Name and title of officer or pers Part I Type of R Check the box for the return Form 5330 filers may enter cor or 10a below, and the amou	Go to OVERTY LAW CENTED on subject to tax ER TRI eturn and Return for which you are usin dollars and cents. For ant on that line for the hk (do not enter -0-). Bu	IKA MITCHELL EASURER	, 2022, and ending OCT 31 ep for your records. for the latest information or the applicable amount, if llars only. If you check the	EIN or SSN 63-05 any, from the return	
Arrian Revenue Service Name of filer SOUTHERN PC Name and title of officer or pers Part I Type of Re Check the box for the return Form 5330 filers may enter of or 10a below, and the amou whichever is applicable, blar than one line in Part I. 1a Form 990 check her 2a Form 990-EZ check 3a Form 1120-POL ch 4a Form 990-PF check	Go to OVERTY LAW CENTED on subject to tax ER TRI eturn and Return for which you are usin dollars and cents. For ant on that line for the hk (do not enter -0-). Bu	Do not send to the IRS. Ke to www.irs.gov/Form8879TE R, INC. IKA MITCHELL EASURER Information Ing this Form 8879-TE and ente all other forms, enter whole do return being filed with this form	ep for your records. for the latest information the applicable amount, if llars only. If you check the	EIN or SSN 63-05 any, from the return	
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Image and title of officer or pers Part I Type of R Check the box for the return form 5330 filers may enter or or 10a below, and the amou vhichever is applicable, blar han one line in Part I. 1a Form 990 check heil 2a Form 990-EZ checl 3a Form 1120-POL ch 4a Form 990-PF checl	ton subject to tax ER: TRI eturn and Return of or which you are using dollars and cents. For ant on that line for the nk (do not enter -0-). Bit	IKA MITCHELL EASURER Information ng this Form 8879-TE and ente all other forms, enter whole do return being filed with this form	llars only. If you check the	any, from the return	
Part IType of RCheck the box for the return form 5330 filers may enter cor for 10a below, and the amou whichever is applicable, blar han one line in Part I.1aForm 990 check her 2a2aForm 990 check her 3a3aForm 1120-POL ch 4a4aForm 990-PF check	TRI eturn and Return of for which you are usin dollars and cents. For ant on that line for the nk (do not enter -0-). Bi	EASURER Information ng this Form 8879-TE and ente all other forms, enter whole do return being filed with this form	llars only. If you check the		
Check the box for the return Form 5330 filers may enter co or 10a below, and the amou whichever is applicable, blar han one line in Part I. 1a Form 990 check her 2a Form 990-EZ check 3a Form 1120-POL ch 4a Form 990-PF check	for which you are usin dollars and cents. For a nt on that line for the nk (do not enter -0-). B	ng this Form 8879-TE and ente all other forms, enter whole do return being filed with this form	llars only. If you check the		
Form 5330 filers may enter cor for 10a below, and the amou whichever is applicable, blar han one line in Part I. 1a Form 990 check he 2a Form 990-EZ check 3a Form 1120-POL ch 4a Form 990-PF check	dollars and cents. For a Int on that line for the hk (do not enter -0-). B	all other forms, enter whole do return being filed with this form	llars only. If you check the		
1aForm 990 check here2aForm 990-EZ check3aForm 1120-POL ch4aForm 990-PF check	re 🗴 b		um, then enter -0- on the ap	1b, 2b, 3b, 4b, 5b,	3a, 4a, 5a, 6a, 7a, 8a, 9 , 6b, 7b, 8b, 9b, or 10b,
2aForm 990-EZ check3aForm 1120-POL ch4aForm 990-PF check		Total revenue, if any (Form 9	90, Part VIII, column (A), lin	ie 12)	1b 169,857,376
3aForm 1120-POL ch4aForm 990-PF check	khere 🛄 h	Total revenue, if any (Form 9			
		Total tax (Form 1120-POL, lin			
		Tax based on investment in			4b
		Balance due (Form 8868, line			5b
6a Form 990-T check l		Total tax (Form 990-T, Part III			6b
7a Form 4720 check he		Total tax (Form 4720, Part III,			7b
8a Form 5227 check h		FMV of assets at end of tax	,		8b
9a Form 5330 check h		Tax due (Form 5330, Part II, I			9b
10a Form 8038-CP che		Amount of credit payment re	•	Part III. line 22)	10b
		Authorization of Office			
any refund. If applicable, I ntry to the financial instituti nancial institution to debit t ter than 2 business days p ayment of taxes to receive	l authorize the U.S. Tri ion account indicated the entry to this accou rior to the payment (so confidential informatio per (PIN) as my signatu	n of the transmission, (b) the r easury and its designated Fina in the tax preparation software int. To revoke a payment, I mu- ettlement) date. I also authorize on necessary to answer inquirie ire for the electronic return and 0, , PC	ncial Agent to initiate an ele of or payment of the federal st contact the U.S. Treasur a the financial institutions in as and resolve issues relate	ectronic funds withd taxes owed on this y Financial Agent at volved in the proces d to the payment. I	rawal (direct debit) return, and the 1-888-353-4537 no ssing of the electronic have selected a withdrawal.
		ERO firm name			Enter five numbers, bu
with a state agenc on the return's dis As an officer or pe return. If I have inc	cy(ies) regulating charin closure consent scree erson subject to tax wi dicated within this retu	ectronically filed return. If I hav ties as part of the IRS Fed/Stat an. th respect to the entity, I will en im that a copy of the return is l PIN on the return's disclosure c	te program, I also authorize nter my PIN as my signatur being filed with a state age	the aforementioned re on the tax year 20	I ERO to enter my PIN 22 electronically filed
	Eiba Mit	chill		0.4	02/15/24
Ignature of officer or person subject t Part III Certificati	on and Authentic			Date	02/15/24
RO's EFIN/PIN. Enter you number (EFIN) followed by y	•	•	6338319769 Do not enter a		
•	• • •	hich is my signature on the 20 irements of Pub. 4163, Moder	•		
RO's signature JACKSO	ON THORNTON & CO.	, PC	Date	02/02/24	
		D Must Retain This For			
		nit This Form to the IKS	Unless Requested 1	To Do So	

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Form 9	90
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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

AF	or the	e 2022 calendar year, or tax year beginning NOV 1, 2022 and ending	ОСТ 31, 2	023		
B c	heck if pplicabl	e: C Name of organization	D Emplo	oyer ide	ntificat	ion number
	Addre	ss southern poverty law center, inc.				
	Name		63	8-05987	743	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/si	uite E Telepł	none nur	nber	
	 	P.O. BOX 548		-956-8		
	termin		G Gross re	eceipts \$		170,646,251.
	Amen		H(a) Is th	nis a grou	up retu	
	Applic tion	a- F Name and address of principal officer: MARGARET HUANG				Yes X No
	pendi	¹⁹ 403 WASHINGTON AVENUE, MONTGOMERY, AL 36104				ded? Yes No
11	ax-ex	$x = 10^{-1}$ status: $x = 501(c)(3)$ $x = 501(c)(1)$ (insert no.) $x = 4947(a)(1)$ or $x = 10^{-1}$				t. See instructions
	Vebsi		H(c) Gro	up exem	ption n	lumber
ΚF	orm of	organization: X Corporation Trust Association Other L Y	'ear of formation	1971 <u>:</u>	M S	tate of legal domicile: AL
Pa	art I	Summary				
-	1	Briefly describe the organization's mission or most significant activities: THE SPLC IS	A CATALYST	FOR		
nce D		RACIAL JUSTICE IN THE SOUTH AND BEYOND, WORKING IN PARTNERSHIP WIT	Ч			
Governance	2	Check this box if the organization discontinued its operations or disposed of m	ore than 25%	of its ne	t assets	6.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			3	12
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			4	12
Activities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			5	469
,iti	6	Total number of volunteers (estimate if necessary)			6	82
cti		Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			7b	٥.
			Prior `	Year		Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)	108	,860,73		109,707,329.
ňué	9	Program service revenue (Part VIII, line 2g)		117,4	76.	2,739,454.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31	,203,68	34.	57,270,695.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		169,08	34.	139,898.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	140	,350,98	32.	169,857,376.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		209,4	50.	2,902,525.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	44	,156,42	29.	56,119,120.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1	,706,78	38.	1,339,658.
e de x	b	Total fundraising expenses (Part IX, column (D), line 25) 17,431,407.				
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	64	,970,3	58.	61,770,140.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		,043,02		122,131,443.
		Revenue less expenses. Subtract line 18 from line 12		,307,9		47,725,933.
t Assets or of Balances			Beginning of C			End of Year
sets	20	Total assets (Part X, line 16)		,488,4'		749,083,798.
it As		Total liabilities (Part X, line 26)		,531,54		37,750,494.
INet		Net assets or fund balances. Subtract line 21 from line 20	686	,956,93	30.	711,333,304.
	art II	Signature Block				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and stat			of my kn	owledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep				
		ELECTRONICALLY SIGNED		<u>)2/15/2</u>	4	
Sig		Signature of officer	L)ate		
Her	е	ERIKA MITCHELL, TREASURER				
		Type or print name and title	Data			
		Print/Type preparer's name Preparer's signature	Date 01/29/24	Chec if		PTIN
Paid		CHRISTINE K. COOK	employed	P00537690		
	arer	Firm's name JACKSON THORNTON & CO., PC	F	irm's EIN	63	-1035228
Use	Only	Firm's address PO BOX 96				
		MONTGOMERY, AL 36101-0096	F	hone no.	334-8	34-7660

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

<u>Form</u>	990 (2022) SOUTHERN POVERTY LAW CENTER, INC.	63-0598743	3	Page 2
	t III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			X
1	Briefly describe the organization's mission:			
	THE SPLC IS A CATALYST FOR RACIAL JUSTICE IN THE SOUTH AND BEYOND,			
	WORKING IN PARTNERSHIP WITH COMMUNITIES TO DISMANTLE WHITE SUPREMACY,			
	STRENGTHEN INTERSECTIONAL MOVEMENTS, AND ADVANCE THE HUMAN RIGHTS OF			
	ALL PEOPLE.			
2	Did the organization undertake any significant program services during the year which were not listed on the	Г		v
	prior Form 990 or 990-EZ?	L	Yes	<u>^_</u> No
2	If "Yes," describe these new services on Schedule O.	Г	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	L		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by exr	oncoc	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,			1
	revenue, if any, for each program service reported.		looo, and	
4a	(Code:) (Expenses \$	\$	2,728,	985.)
	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			
4	STUDENTS OUT OF CLASSROOMS AND INTO THE CRIMINAL JUSTICE SYSTEM,		60	882.)
4b	(Code:)(Expenses \$	\$	00,	<u> </u>
	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 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 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			
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses 86,533,553.		- 00	0 /00
	SEE SCHEDULE O FOR CONTINUATION(S)		Form 99	J (2022)
232002	2 12-13-22 SEE SCHEDULE O FOR CONTINUATION(S)			
501			ריאדיי 🛆	9130

2022.05040 SOUTHERN POVERTY LAW CENT 08130__1

Form 990 (2022) SOUTHERN POVERTY LAW CENTER, INC.
Part IV Checklist of Required Schedules

Page 3 63-0598743

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		v	
-	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		x
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
-	Schedule D. Part III	8		х
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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
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	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? 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		
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			х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	A	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D. Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	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		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	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? <i>If</i> "Yes,"	4		х
20-	complete Schedule G, Part III	19		 X
20а ь	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
£ 1	domestic government on Part IX, column (A), line 1? <i>If "Yes." complete Schedule I. Parts I and II</i>	21	х	
232003				(2022)

232003 12-13-22

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			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			
	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	0.51		x
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
20	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
28	instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
Ũ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	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		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 761			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
232004	l 12-13-22	Form	990	(2022)

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	1990 (2022) SOUTHERN POVERTY LAW CENTER, INC.	63-059874	3	Р	age 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1.00			
	, , , , ,	2a 469		77	
-		?	2b	X	<u> </u>
3a			3a	X	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b	Х	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	•	4.	х	
h	financial account in a foreign country (such as a bank account, securities account, or other financial acc If "Yes." enter the name of the foreign country CAYMAN ISLANDS	:ount)?	4a	<u></u>	
b	If "Yes," enter the name of the foreign country <u>CAYMAN ISLANDS</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc				
50		. ,	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?	5a 5b		x
			50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
ou	any contributions that were not tax deductible as charitable contributions?	-	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
-	were not tax deductible?	U	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а		ces provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с					
	to file Form 8282?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	tract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	t?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	n 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	on file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b	y the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		<u> </u>
b			9b		
10	Section 501(c)(7) organizations. Enter:				
a		10a			
b		10b			
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			
b		146			
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	11b 0412	12a		
		12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.		Tou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
		13b			
с		13c			
14a	Did the second still a second state of the index of the i		14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerat				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	ncome?	16		x
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activ	rities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.			000	
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	Check if Schedule O contains a response or note to any line in this Part VI			X
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 1a1	2		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	2		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
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? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			-
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	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			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	<u>15a</u>	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on 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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
2	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <u>AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY</u>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website Vector Other (explain on Schedule O) X Own website Other (explain on Schedule O) Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd finano	cial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
20				
20	ERIKA MITCHELL - 334-956-8200 403 WASHINGTON AVENUE, MONTGOMERY, AL 36104			

Form 990 (2022)	SOUTHERN POVERTY LAW CENTER, INC.	63-0598743	>age 7							
Part VII Compens	sation of Officers, Directors, Trustees, Key Employees, H	ighest Compensated								
Employees, and Independent Contractors										
Check if Scl	hedule O contains a response or note to any line in this Part VII									
Section A. Officers, D	Directors, Trustees, Key Employees, and Highest Compensated Employ	ees								
1a Complete this table	for all persons required to be listed. Report compensation for the calendar	year ending with or within the organization's ta	x year.							

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	۱ than d		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	ndad I	irecto	or/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	organizations below	ual tr	tional		voldr	t con	_	1099-INEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARGARET HUANG	40.00		_		-					
PRESIDENT/CEO		1		х				454,624.	0.	50,680.
(2) LECIA BROOKS	40.00									
CHIEF OF STAFF					х			287,969.	0.	37,244.
(3) ANN BEESON	40.00									
CHIEF PROGRAM OFFICER					Х			240,759.	0.	44,163.
(4) LASHAWN WARREN	40.00									
CHIEF POLICY OFFICER					Х			249,255.	0.	35,124.
(5) SYBIL HADLEY	40.00									
GENERAL COUNSEL; SECRETARY				х				234,269.	0.	43,720.
(6) ARUN KANDEL	40.00									
CHIEF INFORMATION OFFICER					Х			232,418.	0.	43,578.
(7) TIA GORDON	40.00									
FORMER CHIEF COMMUNICATIONS OFFICER					Х			246,994.	0.	28,201.
(8) TWYLA WILLIAMS	40.00									
CHIEF HUMAN RESOURCES OFFICER					х			228,690.	0.	43,992.
(9) SETH LEVI	40.00									
CHIEF PROGRAM STRATEGY OFFICER					X			237,447.	0.	33,556.
(10) NANCY ABUDU	40.00									
INTERIM DIRECTOR OF STRATEGY						X		222,932.	0.	42,382.
(11) CHERRY GAMBLE	40.00									
CHIEF DEVELOPMENT OFFICER					Х			208,316.	0.	41,142.
(12) BACARDI JACKSON	40.00									
DEPUTY LEGAL DIRECTOR						X		205,979.	0.	41,103.
(13) NATALIE KELLY	40.00									
DIRECTOR OF LEGAL MANAGEMENT						X		204,287.	0.	40,552.
(14) SUSAN CORKE	40.00									
DIRECTOR OF INTELLIGENCE PROJECT						X		199,102.	0.	39,773.
(15) SHANNON FARLEY	40.00									
INTERIM CHIEF OF STAFF					X			181,832.	0.	38,163.
(16) JALAYLA LILES	40.00									
DIRECTOR OF LEARNING FOR JUSTICE		<u> </u>			<u> </u>	X		198,921.	0.	19,892.
(17) AMY SADLER	40.00									
INTERIM CHIEF FINANCIAL OFFICER					Х			173,334.	0.	37,641.
232007 12-13-22										Form 990 (2022)

Form 990 (2022)

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Form 990 (2022) SOUTHERN POVE	ERTY LAW CE	NTE	R,	INC	•				63-05	9874	3	P	age 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F)													
(A)	(B)							(D)	(E)			(F)	
Name and title	Average	(do		Pos		۱ than c	no	Reportable	Reportable		Es	timate	ed
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensatio	n	an	nount	of
	week		cer an I	id a d I	lirecto	or/trus [.]	ee)	from	from related	ı		other	
	(list any	ector						the	organizations			pensa	
	hours for	or dir	e			ated		organization	(W-2/1099-MIS	,C/		om th	
	related	stee	truste			pens		(W-2/1099-MISC/	1099-NEC)		•	anizat	
	organizations below	al tru	onal 1		loye	e com		1099-NEC)				d relat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	inizati	ons
(18) DANIEL MCGREGOR	40.00	Ē	ű	0f	Ke	e Hi	ይ			-+			
FORMER CHIEF OPERATING OFFICER	40.00				x			153 745		٥.		23	130
(19) MELVINA FORD	40.00				^			153,745.		<u> </u>		² ,	430.
FORMER INTERIM CHIEF LEGAL OFFICER	40.00	•			x			154,557.		٥.		17	211.
(20) BENNETT GRAU	0.00							101,007.				±,,	
DIRECTOR	0.00	x						0.		٥.			0.
(21) CLEVELAND CHRISTOPHE	0.00							<u>.</u>					
DIRECTOR	0.00	x						0.		٥.			0.
(22) EMERY WRIGHT	0.00												
DIRECTOR	0.00	x						0.		٥.			0.
(23) ERIKA MITCHELL	40.00												
CHIEF FINANCIAL OFFICER/TREASURER	10.00	1		x				0.		٥.			0.
(24) ISABEL RUBIO	0.00												
DIRECTOR/SECRETARY		x		x				0.		٥.			Ο.
(25) JAMES B HUGHES, JR	0.00												
DIRECTOR		x						0.		٥.			0.
(26) JINI KOH	0.00												
DIRECTOR		x						0.		٥.			0.
								4,315,430.		0.		701	547.
1b Subtotal c Total from continuation sheets to Part VI								0.		0.		,,	0.
d Total (add lines 1b and 1c)								4,315,430.		0.		701	547.
2 Total number of individuals (including but no								, ,	000 of reportable			/	
compensation from the organization		030	11310	uac	0000	<i>,</i> , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	010						99
compensation nom the organization												Yes	No
3 Did the organization list any former officer,	director truste	ee k	ev e	mol	love	e or	hia	hest compensated empl	ovee on	ſ			
line 1a? If "Yes," complete Schedule J for su	-			•			Ŭ	• • •	•		3		х
4 For any individual listed on line 1a, is the su											Ť		
and related organizations greater than \$150	-		-					-	-		4	х	
5 Did any person listed on line 1a receive or a	,		•								-		
											5		х
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Scheaule	<u> </u>	or sl	icn į	oers	on .				<u></u>			
1 Complete this table for your five highest con	mnensated ind	lene	nder	nt co	ontra	actor	s th	nat received more than \$	100 000 of comr		ion fro	m	
the organization. Report compensation for t										onout			
(A)	ine calendar ye		- TGII	<u>ig ii</u>				(B)			(C	:)	
Name and business	address							Description of s	ervices	С	omper		n
RABEN GROUP LLC, 1341 G ST NW 5TH FLC	DOR,							STRATEGY & COMMUNI	CATIONS				
WASHINGTON, DC 20005	,							CONSULTING				816.	959.
JOYCE GOLDSTEIN & ASSOCIATES												,	
3080 LAUREL RD, CLEVELAND, OH 44120								LEGAL SERVICES				587.	847.
UNTIL 20 LLC												,	
256 EAGLEVIEW BLVD #501, EXTON, PA 19	9341							PODCAST PRODUCTION				375,	430.
CENTER10 CONSULTING												,	
275 W 96TH ST #28E, NEW YORK, NY 1002	25						k	CONSULTING SERVICE	s			320,	356.
ATLANTIC MONTHLY GROUP LLC												,	
P.O. BOX 21663, NEW YORK , NY 10087							k	CONSULTING SERVICE	s			261,	570.
2 Total number of independent contractors (ir	ncluding but no	ot lin	nitec	d to	thos	se lis	_						
\$100,000 of compensation from the organiz		_			1'								
SEE PART VII, SECTION A CONTINU		TS									Form	990 ()	2022)

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Form 990 SOUTHERN POVERTY LAW CENTER, INC. 63-0598743 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
		nplo	yee		<u>nd H</u> C)	ligh	est (```			
(A)	(B)	(D)	(E)	(F)								
Name and title	Average	-				Reportable	Reportable	Estimated				
	hours	(cl	heck	all '	that	app	ly)	compensation	compensation	amount of		
	per week					e e		from the	from related organizations	other compensation		
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the		
	hours for	direc.				ed em		(W-2/1099-MISC)	()	organization		
	related	tee or	ustee			ensati				and related		
	organizations	al trus	nal tr		loyee	dwoo				organizations		
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
	line)	Ind		8	Ke	∃≣	For					
(27) JOSH BEKENSTEIN	0.00									0		
DIRECTOR (28) KAREN BAYNES-DUNNING	0.00	X						0.	0.	0.		
DIRECTOR /TREASURER	0.00	x		x				0.	0.	0		
(29) KAROL MASON	0.00	~		^				<u>.</u>	0.	0.		
DIRECTOR	0.00	x						0.	0.	0		
(30) KATHERYN RUSSELL-BROWN	0.00	^	-	<u> </u>	-	<u> </u>		· · ·	0.	0.		
DIRECTOR		x						0.	0.	0.		
(31) MINJON THOLEN	0.00							· · · ·				
DIRECTOR		x						0.	0.	0.		
(32) PAM HOROWITZ	0.00											
DIRECTOR		x						0.	0.	0.		
(33) ROBERT M FOX	0.00											
DIRECTOR		х						0.	0.	Ο.		
(34) VERNA WILLIAMS	0.00											
DIRECTOR		х						٥.	٥.	٥.		
		-										
		1										
		1										
					1					L		
		1										
		•		•								
Total to Part VII, Section A, line 1c												
								1				

232201 04-01-22

ar	t VII									_
		Check if Schedule O	conta	ains a respo	nse	or note to any line	e in this Part VIII			[
							(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
ŝ	1 a	Federated campaigns		1a		359,581.				
uno		Membership dues								
M M		Fundraising events								
ar A		Related organizations								
Ē	е	Government grants (contr	ibuti	ons) 1e						
S	f	All other contributions, gifts,	grant	s, and						
the		similar amounts not included	abov	/e 1f		109,347,748.				
0 P	g	Noncash contributions included in	lines 1	a-1f 1g	6	3,950,440.				
an	h	Total. Add lines 1a-1f					109,707,329.			
						Business Code				
	2 a	COURT AWARDS				900099	2,728,985.	2,728,985.		
e	b	SCHOOL DISTRICT TRA	INI			900099	10,469.	10,469.		
enu	С									
Other Revenue Contributions, Gifts, Gran Revenue and Other Similar Amoun	d					├ ──── ↓				
	е									
		All other program service					0 700 454			
_		Total. Add lines 2a-2f					2,739,454.			
	3	3					4 510 600			4 510 0
		other similar amounts)					4,518,692.			4,518,6
	4	Income from investment o				F	90 495			00.4
	5	Royalties		(i) Real			89,485.			89,4
	•					(ii) Personal				
		Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	<u>6c</u>							
		Net rental income or (loss))	(i) Securit		(ii) Other				
	7а	Gross amount from sales of	7-	52,944,1						
	h	assets other than inventory Less: cost or other basis	<i>1</i> a	52,544,1		557,557.				
,	D	and sales expenses	7b	729,7	0.8	0.				
	~	Gain or (loss)		52,214,4						
		Net gain or (loss)		•			52,752,003.			52,752,0
5		Gross income from fundraisi			· · · · · ·		,,			,,-
	0 4	including \$	-	-						
Other Revenue		contributions reported on								
		Part IV, line 18		-	8a					
	b	Less: direct expenses			8b					
		Net income or (loss) from			nts					
		Gross income from gamin								
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from			s <u></u>					
		Gross sales of inventory, I								
		and allowances			10a	109,580.				
	b	Less: cost of goods sold			10b	59,167.				
		Net income or (loss) from			у		50,413.	50,413.		
						Business Code				
e	11 a					ļ ļ				
nue	b									
eve	с					ļ ļ				
Ľ	d	All other revenue								
		Total. Add lines 11a-11d								
	12	Total revenue. See instruction					169,857,376.	2,789,867.	0.	57,360,1

10

SOUTHERN POVERTY LAW CENTER, INC. Part IX Statement of Functional Expenses

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

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Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b, Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 2,902,525. 2,902,525 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 4,232,449. 2,281,961. 1,433,756. trustees, and key employees 516,732. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)37,919,542. 29,202,026. 4,535,839. 4,181,677. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,477,196 2,677,806 415,933 383,457. 7,567,095 5,730,580 1,016,329 820,186. Other employee benefits 9 2,922,838. 2,250,892 349,622 322,324. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 1,003,915. 1,003,915 b Legal 216,890. 216,890 Accounting С 4,500,000 4,500,000 Lobbying d 1,339,658. 1,339,658. Professional fundraising services. See Part IV, line 17 е 1,032,000. Investment management fees 1,032,000. f Other. (If line 11g amount exceeds 10% of line 25, g 1,888,145 341,260 942,281 604,604. column (A), amount, list line 11g expenses on Sch 0.) 811,942 811,942, Advertising and promotion 12 918,480 191,816. 1,271,516 161,220 13 Office expenses 551,162. 327,832. 131,237 92,093. 14 Information technology 15 Royalties 3,114,154 2,481,526. 359,365 273,263. 16 Occupancy 639,814 378,311. 224,266 37,237. Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 233,679. Conferences, conventions, and meetings 2,415,396. 1,820,931. 360,786 19 488,408, 488,408 20 Interest 21 Payments to affiliates 1,881,459 1,438,721 221,493 221,245. 22 Depreciation, depletion, and amortization 1,275,755 615,041 543,089 117,625. 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) POSTAGE/PRINT/LETTERSHO 15,274,792. 6,119,900. 3,731,801 5,423,091. а 8,191,564 EDUC PUB & PROGRAMS 9,276,094 369,744 714,786. b IMPACT INITIATIVES 9,115,543. 9,115,543. С CASE COST EXPENSE 2,043,145. 2,043,145 d 4,970,010, 2,383,567, 628,509 1,957,934. All other expenses е 122,131,443 86,533,553 18,166,483 17,431,407. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here X if following SOP 98-2 (ASC 958-720) 15,237,654 7,170,875. 4,200,125 3,866,654.

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232010 12-13-22

2022.05040 SOUTHERN POVERTY LAW CENT 08130__1

Form 990 (2022)

232011 12-13-22

Form 990 (2022)

13550129 792680 08130

			Beginning of year		End of year
	1	Cash - non-interest-bearing	2,835,391	1	1,716,431.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		_	4,310,103.
	4	Accounts receivable, net		_	867,492.
	5	Loans and other receivables from any current or former officer, director,			
Assets		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	106,212.
	9	Prepaid expenses and deferred charges	3 465 356	-	3,528,094.
		Land, buildings, and equipment: cost or other			, ,
As		basis. Complete Part VI of Schedule D 10a 42,225	.969.		
	b	Less: accumulated depreciation 10b 25,468		10c	16,757,603.
	11	Investments - publicly traded securities			31,721,185.
	12	Investments - other securities. See Part IV, line 11			681,627,807.
	13	Investments - program-related. See Part IV, line 11	······	13	. , ,
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		-	8,448,871.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		-	749,083,798.
	17	Accounts payable and accrued expenses		_	6,821,916.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		-	15,000,000.
	21	Example a statistic second list 114. Operative Dest N/ of Oph ed. do D	2,955	_	36,881.
	22	Loans and other payables to any current or former officer, director,			,
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		22	
LIa	23	Secured mortgages and notes payable to unrelated third parties		23	
Liabilities	24	Unsecured notes and loans payable to unrelated third parties		_	362,069.
	25	Other liabilities (including federal income tax, payables to related third	·······		,
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	14,955,179	25	15,529,628.
	26	Total liabilities. Add lines 17 through 25	26 521 545	-	37,750,494.
		Organizations that follow FASB ASC 958, check here			, ,
es		and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	680,516,194	27	704,281,809.
	28	Net assets with donor restrictions	6,440,736	-	7,051,495.
		Organizations that do not follow FASB ASC 958, check here			
5		and complete lines 29 through 33.			
p	29	Capital stock or trust principal, or current funds		29	
Sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31			31	
Net Assets of Fund Balances	32	Total net assets or fund balances		-	711,333,304.
Z	33	Total liabilities and net assets/fund balances		-	749,083,798.

SOUTHERN POVERTY LAW CENTER, INC. Part X Balance Sheet

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

63-0598743

(A)

Page **11**

(B) _

Form	990 (2022) SOUTHERN POVERTY LAW CENTER, INC.	63-059874	3	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	169,	857,	376.
2	Total expenses (must equal Part IX, column (A), line 25)	2	122,	131,	443.
3	Revenue less expenses. Subtract line 2 from line 1	3	47,	725,	933.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	686,	956,	930.
5	Net unrealized gains (losses) on investments	5	-23,	349,	559.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	711,	333,	304.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				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 on Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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	X	
	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	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

232012 12-13-22

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

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	
2022	

Open to Public . Inspection

Name of	the organization							
D - 11			,					63-0598743
Part I	Reason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions	S.	
The organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1	A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)				
3	A hospital or a cooperative	hospital service orga	nization described in s	ection 170	(b)(1)(A)(ii	i).		
4							(iii). Enter	the hospital's name,
	-	•	, ,				. ,	· /
5		or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental ur	nit describe	ed in
•								
e 🗌			antal unit described in	contion 17	70/b)/4)/A)	()		
6 🗌 7 X	· · · · -	-					a ganaral r	while described is
7 <u>X</u>	-	-	mai part of its support i	om a gove	ernmental		e general p	Sublic described in
•								
	•							
9 🔛		-			-		-	-
		grant college of agrici	ulture (see instructions).	Enter the	name, city	, and state of t	the college	or
—	university:							
10	-	•					-	•
	activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	ifter June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)						
11	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).		
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functio	ns of, or to car	ry out the	purposes of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	5 09(a)(2) .	See section 5	6 09(a)(3). (Check the box on
	lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and	12g.	
a	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
	the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	f the direc	tors or trustee	es of the su	Ipporting
	organization. You must o	complete Part IV, Se	ctions A and B.					
b	Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organizatior	n(s), by hav	ring
	control or management o	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	e the supp	ported
	organization(s). You mus	t complete Part IV,	Sections A and C.					
с 🗌	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionall	y integrate	d with,
	its supported organization	n(s) (see instructions)	. You must complete	Part IV, Se	ctions A,	D, and E.		
d	Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
							-	
		•		•		-		
e	- · ·		•				I. Type III	
						.,,	·, ·, / - ···	
f Ente	SOUTHERN FOVERTY LAW CENTER, INC. 63-0598743 Reason for Public Charity Status. (all organizations must complete this part.) See instructions. attains in at 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)(ii). A church, convention of churches, or association operated in social rescine 170(b)(1)(A)(iii). A negativation operated horganization 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)(v). 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)(v). An organization that normally receives (1) more than 33 1/3% of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from archivers subject to certain exceptions; and (2) no more than 33 1/3% of its support for gross investment normality receives a subject to certain exceptions; and (2) no more than 33 1/3% of its support for gross receipts from an organized and operated exclusively to test for public safety. See section 509(a)(A). An organization that normally receives (1).							
	(i) Name of supported		(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
	organization					support (see in	structions)	support (see instructions)
								<u> </u>
T . 4 . /								
Total								1

Schedule A	(Form	990	2022
Schedule A		330	1 2022

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	97,352,445.	108,078,656.	103,641,838.	108,860,738.	109,707,329.	527,641,006.
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						
	Total. Add lines 1 through 3	97,352,445.	108,078,656.	103,641,838.	108,860,738.	109,707,329.	527,641,006.
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)						F07 C41 00C
	Public support. Subtract line 5 from line 4. ction B. Total Support						527,641,006.
	••	(a) 2018	(1) 2010	(a) 2020	(4) 2021	(a) 2022	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2018 97,352,445.	(b)2019 108,078,656.	(c) 2020	(d) 2021 108,860,738.	(e) 2022 109,707,329.	(f) Total 527,641,006.
	Amounts from line 4 Gross income from interest,	57,552,445.	100,070,030.	103,041,030.	100,000,750.	105,707,525.	527,041,000.
0	,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	2,896,177.	2,251,420.	2,217,166.	2,590,452.	4 608 177	14,563,392.
٥	Net income from unrelated business	,,	_,,	_,,	2,020,2021	1,000,277	
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						542,204,398.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	3,759,804.
	First 5 years. If the Form 990 is for the	•	,	fourth. or fifth tax v	/ear as a section 5	L1	· ·
	organization, check this box and stop						
See	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	97.31 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	97.71 %
	33 1/3% support test - 2022. If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	: - 2022. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	: - 2021. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circl						
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2022

232022 12-09-22

Schedule A	Form	990) 2022

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.)

Sec	ction A. Public Support	<u></u>	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (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 per- formed, 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 bus-						
	iness 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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	,		•	•		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) orga	anization,
	check this box and stop here	<u></u>					
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves		•				
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						line 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						ation
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins		
23202	23 12-09-22		16			Sche	edule A (Form 990) 2022

2022.05040 SOUTHERN POVERTY LAW CENT 08130_1

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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10b | | | Schedule A (Form 990) 2022

Schedule A (For	m 990) 2022
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SOUTHERN POVERTY LAW CENTER, INC.

Yes No

No

Yes No

1

2

		Yes	No
1 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
•		
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,

upervised, or controlled the supporting organization Section C. Type II Supporting Organizations

			Yes	
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 sum anted amonipation (a)	4		

<u>the supported organization(s).</u> Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	that the organization used	to satisfy the Integral Part	Test during the year	(see instructions)
•		linal line organization used	to satisfy the integral Fart	rest during the year	1300 1130 000

- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

c		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b Did the activities described on line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

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Sche	edule A (Form 990) 2022 SOUTHERN POVERTY LAW CENTER, INC.			63-0598743	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on	Nov. 20, 1970 (explain ir	Part VI). See inst	ructions.
	All other Type III non-functionally integrated supporting organizations mus		,	-	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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	ion B - Minimum Asset Amount	_	(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
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 0.015 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 0.035.	6			
_7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	'ear
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 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-functiona	ally integrate	ed Type III supporting org	anization (see	

instructions).

Schedule A (Form 990) 2022

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Schedule A	(Form	990)	2022

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(contine}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	S	3		
	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive)		
	(provide details in Part VI). See instructions.	•		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A	Form 990) 2022 SOUTHERN POVERTY LAW CENTER, INC.	63-0598743	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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 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	and 2; Part IV, Section	n C,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	nal information.	,
232028 12-09-2	2	Schedule A (Form S	990) 2022

SCHEDULE C	Po	litical Campaign a	nd Lobbying	g Activities		OMB No. 1545-0047
(Form 990) For Organizations Exempt From Income Tax Under section 501(c) and section 527					7	2022
	-	if the organization is described b				
Department of the Treasury Internal Revenue Service	-	to www.irs.gov/Form990 for in			-2.	Open to Public Inspection
		Form 990, Part IV, line 3, or For			aian Activ	
-	-	plete Parts I-A and B. Do not com				
		1(c)(3)) organizations: Complete P	•	Do not complete Part	I-B.	
 Section 527 organization 	ations: Complete	Part I-A only.				
If the organization answ	wered "Yes," on	Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, lin	e 47 (Lobbying Activ	ities), the	en
 Section 501(c)(3) org 	janizations that h	nave filed Form 5768 (election und	er section 501(h)): Cor	mplete Part II-A. Do no	ot comple	ete Part II-B.
()() G		nave NOT filed Form 5768 (election				•
-		Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	structions) or Form	990-EZ,	Part V, line 35c (Proxy
Tax) (See separate inst		iona: Complete Dart III				
Name of organization	, or (o) organizat	ions: Complete Part III.			Employe	r identification number
Nume of organization	SOUTHERN PO	OVERTY LAW CENTER, INC.			Employe	63-0598743
Part I-A Comple		anization is exempt under	r section 501(c) o	r is a section 52	7 organ	
	5	•				
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV.		
2 Political campaign					\$	
3 Volunteer hours for						
				-		
Part I-B Comple	ete if the org	anization is exempt under	r section 501(c)(3).		
	2	incurred by the organization unde				
		incurred by organization managers				
		n 4955 tax, did it file Form 4720 fo				
						Yes No
b If "Yes," describe in Part I-C Comple		anization is exempt under	section 501(c), e	except section 5	01(c)(3)	
		by the filing organization for sect		-		·
		ization's funds contributed to othe			Ψ <u> </u>	
exempt function ac					\$	
•		. Add lines 1 and 2. Enter here and				
•	•				. \$	
						Yes No
5 Enter the names, a	ddresses and em	ployer identification number (EIN)	of all section 527 polit	tical organizations to	which the	e filing organization
	-	ion listed, enter the amount paid				
		omptly and directly delivered to a s			oarate se	gregated fund or a
		additional space is needed, provid	Г	Т		
(a) Name	•	(b) Address	(c) EIN	(d) Amount paid fr		(e) Amount of political ntributions received and
				filing organization funds. If none, ente		promptly and directly
					0	delivered to a separate
						political organization. If none, enter -0
	an Ast No. 1	and the Instructions for Form 00	0.000.57			dulo C (Earm 000) 2022

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

Schedule C (Form 990) 2022

232041 11-08-22

			LAW CENTER, INC)598743	Page 2
Part II-A Complete if the org	anizatior	is exen	npt under section	n 501(c)(3) and file	d Form 5768 (el	ection unde	er
section 501(h)).							
A Check if the filing organiza	tion belong	s to an affil	iated group (and list ir	n Part IV each affiliated	group member's nam	ne, address, Ell	N,
expenses, and shar	e of excess	lobbying e	expenditures).				
B Check if the filing organiza	tion checke	d box A ar	nd "limited control" pro	ovisions apply.		-	
Limit	ts on Lobby	/ina Exper	nditures		(a) Filing	(b) Affiliated	
			nts paid or incurred.)	organization's totals	totals	6
					1010.0	_	
1a Total lobbying expenditures to influ	-					_	
b Total lobbying expenditures to influ							
c Total lobbying expenditures (add lin		1b)					
d Other exempt purpose expenditure							
e Total exempt purpose expenditure							
f Lobbying nontaxable amount. Ente							
If the amount on line 1e, column (a) o	r (d) is:		bying nontaxable am				
Not over \$500,000			the amount on line 1e.				
Over \$500,000 but not over \$1,000	ess over \$500,000.						
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000. 0 \$1500,000 but not over \$1,000,000 \$10% of the excess over \$1,000,000.						
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,0				ess over \$1,500,000.			
Over \$17,000,000		\$1,000,0	500.				
g Grassroots nontaxable amount (en	tor 25% of l	ine 1f)					
h Subtract line 1g from line 1a. If zero		,					
i Subtract line 1f from line 1c. If zero							
j If there is an amount other than zer	-						
reporting section 4911 tax for this						Yes	No
			eraging Period Under				
(Some organizations the					f the five columns b	elow.	
	See	the separa	ate instructions for li	nes 2a through 2f.)			
	Lobby	/ing Exper	nditures During 4-Ye	ar Averaging Period			
Colondor year							
Calendar year (or fiscal year beginning in)	(a) 2	019	(b) 2020	(c) 2021	(d) 2022	(e) Tot	tal
(0							
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			1		Cabad	lulo C (Earm 0	00) 0000

Schedule C (Form 990) 2022

232042 11-08-22

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	a)	(t)
of the lobbying activity.	Yes	Νο	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		X		
f b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
c Media advertisements?		Х		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?	X		4,	500,000.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	x	X		<u> </u>
i Other activities?	X		1	58,800. 558,800.
j Total. Add lines 1c through 1i		х	4,	558,800.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Δ		
 b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	5). or sec	tion	
501(c)(6).		,,		
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from th				
Part III-B Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	5), or sec		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	'No" OR	(b) Part I	II-A, line	3, is
answered "Yes."				
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
expenses for which the section 527(f) tax was paid).				
a Current year				
b Carryover from last year				
c Total				
		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and point of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and point of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and point of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and point of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and point of the exceeds the exceeds the estimate of nondeductible lobbying and point of the exceeds the estimate of nondeductible lobbying and point of the exceeds the estimate of nondeductible lobbying and point of the exceeds the estimate of nondeductible lobbying and point of the exceeds the estimate of nondeductible lobbying and point of the exceeds the estimate of nondeductible lobbying and point of the exceeds the exceeds the estimate of nondeductible lobbying and point of the exceeds the estimate of nondeductible lobbying and point of the exceeds the estimate of nondeductible lobbying and point of the exceeds the estimate of nondeductible lobbying and point of the exceeds the estimate of nondeductible lobbying and point of the estimate of nondeducti				
	hittear	4		
 5 Taxable amount of lobbying and political expenditures. See instructions 				
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II-/	A. lines 1 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:				
GRANTS AND SPONSORSHIPS PAID FOR THE PURPOSE OF LOBBYING, GRASSROOTS				
ORGANIZING, AND OTHER FORMS OF ADVOCACY TO DISMANTLE WHITE SUPREMACY,				
STRENGTHEN INTERSECTIONAL MOVEMENTS, AND ADVANCE THE HUMAN RIGHTS OF				
ALL PEOPLE.				

232043 11-08-22

			OMD No. 1545 0047		
SC		tal Financial Statements	OMB No. 1545-0047		
(Forn		ganization answered "Yes" on Form 990, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	2022		
Depart	nent of the Treasury	Attach to Form 990.	Open to Public		
Interna	Revenue Service Go to www.irs.gov/Forms	990 for instructions and the latest information.			
Nam	e of the organization SOUTHERN POVERTY LAW CENTI	ER INC	Employer identification number 63-0598743		
Par					
1 41	organization answered "Yes" on Form 990, Part IV,				
	•	(a) Donor advised funds (I	b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	ls			
	are the organization's property, subject to the organization	's exclusive legal control?	Yes No		
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be used or	nly		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose conferring	ng		
De	impermissible private benefit?		Yes No		
Par			line 7.		
1	Purpose(s) of conservation easements held by the organiza				
	Preservation of land for public use (for example, recre		prically important land area		
	Protection of natural habitat	Preservation of a certif	fied historic structure		
•	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form of a con	Held at the End of the Tax Yea		
_	day of the tax year.				
a L	- · · · · · · · · ·		2a		
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic s	tructure included in (c)	2b 2c		
	Number of conservation easements included in (c) acquired				
u	historic structure listed in the National Register		2d		
3	Number of conservation easements modified, transferred, r				
U	year	cleased, extinguished, or terminated by the organiz			
4	Number of states where property subject to conservation e	easement is located			
5	Does the organization have a written policy regarding the p				
	violations, and enforcement of the conservation easements		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting				
7	Amount of expenses incurred in monitoring, inspecting, ha	ndling of violations, and enforcing conservation eas	sements during the year		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170(h)(4)(B)(i	(i)		
9	In Part XIII, describe how the organization reports conserva-	-			
	balance sheet, and include, if applicable, the text of the foc	otnote to the organization's financial statements tha	at describes the		
Da	organization's accounting for conservation easements. t III Organizations Maintaining Collections	of Art Historical Treasures, or Other Si	imilar Assats		
Fai			initial Assets.		
4-	Complete if the organization answered "Yes" on For				
Ia	If the organization elected, as permitted under FASB ASC s				
	of art, historical treasures, or other similar assets held for p service, provide in Part XIII the text of the footnote to its fin				
h	If the organization elected, as permitted under FASB ASC 9		sheet works of		
5	art, historical treasures, or other similar assets held for pub	-			
	provide the following amounts relating to these items:		,,,,,,		
	(i) Revenue included on Form 990, Part VIII, line 1		\$		
			•		
2	If the organization received or held works of art, historical t				
	the following amounts required to be reported under FASB				
а	Revenue included on Form 990, Part VIII, line 1	-	\$		
LHA	For Paperwork Reduction Act Notice, see the Instructio		Schedule D (Form 990) 202		

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Sche		OVERTY LAW CENTE				63-059		Pa	age 2
Par	t III Organizations Maintaining C	ollections of Art	i, Historical Tre	asures, or Oth	ner Simila	r Assets	(continu	ied)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that make	e significant	use of its			
	collection items (check all that apply):			C C	•				
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е							
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's ex	kempt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o						,		
-	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran								<u>, ne</u>
	reported an amount on Form 990, Par					5, i aiciv,	1110 0, 01		
12	Is the organization an agent, trustee, custodi		any for contribution	s or other assets n	ot included				
Ia	on Form 990, Part X?						Yes	x	No
h	If "Yes," explain the arrangement in Part XIII					∟			INU
D		and complete the foll	owing table.				Amount		
-	Designing belonce				10		7 anount		
	Beginning balance								
	Additions during the year								
	Distributions during the year								
	f Ending balance								1
	Did the organization include an amount on Fe				• • • • • • • • • • • • • • • • • • • •	X	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.							X	<u>]</u>
Fai	t V Endowment Funds. Complete i					vooro book	(-) [our)		haali
	(a) Current year (b) Prior year (c) Two years back (d) Three years back								
	1a Beginning of year balance 639,379,446. 731,949,581. 569,881,819. 529,801,832. b Contributions 100,661. 320,757. 270,618. 21,605,315.								606.
	Contributions	100,661.	320,757.		20,0				
	Net investment earnings, gains, and losses	31,355,467.	-79,077,141.	182,540,276	5. 32,7	80,075.	39,6	25,9	922.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	7,423,124.		19,571,060		10,450.			
f	Administrative expenses	1,032,000.	1,309,704.			94,953.			206.
g	End of year balance	662,380,450.	639,379,446.	731,949,581	. 569,8	81,819.	529,8	801,8	832.
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	99.3595	_%						
b	Permanent endowment6400	%							
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered for	r the				
	organization by:						١	/es	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere		, Part IV, line 11a. S	ee Form 990, Part	X, line 10.				
	Description of property	(a) Cost or o) Accumulat	ed	(d) Book	value	
	Description of property	basis (investm	• •		depreciation			value	
10	Land		,	869,682.			R	69 6	682.
	Land		29	,864,202.	16,749,	326	13,1		
	Buildings		25	828,053.		461.	,		592.
	Leasehold improvements		10	,460,595.	7,897,				453.
	Equipment		10	203,437.		437.	4,0	, , .	455. 0.
	Other				,		16 7	57 4	
Iota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part)</u>	<u>X, column (B), line 1</u>	0c.)			16,7	-	
						Schedule	D (Form	990)	2022

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) PRIVATE INVESTMENT FUNDS	681,627,807.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	681,627,807.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	GIFT ANNUITY LIABILITIES	7,080,757.
(3)	LEASE LIABILITY	8,448,871.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	15,529,628.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

232053 09-01-22

Part X			ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
	tal revenue, gains, and other support per audited financial statements		1
	t unrealized gains (losses) on investments	2a	
	nated services and use of facilities		
	coveries of prior year grants		
	ner (Describe in Part XIII.)		
	d lines 2a through 2d		2e
3 Su	btract line 2e from line 1		3
4 An	nounts included on Form 990, Part VIII, line 12, but not on line 1:		
	estment expenses not included on Form 990, Part VIII, line 7b		
	ner (Describe in Part XIII.)	4b	
	d lines 4a and 4b		
	tal revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.) …</i> .(III Reconciliation of Expenses per Audited Financial Statem		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		-
1 To	tal expenses and losses per audited financial statements		
	nounts included on line 1 but not on Form 990, Part IX, line 25:		
	nated services and use of facilities	. 2a	
	or year adjustments		
	ner losses		
	ner (Describe in Part XIII.)		
	d lines 2a through 2d		
3 Su	btract line 2e from line 1		
	nounts included on Form 990, Part IX, line 25, but not on line 1:		
	estment expenses not included on Form 990, Part VIII, line 7b		
	ner (Describe in Part XIII.)		
	d lines 4a and 4b		
	tal expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)		
	he descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add		Part V, line 4; Part X, line 2; Part XI,
PART IN	7, LINE 2B:		
AN IOLT	A TRUST ACCOUNT HAS BEEN SET UP IN A SEPARATE BANK ACCOUNT	T TO HOLD	
ANY MON	YEY RECEIVED ON BEHALF OF A CLIENT OR A THIRD PARTY IN A LI	EGAL	
MATTER	FOR DISTRIBUTION TO DESIGNATED RECIPIENTS. THE BALANCE AT	T THE END	
OF THE	YEAR IS \$37,114.		
PART V	LINE 4:		
THE CEN	ITER INVESTS CONSIDERING THE LONG-TERM EXPECTED RETURN ON 1	ITS FUNDS	
WHICH 1	ARGETS A DIVERSIFIED ASSET ALLOCATION MADE UP OF PUBLIC AN	ND PRIVATE	
EQUITY	HEDGE FUNDS, FIXED INCOME, AND REAL ESTATE TO ACHIEVE ITS	5	
		E GOAL IS	
	AN ENDOWMENT LARGE ENOUGH TO SUSTAIN ITS CURRENT LEVEL OF		
232054 09-			Schedule D (Form 990) 202
	28		, , , , , , , , , , , , , , , , , , , ,

SOUTHERN POVERTY LAW CENTER, INC.

Schedule D (Form 990) 2022

63-0598743

Page 4

Part XIII Supplemental Information (continued)

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

PROTECT THE CENTER FROM INFLATION.

Schedule D (Form 990) 2022

232055 09-01-22

Part I General Ir	nformation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Y	′es" on					
Form 990, Pa	Form 990, Part IV, line 14b.									
1 For grantmakers. D	oes the organization	n maintain record	ds to substantiate the amount of its gra	nts and other assistance,						
the grantees' eligibil	ity for the grants or a	assistance, and t	he selection criteria used to award the	grants or assistance?	Yes 🗌 No					
2 For grantmakers. D	2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the									
United States.			C C							
3 Activities per Regior	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					
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and					
	in the region	independent contractors	gram services, investments, grants to	describe specific type	investments					
		in the region	recipients located in the region)	of service(s) in the region	in the region					
EAST ASIA AND THE										
PACIFIC - AUSTRALIA	,									
BRUNEI, BURMA,										
CAMBODIA,			FUNDRAISING		0.					
EUROPE (INCLUDING										
ICELAND & GREENLAND)									
- ALBANIA, ANDORRA,										
AUSTRIA, BELGIUM			FUNDRAISING		0.					
MIDDLE EAST AND										
NORTH AFRICA -										
ALGERIA, BAHRAIN,										
DJIBOUTI, EGYPT,			FUNDRAISING		0.					
NORTH AMERICA -										
CANADA AND MEXICO,										
BUT NOT THE UNITED										
STATES			FUNDRAISING		0.					
CENTRAL AMERICA AND										
THE CARIBBEAN -										
ANTIGUA & BARBUDA,										
ARUBA, BAHAMAS,			FUNDRAISING		0.					
CENTRAL AMERICA AND										
THE CARIBBEAN			INVESTMENTS		26,300,000.					
EUROPE (INCLUDING										
ICELAND & GREENLAND)		INVESTMENTS		843,000.					
3 a Subtotal	0	0			27,143,000.					
b Total from continuat										
sheets to Part I		0			0.					
c Totals (add lines 3a										
and 3b)	0	0			27,143,000.					
LHA For Paperwork Rec	luction Act Notice,	see the Instruct	tions for Form 990.	Schedule F ((Form 990) 2022					

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.

232071 10-17-22

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

SOUTHERN POVERTY LAW CENTER, INC.

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

63-0598743

63-0598743

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			l ecognized as charities by the t			1		I
			or counsel has provided a sect					
3 Enter total number of	Enter total number of other organizations or entities							

Page 2

Schedule F (Form 990) 2022

(a) Type of grant or assistance

(a) Type of grant or assistance	(b) Region	recipients	cash grant	cash disbursement	noncash assistance	noncash assistance	valuation (book, FMV, appraisal, other)

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

(c) Number of (d) Amount of

SOUTHERN POVERTY LAW CENTER, INC.

(b) Region

Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2022

63-0598743

(f) Amount of

(g) Description of

(e) Manner of

(h) Method of

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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes,"</i> 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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

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.

13550129 792680 08130

SCHEDULE G	Suppleme	ental Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities I d	DMB No. 1545-0047
(Form 990)	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.							2022
Department of the Treasury	Attack to Form 900 or Form 900 EZ						Open to Public	
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						n.	Inspection	
Name of the organization							Employer identification number	
SOUTHERN POVERTY LAW CENTER, INC.							63-0598743	
	ing Activities. complete this par	 Complete if the organization answe t. 	ered "Y	'es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
1 Indicate whether the	e organization rais	sed funds through any of the followin	ig activ	vities.	Check all that apply.			
a X Mail solicitations e X Solicitation of non-government grants								
b X Internet and email solicitations f Solicitation of government grants								
c X Phone solicitations g X Special fundraising events								
d X In-person solicitations								
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or								
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes No								
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be								
compensated at le	ast \$5,000 by the	organization.						
						(.)		
 (i) Name and address of individual or entity (fundraiser) 			(iii) Did fundraiser				Amount paid or retained by)	(vi) Amount paid
		(ii) Activity		ustody trol of			fundraiser	organization
			contrib	utions?		lis	ted in col. (i)	
TELEFUND, INC P O BOX			Yes	No				
120557, BOSTON, MA 02112		TELEMARKETING		x	291,666.		450,412.	-158,745.
SD&A - 5757 WEST CENTURY								
BLVD., STE 300, LOS ANGELES,		TELEMARKETING		x	122,959.		377,254.	-254,295.
INTEGRATED DIRECT MARKETING,								
LLC - 1250 CONNECTICUT AVE NW		FUNDRAISING CONSULTING		x	0.		150,000.	-150,000.
RISING TIDE INTERACTIVE, LLC								
- 1250 H STREET NW, STE. 200,		MARKETING CONSULTING		X	0.		263,000.	-263,000.
								000 040
Total 414,625. 1,240,666. -826,0 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration								-826,040.
	ch the organizatio	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	gistration
or licensing.								
		A, HI, ID, IL, IN, IA, KS, KY, LA, M						
	NM,NY,NC,ND,O	H,OK,OR,PA,RI,SC,SD,TN,TX,U	лт, VТ,	, VA, W	A,WV,WL			
WY								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2022

232081 10-27-22

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

		of fundraising event contributions and gro			-	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue						
Reve	1	Gross receipts				
	_					
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	-					
	4	Cash prizes				
	_					
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Expe	Ū					
ect E	7	Food and beverages				
Dir						
	8	Entertainment				
	9 10	Other direct expenses Direct expense summary. Add lines 4 through	9 in column (d)	I		
		Net income summary. Subtract line 10 from li				
Pa	rt I	II Gaming. Complete if the organization a		1990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				2		
Ŗ	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	2	Noncoch prizos				
Exp	3	Noncash prizes				
rect	4	Rent/facility costs				
ā						
	5	Other direct expenses				
	~	Velueteeu leheu	Yes%	Yes%	Yes %	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	_					
		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac		statos?		Yes No
		No," explain:				
~		····, -··· /········				
	_					
		ere any of the organization's gaming licenses re			year?	Yes No
b	lf "	Yes," explain:				

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	SOUTHERN POVERTY LAW CENTER, INC.	63-05	98743	Page 3
		ming activities with nonmembers?		Ye	s 🗌 No
12		eficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?			Ye:	s 🛄 No
	Indicate the percentage of gaming		1	13a	07
				13b	<u>%</u> %
		e person who prepares the organization's gaming/special events books and records:			/0
	Name				
	Address				
15a	Does the organization have a con	tract with a third party from whom the organization receives gaming revenue?		Ye:	s 🗌 No
F	If "Voc " optor the amount of gam	ing revenue received by the organization \$ and the amou	unt		
		e third party \$			
c	If "Yes," enter name and address				
	Name				
	Adduces				
	Address				
16	Gaming manager information:				
	0 0				
	Name				
	.				
	Gaming manager compensation	\$			
	Description of services provided				
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
		state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?			Ye:	s 🗌 No
b	Enter the amount of distributions	required under state law to be distributed to other exempt organizations or spent in t	the		
Da	organization's own exempt activit rt IV Supplemental Infor				
Га		mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a applicable. Also provide any additional information. See instructions.	nd Part	III, lines	9, 90, 100,
	100, 100, 10, and 170, as				
SCH	EDULE G, PART I, LINE 2B,	LIST OF TEN HIGHEST PAID FUNDRAISERS:			
(NAME OF FUNDRAISER: SD&A				
(1)	MAME OF FONDATIONAL				
(I)	ADDRESS OF FUNDRAISER:				
575	7 WEST CENTURY BLVD., STE	300, LOS ANGELES, CA 90045			
(I)	NAME OF FUNDRAISER: INTER	GRATED DIRECT MARKETING, LLC			
/					
(I)	ADDRESS OF FUNDRAISER:				
125	0 CONNECTICUT AVE NW STE.	200, WASHINGTON, DC 20036			
2320	83 10-27-22		Schedu	le G (For	m 990) 2022
		37			

2022.05040 SOUTHERN POVERTY LAW CENT 08130_1

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

(I) ADDRESS OF FUNDRAISER:

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

SCHEDULE G, PART I, LINE 2B

AS IS TYPICAL OF MANY NONPROFITS, THE SPLC ENGAGES PROFESSIONAL

FUNDRAISING FIRMS TO HELP IT INTEREST NEW SUPPORTERS OR PAST SUPPORTERS

IN ITS WORK. THE AMOUNTS LISTED IN COLUMN (IV) ARE THOSE CONTRIBUTED BY

SUCH SUPPORTERS AT THE TIME THAT THEY BECOME SUPPORTERS OR RENEW THEIR

SUPPORT; THEY ARE NOT THE AMOUNTS REASONABLY EXPECTED TO BE CONTRIBUTED

FROM SUCH SUPPORTERS OVER TIME. THE FIRMS DO NOT RETAIN ANY OF THE

FUNDS THEY RAISE; THE AMOUNTS IN COLUMN (V) ARE THEIR FEES.

Schedule G (Form 990)

232084 04-01-22

SCHEDULE I (Form 990)		Go	Grants and Oth vernments, ar lete if the organizatio	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury			-	Attach to Form				Open to Public
Internal Revenue Service			Go to www.irs	s.gov/Form990 for	the latest information	ation.		Inspection
Name of the organizatio	n SOUTHERN POVE	RTY LAW CENTER	R, INC.					Employer identification number 63-0598743
Part I General Inf	formation on Grants a	nd Assistance						
1 Does the organiza	ation maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to av	vard the grants or assis	stance?						X Yes No
2 Describe in Part I	V the organization's pro	ocedures for monit	oring the use of grant	funds in the United	l States.			
	Other Assistance to	•			1 0	anization answered "Y	′es" on Form 990, Part	IV, line 21, for any
1 (a) Name and add	at received more than dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FIVE FORKS MIDDLE 3250 RIVER DRIVE	SCHOOL		GOVERNMENT					
LAWRENCEVILLE, GA	30044	58-6000254	ENTITY	5,200.	0.			LFJ EDUCATOR GRANT FUND
GRAND HAVEN AREA I 1415 S BEECHTREE S	ST	38-6003290	GOVERNMENT ENTITY	6,900.	0.			LFJ EDUCATOR GRANT FUND
GRAND HAVEN, MI 49	7417	38-0003290		0,900.	· · ·			LFD EDUCATOR GRANT FOND
ORANGE PARK HIGH S 2300 KINGSLEY AVE ORANGE PARK, FL 33		59-6000552	GOVERNMENT ENTITY	7,500.	0.			LFJ EDUCATOR GRANT FUND
QUAKERTOWN COMMUN DISTRICT - 100 COM QUAKERTOWN, PA 189	MMERCE DRIVE -	23-1667980	GOVERNMENT ENTITY	8,800.	0.			LFJ EDUCATOR GRANT FUND
DENVER PUBLIC SCH 180 LINCOLN ST, 12 DENVER, CO 80203		84-6001099	GOVERNMENT ENTITY	10,000.	0.			LFJ EDUCATOR GRANT FUND
JEREMIAH E. BURKE 60 WASHINGTON ST DORCHESTER, MA 022	121	22-2514422		15,000.	0.			LFJ EDUCATOR GRANT FUND 17.
	er of section 501(c)(3) and the section solution of other organizations are set of the section o		- 1 toblo					0
	a of other organizations							••

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

Schedule I (Form 990)	SOUTHERN	POVERTY	LAW	CENTER,	INC.
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63-0598743 Page 1

Part II Continuation of Grants and Other A	Assistance to Doi	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	t II.) I	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROSEDALE COMMUNITY YOUTH CENTER							
PO BOX 21, 705 FRONT ST							
ROSEDALE, MS 38769	47-2747371	501(C)(3)	18,000.	0.			LFJ EDUCATOR GRANT FUNI
DECATUR EDUCATION FOUNDATION INC							
500 SOUTH COLUMBIA DR							
DECATUR, GA 30030	58-2601384	501(C)(3)	19,000.	0.			LFJ EDUCATOR GRANT FUND
BOARD OF EDUCATION - CITY OF							
CHICAGO - 42 W MADISON ST 2ND							
FLOOR - CHICAGO, IL 60602	36-6005821	GOVERNMENT ENTIT	25,000.	0.			LFJ EDUCATOR GRANT FUNI
NALGANAMED GUADIMADIE BOUNDAMION							
AMALGAMATED CHARITABLE FOUNDATION							ORGANIZING ACCELERATOR
WASHINGTON, DC 20006	82-1517696	501(C)(3)	100,000.	0.			PROJECT
ASILINGION, DC 20000	02 1317090	501(0/(5)	100,000.	0.			I RODECI
NEW VENTURE FUND							
1828 L ST NW STE. 300-A							
WASHINGTON, DC 20036	20-5806345	501(C)(3)	275,000.	0.			NEW VENTURE FUND
QUEST COMMUNITY DEVELOPMENT							
ORGANIZATION, INC - 299 JOSEPH E							
LOWERY BLVD. NW - ATLANTA, GA							GRANT FOR RESIDENCES AT
30314	58-2634738	501(C)(3)	2,000,000.	0.			GROVE PARK
REDEMPTION EARNED, INC							
3565 LORNA RIDGE DRIVE							
HOOVER, AL 35216	86-2120747	501(C)(3)	100,000.	0.			GRANT
			·				
BLACK BELT COMMUNITY FOUNDATION							
РО ВОХ 2020							
SELMA, AL 36702	63-1270745	501(C)(3)	10,000.	0.			SELMA DISASER RELIEF
HIGHLANDER RESEARCH & EDUCATION							
CENTER, INC 1959 HIGHLANDER WAY							
- NEW MARKET, TN 37820	62-0646373	501(C)(3)	100,000.	0.			MS JUSTICE FUND

Schedule I (Form 990)

Schedule I (Form 990)	SOUTHERN	POVERTY	LAW	CENTER,	INC.
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63-0598743 Page 1

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
ACKSON STATE UNIVERSITY							
400 J R LYNCH ST.							PARTNER INSTITUTIONAL
ACKSON, MS 39217	64-6000507	GOVERNMENT ENTIT	10,000.	0.			SUPPORT
OUGALOO COLLEGE							RUEBEN V. ANDERSON SOCI
00 WEST COUNTY LINE RD							JUSTICE CERTIFICATION
OUGALOO, MS 39174	64-0303093	501(C)(3)	75,000.	0.			PROGRAM AND 1869 FUND

Schedule I (Form 990)

Schedule I (Form 990) 2022

Page 2

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

(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
	(b) Number of recipients Image: Constraint of the second	(b) Number of recipients (c) Amount of cash grant Image: Constraint of the second s	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance Image: Contract of the second sec	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Image:

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

sc	HEDULE J	Compensation Information	OMB No. 1545-0047					
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	22			
	rtment of the Treasury	Attach to Form 990.		Open to	o Publ	ic		
	al Revenue Service ne of the organizatior	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer iden			mbor		
Inali	le of the organization	SOUTHERN POVERTY LAW CENTER, INC.	63-0598		on nui	libei		
Pa	rt I Question	s Regarding Compensation	05 0550	// 45				
					Yes	No		
1a	Check the appropri-	ate box(es) if the organization provided any of the following to or for a person listed on Form	990.		100			
		line 1a. Complete Part III to provide any relevant information regarding these items.	,					
	First-class or c		nal use					
	Travel for com	panions Payments for business use of personal re	sidence					
	Tax indemnific	ation and gross-up payments X Health or social club dues or initiation fee	s					
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)					
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or						
_		rovision of all of the expenses described above? If "No," complete Part III to explain		1b	Х			
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			v			
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	X			
2	ladiaatabiah if au							
3		ly, of the following the organization used to establish the compensation of the organization's						
		ctor. Check all that apply. Do not check any boxes for methods used by a related organizati- ation of the CEO/Executive Director, but explain in Part III.	01110					
	X Compensation							
		Independent compensation consultant X Compensation survey or study						
		orm 990 of other organizations						
		······································						
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 re	lated organization:						
а	Receive a severanc	e payment or change-of-control payment?		4a	X			
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X		
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X		
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
_)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
~	-	contingent on the revenues of:						
		ation?		5a 5b		X X		
U		ation? r 5b, describe in Part III.		50				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
Ŭ	contingent on the n							
а	-	-		6a		x		
		?						
		r 6b, describe in Part III.		6b				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;					
	not described on lir	ies 5 and 6? If "Yes," describe in Part III		7		х		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th						
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9		d the organization also follow the rebuttable presumption procedure described in						
		53.4958-6(c)?		9				
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Schedule	J (Forr	n 990)	2022		

232111 10-18-22

Schedule J (Form 990) 2022

63-0598743

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-MIS0 compensation	C and/or 1099-NEC	(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 & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARGARET HUANG	(i)	454,624.	0.	0.	30,500.	20,180.	505,304.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LECIA BROOKS	(i)	280,475.	0.	7,494.	28,047.	9,197.	325,213.	0.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANN BEESON	(i)	239,149.	0.	1,610.	23,912.	20,251.	284,922.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LASHAWN WARREN	(i)	249,255.	0.	0.	24,955.	10,169.	284,379.	0.
CHIEF POLICY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SYBIL HADLEY	(i)	234,269.	0.	0.	23,499.	20,221.	277,989.	0.
GENERAL COUNSEL; SECRETARY	(ii)	0.	0.	0.	0.	0.	٥.	0.
(6) ARUN KANDEL	(i)	232,418.	0.	0.	23,499.	20,079.	275,996.	0.
CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	٥.	0.
(7) TIA GORDON	(i)	189,242.	0.	57,752.	18,924.	9,277.	275,195.	0.
FORMER CHIEF COMMUNICATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) TWYLA WILLIAMS	(i)	228,690.	0.	0.	23,564.	20,428.	272,682.	0.
CHIEF HUMAN RESOURCES OFFICER	(ii)	0.	0.	0.	0.	0.	0.	٥.
(9) SETH LEVI	(i)	237,447.	0.	0.	23,783.	9,773.	271,003.	٥.
CHIEF PROGRAM STRATEGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	٥.
(10) NANCY ABUDU	(i)	222,932.	0.	0.	22,316.	20,066.	265,314.	٥.
INTERIM DIRECTOR OF STRATEGY	(ii)	0.	0.	0.	0.	0.	0.	٥.
(11) CHERRY GAMBLE	(i)	208,316.	0.	0.	21,086.	20,056.	249,458.	٥.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	٥.
(12) BACARDI JACKSON	(i)	205,437.	0.	542.	20,544.	20,559.	247,082.	٥.
DEPUTY LEGAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) NATALIE KELLY	(i)	204,287.	0.	0.	20,465.	20,087.	244,839.	0.
DIRECTOR OF LEGAL MANAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) SUSAN CORKE	(i)	199,102.	0.	0.	19,915.	19,858.	238,875.	0.
DIRECTOR OF INTELLIGENCE PROJECT	(ii)	0.	0.	0.	0.	0.	٥.	0.
(15) SHANNON FARLEY	(i)	181,832.	0.	0.	18,252.	19,911.	219,995.	0.
INTERIM CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) JALAYLA LILES	(i)	189,696.	0.	9,225.	18,970.	922.	218,813.	0.
DIRECTOR OF LEARNING FOR JUSTICE	(ii)	0.	0.	0.	0.	0.	٥.	٥.

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

63-0598743

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 compensation	C and/or 1099-NEC	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 & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(17) AMY SADLER	(i)	173,334.	0.	0.	17,736.	19,905.	210,975.	0.
INTERIM CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) DANIEL MCGREGOR	(i)	153,745.	0.	0.	15,516.	7,914.	177,175.	0.
FORMER CHIEF OPERATING OFFICER	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(19) MELVINA FORD	(i)	150,779.	0.	3,778.	15,078.	2,133.	171,768.	0.
FORMER INTERIM CHIEF LEGAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

232113 10-18-22

Schedule J (Form 990) 2022 SOUTHERN POVERTY LAW CENTER, INC.

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:

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:

TIA GORDON - \$56,129

Page 3

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

. Inspection

22

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

Department of the Treasury Internal Revenue Service

Employer	identification	number

20

Name of the organization

63_0508743

	SOUTHERN POVERTY I	JAW CENTER	C, INC.		63-0	1598/43		
Pa	rt 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 de noncash contribu	eterminin	•	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	362	3,950,440.	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 \ldots							
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 organized							
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement				
						`	Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	jh 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and wh	ich isn't required to be used	for			
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	oolicy that re	quires the review	of any nonstandard contribu	tions?	31	X	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				1
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	a type of property	/ for which column (a) is che	cked,			

describe in Part II.

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

Schedule M (Form 990) 2022

232141 09-09-22

Page 2 **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete Part II this part for any additional information.

232142 09-09-22	.8	Schedule M (Form 990) 2022

63-0598743

SCHEDULE O	Supplemental Information to Form 990 or 990	-EZ	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		2022
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organizatio			r identification number 598743
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
COMMUNITIES TO DIS	MANTLE WHITE SUPREMACY, STRENGTHEN INTERSECTIONAL		
MOVEMENTS, AND ADV	ANCE THE HUMAN RIGHTS OF ALL PEOPLE.		
FORM 990, PART III	, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:		
DISPROPORTIONATELY	HARMING AFRICAN-AMERICAN AND LATINO STUDENTS LIVING		
IN POVERTY. THE SP	LC ATTORNEYS FOCUS ON THESE CRITICAL CIVIL RIGHTS		
ISSUES FROM FIVE S	PLC OFFICES IN THE DEEP SOUTH.		
THE CENTER HAS IDE	NTIFIED FOUR AREAS OF WORK THAT POSE THE GREATEST		
OPPORTUNITIES TO A	CHIEVING ITS MISSION. THE CENTER HAS PRIORITIZED		
THESE AREAS OF WOR	K IN ORDER TO ACHIEVE MAXIMUM IMPACT ON ITS GOALS,		
INCLUDING ERADICAT	ING POVERTY, DECRIMINALIZING AND DECARCERATING BLACK		
AND BROWN PEOPLE,	PROTECTING VOTING RIGHTS AND CIVIC ENGAGEMENT, AND		
DISMANTLING WHITE	NATIONALISM AND PROTECTING DEMOCRACY.		
FORM 990, PART III	, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:		
DISCRIMINATION AGA	INST MINORITIES, IMMIGRANTS, THE POOR, THE LGBT		
COMMUNITY AND OTHE	R VULNERABLE MEMBERS OF SOCIETY. ALL OF THE SPLC'S		
WORK IS PROVIDED F	REE OF CHARGE.		
FORM 990, PART VI,	SECTION B, LINE 11B:		
AFTER FORM 990 IS	PREPARED BY AN EXTERNAL ACCOUNTING FIRM, JACKSON		
THORNTON, THE RETU	RN IS THOROUGHLY REVIEWED BY OUR CHIEF FINANCIAL OFFICER.		

THE FINANCIAL INFORMATION AND DISCLOSURES ARE EXAMINED AND TRACED FROM

INTERNALLY PREPARED DOCUMENTS TO THE TAX RETURN TO ENSURE COMPLETENESS AND

ACCURACY. THE 990 IS THEN PRESENTED TO THE AUDIT COMMITTEE FOR REVIEW AND

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022 Name of the organization	Page Employer identification numbe
SOUTHERN POVERTY LAW CENTER, INC.	63-0598743
APPROVAL BEFORE SUBMISSION TO THE IRS. IT IS SIGNED BY OUR 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 SALARY OF THE PRESIDENT & CEO SHALL BE FIXED BY THE BOARD AND SHALL BE	
REASONABLE IN AMOUNT.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC	
ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI,MO,IN	
FORM 990, PART VI, SECTION C, LINE 19:	
THE MOST CURRENT AND UPDATED COPY OF THE ANNUAL REPORT AND AUDITED	
FINANCIAL STATEMENTS ARE POSTED ON OUR WEB-SITE AND ARE AVAILABLE FOR	
ANTITING TO AN INDIVIDUAL OF OPCANIZATION AS PROVED THE BY-LAWS AND	

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MAILING TO AN INDIVIDUAL OR ORGANIZATION AS REQUESTED. THE BY-LAWS AND

CONFLICTS OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

232212 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization SOUTHERN POVERTY LAW CENTER, INC.	Employer identification number 63-0598743
,,,	
PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED.	
222210 10 08 02	Schedule O (Form 990) 2022
232212 10-28-22	Schedule O (FOHH 550) 2022

232161 09-14-22 LHA

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

Schedule R (Form 990) 2022

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(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	(f) Direct controlling entity		g) 512(b)(13 rolled tity?
				501(c)(3))		Yes	No
SPLC ACTION FUND - 83-1085161	_						
400 WASHINGTON AVENUE	_						
MONTGOMERY, AL 36104	ADVOCACY	ALABAMA	501(C)(4)				Х
NEW SOUTHERN LEADERS PAC - 88-1684217							
150 E PONCE DE LEON AVENUE, STE 340							
DECATUR, GA 30030	POLITICAL ACTION COMMITTEE	GEORGIA	527				х
NEW SOUTHERN MAJORITY IE PAC - 88-1684658							
150 E PONCE DE LEON AVENUE, STE 340							
DECATUR, GA 30030	POLITICAL ACTION COMMITTEE	GEORGIA	527				х

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

(10111330)	Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 3
	Attach to Form 990.
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.
Name of the organizat	ion

(b)

Primary activity

(a)

Name, address, and EIN (if applicable)

of disregarded entity

SOUTHERN POVERTY LAW CENTER, INC.

Related Organizations and Unrelated Partnerships

(c)

Legal domicile (state or

foreign country)

(d)

Total income

(e)

End-of-year assets

2022

Open to Public Inspection Employer identification number

(f)

Direct controlling

entity

63-0598743

n of Related Tax-Exempt Organiza during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990), Part IV, line 34, b	ecause it had one	or more
(a)	(b)	(c)	(d)	(e)	
, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Dire
ated organization		foreign country)	section	status (if section	
				501(c)(3))	
83-1085161					
NUE					
104	ADVOCACY	ALABAMA	501(C)(4)		
RS PAC - 88-1684217					
N AVENUE, STE 340]				
	POLITICAL ACTION COMMITTEE	GEORGIA	527		
ITY IE PAC - 88-1684658					

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate itions?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	al or Percen ^{jing} owners	ntage rship
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(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	512(i contr	(i) ction (b)(13) trolled tity?
		country)						Yes	No
									<u> </u>
									<u> </u>

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es
During the tax year, did the organization engage in any of the following transactions with one or more related organizations liste	d in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)		X	ζ
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			_
f Dividends from related organization(s)			
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)	11		
j Lease of facilities, equipment, or other assets to related organization(s)			
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
	11		
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	ζ
o Sharing of paid employees with related organization(s)	_	X	2
p Reimbursement paid to related organization(s) for expenses			
q Reimbursement paid by related organization(s) for expenses		X	2
r Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s		

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	4,500,000.	ACTUAL TRANSFER
(2) SPLC ACTION FUND	N	55,291.	USAGE PERCENTAGE
(3) SPLC ACTION FUND	0	548,604.	TIME ALLOCATION PERCENTAGE
(4) SPLC ACTION FUND	Q	72,090.	USAGE PERCENTAGE
(5)			
_(6)			

Schedule R (Form 990) 2022 SOUTHERN POVERTY LAW CENTER, INC.

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)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	1)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Genera	I or Per	ercentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(org	c)(3) Is.?	total	end-of-year	tion allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	er? OV	wnership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes	10	
											\square		

Schedule R (Form 990) 2022

SOUTHERN POVERTY LAW CENTER, INC. Schedule R (Form 990) 2022 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2022

232165 09-14-22

0070 TE	IRS e-file S	ignature Au	thorization		OMB No. 1545-0047
Form 8879-TE		Tax Exempt	-	a-	
	For calendar year 2022, or fiscal year beginning			, 20 23	2022
Department of the Treasury Internal Revenue Service		to the IRS. Keep for y			
Name of filer	Go to www.trs.gov	/Form8879TE for the	latest information.	EIN or SSN	
SOUTHERN	OVERTY LAW CENTER, INC.				98743
Name and title of officer or pe	on subject to tax ERIKA MITCHELL	· · · · · · · · · · · · · · · · · · ·			
	TREASURER				
Part I Type of I	eturn and Return Information	n			
Form 5330 filers may enter or 10 a below, and the amo	n for which you are using this Form 88 dollars and cents. For all other forms, unt on that line for the return being file nk (do not enter -0-). But, if you entere	enter whole dollars on d with this form was b	y. If you check the l ank, then leave line	box on line 1a, 2a, 1b, 2b, 3b, 4b, 5b	3a, 4a, 5a, 6a, 7a, 8a, 9 , 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	re b Total revenue ,	, if any (Form 990, Par	t VIII, column (A), lin	e 12)	1b
2a Form 990-EZ che					2b
3a Form 1120-POL o		m 1120-POL, line 22)			
4a Form 990-PF che		investment income (l			
5a Form 8868 check	ere 🔲 b Balance due (Form 8868, line 3c)			5b
6a Form 990-T check	here 🗵 b Total tax (Forr	n 990-T, Part III, line 4)			6b0
7a Form 4720 check	ere 🔄 b Total tax (Form	n 4720, Part III, line 1)	·····		7b
8a Form 5227 check		s at end of tax year (F	orm 5227, Item D)		8b
9a Form 5330 check		15330, Part II, line 19)			9b
10a Form 8038-CP ch Part II Declarat	ck hereb Amount of cree	edit payment requeste			10b
ater than 2 business days bayment of taxes to receiv bersonal identification num PIN: check one box only	the entry to this account. To revoke a prior to the payment (settlement) date. confidential information necessary to per (PIN) as my signature for the electr	I also authorize the fin answer inquiries and r	ancial institutions in esolve issues relate	volved in the proce d to the payment. I to electronic funds	issing of the electronic have selected a withdrawal.
	SON THORNTON & CO., PC	firm name		to enter my F	Enter five numbers, bu
with a state ager	n the tax year 2022 electronically filed cy(ies) regulating charities as part of th	l return. If I have indica			do not enter all zeros return is being filed
As an officer or p return. If I have i IRS Fed/State p	sclosure consent screen. erson subject to tax with respect to the dicated within this return that a copy of ogram, I will enter my PIN on the return to tax & Witchill	of the return is being fi	ed with a state ager	ncy(ies) regulating o	charities as part of the
Signature of officer or person subject Part III Certifica	ion and Authentication			Date	
	r six-digit electronic filing identification	 n			
•	our five-digit self-selected PIN.		63383197690 Do not enter a		
	eric entry is my PIN, which is my signa cordance with the requirements of Pu				
ERO's signatureJACKS	DN THORNTON & CO., PC		Date	02/02/24	
		in This Form - Se			
	Do Not Submit This Forn Paperwork Reduction Act Notice, se		s neguested 1	0000	Form 8879-TE (202
	Paperwork Reduction Act Notice, se	ee instructions.			
202521 12-16-22					

Form	990-Т	E	Exempt Organization Business Income Tax Retur (and proxy tax under section 6033(e))	'n	OMB No. 1545-0047
		For cal	endar year 2022 or other tax year beginning NOV 1, 2022 , and ending OCT 31, 2023		2022
	tment of the Treasury al Revenue Service	[Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmp	loyer identification number
B E>	kempt under section	Print	SOUTHERN POVERTY LAW CENTER, INC.		63-0598743
X] 501(c)(3)] 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 548		p exemption number instructions)
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code MONTGOMERY, AL 36104	F	Check box if
		C Bo	ok value of all assets at end of year 749,083,798.		an amended return.
G	Check organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
<u>H</u> (Check if filing only to	C	Claim credit from Form 8941 Claim a refund shown on Form 2439		
<u> (</u>	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
JE	Enter the number of	attache	ed Schedules A (Form 990-T)		1
	• •		e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? d identifying number of the parent corporation.		Yes X No
L 1	The books are in car		ERIKA MITCHELL Telephone number	334-95	56-8200
Pa	rt I Total Unr	elate	d Business Taxable Income		
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	0.
2	Reserved			2	
3	Add lines 1 and 2			3	
4	Charitable contrib	utions (see instructions for limitation rules)	4	0.
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	. 5	
6	Deduction for net	operati	ng loss. See instructions	6	0.
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 from	m line 5	j	7	
8	Specific deduction	n (genei	ally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 19	99A deo	duction. See instructions	9	
10	Total deductions.	. Add lii	nes 8 and 9	10	1,000.
11	Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
	enter zero			11	0.
Pa	rt II Tax Com	-			
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2			ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from		_ Tax rate schedule or Schedule D (Form 1041)		
3	Proxy tax. See ins				
4	Other tax amounts				
5	Alternative minimu				
6	•		cility income. See instructions		
7			n 6 to line 1 or 2, whichever applies	7	0. Earm 990-T (2022)

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

223701 01-16-23

	90-T (2022)					Page 2
Part						
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a				
b	Other credits (see instructions) SEE STATEMENT 2		4,690.			
с	General business credit. Attach Form 3800 (see instructions)	1c				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d				
е	Total credits. Add lines 1a through 1d			1e	4	,690.
2	Subtract line 1e from Part II, line 7			2	-4	,690.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form	n 8697	Form 8866			
				3		
4	Total tax. Add lines 2 and 3 (see instructions).	eviously def	erred under			
	section 1294. Enter tax amount here			4		0.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	·····		5		0.
6a	Payments: A 2021 overpayment credited to 2022	<u>6a</u>				
b	2022 estimated tax payments. Check if section 643(g) election applies	6b				
С	Tax deposited with Form 8868	<u>6</u> c				
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d				
е	Backup withholding (see instructions)					
f	Credit for small employer health insurance premiums (attach Form 8941)					
g	Other credits, adjustments, and payments: Form 2439	_				
	Form 4136 Other Tot					
7	Total payments. Add lines 6a through 6g			7		
8				8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	rpaid		10		
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax		Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Informa	tion (see	instructions)		_	
1	At any time during the 2022 calendar year, did the organization have an interest in o				Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	-	•			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	he name of	the foreign country			
	here CAYMAN ISLANDS				X	
2	During the tax year, did the organization receive a distribution from, or was it the gra					
	foreign trust?					X
	If "Yes," see instructions for other forms the organization may have to file.					
3	Enter the amount of tax-exempt interest received or accrued during the tax year					
4	Enter available pre-2018 NOL carryovers here \$117,308. Do not	t include ar	iy post-2017 NOL car	ryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	2	•			
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-201					
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo				_	
	Business Activity Code		ble post-2017 NOL c		-	
	900099	\$		1,543,476.	-	
		\$				
6a	Did the organization change its method of accounting? (see instructions)					X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990)-PF, or Forr	m 1128? If "No,"			
D 1	explain in Part V					
Part	V Supplemental Information					

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Here	correct, and complete. Declaration of preparer (other tha ELECTRONICALLY SIGNED Signature of officer	in taxpayer) is based on all inform 02/15/24 Date	TREASURE		-	the pr	the IRS discuss the reparer shown be actions)?		with
Paid	Print/Type preparer's name CHRISTINE K. COOK	Preparer's signature CHRISTINE K. COOK		Date 01/29/24	Check self- employe	if ed	PTIN P0053769	90	
Preparer Use Only	Firm's name JACKSON THORNTON PO BOX 96 Firm's address MONTGOMERY, AL	,			Firm's EIN Phone no.	334	63-103 -834-7660		
223711 01-16-2	,	30101-0030			Phone no.	334		990-т	

FORM 990-T

FORM 990-T OTHER CREDITS	STATEMENT
DESCRIPTION	AMOUNT
FOREIGN TAX CREDIT - GILTI INCOME (SUSTAINABLE ASSET FUND II, LP)	4
TOTAL TO FORM 990-T, PAGE 2, PART III, LINE 1B	4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
10/31/07	20,331.	20,331.	0.	0.
10/31/08	81,261.	81,261.	0.	Ο.
10/31/09	120,066.	120,066.	0.	0.
10/31/10	114,965.	114,965.	0.	0.
10/31/11	103,348.	103,348.	0.	0.
10/31/13	209,371.	209,371.	0.	0.
10/31/14	29,336.	29,336.	0.	0.
10/31/15	262,536.	262,536.	0.	Ο.
10/31/16	3,498.	3,498.	0.	Ο.
10/31/17	182,064.	182,064.	0.	Ο.
10/31/18	553,362.	436,054.	117,308.	117,308.
NOL CARRYO	VER AVAILABLE THIS	YEAR	117,308.	117,308.

PRE-2018 NET OPERATING LOSS DEDUCTION

4,690.

4,690.

2

63-0598743

STATEMENT 1

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

F

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

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

OMB No. 1545-0047

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

1

B Employer identification number

1

of

63 - 0598743

D Sequence:

Α	Name of the orga	nization		
	SOUTHERN	POVERTY	T.AW	CENTER

C Unrelated business activity code (see instructions) 900099

Describe the unrelated trade or business NONE

INC.

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 3	5	-2,699,416.		-2,699,416.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement) STMT 4	12	37,319.		37,319.
13	Total. Combine lines 3 through 12	13	-2,662,097.		-2,662,097.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)		1	
2	Salaries and wages		2	
3	Repairs and maintenance		 3	
4	Bad debts		4	
5	Interest (attach statement). See instructions		5	
6	Taxes and licenses		6	
7	Depreciation (attach Form 4562). See instructions	7		
8	Less depreciation claimed in Part III and elsewhere on return		8b	
9	Depletion		9	
10	Contributions to deferred compensation plans		10	
11	Employee benefit programs		11	
12	Excess exempt expenses (Part VIII)		12	
13	Excess readership costs (Part IX)		13	
14	Other deductions (attach statement)		14	
15	Total deductions. Add lines 1 through 14		15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from			
	column (C)		 16	-2,662,097.
17	Deduction for net operating loss. See instructions		 17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16		18	-2,662,097.
I HA	For Paperwork Reduction Act Notice, see instructions.		 Schedu	le A (Form 990-T) 2022

223741 01-16-23

13550129 792680 08130

	ule A (Form 990-T) 2022				Page 2
Part	III Cost of Goods Sold Enter met	thod of inventory valua	ation		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line	2	8	
9	Do the rules of section 263A (with respect to property		<u> </u>	<u>u</u>	Yes No
Part	IV Rent Income (From Real Property and	d Personal Prope	rty Leased with R	eal Property)	
1	Description of property (property street address, city,	state, ZIP code). Chec	k if a dual-use. See insti	ructions.	
	Α				
	В				
	c				
	D	1	.		
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
		A through D. Entor how		olumn (A)	0.
3	Total rents received or accrued. Add line 2c columns A	A Inrough D. Enter her	e and on Part I, line 6, c		
3	Deductions directly connected with the income	A through D. Enter her	e and on Part I, line 6, c		
3 4			e and on Part I, line 6, c		
	Deductions directly connected with the income		e and on Part I, line 6, c		
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part			0.
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part			0.
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part see instructions)	, line 6, column (B)		0.
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E V Unrelated Debt-Financed Income (s	nter here and on Part see instructions)	, line 6, column (B)		0.
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address,	nter here and on Part see instructions)	, line 6, column (B)		0.
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A	nter here and on Part see instructions)	, line 6, column (B)		0.
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part see instructions)	, line 6, column (B)		0.
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (g Description of debt-financed property (street address, A B C C	nter here and on Part see instructions)	, line 6, column (B)		0. D
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (g Description of debt-financed property (street address, A B C C	nter here and on Part see instructions) city, state, ZIP code).	l, line 6, column (B) Check if a dual-use. See	e instructions.	
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part see instructions) city, state, ZIP code).	l, line 6, column (B) Check if a dual-use. See	e instructions.	
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part see instructions) city, state, ZIP code).	l, line 6, column (B) Check if a dual-use. See	e instructions.	
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part see instructions) city, state, ZIP code).	l, line 6, column (B) Check if a dual-use. See	e instructions.	
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (a Description of debt-financed property (street address, A B B C C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable	nter here and on Part see instructions) city, state, ZIP code).	l, line 6, column (B) Check if a dual-use. See	e instructions.	
4 <u>5</u> <u>Part</u> 1 2 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part see instructions) city, state, ZIP code).	l, line 6, column (B) Check if a dual-use. See	e instructions.	
4 <u>5</u> <u>Part</u> 1 2 3 a	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C D Gross income from or allocable to debt-financed property Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement)	nter here and on Part see instructions) city, state, ZIP code).	l, line 6, column (B) Check if a dual-use. See	e instructions.	
4 5 Part 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)		l, line 6, column (B) Check if a dual-use. See	e instructions.	
4 5 Part 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)		l, line 6, column (B) Check if a dual-use. See	e instructions.	
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income Description of debt-financed property (street address, A B C C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable	A	l, line 6, column (B) Check if a dual-use. See	e instructions.	
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (a Description of debt-financed property (street address, A	A	l, line 6, column (B) Check if a dual-use. See	e instructions.	
4 <u>5</u> Part 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C C C C C C C C C C C C C C C C C C C	A	l, line 6, column (B) Check if a dual-use. See	e instructions.	
4 <u>5</u> Part 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E. Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B B C C C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement)	A	l, line 6, column (B) Check if a dual-use. See	e instructions.	D
4 5 Part 1 2 3 a b c 4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	A	B B	e instructions.	D
4 5 Part 1 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	A	B 6 6 6 6 6 6 6 6 6 6 6 6 6	e instructions.	D
4 5 Part 1 2 3 a b c 4 5 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	A	B 6 6 6 6 6 6 6 6 6 6 6 6 6	e instructions.	D
4 5 Part 1 2 3 a b c 4 5 4 5 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E. Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D)	A	B 6 6 6 6 6 6 6 6 6 6 6 6 6	e instructions.	D
4 5 Part 1 2 3 a b c 4 5 6 7 8 9	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A	A A O O O O O O O O O O O O O O O O O O	Inite 6, column (B) Check if a dual-use. Set B 6 % art I, line 7, column (A)	e instructions.	D D 6 9 0.
4 5 Part 1 2 3 a b c 4 5 6 7 8	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E. Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D)	A A O D D D D D D D D D D D D D D D D D	Inite 6, column (B) Check if a dual-use. Set B 6 % art I, line 7, column (A)	e instructions.	D D 6 9 0.

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Sabad	ule A (Form 990-T) 2022											1 Daga 2
	VI Interest, Annu		alties, and Ro	ents fror	n Control	led Or	ganizations	S (s	ee instruct	ions)		Page 3
						E	Exempt Control	lled Or	ganization	S		
	1. Name of controlled organization2. Employer identification number				4. Tota	tal of specified 5. Part of col				6. Deductio	ns directly	
			income (loss) p		payn	payments made		that is included in the controlling organiza-		connect	ed with	
			number	(see instructions)				tion's gross income			income in	column 5
<u>(1)</u>												
(2)												
(3)												
<u>(4)</u>												
				-	Controlled O	-			-			
7	. Taxable Income				9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's			11. Deductions directly connected with income in column 10		
									zation's			
<u></u>							gross	incom	1e			
<u>(1)</u>												
<u>(2)</u>												
<u>(3)</u>												
<u>(4)</u>							Add colum	nc 5 0	nd 10	Add	d columns 6	and 11
							Enter here				r here and (
							line 8, c	olumn	i (A)		ine 8, colun	ın (B)
Totals									Ο.			0.
Part		Income of	f a Section 50	1(c)(7), (9), or (17)	Organ	ization (s	ee inst	ructions)			
		cription of ind			2. Amou		3. Deductio		4. Set-	asides	5. Total	deductions
					(attach st	atemer		et-asides				
							(attach stater	nent)			(add co	ls 3 and 4)
(1)												
(2)												
(3)												
(4)												
					Add amou column 2							mounts in n 5. Enter
					here and o							d on Part I,
					line 9, colu	ımn (A)					line 9, d	column (B)
Totals						0.	_					0.
Part		-	tivity Income	, Other T	han Adve	ertising	g Income	see in	structions)			
1	Description of exploite											
2	Gross unrelated busine									2		
3	Expenses directly con		-									
	line 10, column (B)									3		
4	Net income (loss) from											
_	lines 5 through 7									4		
5	Gross income from act									5		
6	Expenses attributable									6		
7	Excess exempt expense											
	4. Enter here and on P	art II, line 12				<u></u>				7		

Schedule A (Form 990-T) 2022

223731 01-16-22

Sched	ule A (Form 990-T) 2022				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals on	a consolidated basi	is.	
	Α				
	в 🗌				
	c 🗌				
	D				
Entor					
Entera	amounts for each periodical listed above in the			0	
-		A	<u> </u>	C	D
2	Gross advertising income				
	Add columns A through D. Enter here and or	n Part I, line 11, column (A)			0.
а			1	1	
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and or	n Part I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from li	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i	'n			
	line 4 showing a loss or zero, do not complet				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income		1		
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
-	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g				
	Part II, line 13				0.
Part	X Compensation of Officers, Di	rectors, and Trustees	(see instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
<u>(1)</u>				%	
(2)				%	
(3)				%	
(4)				%	
<u> </u>				-	
Total	Enter here and on Part II, line 1				0.
Part		ee instructions)			

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FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION	NET INCOME OR (LOSS)
PALLADIAN PARTNERS V-A, LLC - ORDINARY BUSINESS INCOME	
(LOSS)	63,285.
ENR PARTNERS - ORDINARY BUSINESS INCOME (LOSS)	-139,516.
LEGACY VENTURES VI - ORDINARY BUSINESS INCOME (LOSS) DCPF VI OIL AND GAS COINVESTMENT FUND, L. P ORDINARY	-47.
BUSINESS INCOME (LOS	-69.
AMBERBROOK VI, LLC - ORDINARY BUSINESS INCOME (LOSS) COMMONFUND CAPITAL VENTURE PARTNER IX - ORDINARY BUSINESS	962.
INCOME (LOSS) YORKTOWN ENERGY PARTNERS IX, L. P ORDINARY BUSINESS	-480.
INCOME (LOSS)	-11,924.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VIII -	
ORDINARY BUSINESS INCOM	81,717.
BAUPOST VALUE PARTNERS, LP - III - ORDINARY BUSINESS	
INCOME (LOSS)	76,246.
YORKTOWN ENERGY PARTNERS XI, LP - ORDINARY BUSINESS INCOME	
(LOSS)	-53,765.
ENR PARTNERS II - ORDINARY BUSINESS INCOME (LOSS)	-135,640.
DCPF VI, LP - ORDINARY BUSINESS INCOME (LOSS)	-12,289.
FFIP, LP - ORDINARY BUSINESS INCOME (LOSS)	-2,398,546.
TRUEBRIDGE CAPITAL PARTNERS V - ORDINARY BUSINESS INCOME	2,000
(LOSS)	3,992.
ROARK CAPITAL PARTNERS V (T) LP - ORDINARY BUSINESS INCOME	-35,246.
(LOSS) TRUEBRIDGE CAPITAL PARTNERS VI, L.P ORDINARY BUSINESS	-35,240.
INCOME (LOSS)	11,626.
RRG GLOBAL PARTNERS FUND LP - ORDINARY BUSINESS INCOME	,•_•.
(LOSS)	-222,159.
OLYMPUS GROWTH FUND VII LP - ORDINARY BUSINESS INCOME	,
(LOSS)	207,817.
ELLIOTT ASSOCIATES LP - ORDINARY BUSINESS INCOME (LOSS)	82,483.
CORTEC GROUP FUND VII, LP - ORDINARY BUSINESS INCOME	
(LOSS)	-37,608.
RETHINK IMPACT - ORDINARY BUSINESS INCOME (LOSS)	-60,722.
RA CAPITAL HEALTHCARE FUND - ORDINARY BUSINESS INCOME	
(LOSS)	-52.
KLINE HILL PARTNERS OPPORTUNITY FUND - ORDINARY BUSINESS	
INCOME (LOSS)	29,662.
KLINE HILL PARTNERS OFFSHORE FUND III - ORDINARY BUSINESS	<i>c</i> z. 0=0
INCOME (LOSS)	65,379.
ECOSYSTEM INTEGRITY FUND - ORDINARY BUSINESS INCOME (LOSS) ELEMENT CAPITAL US FEEDER FUND LLC - ORDINARY BUSINESS	-290.
INCOME (LOSS)	8,326.
CHARLESBANK EQUITY FUND X, LP - ORDINARY BUSINESS INCOME	110 167
(LOSS)	-119,167.
FORTRESS CREDIT OPPORTUNITIES FUND V EXPANSION (A) LP - ORDINARY BUSINESS IN	-34,643.
TRUEBRIDGE CAPITAL PARTNERS FUND VII LP - ORDINARY	-34,043.
BUSINESS INCOME (LOSS)	1,451.
GRAIN COMMUNICATIONS OPPORTUNITY FUND III, LP - ORDINARY	1,401,
BUSINESS INCOME (LO	-10,889.
	20,005

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SOUTHERN POVERTY LAW CENTER, INC.	63-0598743
AUDAX MEZZANINE FUND III, LP - ORDINARY BUSINESS INCOME	
(LOSS)	1,051.
BASE10 PARTNERS III, LP - ORDINARY BUSINESS INCOME (LOSS)	3,092.
KLINE HILL PARTNERS OPPORTUNITY FUND IV - ORDINARY	
BUSINESS INCOME (LOSS)	11,271.
MOMOXXIE I LP - ORDINARY BUSINESS INCOME (LOSS)	-2,414.
VISTRIA FUND IV, LP - ORDINARY BUSINESS INCOME (LOSS)	-24,770.
1315 CAPITAL EMERGING GROWTH & BUYOUT PARALLEL, LP -	
ORDINARY BUSINESS INCOM	-47,540.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-2,699,416.

FORM 990-T (A)	OTHER INCOME	STATEMENT 4
DESCRIPTION		AMOUNT
SUSTAINABLE ASSET FUND II, 1	LP - GILTI	37,319.
TOTAL TO SCHEDULE A, PART I	, LINE 12	37,319.

990-T SCH	A POST-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
10/31/19 10/31/21	1,462,157. 81,319.	0. 0.	1,462,157. 81,319.	1,462,157. 81,319.
NOL CARRYO	VER AVAILABLE THIS	YEAR	1,543,476.	1,543,476.