 990 or 990-EZ) 2018

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	g
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exempt	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s 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 th	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

rax) (see separate instructions), then				
 Section 501(c)(4), (5), or (6) organizate Name of organization 	tions: Complete Part III.		Emn	loyer identification number
· ·	OVERTY LAW CENTER, INC.		Emp	63-0598743
	janization is exempt und	er section 501(c)	or is a section 527 or	
Turti A Complete ii tile org	jamzation io exempt and	<u> </u>	01 10 4 00011011 027 01	gamzation.
Provide a description of the organiz	ration's direct and indirect politic	eal campaign activities	in Part IV	
2 Political campaign activity expendit	•		> 3	2
3 Volunteer hours for political campai				
Volumed Hours for political campai	gir dotivitios			
Part I-B Complete if the org	anization is exempt und	er section 501(c)	(3).	
1 Enter the amount of any excise tax	incurred by the organization und	der section 4955	>	
2 Enter the amount of any excise tax				
3 If the organization incurred a sectio	n 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.				1/0
·	anization is exempt und		• • •	***
1 Enter the amount directly expended				S
2 Enter the amount of the filing organ				
exempt function activities				S
3 Total exempt function expenditures			,	
line 17b				
4 Did the filing organization file Form				
5 Enter the names, addresses and en		•	· ·	5 5
made payments. For each organization contributions received that were pro-				
political action committee (PAC). If			•	to obgrogated fand of a
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
(a) Name	(b) Address	(6) EIN	filing organization's	contributions received and
			funds. If none, enter -0	
				delivered to a separate political organization.
				If none, enter -0
	I	1	1	1

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

Schedule C (Form 990 or 990-EZ) 2018

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Part II-A Complete if the org					ection under
section 501(h)).			D 104 1 550 1		
	ition belongs to an aff re of excess lobbying		n Part IV each affiliated (group member's nam	ne, address, EIN,
. — '	, ,	.nd "limited control" pro	ovisions apply.		
Limi	ts on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion	(grass roots lobbying)			
b Total lobbying expenditures to infl	uence a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1b)				
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditure	es (add lines 1c and 1d	d)			
f Lobbying nontaxable amount. Ent	er the amount from th	e following table in bot	h columns.		
If the amount on line 1e, column (a) o	or (b) is: The lol	obying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,00		00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175,0	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17		00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
a Crescreate pertevable amount (or	ator 25% of line 1f				
g Grassroots nontaxable amount (erh Subtract line 1g from line 1a. If zer	a ar laga antar O				
i Subtract line 1f from line 1c. If zero	l				
j If there is an amount other than ze		line 1i. did the organiz	-		
reporting section 4911 tax for this	•				Yes No
	•	eraging Period Under			
(Some organizations t		601(h) election do not rate instructions for li		f the five columns b	elow.
	Lobbying Expe	enditures During 4-Yea	ar Averaging Period		_
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(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					

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018 SOUTHERN POVERTY LAW CENTER, INC. 63-0598743 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)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b)	
of the lobbying activity.	Yes	No	Amo	unt
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?	Х		2,0	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?		Х		
i Other activities?		Х		
j Total. Add lines 1c through 1i			2,0	000,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
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?	.	-\	45	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on sur(c)(s	o), or sec	tion	
			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
Did the organization agree to carry over lobbying and political campaign activity expenditures from				
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	l "No," OR	(b) Part		3, is
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli	ticai			
expenses for which the section 527(f) tax was paid).		0-		
a Current year				
b Carryover from last year				
c Total		۔ ا		
		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political	4		
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)		4		
Part IV Supplemental Information		3		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounds)	ın list): Part II-	A lines 1 a	nd 2 (see	
instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:	ip noty, r die n	,	114 2 (000	
GRANT PAID TO RELATED 501(C)(4) FOR THE PURPOSE OF LOBBYING, GRASSROOTS				
ORGANIZING, AND OTHER FORMS OF ADVOCACY TO FIGHT HATE AND BIGOTRY AND				
TO WORK TOWARDS THE DAY WHEN THE IDEALS OF EQUAL JUSTICE AND EQUAL				
OPPORTUNITY WILL BE A REALITY.				

Schedule C (Form 990 or 990-EZ) 2018

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SOUTHERN POVERTY LAW CENTER, INC.

Employer identification number

 $63 \!-\! 0598743$

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised funds	(b) Furius and other accounts
1 2	Total number at end of year		
3	Aggregate value of grants from (during year) 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 w	l writing that the assets held in donor advis	sed funds
·	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ad		
•	for charitable purposes and not for the benefit of the donor or		
	• •		
Par			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	servation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	ition easements during the year
_	> \$		(1.)(4)(7)(2)
8	Does each conservation easement reported on line 2(d) above	•	
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	· · · · · · · · · · · · · · · · · · ·
	include, if applicable, the text of the footnote to the organization	on's inancial statements that describes	the organization's accounting for
Par	conservation easements. t III Organizations Maintaining Collections of	Art. Historical Treasures. or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under SFAS 116 (ASC		ment and balance sheet works of art.
	historical treasures, or other similar assets held for public exh	•	•
	the text of the footnote to its financial statements that describ		,
b	If the organization elected, as permitted under SFAS 116 (ASC		t and balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, ed	• •	
	relating to these items:	,	3
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L .
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2018

Par	rt III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or	Other	Similar	Assets	(contin	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	ollowing that	are a sign	nificant us	se of its co	ollection	items	
	(check all that apply):									
а	Public exhibition	d	Loan or excl	hange progra	ms					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further th	e organizatio	n's exemp	ot purpos	e in Part	XIII.		
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's col	lection?				Yes		No
Par	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, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contributions	s or other ass	ets not inc	cluded				
	on Form 990, Part X?						\square	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII									
								Amoun	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fe					/?	X	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been j	provided on F	Part XIII				X	
Par	rt V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part	IV, line 10).				
		(a) Current year	(b) Prior year	(c) Two years		d) Three ye	ears back	(e) Four	r years	back
1a	Beginning of year balance	471,046,606.	432,723,955.	319,283	,961.	302,81	2,620.	302	825,	586.
b	Contributions	20,054,510.	33,264,245.	67,220	,177.	10,03	31,491.		196,	737.
С	Net investment earnings, gains, and losses	39,625,922.	5,844,079.	46,882	,681.	7,03	37,252.		431,	105.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	925,206.	785,673.	662	,864.	59	7,402.		640,	808.
g	End of year balance	529,801,832.	471,046,606.	432,723	,955.	319,28	3,961.	302	812,	620.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	99.00	%	,						
b	1 00	%	_							
С		 %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse		tion that are held an	nd administere	ed for the	organiza	tion			
	by:								Yes	No
	(i) unrelated organizations							3a(i)		Х
	(**)							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the									
Par	rt VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990,	Part X, lir	ne 10.				
	Description of property	(a) Cost or o	, , ,	or other (other)		cumulated reciation	d	(d) Boo	k valu	e
10	Land	· '	,	669,682.	асрі	- 5.20.011			669,	682
_	Land		23	,928,583.	1	4,142,7	769	9	785.	
b			23	642,412.		28,5			613,	
Q C			q	,830,615.		6,668,9		3	161,	
d	1 1			153,437.		153,4			, ,	0.
	Other		V == h (D) // == 4:	, ,			-	14	231,	
rota	il. Add lines 1a through 1e. <i>(Column (d) must e</i>	<u>quai ⊦orm 990. Part 2</u>	x, column (B), line 10	JC.)					, 201,	2015

Schedule D (Form 990) 2018

	LAW CENTER, INC.		63-0598743	Page 🤄
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year mar	rket value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) PRIVATE INVESTMENT FUNDS	529,801,835.	END-OF-YEAR MARKET	VALUE	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	529,801,835.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990. Part X. line	e 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year mar	rket 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.				
	F 000 D+ IV line -	11d Coo Forms 000 Dort V lin	- 45	
Complete if the organization answered "Yes"	Description	Tru. See Form 990, Part X, IIII		ok value
	Description		(6) 50	ok value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Par	t X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) GIFT ANNUITY LIABILITIES		7,515,102.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
• •	- 05)	7,515,102.		
Total. (Column (b) must equal Form 990. Part X. col. (B) line	± ∠o.1 ▶ l	.,,		

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

Schedule D (Form 990) 2018

	edule D (FOITH 990) 2016 BOOTHERIC TOVERET EAR CENTER, INC		03 0330743	Page
Pa	rt XI Reconciliation of Revenue per Audited Financial S		e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.	T . I	
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	· · · · · · · · · · · · · · · · · · ·			
b				
C				
d		<u></u>	0.	
e				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	40		
a				
b	,		40	
C				
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XII Reconciliation of Expenses per Audited Financial S	Statements With Expen	ses per Return.	
· u	Complete if the organization answered "Yes" on Form 990, Part IV	-	oco per rictarii.	
_			1	
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
2	, ,	20		
a				
b				
c d				
u e	,		20	
3				
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
+ a		4a		
a b				
C			4c	
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line			
	irt XIII Supplemental Information.	2 16.)		
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4: Part IV lines 1h and 2h: P	art V line 4· Part X line 2· Part	ΧI
	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		art v, iii o 4, i art X, iii o 2, i art	Λι,
100	zed and 45, and 1 art mi, into 2d and 45. Also complete this part to provide	diry additional information.		
PART	T IV, LINE 2B:			
	,			
AN]	IOLTA TRUST ACCOUNT HAS BEEN SET UP IN A SEPARATE BANK A	ACCOUNT TO HOLD		
ANY	MONEY RECEIVED ON BEHALF OF A CLIENT OR A THIRD PARTY I	IN A LEGAL		
MATT	TER FOR DISTRIBUTION TO DESIGNATED RECIPIENTS. THE BALF	ANCE AT THE END		
OF 1	THE YEAR IS \$2,260			
	·			
PART	T V, LINE 4:			
THE	CENTER INVESTS CONSIDERING THE LONG-TERM EXPECTED RETUR	RN ON ITS FUNDS		
WHIC	CH TARGETS A DIVERSIFIED ASSET ALLOCATION MADE UP OF PUR	BLIC AND PRIVATE		
EQU]	ITY, HEDGE FUNDS, FIXED INCOME, AND REAL ESTATE TO ACHIE	EVE ITS		
LONG	G-TERM RETURN OBJECTIVES WITHIN PRUDENT RISK CONSTRAINTS	G. THE GOAL IS		

Schedule D (Form 990) 2018

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

SCHEDULE F (Form 990)

Department of the Treasury

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.

2018
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Employer identification number

SOUTHERN POVERTY LAW CENTER, INC. 63-0598743 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? 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 (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region independent gram services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND THE CARIBBEAN -ANTIGUA & BARBUDA, ARUBA, BAHAMAS 0 0 FUNDRAISING 0. EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, 0. CAMBODIA 0 0 FUNDRAISING EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM 0 0 FUNDRAISING 0. MIDDLE EAST AND NORTH AFRICA -ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, 0 FUNDRATSING 0 0. NORTH AMERICA -CANADA AND MEXICO, BUT NOT THE UNITED FUNDRAISING STATES 0 0 0. NORTH AMERICA -CANADA AND MEXICO. BUT NOT THE UNITED STATES 0 0 INVESTING 0.

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

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0

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Schedule F (Form 990) 2018

0.

0

and 3b)

3 a Subtotal ______ **b** Total from continuation

sheets to Part I

Totals (add lines 3a

recipient who rec	ceived more than \$5,0	000. Part II can be duplic	cated if additional space is need	eded.				
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)
by the IRS, or for which	ch the grantee or cou	nsel has provided a sect	ecognized as charities by the ion 501(c)(3) equivalency lette	r		> .		

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

			tes. Complete i	if the organization answered "Yes"	on Form 990, Part	IV, line 16.		
Part III can be duplica (a) Type of grant or assistar	e (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)	

Page 4

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)	X 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	X 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)	X 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)	X 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)	X 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	X No

Schedule F (Form 990) 2018

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

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

SOUTHERN POVERTY LAW CENTER, INC.

63-0598743

Employer identification number

Part I	Fundraising Activities required to complete this par	 Complete if the organization answer 	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicat	· · · · · · · · · · · · · · · · · · ·	sed funds through any of the followin	na activ	ities (Check all that apply		
	Mail solicitations				overnment grants		
b X	Internet and email solicitations			-	nment grants		
~ =	Phone solicitations	g X Special					
* =	In-person solicitations	g Special	iuiiuie	lisii ig t	events		
	· ·	or oral agreement with any individual	(includ	ina of	ficare directors true	toos or	
		Part VII) or entity in connection with p				X Yes	□ No
,		viduals or entities (fundraisers) pursu			J		
	ensated at least \$5,000 by the	(/ 1	ant to	agreer	nents under which ti	ie idiidiaisei is to be	
	e and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(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
SD&A - 57	757 WEST CENTURY		Yes	No			
BLVD., ST	TE 300, LOS ANGELES,	TELEMARKETING		Х	311,839.	381,020.	-69,181.
relefund,	INC P O BOX						
	BOSTON, MA 02112	TELEMARKETING		Х	201,832.	254,241.	-52,409.
INTEGRATE	ED DIRECT MARKETING,						
LLC - 125	0 CONNECTICUT AVE NW	FUNDRAISING CONSULTING		Х	0.	105,400.	-105,400.
RISING TI	DE INTERACTIVE, LLC					·	·
- 1250 н	STREET NW, STE. 200,	MARKETING CONSULTING		Х	0.	51,000.	-51,000.
Total				•	513,671.	791,661.	-277,990.
3 List all or licer		on is registered or licensed to solicit	contrib	utions	or has been notified	it is exempt from req	gistration
AL,AK,AZ,	AR,CA,CO,CT,DE,DC,FL,G	A, HI, ID, IL, IN, IA, KS, KY, LA, M	ME, MD,	MA,M	I,MN,MS		
		H,OK,OR,PA,RI,SC,SD,TN,TX,U					
ΝY							
						<u> </u>	

832081 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

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

SEE PART IV FOR CONTINUATIONS

- 1			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
- 1						(add col. (a) through
_o			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
	2	Less: Contributions				
\downarrow	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
- 1	5	Noncash prizes				
	6	Rent/facility costs				
DI ect Experises	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses				
-	10	Direct expense summary. Add lines 4 through			•	
-	11	Net income summary. Subtract line 10 from I				
ar	τl	II Gaming. Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.				
מפ			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (
Hevenue						
	1	Gross revenue				
	2	Gross revenue				
	2					
	3	Cash prizes				
Direct Expenses	3	Cash prizes Noncash prizes				
Cilect Lyberises	3 4 5	Cash prizes Noncash prizes Rent/facility costs		Yes% No	Yes%	
Direct Expenses	3 4 <u>5</u> 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes %	No No	No No	
הופכן באספוספס	3 4 <u>5</u> 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes % No h 5 in column (d)	No No	No►	
Direct Experises	3 4 <u>5</u> 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes % No h 5 in column (d)	No No	No►	
Diect Experises	3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No h 5 in column (d)	No No	No	
a	3 4 5 6 7 8 Ent	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No h 5 in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	No No	No No	
a Direct Expenses	3 4 5 6 7 8 Ent	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducte organization licensed to conduct gaming and	Yes% No h 5 in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	No No	No No	
d a d	3 4 5 6 7 8 Ent list lif "	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducte organization licensed to conduct gaming and	Yes % No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these	states?	No No	Yes N

Sch	edule G (Form 990 or 990-EZ) 2018 SOUTHERN POVERTY LAW CENTER, INC.	63-05987	43	Page 3
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:			
	The organization's facility	13a	.1	%
	o An outside facility			
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		<u>' </u>	
17	Effect the fiame and address of the person who propares the organization's gaming/special events books and records.			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	t		
	of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Addison N			
	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?	L	Yes	└─ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne		
_	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
gC1	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
501	EDUDE G, TAKT I, BINE 2D, BIST OF TEN HIGHEST TAID FONDMAISENS.			
(T)	NAME OF FUNDRAISER: SD&A			
(-/				
(I)	ADDRESS OF FUNDRAISER:			
	7 HERE CENTERLY DIVID COME 200 LOCALIZATION CO. 20045			
575	7 WEST CENTURY BLVD., STE 300, LOS ANGELES, CA 90045			
(T)	NAME OF FUNDRAISER: INTEGRATED DIRECT MARKETING, LLC			
<u>, + /</u>				
_	ADDRESS OF FUNDRAISER:			
125	0 CONNECTICUT AVE NW STE. 200, WASHINGTON, DC 20036			

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 **2018**

Open to Public Inspection

Name of the organization SOUTHERN POVER	RTY LAW CENTER	R, INC.					Employer identification number 63-0598743
Part I General Information on Grants ar	nd Assistance	,					
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro Part II Grants and Other Assistance to I	tance? cedures for monit	oring the use of grant f	unds in the United	States.			X Yes No
recipient that received more than \$	_			•	anization answered	res on Form 990, Pari	TV, line 21, for any
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 UNIVERSITY 4400 MASSACHUSETTS AVE WASHINGTON, DC 20016-8065	53-0196549	501(C)(3)	55,000.	0.			TEACHING TOLERANCE EDUCATOR GRANT
AMHERST PUBLIC SCHOOLS 170 CHESTNUT STREET AMHERST, MA 01002	04-6001068	501(C)(3)	10,000.	0.			TEACHING TOLERANCE EDUCATOR GRANT
BELLINGHAM SCHOOL DISTRICT#501 1306 DUPONT STREET BELLINGHAM, WA 98225	91-6001648	GOVERNMENT ENTITY	7 5,000.	0.			TEACHING TOLERANCE EDUCATOR GRANT
BOARD OF EDUCATION-OSSINING UNION 400 EXECUTIVE BLVD OSSINING, NY 10562	13-6007160	GOVERNMENT ENTITY	7 10,000.	0.			TEACHING TOLERANCE EDUCATOR GRANT
BOSTON EDUCATIONAL DEVELOPMENT 7 PALMER STREET, 2ND ROXBURY, MA 02119	22-2514422	501(C)(3)	20,000.	0.			TEACHING TOLERANCE EDUCATOR GRANT
CALVERT COUNTY PUBLIC SCHOOLS 1305 DARES BEACH RD PRINCE FREDER, MD 20678	52-6000897	501(C)(3)	6,117.	0,			TEACHING TOLERANCE EDUCATOR GRANT
2 Enter total number of section 501(c)(3) ar	•	•	line 1 table				
3 Enter total number of other organizations LHA For Paperwork Reduction Act Notice,							Schedule I (Form 990) (2018)

organization or government if applicable cash grant assistance books, FMV, appraisal, other) CAPITAL CITY FUBLIC CHARTER SCHOOL 100 PEABODY ST NW TEACHING TOLERANCE WASHINGTON, DC 20011 52-2210775 501(C)(3) 5,000. 0, EDUCATOR GRANT CARMAN-AINSWORTH COMMUNITY SCHOOL 3475 W. COURT STREET 38-6001213 501(C)(3) 5,000. 0, EDUCATOR GRANT CEDAR RAPIDS COMMUNITY SCHOOL 01STRICT - 2500 EDEGWOOD NW - 2500 EDEGWOOD NW - 2500 EDEGWOOD NW - 2500 EDEGWOOD RD NW - 2500 EDUCATOR GRANT CHAPEL HILL-CARRBORO CITY SCHOOLS 750 S. MERRITT MILL 200 EDUCATOR GRANT CHAPEL HILL, NC 27516 56-6001004 501(C)(3) 5,000. 0, EDUCATOR GRANT CITY OF FALL RIVER 117 ROCK STREET TEACHING TOLERANCE EDUCATOR GRANT CITY SCHOOL DISTRICT OF ALEANY 14-1537912 SOVERNMENT ENTITY 9,790. 0. EDUCATOR GRANT COLLEGIATE ACADEMIES 750 EDUCATOR GRANT COLLEGIATE ACADEMIES 750 EDUCATOR GRANT TEACHING TOLERANCE EDUCATOR GRANT COLLEGIATE ACADEMIES 750 EDUCATOR GRANT TEACHING TOLERANCE EDUCATOR GRANT COLLEGIATE ACADEMIES 750 EDUCATOR GRANT TEACHING TOLERANCE EDUCATOR GRANT								
DO PERBODY ST NW	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant		(book, FMV,	(g) Description of non-cash assistance	TEACHING TOLERANCE EDUCATOR GRANT TEACHING TOLERANCE EDUCATOR GRANT
DO PERBODY ST NW	CAPITAL CITY PUBLIC CHARTER SCHOOL							
NASHINGTON, DC 20011 52-210775 501(C)(3) 5,000. 0. EDUCATOR GRANT PARMAN-AINGMORTH COMMUNITY SCHOOL 3-3475 W, COURT STREET FLINT, MI 48532 38-6001213 501(C)(3) 5,000. 0. EDUCATOR GRANT PEACHING TOLERANCE FELINT, MI 48532 EEDAR RAPIDS COMMUNITY SCHOOL SIGNIFICT - 2500 EDUCATOR OR NW - EEDAR RAPIDS, IA 52405 42-6023551 GOVERNMENT ENTITY 9,800. 0. EDUCATOR GRANT PEACHING TOLERANCE EEDAR RAPIDS, IA 52405 42-6023551 GOVERNMENT ENTITY 9,800. 0. EDUCATOR GRANT PEACHING TOLERANCE EEDUCATOR GRANT								TEACHING TOLERANCE
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DISTRICT - 2500 EDGEWOOD RD NW - 200	FLINT, MI 48532	38-6001213	501(C)(3)	5,000.	0.			EDUCATOR GRANT
DISTRICT - 2500 EDGEWOOD RD NW - 200								
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ONE LINCOLN AVE	UNDDONETED BOND OF EDUCATION							
								TEACHING TOTEDANCE
		21_6000200	COMEDNMENT ENTERN	10 000	0			

Part II Continuation of Grants and Other	Assistance to Go	vernments and Organi	zations in the Un	ited States (Sch	edule I (Form 990), Pa	rt 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
HAWAII TECHNOLOGY ACADEMY							
94-450 MOKUOLA ST							TEACHING TOLERANCE
WAIPAHU, HI 96797	37-1566465	501(C)(3)	5,000.	0.			EDUCATOR GRANT
HOWARD COUNTY PUBLIC SCHOOL							
SYSTEMS - 10910 CLARKSVILLE PIKE -							TEACHING TOLERANCE
ELLICOTT CITY, MD 21042	52-6000968	GOVERNMENT ENTITY	5,000.	0.			EDUCATOR GRANT
INDEPENDENT SCHOOL DISTRICT 625 360 COLBORNE STREET							TEACHING TOLERANCE
SAINT PAUL, MN 55120	41-0901311	GOVERNMENT ENTITY	5,000.	0.			EDUCATOR GRANT
<u></u>	11 0301311	COVERNIENT ENTER	5,000.				EBOOM CHART
JUBILEE SCHOOL							
4211 CHESTER AVE							TEACHING TOLERANCE
PHILADELPHIA, PA 19104	23-2844857	501(C)(3)	5,000.	0.			EDUCATOR GRANT
KINGDOM EAST UNIFIED UNION SCHOOL							
DISTRICT - 119 PARK AVE, P.O. BOX	02 2002204	GOVERNMENT ENTITY	r = 000	0.			TEACHING TOLERANCE EDUCATOR GRANT
107 - LYNDONVILLE, VT 05851	62-2903304	GOVERNMENT ENTITY	5,000.	0.			EDUCATOR GRANT
LEARNING CENTER FOR THE DEAF INC							
848 CENTRAL STREET							TEACHING TOLERANCE
FRAMINGHAM, MA 01701	23-7064431	501(C)(3)	5,000.	0.			EDUCATOR GRANT
METROPOLITAN BOARD OF EDUCATION							MENGUING MOLEDANGE
2601 BRANSFORD AVE NASHVILLE, TN 37204	62_0717138	GOVERNMENT ENTITY	9,968.	0.			TEACHING TOLERANCE EDUCATOR GRANT
MASHVILLE, IN 37204	02-0717130	GOVERNMENT ENTIT	3,300.	0.			EDUCATOR GRANT
MILWAUKEE BOARD OF SCHOOL							
DIRECTORS - 5225 W.VIET STREET -							TEACHING TOLERANCE
MILWAUKEE, WI 53201	39-6003457	GOVERNMENT ENTITY	5,790.	0.			EDUCATOR GRANT
MICERCON HETCHES DUDITO COURSE							
MUSKEGON HEIGHTS PUBLIC SCHOOL ACADEMY SYSTEM							TEACHING TOLERANCE
MUSKEGON, MI 49444	46-0557412	501(C)(3)	10,000.	0.			EDUCATOR GRANT
HODELGON, HI TOTTE	1 -0 033/412	501(0/(3/	10,000.	٠.		1	POCKTOR GRANT

Part II Continuation of Grants and Other A	Assistance to Gov	rernments and Organi	zations in the Un	ited States (Sche	edule I (Form 990), Pa r	rt II.) T	I
(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
MUSKOGEE PUBLIC SCHOOLS 120							
202 WEST BROADWAY							TEACHING TOLERANCE
MUSKOGEE, OK 74401	73-6069062	501(C)(3)	5,000.	0.			EDUCATOR GRANT
NEW YORK CITY DEPART.OF EDUCATION							
511 W. 182ND ST							TEACHING TOLERANCE
NEW YORK, NY 10033	13-6400434	GOVERNMENT ENTITY	16,600.	0.			EDUCATOR GRANT
NICOLET UNIFIED HIGH SCHOOL							
DISTRICT - 6701 N. JEAN NICOLE -							TEACHING TOLERANCE
GLENDALE, WI 53217	39-6021298	GOVERNMENT ENTITY	5,265.	0.			EDUCATOR GRANT
NORTH THURSTON PUBLIC SCHOOLS							
305 COLLEGE ST NE							TEACHING TOLERANCE
LACEY, WA 98516	91-6017626	501(C)(3)	16,000.	0.			EDUCATOR GRANT
midli, mi 30010	31 001,020	301(0)(3)	10,000.	•			EBOOM ON SHEET
OAKLAND PUBLIC EDUCATION FUND							
P.O.BOX 71005							TEACHING TOLERANCE
OAKLAND, CA 94612	43-2014630	501(C)(3)	5,000.	0.			EDUCATOR GRANT
ODYSSEY CHARTER SCHOOL							
4319 LANCASTER AVE							TEACHING TOLERANCE
WILMINGTON, DE 19805	20-1787299	501(C)(3)	7,000.	0.			EDUCATOR GRANT
OXBOW UNIFIED UNION SCHOOL							
DISTRICT - PO BOX 68 - NEWBURY, VT							TEACHING TOLERANCE
05051	83-4303626	GOVERNMENT ENTITY	5,000.	0.			EDUCATOR GRANT
DINDLING GOLDWAY GGNOOT DOLLD							
PINELLAS COUNTY SCHOOL BOARD							MEACHING MOLEDANGE
301 4TH STREET SW LARGO, FL 33770	59_6000700	GOVERNMENT ENTITY	5,000.	0.			TEACHING TOLERANCE EDUCATOR GRANT
HARGO, FH 33770	33-0000/33	GOVERNMENT ENTIT	5,000.	0.			EDUCATOR GRANT
ROME ALLIANCE FOR EDUCATION LTD							THE ACUITNO TO LEGANCE
509 N, JAMES STREET	81-5431401	F01/G\/3\	E 000	0.			TEACHING TOLERANCE
ROME, NY 13440	01-3431401	DOT(C)(2)	5,000.	0.			EDUCATOR GRANT

Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organi	zations in the Un	ited States (Sch	edule I (Form 990), Pa	rt 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
SANTA ROSA CITY SCHOOLS 211 RIDGWAY AVENUE SANTA ROSA, CA 95401	68-0180139	501(C)(3)	10,000.	0.			TEACHING TOLERANCE EDUCATOR GRANT
SCHOOLS IN ACTION 1241 S. SOTO STREET LOS ANGELES, CA 90023	26-0827814	501(C)(3)	5,000.	0.			TEACHING TOLERANCE EDUCATOR GRANT
STATE COLLEGE AREA SCHOOL DISTRICT 240 VILLA CREST DRIVE STATE COLLEGE, PA 16801	24-6001247	GOVERNMENT ENTITY	10,000.	0.			TEACHING TOLERANCE EDUCATOR GRANT
TOUCHSTONE COMMUNITY SCHOOL 54 LELAND STREET GRAFTON, MA 01519	04-2735013	501(C)(3)	7,661.	0.			TEACHING TOLERANCE EDUCATOR GRANT
TOWN OF ANDOVER 36 BARTLET STREET ANDOVER, MA 01810	04-6001069	GOVERNMENT ENTITY	9,900.	0.			TEACHING TOLERANCE EDUCATOR GRANT
UNITED NATIONS INTERNATIONAL SCHOOL - 24-50 F.D.R. DRIVE - NEW YORK, NY 10010	23-7098600	501(C)(3)	10,000.	0.			TEACHING TOLERANCE EDUCATOR GRANT
UNIVERSITY PREPARATORY ACADEMY 8000 25TH AVE NE SEATTLE, WA 98115	91-0974344	501(C)(3)	9,995.	0.			TEACHING TOLERANCE EDUCATOR GRANT
YES PREP PUBLIC SCHOOLS INC 5515 SOUTH LOOP EAST HOUSTON, TX 77033	76-0563835	501(C)(3)	5,000.	0.			TEACHING TOLERANCE EDUCATOR GRANT
YOUTH CONNECTION CHARTER SCHOOL 10 WEST 35 STREET CHICAGO, IL 60616	36-4202184	501(C)(3)	5,000.	0.			TEACHING TOLERANCE VOTING & DEMOCRACY GRANT

(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
Supplemental Information. Provide the information	on required in Part I, lin	e 2; Part III, columr	n (b); and any other ad	Iditional information.	
I, LINE 2:					
IZATIONS RECEIVING GRANTS ARE REQUIRED TO	SUBMIT RESULTS R	ELATED THEIR			
CTS AND A FINAL POST-PROJECT EVALUATION FO	ORM. AN EMPLOYEE	OF THE			
R IS RESPONSIBLE FOR MONITORING THE GRANT:					

SCHEDULE J (Form 990)

Compensation Information

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.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

SOUTHERN POVERTY LAW CENTER, INC.

Employer identification number 63-0598743

Pa	art I Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account 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	1b	Х	<u> </u>
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?	2	Х	<u> </u>
3	Indicate which, if any, of the following the filing 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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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:	_		v
	The organization?	5a		X
b	Any related organization?	5b		
_	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:			v
	The organization?	6a		X
b	Any related organization?	6b		Х
_	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	_		v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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

Schedule J (Form 990) 2018

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.

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation (ii) Bonus & (iii) Other reportable compensation compensation			compensation	benents	(6)(1)-(0)	reported as deferred on prior Form 990
(1) TEENIE HUTCHISON	(i)	181,846.	0.	8,763.	18,185.	7,944.	216,738.	0.
SECRETARY/TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RICHARD COHEN	(i)	373,345.	0.	9,886.	27,500.	15,977.	426,708.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) WENDY VIA	(i)	154,634.	0.	0.	15,464.	6,930.	177,028.	0.
CHIEF DEVELOPMENT & COMMUN	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MORRIS DEES	(i)	338,033.	0.	35,866.	27,500.	16,764.	418,163.	0.
CO-FOUNDER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RHONDA BROWNSTEIN	(i)	230,256.	0.	2,806.	23,026.	8,090.	264,178.	0.
LEGAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LISA GRAYBILL	(i)	161,144.	0.	0.	16,344.	8,260.	185,748.	0.
DEPUTY LEGAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DAVID DINIELLI	(i)	154,546.	0.	393.	15,454.	7,987.	178,380.	0.
DEPUTY LEGAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MAUREEN COSTELLO	(i)	155,181.	0.	568.	15,518.	16,382.	187,649.	0.
DIRECTOR OF TEACHING TOLER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) HEIDI BEIRICH	(i)	165,889.	0.	580.	16,589.	8,034.	191,092.	0.
DIRECTOR-INTEL PROJECT	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JAMES KNOEPP	(i)	149,375.	0.	0.	15,571.	16,277.	181,223.	0.
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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 \$131,283
FOR FY 10/31/2019.
RICHARD COHEN, PRESIDENT/CEO, RECEIVED SEVERENCE PAYMENT OF \$216,318 FOR FY
10/31/2019.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

SOUTHERN POVERTY LAW CENTER, INC.

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

Employer identification number 63-0598743

Par	t 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 dete noncash contributio	•	ts
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	Х	478	1,837,251.	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	ation during	the tax year for co	ontributions			
	for which the organization completed Form 828	3, Part IV, [Donee Acknowledg	gement 29			
					_	Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	ed for		
	exempt purposes for the entire holding period?					30a	Х
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance pe	olicy that re	quires the review of	of any nonstandard contribut	ions?	31 X	<u> </u>
32a	Does the organization hire or use third parties of	r related or	ganizations to solid	cit, process, or sell noncash			
_	contributions?					32a	X
	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	tor which column (a) is chec	ked,		
	describe in Part II.						

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

Schedule M (Form 990) 2018

832142 10-18-18 Schedule M (Form 990) 2018

SCHEDULE 0

(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.

2018
Open to Public

Open to Public Inspection

Name of the organization **Employer identification number** SOUTHERN POVERTY LAW CENTER, INC. 63-0598743 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: VULNERABLE MEMBERS OF OUR SOCIETY. USING LITIGATION, EDUCATION, AND OTHER FORMS OF ADVOCACY. THE CENTER WORKS TOWARD THE DAY WHEN THE IDEALS OF EQUAL JUSTICE AND EQUAL OPPORTUNITY WILL BE A REALITY. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WILL BE A REALITY. 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, 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 SECRETARY/TREASURER. THE FINANCIAL INFORMATION AND DISCLOSURES ARE EXAMINED AND TRACED FROM INTERNALLY PREPARED DOCUMENTS TO THE TAX RETURN TO ENSURE COMPLETENESS AND LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization SOUTHERN POVERTY LAW CENTER, INC.	Employer identification number 63-0598743
ACCURACY. THE 990 IS THEN PRESENTED TO THE AUDIT COMMITTEE FOR REVIEW AND	
APPROVAL BEFORE SUBMISSION TO THE IRS. IT IS SIGNED BY OUR	
SECRETARY/TREASURER.	
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 CENTER'S BYLAWS CALL FOR THE BOARD OF DIRECTORS TO SET AND DETERMINE,	
AS REASONABLE, THE SALARIES OF THE OFFICERS AND CO-FOUNDERS. COMPARATIVE	
AND INDEPENDENT DATA ON LIKE POSITIONS IN SIMILAR ORGANIZATIONS IS GATHERED	
BY THE COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE COMMUNICATES	
PROPOSED SALARIES TO THE FINANCE COMMITTEE. THE FINANCE COMMITTEE REVIEWS	
THE SALARIES AND RECOMMENDS THE SALARIES TO THE BOARD FOR APPROVAL. THE	
BOARD OF DIRECTORS APPROVES SALARIES ANNUALLY IN OCTOBER.	
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	chodulo 0 (Form 990 or 990 F7) (2018)

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

 $63\!-\!0598743$

Part I Identification of Disregarded Entities. Comp	lete if the organization answered "Y	es" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	me End-of-year	I .	(f) Direct controlling entity		9
Part II Identification of Related Tax-Exempt Organic organizations during the tax year.	zations. Complete if the organizati	on answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more rela	ated tax-exer	mpt	
(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	Direct c	(f) controlling ntity	contr ent	g) 512(b)(13) rolled :ity?
SPLC ACTION FUND - 83-1085161				501(c)(3))			Yes	No
400 WASHINGTON AVENUE								
MONTGOMERY, AL 36104	ADVOCACY	ALABAMA	501(C)(4)					Х
	_							
	_							

SOUTHERN POVERTY LAW CENTER, INC.

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	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	Disprop	ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General emanaging partner	(k) Percentage ownership

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	Legal domicile (state or foreign	(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?	
		country)						Yes	No	

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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?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х		
		1b	Х			
С	Gift, grant, or capital contribution from related organization(s)	1c		Х		
		1d		Х		
		1e		Х		
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? a Receipt of (f) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) t Loans or loan guarantees by related organization(s) f Dividends from related organization(s) f Exchange of assets to related organization(s) f Exchange of assets with related organization(s) f Exchange of assets with related organization(s) f Exchange of assets with related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) p Reimbursement paid to related organization(s) for expenses f Dividends from related organization(s) for expenses f Dividends from related organization(s) f Dividends from rela				Х		
g	Sale of assets to related organization(s)	1g		Х		
h	Purchase of assets from related organization(s)	1h		Х		
i	Exchange of assets with related organization(s)	1i		Х		
j		1 <u>j</u>		Х		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х		
		11		Х		
		1m		Х		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х			
		10	Х			
р	Reimbursement paid to related organization(s) for expenses	1p		Х		
q	Reimbursement paid by related organization(s) for expenses	1q	Х			
r	Other transfer of cash or property to related organization(s)	1r		Х		
s		1s		Х		
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	В	2,000,000.	actual transfer
(2) SPLC ACTION FUND	N	87,454.	PERCENTAGE OF USAGE ALLOCATION
(3) SPLC ACTION FUND	0	540,414.	PERCENTAGE OF TIME ALLOCATION
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

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)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Al or Percentage ownership
									+
									-
									-
									200) 2040

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