

# Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

For calendar year 2015 or other tax year beginning NOV 1, 2015, and ending OCT 31, 2016

## 2015

Department of the Treasury  
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).

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

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/>  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	<b>Print or Type</b>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>SOUTHERN POVERTY LAW CENTER, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>P.O. BOX 548</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>MONTGOMERY, AL 36104</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions)  <b>63-0598743</b></p> <p><b>E</b> Unrelated business activity codes (See instructions)  <b>900099</b></p>
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**C** Book value of all assets at end of year: **353,174,928.**

**F** Group exemption number (See instructions.)

**G** Check organization type:  501(c) corporation  501(c) trust  401(a) trust  Other trust

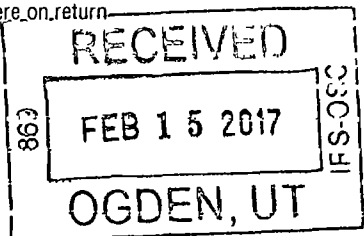
**H** Describe the organization's primary unrelated business activity. ▶ **NONE**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **TEENIE HUTCHISON** Telephone number ▶ **334-956-8349**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5	-3,498.	STMT 1
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 <b>Total.</b> Combine lines 3 through 12		13	-3,498.	-3,498.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule)		18	
19 Taxes and licenses		19	
20 Charitable contributions (See instructions for limitation rules)		20	
21 Depreciation (attach Form 4562)		21	
22 Less depreciation claimed on Schedule A and elsewhere on return		22a	
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach schedule)		28	
29 <b>Total deductions.</b> Add lines 14 through 28		29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	-3,498.
31 Net operating loss deduction (limited to the amount on line 30)	SEE STATEMENT 2	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	-3,498.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33	1,000.
34 <b>Unrelated business taxable income</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	-3,498.



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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.

Controlled group members (sections 1561 and 1563) check here  See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 35c 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:

Tax rate schedule or  Schedule D (Form 1041)

36

37 Proxy tax. See instructions

37

38 Alternative minimum tax

38

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies

39 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)

40a

b Other credits (see instructions)

40b

c General business credit. Attach Form 3800

40c

d Credit for prior year minimum tax (attach Form 8801 or 8827)

40d

e Total credits. Add lines 40a through 40d

40e

41 Subtract line 40e from line 39

41 0.

42 Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule)

42

43 Total tax. Add lines 41 and 42

43 0.

44a Payments: A 2014 overpayment credited to 2015

44a

b 2015 estimated tax payments

44b

c Tax deposited with Form 8868

44c

d Foreign organizations: Tax paid or withheld at source (see instructions)

44d

e Backup withholding (see instructions)

44e

f Credit for small employer health insurance premiums (Attach Form 8941)

44f

g Other credits and payments:

Form 2439  Form 4136  Other Total

44g

45 Total payments. Add lines 44a through 44g

45

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached

46

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed

47 0.

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid

48 0.

49 Enter the amount of line 48 you want: Credited to 2016 estimated tax Refunded

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

1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here SEE STATEMENT 3

Yes No

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file

X

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

X

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

1 Inventory at beginning of year

1

6 Inventory at end of year

6

2 Purchases

2

7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2

7

3 Cost of labor

3

8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

Yes No

4a Additional section 263A costs (att schedule)

4a

b Other costs (attach schedule)

4b

5 Total. Add lines 1 through 4b

5

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Signature of officer: Lucinda S. Chappelle Date: 1/26/17

Title: SECRETARY/TREASURER May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only section containing fields for Preparer's name, signature, date, self-employed status, PTIN, Firm's name, address, and phone number.

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS	STATEMENT 1
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DESCRIPTION	AMOUNT
PALLADIAN PARTNERS V-A, LLC	18,590.
HIGHFIELDS CAPITAL IV, LP	14,523.
BAUPOST VALUE PARTNERS, LP - III	123,040.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VIII	-33,211.
AUDAX MAZZANINE FUND II L P	1,261.
YORKTOWN ENERGY PARTNERS IX, L. P.	-127,370.
DENHAM COMMODITY PARTNERS	2,435.
LEXINGTON CAPITAL PARTNERS VII, L. P.	3,344.
COMMONFUND CAPITAL VENTURE PARTNER IX	188.
AMBERBROOK VI, LLC	-3,037.
DCPF VI OIL AND GAS COINVESTMENT FUND, L. P.	11,578.
CONTRARIAN DISTRESSED REAL ESTATE FUND II, L. P.	1,631.
LEGACY VENTURES VI	-159.
ENR PARTNERS	-16,311.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-3,498.

FORM 990-T	NET OPERATING LOSS DEDUCTION	STATEMENT 2
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TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
10/31/07	20,331.	20,331.	0.	0.
10/31/08	81,261.	81,261.	0.	0.
10/31/09	120,066.	62,462.	57,604.	57,604.
10/31/10	114,965.	0.	114,965.	114,965.
10/31/11	103,348.	0.	103,348.	103,348.
10/31/13	209,371.	0.	209,371.	209,371.
10/31/14	29,336.	0.	29,336.	29,336.
10/31/15	262,536.	0.	262,536.	262,536.
NOL CARRYOVER AVAILABLE THIS YEAR			777,160.	777,160.

FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH  
ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 3

NAME OF COUNTRY

CAYMAN ISLANDS  
BRITISH VIRGIN IS  
BERMUDA