Form 990-T	E	Exempt Organization Bu and proxy tax un			Tax Return	n '	OMB No 1545-0687
	For ca	lendar year 2016 or other tax year beginning NOV 1, 2		2016			
Department of the Treasury Internal Revenue Service	_ ▶	► Information about Form 990-T and its instru- Do not enter SSN numbers on this form as it ma			rs gov/form990t).	2016 Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name		D Employer identification number (Employees' trust, see instructions)			
B Exempt under section	Print	SOUTHERN POVERTY LAW CENTER, INC		63-0598743			
x 501(c)(3/7) 5	Or Turno	Number, street, and room or suite no. If a P.O. b	E Unrelated business activity codes (See instructions)				
408(e) 220(e)	Туре	P.O. BOX 548		· · · · · · · · · · · · · · · · · · ·		_ `	,
408A 530(a) 529(a)		City or town, state or province, country, and ZIP MONTGOMERY, AL 36104	90009	99			
C Book value of all assets at end of year	F Group	p exemption number (See instructions.)	▶			_	
	G Checl	k organization type 🕨 🔃 501(c) corporati	<u>on [</u>	501(c) trust	401(a) trust	[Other trust
H Describe the organization	n's prim	ary unrelated business activity. > NONE					
I During the tax year, was	the corp	poration a subsidiary in an affiliated group or a par	ent-subs	idiary controlled group)?	Ye	es X No
If "Yes," enter the name a		tifying number of the parent corporation. 🕨					
J The books are in care of		PEENIE HUTCHISON		Tele	ephone number 🕨 :	334-95	6-8349
Part I Unrelate	d Trac	de or Business Income		(A) Income	(B) Expense	es	(C) Net
1a Gross receipts or sale	es		1				
b Less returns and allow	wances	c Balance	10				A THE STATE OF THE
2 Cost of goods sold (S	Schedule	A, line 7)	2_		WATER THE PARTY OF		位公司基础模型
3 Gross profit. Subtract	t line 2 fr	rom line 1c	3			美国的	
4a Capital gain net incon	ne (attac	th Schedule D)	4a				
b Net gain (loss) (Form	4797, P	Part II, line 17) (attach Form 4797)	4b				
c Capital loss deduction	n for trus	sts	4c		* billing		
5 Income (loss) from p	artnersh	ips and S corporations (attach statement)	5	-182,06	4. STMT.1	為高	-182,064.
6 Rent income (Schedu	ıle C)		6				
7 Unrelated debt-finance	ed incor	ne (Schedule E)	7				
8 Interest, annuities, ro	yaltıes, a	and rents from controlled organizations (Sch. F)	8		_		
9 Investment income of	f a sectio	on 501(c)(7), (9), or (17) organization (Schedule G) 9				
10 Exploited exempt acti	ıvıty ınco	me (Schedule I)	10				
11 Advertising income (S	Schedule	e J)	11				
12 Other income (See in	struction	ns; attach schedule)	12		TO THE SECOND	经发展	
13 Total. Combine lines			13	-182,06			-182,064.
Part II Deduction	ns No	ot Taken Elsewhere (See instructions	for limit	ations on deduction	s)		
(Except for	contribi	utions, deductions must be directly connected	d with	the unrelated busine	ess income)		
14 Compensation of off	ficers, di	rectors, and trustees (Schedule K)				14	
15 Salaries and wages		-	. `,	:		15	
16 Repairs and mainter	nance	,	·——,			16	
17 Bad debts		Section 6 ft 50	٠.	, ():		17	
18 Interest (attach sche	edule)		10 1	•		18	
19 Taxes and licenses		<u> </u>				19	
20 Charitable contribut	ions (Se	e instructions for limitation rules) *	- ,	4		20	
21 Depreciation (attach	Form 4	562)	,	21	·		
22 Less depreciation cl	laimed oi	n Schedule A and elsewhere on return		22a		22b	
23 Depletion	,	,			,	23	
24 Contributions to def	erred co	mpensation plans			•	24	
25 Employee benefit pr	ograms					25	
26 Excess exempt expe	enses (Se	chedule I)				26	
27 Excess readership of	osts (Sc	hedule J)				27	
28 Other deductions (a	ttach sci	hedule)				28	
29 Total deductions. A	Add lines	: 14 through 28			•	29	0.
30 Unrelated business	taxable ı	ncome before net operating loss deduction. Subtra	ct line 2	9 from line 13		30	-182,064.
31 Net operating loss of	Seduction	n (limited to the amount on line 30)		SEE STATE	MENT 2	31	
32 Unrelated business	taxable ı	ncome before specific deduction. Subtract line 31	from line	30		32	-182,064.
33 Specific deduction ((Generall	ly \$1,000, but see line 33 instructions for exception	ıs)			33	1,000.
34 Unrelated business	taxable	income. Subtract line 33 from line 32. If line 33 i	s greater	than line 32, enter the	e smaller of zero or		
line 32				·		34	-182,064.
	_						Form QQA_T (2016)

Form 990-T	(2016)	SOUTHERN POVERTY LAW CENTER, INC.	63-059	874	3	Page 2
Part-I	11: 1	ax Computation	···			
35	Organ	nizations Taxable as Corporations. See instructions for tax computation.		1	-274	
		olled group members (sections 1561 and 1563) check here See instructions and,				
2		your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		145	and the second	
_		\$ (2) \\$ (3) \\$		1	基	
b		organization's share of: (1) Additional 5% tax (not more than \$11,750) \$		3	188	
-		dditional 3% tax (not more than \$100,000)		1		
c		ne tax on the amount on line 34	_	Ι,	15c	0.
36		s Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from	m·			<u></u>
		Tax rate schedule or Schedule D (Form 1041)			36	
37	_	tax See instructions			37	
38		native minimum tax			38	
39		n Non-Compliant Facility Income. See instructions		_	39	
. 40		Add lines 37, 38 and 39 to line 35c or 36, whichever applies		_	40	0.
Part		fax and Payments	····		7.4	
		on tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a		Mi	3 7.2	
b		credits (see instructions)		[F,3	: â.f	
c		al business credit Attach Form 3800		-13	3-	
-		for prior year minimum tax (attach Form 8801 or 8827)		- 6.4		
		credits. Add lines 41a through 41d			118	
42		act line 41e from line 40		_	42	0.
43			er (attach schedule)	_	43	
44		tax. Add lines 42 and 43	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	14	0.
45 a	Paym	ents: A 2015 overpayment credited to 2016		45	وماشر	
	-	estimated tax payments 45b				
		eposited with Form 8868 45c			(1) (1)	
		on organizations: Tax paid or withheld at source (see instructions) 45d			(7.7%) (1.7%)	
		up withholding (see instructions) 45e	····		1377 1885	
í		t for small employer health insurance premiums (Attach Form 8941) 45f				
		credits and payments Form 2439				
•		Form 4136 Other Total > 45g				
46		payments. Add lines 45a through 45g			46	
47		ated tax penalty (see instructions) Check if Form 2220 is attached			47	
48		ue. If line 46 is less than the total of lines 44 and 47, enter amount owed	•	. [7	48	0.
49		payment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	•		19	0.
50			Refunded >		50	
Part \		Statements Regarding Certain Activities and Other Information (see inst	tructions)			
51	At any	y time during the 2016 calendar year, did the organization have an interest in or a signature or other author	ority			Yes No
	over a	a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to f	file			物 社会
	FinCE	N Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign countr	У			
	here	SEE STATEMENT 3				х
52	Durin	g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	foreign trust?			Х
	If YES	S, see instructions for other forms the organization may have to file.				#um
53	Enter	the amount of tax-exempt interest received or accrued during the tax year >\$				1
	Un	ider ponsities of por µry. I declare that I have examined this return, including accompanying schedules and statements, and to rrest and complete. Declaration of preparer (other than texpayer) is based on all information of which preparer has any knowle	the best of my know	rledge	and belief, it is tru	е,
Sign	"	A A A A A A A A A A A A A A A A A A A	1	May t	he IRS discuss this	roturn with
Here		JUNIO SUCCESARIA 31418 SECRETARY/TREASURER	ti	-	eparar shown belo	1
		Signature of officer Date Title		matu	ctions)? X Y	es No
		Print/Type preparer's name Preparer's signature Date	Check	ıf	PTIN	
Paid			self- employe	d		
Prepa	arer	LUCINDA S. CHAPPELLE LUCINDA S. CHAPPELLE 12/27/17			P00187613	3
Use C		Firm's name JACKSON THORNTON & CO., PC	Firm's EIN		63-1035	228
	,	PO BOX 96				
		Firm's address MONTGOMERY, AL 36101-0096	Phone no	334	-834-7660	
	-				Form 9	90-T (2016)

Schedule A - Cost of Goods	S Sold. Enter r	method of invent	tory valuation N/A				
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6	
2 Purchases	2	- A - A - A - A - A - A - A - A - A - A					
3 Cost of labor	3		from line 5. Enter here		l'	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule)	4b		property produced or a	•	·	ľ	
5 Total. Add lines 1 through 4b	5		the organization?			İ	الساق الاستعداد الأوق ساسعة
Schedule C - Rent Income		roperty and	Personal Property L	ease	d With Real Prope	ertv)	
(see instructions)							_
Description of property							
(1)			· · · · · · · · · · · · · · · · · · ·				
(2)					·		
(3)							
(4)							
	2. Rent received	d or accrued					
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	than	of rent for p	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)	ge	3(a) Deductions directly columns 2(a) an	connected with the ind d 2(b) (attach schedule	e) some in
(1)							
(2)							
(3)							
(4)			· · · · · · · · · · · · · · · · · · ·				
Total	0.	Total		0.		*	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	>	0.
Schedule E - Unrelated Deb	t-Financed I	ncome (see	instructions)				
					3. Deductions directly conn to debt-finance		e
•			Gross income from or allocable to debt-	(a)	Straight line depreciation	(b) Other de	ductions
1 Description of debt-fir	nanced property		financed property	'-'	(attach schedule)	(attach sch	edule)
		····-			· · · · · · · · · · · · · · · · · · ·	 _	
_(1)				<u> </u>		ļ	
(2)				<u> </u>	···.		
(3)							
(4)						<u> </u>	
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or all debt-finan	adjusted basis locable to ced property schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable (column 6 x tota 3(a) and	al of columns
(1)			%		· · · · · · · · · · · · · · · · · · ·		
(2)			%		· · · · · · · · · · · · · · · · · · ·		
(3)			%				
(4)			%				
				-	inter here and on page 1,	Enter here and	on page 1
					Part I, line 7, column (A)	Part I, line 7, c	
Totals			•	1	0	.	0.
Total dividends-received deductions in	ncluded in column	8	•				0.

Schedule F - Interest, A	Annuitie	s, Royalt						tions	see ins	truction	s)
			Exe	mpt (Controlled O	rganızatı	ons				
Name of controlled organization		2. Emp identific numb	ation (los		related income a instructions)	Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		olling	Deductions directly connected with income in column 5
(1)								 			
(2)					····	i ———		_			···········
(3)										$\neg \uparrow$	
(4)											
Nonexempt Controlled Organiz	zations										
7. Taxable Income	8. Net u	nrelated income ee instructions		Total	of specified pays made	nents	10. Part of colu in the controll gross	mn 9 that ing organ s income	iization's		ductions directly connected income in column 10
(1)											
(2)	 										
(3)											
(4)											
	-						Add colur Enter here and line 8,		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals		<u> </u>				▶			0.		0,
Schedule G - Investme (see instr		ne of a S	ection 501	(c)(7	'), (9), or (17) Org	ganization		,		
1. Desa	ription of inco	me			2. Amount of	ıncome	 Deduction directly connect (attach schedule) 	ected	4. Set-a (attach s		5. Total deductions and set-asides (col 3 plus col 4)
(1)											<u> </u>
(2)											
(3)											
(4)											
Totals				>	Enter here and Part I, line 9, co	tumn (A)					Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited (see instru		Activity	Income, Ot	her	Than Adv	ertisin	g Income				
Description of exploited activity	2. G unrelated incom trade or l	e from	3. Expenses directly connect with productio of unrelated business incom	n n	4. Net incomfrom unrelated business (cominus colum gain, comput through	I trade or Ilumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrelat business inco	that ted	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					<u> </u>						
(2)					 				—— —		1
(3)	 				T						
(4)	Enter her page 1 line 10,	e and on , Part I, col (A)	Enter here and page 1, Part I.	,		The State of the S		introgram			Enter here and on page 1, Part II, line 26
Totals	1	0.		0.		- 125	2 1 72 4	7 . 20	- A.M 3 .		0.
Schedule J - Advertising	ng Incor	ne (see ir	nstructions)			<u> </u>					-
Part I Income From I	Periodic	als Repo	orted on a (Con	solidated	Basis	·	···			
1. Name of periodical		2. Gross advertising income	3. Dure advertising				5. Circula		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					1.5.				<u> </u>		
(2)					75.						
(3)					7		-				
(4)							1				
***					+ -	~			 		
Totals (carry to Part II, line (5))	>		0.	(0.		<u> </u>				0. Form 990-T (2016

Form 990-T (2016) SOUTHERN POVERTY LAW CENTER, INC. 63-0598743 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.	ではない。	企業等可提出	ながらいながら	0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶∫ 0.	0.	医外侧	是多次的连续	是是是是	0.

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

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

Form 990-T (2016)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS	STATEMENT 1
DESCRIPTION	AMOUNT
PALLADIAN PARTNERS V-A, LLC	36,799.
HIGHFIELDS CAPITAL IV, LP	-800.
BAUPOST VALUE PARTNERS, LP - III	21,160.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VIII	-65,428.
AUDAX MAZZANINE FUND II L P	1,888.
YORKTOWN ENERGY PARTNERS IX, L. P.	121,139.
DENHAM COMMODITY PARTNERS	-33,114.
LEXINGTON CAPITAL PARTNERS VII, L. P.	22,040.
COMMONFUND CAPITAL VENTURE PARTNER IX	-1,256.
AMBERBROOK VI, LLC	1,808.
DCPF VI OIL AND GAS COINVESTMENT FUND, L. P.	-59,662.
CONTRARIAN DISTRESSED REAL ESTATE FUND II, L. P.	9,058.
LEGACY VENTURES VI	-170.
ENR PARTNERS	-77,179.
YORKTOWN ENERGY PARTNERS XI, LP	-158,347.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-182,064.