Department of the Treasury Internal Revenue Service

**SCANNED MAR 2 1 2019** 

**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.

Open to Public Inspection

<u>A</u>	or th	e 2017 calendar year, or tax year beginning $$ JUN $29$ , $2018$ and	ending	OCT 31, 2018	
В	Check if ipplicab	C Name of organization		D Employer identifi	cation number
	Addre	SPLC ACTION FUND			
	Name	Doing business as	_	83-1	085161
X	Initial		Room/suite	E Telephone numbe	r
Ē	Final	400 WASHINGTON AVENTIE		(334	
	termir			G Gross receipts \$	476,574.
	Amen	ded MONITICOMEDY AT 26104		H(a) Is this a group re	
X	Applic			for subordinates	
_	pendi	9 400 WASHINGTON AVENUE, MONTGOMERY, AL	36404		
7	ax-ex		or / 52		list (see instructions)
_	~	te: NONE	IV I	H(c) Group exemptio	•
		forganization: X Corporation Trust Association Other	I Yea		M State of legal domicile AL
	art I	Summary			
ø)	1	Briefly describe the organization's mission or most significant activities $\begin{tabular}{c} \begin{tabular}{c} tabul$	SPLC A	ACTION FUND	IS
Governance		DEDICATED TO FIGHTING HATE AND BIGOTRY AN	ID TO	SEEKING JUST	ICE FOR
Ę	2	Check this box  I if the organization discontinued its operations or dispose	sed of mor	e than 25% of its net ass	•
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	5
	4	Number of independent voting members of the governing body (Part VI, line 1b)		1 D (4	5
ŝ	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	DE!	15	0
ξį	6	Total number of volunteers (estimate if necessary)		30,0 /14	0
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	m/ 10	N 2 4 20:9 18	0.
_	ь	Net unrelated business taxable income from Form 990-T, line 34	(5) 14,	- 10	0.
			الله الله	-Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)	\	والمالية	476,574.
ű	9	Program service revenue (Part VIII, line 2g)			0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u></u>		0.
α.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>_</u>		0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			476,574.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		· ·	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u></u>		0.
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			5,003.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.
g	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>80.  </u>	· <u> </u>	
Ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			150,636.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			155,639.
	19	Revenue less expenses Subtract line 18 from line 12			320,935.
5			<u>B</u>	eginning of Current Year	End of Year
Sets	20	Total assets (Part X, line 16)			573,961.
t As	21	Total liabilities (Part X, line 26)	_		253,026.
Net Assets or	22	Net assets or fund balances Subtract line 21 from line 20			320,935.
	<u>rt II</u>	Signature Block			
		ilties of perjury, I declare that I have examined this return including accompanying schedules			knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	_ , ,	
		Milling Hurchison	<del></del>		
Sigi	1	Signature of officer		Date (	
Her	6	TEENIE HUTCHISON, SECRETARY/TREASURER			
		Type or print name and title		Date Check	PTIN
D- '		Print/Type preparer's name Preparer's signature	1	ا "اا المعاملة المعاملة	<b></b> ' !
Paid				01/04/19 self-employs	
Prep		Firm's name JACKSON THORNTON & CO., PC		Firm's EIN ▶	63-1035228
Use	OUIA	Firm's address PO BOX 96		Dhaar 22	4-834-7660
		MONTGOMERY, AL 36101-0096		1 Priorie no 33	
	-	RS discuss this return with the preparer shown above? (see instructions)	-4	1/1-1/M	X Yes No Form 990 (2017)
/3200	01 11-28 S	B-17 LHA For Paperwork Reduction Act Notice, see the separate instruction EE SCHEDULE O FOR ORGANIZATION MISSION ST		NT CONTINUAT	

83-108516

Form 990 (2017) SPLC ACTION FUND
Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the erganization 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?	2	X	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			17
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	[	[	v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a		Х
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ha	$\neg$	
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	112		
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	ı	Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1	ł	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1	İ	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	- 1	- 1	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		ļ	77
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	[		v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	,		v
	1c and 8a? If "Yes," complete Schedule G, Part II	_18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		х
	complete Schedule G. Part III	19	990 //	

Form 990 (2017) SPLC ACTION FUND
[Partily] Checklist of Required Schedules (continued)

	·		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			ļ
	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		X
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		<u> </u>
b	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	1		
	any tax-exempt bonds?	24c		
d	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		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	ŀ		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			٠,,
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions)	000		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	<u>x</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		х
200	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		$\frac{\mathbf{x}}{\mathbf{x}}$
29	Did the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		X
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31		31	.	х
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete	<u>"</u>		
02	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		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	1	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<del>  </del>		
	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 in Schedule O for Part VI, lines 11b and 19?			
_	Note. All Form 990 filers are required to complete Schedule O	38	х	
				2017)

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	Г	162	140
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0	1		١.
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1	•	ľ
Ŭ	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	<del>- '`</del> -	·	<u> </u>
	filed for the calendar year ending with or within the year covered by this return  2a  0			٠
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5а		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	Х	į
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).		7,	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		ļ.,
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<b></b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b></b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	. 8		
9	Sponsoring organizations maintaining donor advised funds.		-	,
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a_		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b_		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12		ľ	
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
a	Gross income from other sources (Do not net amounts due or paid to other sources against			
b	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ł	l
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			ļ
-	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			'
14a		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990 (	(2017)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 5 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 5 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a Х Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Х 10a 10a Did the organization have local chapters, branches, or affiliates? 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 12a Х 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe X 12c in Schedule O how this was done Did the organization have a written whistleblower policy? 13 Х 13 Х 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records TEENIE HUTCHISON - (334) 956-8349 400 WASHINGTON AVENUE, MONTGOMERY,

SEE SCHEDULE O FOR FULL LIST OF STATES

Form 990 (2017)

732006 11-28-17

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Check this box if neither the organization	(B)	. 94		_	C)			(D)	(E)	(F)
Name and Title	Average	l .		Pos	itior			Reportable	Reportable	Estimated
ramo ana mio	hours per	(do box	not c unle	heck I ss pei	more rson i	than d is both	one n an	compensation	compensation	amount of
	week	offi	cer ar	d a d	rector/trustee)			from	from related	other
	(list any	director						the	organizations	compensation
	hours for	or dire				超			(W-2/1099-MISC)	from the
	related	stee (	ruste			Bensa		(W-2/1099-MISC)		organization
	organizations	al tru	onal t	}	e e	E 8				and related
	below line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	<b>Ро</b> гтег			organizations
(1) ALAN HOWARD	0.00									
DIRECTOR		X				<u> </u>		0.	0.	0.
(2) JAMES RUCKER	0.00									
DIRECTOR		X						0.	0.	0.
(3) JOSEPH LEVIN JR	0.00									
DIRECTOR		Х						0.	0.	0.
(4) KAREN BAYNES-DUNNING	0.00									
DIRECTOR		Х					ļ	0.	0.	0.
(5) WILL LITTLE	0.00									
DIRECTOR		X					<u> </u>	0.	0.	, 0.
(6) RICHARD COHEN	1.00									
PRESIDENT/CEO		<u> </u>		X		_		0.	0.	0.
(7) TEENIE HUTCHISON	1.00							]	_	_
SECRETARY/TREASURER				Х		<u> </u>	ļ	0.	0.	0.
	<del></del>					-	$\vdash$			<del></del>
	-	<u> </u>		-	-	-	<del>                                     </del>			
		-		-	_		-			·
		$\vdash$		$\vdash$			_			-
		$\neg$	_				_			
						П				
			_	_						
										-

Form 990 (2017)

Form 990 (2017) SPLC ACT	ION FUNI								83-1	085	161	Р	age 8	
Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	anc	1 Hig	ghes	st <u>C</u>	ompensated Employee	s (continued)					
· (A) · Name and title	(B) Average hours per	(do box,	not ci	Pos Pos heck i ss per	C) ition more rson i		one nan	(D) Reportable compensation	(E) Reportable compensatio	on	an	(F) stimate nount		
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	ıs	com fr org and	other pensatiom the anizated related anization	e ion ed	
													-	
										1				
							_							
			-											
1b Sub-total c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A						<b>&gt;</b>	0.		0.			0.	
Total number of individuals (including but n     compensation from the organization	ot limited to the	ose I	iste	d ab	ove)	) wh	o re		000 of reportable		· · · · ·		0	
									<u>.</u>			Yes	No	
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		stee	, ke	y em	olqr	yee,	or r	nighest compensated er	nployee on	ŀ	3		Х	
For any individual listed on line 1a, is the su and related organizations greater than \$150									he organization	ŀ	4			
5 Did any person listed on line 1a receive or a	ccrue compen	satic	on fr	om a	any	unre			dual for services					
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	J fo	r su	ch p	ners o	on_					5		X	
Complete this table for your five highest co the organization. Report compensation for										ensat	on fro	m		
(A)  Name and business		NO			<u></u>	VVII		(B)  Description of s			(Comper			
		110	TAE	<u> </u>		_	7		3.11000			ioutio.	<u>·</u>	
	<del></del>		_				+	-						
							$\dashv$							
							-	<del></del>	<del></del>					
	<u></u>						+			-				
2 Total number of independent contractors (ii	ncluding but no	t lım	nted	to t	_		ed a	above) who received mo	ore than					
\$100,000 of compensation from the organiz	ation				0							,		

Form 990 (2017)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) (D) Revenue excluded from tax under sections 512 - 514  $\mathcal{C}$ Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and 476,574. 1f similar amounts not included above Noncash contributions included in lines 1a-1f \$ 476,574. Total. Add lines 1a-1f Business Code Program Service f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities assets other than inventory Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See The state of the s Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue Total. Add lines 11a-11d 476,574. 0. Total revenue See instructions 12

Form 990 (2017)

732009 11-28-17

# Form 990 (2017) SPLC ACTION FUND Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		· · · · · · · · · · · · · · · · · · ·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	Individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,449.	1,161.	912.	376
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				<u></u>
7	Other salaries and wages	1,589.	835.	583.	171.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	711.	352.	263.	96
10	Payroll taxes	254.	126.	94.	34.
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,994.		1,994.	
С	Accounting	5,471.		5,471.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees			r-	
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0 )				
12	Advertising and promotion				
13	Office expenses	14,709.	4,144.	9,429.	1,136
14	Information technology	149.	149.		
15	Royalties				
16	Occupancy	1,240.	613.	459.	168.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,872.		3,872.	
20	Interest	1,422.		1,422.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				·
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)		, .		
а	DEVELOPMENT COSTS	121,779.	112,867.	13.	8,899
b		,			
c			-		<del>-</del>
d					
e	All other expenses				<del>.</del>
25	Total functional expenses Add lines 1 through 24e	155,639.	120,247.	24,512.	10,880.
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 following SOP 98-2 (ASC 958-720)				
	11-28-17				Form <b>990</b> (2017

SPLC ACTION FUND 83-1085161 Form 990 (2017) Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 532,294. 1 Cash - non-interest-bearing 1 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 41,667. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 11 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 0. 573,961 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 3,026. Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 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 0. <u>250,000.</u> 25 Schedule D 253,026. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here X

> 573,961. Form 990 (2017)

320,935.

320,935.

0. 30

0. 31

0.

0.

0.

32

33

34

30

31

32

0.

0.

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Form	1 990 (2017) SPLC ACTION FUND	83-108	5161	Page <b>12</b>
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		5,574.
2	Total expenses (must equal Part IX, column (A), line 25)	2	155	639.
3	Revenue less expenses Subtract line 2 from line 1	3	320	935.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		0.
5	Net unrealized gains (losses) on investments	5		<del></del>
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	320	935.
:Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		<sub> </sub>	
				Yes No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			15
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1	
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	امدها	* * * * * * * * * * * * * * * * * * * *
	separate basis, consolidated basis, or both		9 70	
	Separate basis Consolidated basis Both consolidated and separate basis		13.5	ر شر ۱۹۰۶ <del>ور</del> 
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,	1	· 3
	consolidated basis, or both		7.	* .
	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	audit,	* * *	· • • • • • • • • • • • • • • • • • • •
	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 in Sche	dule O		. '
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt	$\vdash$	14
	Act and OMB Circular A-133?		3a	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	· · · · · · · · · · · · · · · · · · ·	3b	

732012 11-28-17

Form **990** (2017)

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SPLC ACTION FUND

Employer identification number 83-1085161

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Ii		
		(a) Donor advised funds	(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	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or		Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		corically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax
_	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting	, nandling of violations, and enforcing cons	servation easements during the year
-		dian of welstens and enforcing concerns	tion accompate during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and emorcing conserva	tion easements during the year
	Does each appearation assembly reported as line 2/d) sha	ve estate the requirements of section 170/	h)/4)/B)/i)
8	Does each conservation easement reported on line 2(d) about and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 17 of	Yes No
9	In Part XIII, describe how the organization reports conservat	ion essements in its revenue and expense	
•	include, if applicable, the text of the footnote to the organization		
	conservation easements	ation 5 than old statements that cooshed	and organization o addodning for
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under SFAS 116 (A)		nent and balance sheet works of art.
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items	·	-
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		<b>▶</b> \$
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2017

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Sche		TION FUND						83-10	<u>85</u> 161	Page 2					
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or Ot	her S	imila	r Assets	3 (contin	ued)					
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the t	following that are	a signi	ficant ι	use of its c	ollection i	items					
	(check all that apply)														
а	Public exhibition	•	ı 🔲	Loan or exc	hange programs										
b	Scholarly research	6	• 🗀	Other											
С	Preservation for future generations														
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organization's i	exempt	purpo	se in Part	XIII						
5	During the year, did the organization solicit of	r receive donations	of art, his	storical treas	sures, or other sin	nılar as	sets		_						
	to be sold to raise funds rather than to be ma								Yes	No					
Pa	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "Yes	" on Fo	rm 990	), Part IV,	line 9, or						
	reported an amount on Form 990, Pa	rt X, line 21			<del>-</del>										
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for o	contributions	s or other assets	not incl	luded		_						
	on Form 990, Part X?  LI "Yes " explain the arrangement in Part XIII and complete the following table.  Yes No														
b															
	Amount														
С	c Beginning balance														
d	Additions during the year						1d_								
е	Distributions during the year						1e								
f	Ending balance							L	<del></del>						
2a	Did the organization include an amount on Fe						)		」 Yes	∐ No					
	If "Yes," explain the arrangement in Part XIII							-							
Pai	t V Endowment Funds. Complete						<del>-</del> ,			<del></del>					
		(a) Current year	(b) P	rio <u>r year</u>	(c) Two years bad	ck (d)	Three	years back	(e) Four	years back					
1a	Beginning of year balance		<u> </u>		<u>-</u> -	-			<del> </del>						
b	Contributions								<del></del>						
С.	Net investment earnings, gains, and losses		<u> </u>		<del> </del>	+									
d	Grants or scholarships				<u> </u>	<u></u>			<b>—</b> —						
е	Other expenditures for facilities								ĺ						
	and programs				<del></del>	_	<del></del>		<b>—</b> —						
T	Administrative expenses				ļ	+				<del></del>					
g	End of year balance		- () 1		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \										
2	Provide the estimated percentage of the curr	ent year end balance		j, column (a)	neid as										
a	Board designated or quasi endowment		_%												
b	Permanent endowment	%													
С	Temporarily restricted endowment	%													
0-	The percentages on lines 2a, 2b, and 2c short							_4							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are nelo an	iu administereo it	or trie o	ryaniza	ation	ſ.	Van Na					
	by									Yes No					
	(i) unrelated organizations								3a(i)						
<b>L</b>	(ii) related organizations If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	od on Se	shadula D2					3a(iı) 3b	<del></del> -					
4	Describe in Part XIII the intended uses of the								[ JD ]						
_	t VI Land, Buildings, and Equipm		willent it	unus											
	Complete if the organization answered		) Part IV	line 11a S	ee Form 990 Par	t X line	10								
	Description of property	(a) Cost or o				c) Accu		ed T	(d) Book	value					
	becomplien of property	basis (investr		basis (	1 '	•	ciation		(a) 500K	. 3.40					
12	Land	112 (111 221			·										
	Buildings									<del></del>					
	Leasehold improvements														
	Equipment		t												
	Other			-											
	Add lines 1a through 1e. (Calumn (d) must a		V 1:	- (D) trac 1(	20.1					0.					

Schedule D (Form 990) 2017

732053 10-09-17

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

Schedule D (Form 990) 2017

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public

Inspection

SPLC ACTION FUND

Employer identification number 83-1085161

PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE MOST VULNERABLE MEMBERS OF OUR SOCIETY. USING LOBBYING, GRASSROOTS ORGANIZING, AND OTHER FORMS OF ADVOCACY, THE SPLC ACTION FUND WORKS TOWARD THE DAY WHEN THE IDEALS OF EQUAL JUSTICE AND EQUAL OPPORTUNITY WILL BE A REALITY.

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

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

EOUAL OPPORTUNITY WILL BE A REALITY.

AFTER FORM 990 IS PREPARED BY AN EXTERNAL ACCOUNTING FIRM, JACKSON THORNTON. THE RETURN IS THOROUGHLY REVIEWED BY OUR SECRETARY/TREASURER. 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 BOARD FOR REVIEW AND APPROVAL BEFORE SUBMISSION TO THE IRS. IT IS SIGNED BY OUR SECRETARY/TREASURER.

FORM 990, PART VI, SECTION B, LINE 12C:

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

EACH DIRECTOR AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERES, EACH OFFICER, AND THOSE EMPLOYEES AND OTHER PERSONS AS MAY BE DEIGNATED BY THE BOARD OR THE PRESIDENT FROM TIME TO TIME, SHALL ANNUALY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON: (1) HAS RECEIVED A COPY OF THE CONFLICTS POLICY, (2) HAS READ AND UNDERSTANDS THE CONFLICTS POLICY, (3) HAS AGREED (4) UNDERSTANDS THAT THE CENTER IS A TO COMPLY WITH THE CONFLICTS POLICY, SOCIAL WELFARE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX

EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR

732211 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

SPLC ACTION FUND

Employer identification number 83-1085161

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:

ACCORDING TO THE ORGANIZATION'S BYLAWS, THE SALARY OF THE PRESIDENT & CEO
SHALL BE FIXED BY THE BOARD OF DIRECTORS AND SHALL BE REASONABLE IN AMOUNT.

FOR ANY PRESIDENT & CEO OR ANY OTHER EMPLOYEE WHO IS EMPLOYED BY THE

CORPORATION AND ANOTHER ORGANIZATION UNDER A COST-SHARING ARRANGEMENT, THE

BOARD MAY, IF IT CHOOSES, ADOPT A POLICY THAT TOTAL COMPENSATION FOR SOME

OR ALL SUCH EMPLOYEES SHALL BE AT AN AMOUNT SET BY THE OTHER ORGANIZATION

AND THAT THE CORPORATION SHALL PAY A SHARE OF SUCH COMPENSATION REFLECTING

THE PORTION OF THE EMPLOYEE'S EFFORTS DEVOTED TO WORK FOR THE CORPORATION,

BUT ONLY IF THE BOARD OF THE CORPORATION DETERMINES THAT THE OTHER

ORGANIZATION HAS ADOPTED AND COMPLIES WITH A POLICY AND PROCEDURES TO

ENSURE THAT COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE AND BASED

ON COMPETENT SURVEY INFORMATION.

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, MO, NH, NJ, NM, NY, NC

ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

THE MOST CURRENT AND UPDATED COPY OF THE CONSOLIDATED ANNUAL REPORT IS

POSTED ON THE SOUTHERN POVERTY LAW CENTER'S WEB-SITE AND IS AVAILABLE FOR

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

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

Name of the organization SPLC ACTION FUND	Employer identification number 83-1085161
FORM 990, PART XII, LINE 2C:	
THIS IS THE ORGANIZATION'S INITIAL YEAR SO THE PROCESS HAS	NOT CHANGED.

# SCHEDULE R

(Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

2017

OMB No 1545-0047

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

► Attach to Form 990.

Open to Public Inspection

Schedule R (Form 990) 2017 (g)
Section 512(bX13)
controlled
entity? ž Employer identification number 83-1085161 × Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year Direct controlling entity End-of-year assets e status (if section Public charity 501(c)(3)) LINE 7 Total income Exempt Code ਉ section 501(C)(3) Legal domicile (state or Identification of Disregarded Entitles. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) ALABAMA EDUCATION AND ADVOCACY Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. SPLC ACTION FUND SOUTHERN POVERTY LAW CENTER - 63-0598743 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 400 WASHINGTON AVENUE MONTGOMERY, AL 36104 Name of the organization Department of the Treasury Internal Revenue Service Part II Part

83-1085161

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Schedule R (Form 990) 2017 SPLC ACTION FUND

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

3	General or Percentage managing ownership partner?										re related
3	eral or laging tner?	Yes									or mo
	Gen	) Ye						 		 	one
Ξ	Code V-UBI amount in box	K-1 (Form 1065				 					l, because it had
Ē	Oisproportionate allocations?	Yes No		_		 					IV, line 34
(6)	Share of Dis										orm 990, Part
	. å .					·					 es" on F
E	Share of total income	:									on answered "Y
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)									nplete if the organizati
(Q	Direct controlling entity										ration or Trust. Cor
9	Legal domicile (state or	foreign country)									s a Corpo
(q)	Primary activity										ganizations Taxable a
(a)	Name, address, and EIN of related organization										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

	_ [	13) 190 190 190 190 190 190 190 190 190 190	٥							 	
	<u>ت</u> و	512(b)(13) controlled entity?	Yes	 							
Γ	Ξ	Percentage ownership									
		Share of end-of-year	assets								
		Share of total income					-			_	
	(e)	Type of entity (C corp, S corp,	or trusty								
	9	Direct controlling entity									
	<u>်</u>	Legal domicile (state or	country)								
	(q)	Primary activity									
	(a)	Name, address, and EIN of related organization									

Schedule R (Form 990) 2017

Page 3

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

××	×	<u>:</u>	×	×	X	×	×	×	×	×	×	X	×	×	×	×	×	;	× :	×									90) 2017
_	1a ,	<b>₽</b>	15	₽	te 7	<b>=</b>	19	£	Ę	=	¥	11	Ę	두	10	10	4		<b>-</b>	15		ved							(Form 9
																					ationships and transaction thresholds	(d) Method of determining amount involved							Schedule R (Form 990) 2017
																					his line, including covered re	(c) Amount involved						,	
												ıızatıon(s)	ıızatıon(s)	n(s)							no must complete the	(b) Transaction type (a·s)							26
a Receipt of (I) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity		<ul> <li>Gift, grant, or capital contribution to related organization(s)</li> </ul>	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)	h Purchase of assets from related organization(s)	i Exchange of assets with related organization(s)	j Lease of facilities, equipment, or other assets to related organization(s)	k Lease of facilities, equipment, or other assets from related organization(s)		m Performance of services or membership or fundraising solicitations by related organization(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>	<ul> <li>P Reimbursement paid to related organization(s) for expenses</li> </ul>	q Reimbursement paid by related organization(s) for expenses		<ul> <li>Other transfer of cash or property to related organization(s)</li> </ul>		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	(1)	(2)	(3)	(4)	(5)	(9)	732163 09-11-17

4

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.

Name, address, and EIN	(b) Primary activity	(c)	(d) (d) Predominant income	e) (f)	<b>ان</b> و مؤ	(g) Share of	(h)	(i) Code V-1181	(j)	(k) Percentage
of entity	יוווימוץ מכוועון		(related, unrelated, 501(excluded from tax under org	for one of the organia of the organi	tal .	onare or end-of-year assets	tonate allocations?	usproportion of the V-Ubi of Seneral of Percentage illorations? amount in box 20 manager ownership of Schedule K-1 partner? ownership ves No (Form 1065) ves No	managing partner?	ownership
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Schedule R	(Form 990) 2017	SPLC	ACTION	FUND				83- <u>1</u> 085161	Page 8
Part VII	(Form 990) 2017 Supplemental Inform	nation.							
	Provide additional informa	tion for res	sponses to au	estions on Sch	edule R. See	instructions			
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