| Farm 8879-TE | IRS e-file Signature Authorization for a Tax Exempt Entity | OMB No. 1545-0047 |
|---|--|--|
| Form 00/9-1C | For calendar year 2021, or fiscal year beginning <u>NOV 1</u> | 22 0004 |
| | Do not send to the IRS. Keep for your records. | ²² 2021 |
| Department of the Treasury Internal Revenue Service | Go to www.irs.gov/Form8879TE for the latest information. | |
| Name of filer | | EIN or SSN |
| SPLC A | CTION FUND | 83-1085161 |
| Name and title of officer or pe | | |
| Part I Type of | Return and Return Information | |
| Form 5330 filers may enter or 10a below, and the amo | m for which you are using this Form 8879-TE and enter the applicable amount, if any, from c dollars and cents. For all other forms, enter whole dollars only. If you check the box on line ount on that line for the return being filed with this form was blank, then leave line 1b , 2b , 3 ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable li | ə 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9 Ib, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, |
| 1a Form 990 check h | ere Þ 🗴 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1ь 5,289,663. |
| 2a Form 990-EZ che | | 2b |
| 3a Form 1120-POL (| | |
| 4a Form 990-PF che | | |
| 5a Form 8868 check | | |
| 6a Form 990-T check | | |
| 7a Form 4720 check | | |
| 8a Form 5227 check | | 8b |
| 9a Form 5330 check | | 9b |
| | | |
| 10a Form 8038-CP ch Part II Declarat | ion and Signature Authorization of Officer or Person Subject to Tax | |
| naumont of taxes to receiv | prior to the payment (settlement) date. I also authorize the financial institutions involved in re confidential information necessary to answer inquiries and resolve issues related to the p nber (PIN) as my signature for the electronic return and, if applicable, the consent to electro | avment. I have selected a |
| PIN: check one box only | CKSON THORNTON & CO., PC to to | enter my PIN 44825 |
| | | Enter five numbers, bu |
| with a state age | on the tax year 2021 electronically filed return. If I have indicated within this return that a c ncy(ies) regulating charities as part of the IRS Fed/State program, I also authorize the afore disclosure consent screen. | do not enter all zeros copy of the return is being filed mentioned ERO to enter my PIN |
| As an officer or return. If I have | person subject to tax with respect to the entity, I will enter my PIN as my signature on the t indicated within this return that a copy of the return is being filed with a state agency(ies) re rogram, I will enter my PIN on the return's disclosure consent screen. | tax year 2021 electronically filed egulating charities as part of the Date 2/15/2023 |
| Signature of officer or person subjection | tion and Authentication | Date 2/10/2020 |
| | y your five-digit self-selected PIN. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | |
| I certify that the above nu submitting this return in a Business Returns. | meric entry is my PIN, which is my signature on the 2021 electronically filed return indicate ccordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Au | d above. I confirm that I am thorized IRS <i>e-file</i> Providers for |
| ERO's signature 🕨 | EXAMPLE 1 THORNTON & CO., PC Date \triangleright 02/2 | 15/23 |
| | ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do S | io |
| LHA For Privacy act an | d Paperwork Reduction Act Notice, see instructions. | Form 8879-TE (202 |
| 102521 01-11-22 | | |

| Form | . 9 | 90 | Return of Organization Exempt Fro Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod Do not enter social security numbers on this form as it | de (exce | pt private foundation | |
|--------------------|---------------------------|----------------------------|--|-----------|------------------------------|-------------------------------|
| Depar | tment of | the Treasury ue Service | Do not enter social security numbers on this form as it Go to www.irs.gov/Form990 for instructions and the | - | • | Open to Public Inspection |
| | | | | | CT 31, 2022 | mapouton |
| | hock if | | organization | | D Employer identific | cation number |
| ap | plicable | | | | | |
| | Addres | SPLC | ACTION FUND | | | |
| | Name | | usiness as | | 83-10851 | 61 |
| | Initial return | Number | and street (or P.O. box if mail is not delivered to street address) Roor | m/suite | E Telephone number | ť |
| | Final return/ | | WASHINGTON AVENUE | | (334) 95 | |
| | termin- ated | City or to | own, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 5,289,663. |
| | Amend | PIONI | GOMERY, AL 36104 | | H(a) Is this a group re | |
| | Applica tion pendin | | nd address of principal officer: MARGARET HUANG | | for subordinates | |
| | | SAME . | AS C ABOVE | | H(b) Are all subordinates in | |
| | | mpt status: | 501(c)(3) X 501(c) (4) ◄ (insert no.) 4947(a)(1) or | 527 | • | list. See instructions |
| | | | SPLCACTIONFUND.ORG | | H(c) Group exemptio | |
| K F Pa | | Summary | X Corporation Trust Association Other > | L Year o | | A State of legal domicile: AL |
| L C C | 1.2.1 | | e the organization's mission or most significant activities: SPLC AC | CTTO | V FUND TS A | CATALYST |
| 8 | 1 | FOR RAC | IAL JUSTICE IN THE SOUTH AND BEYOND, | WOR | KING IN PAR | TNERSHIP |
| Governance | | | x if the organization discontinued its operations or disposed of | | | |
| Ver | | | ing members of the governing body (Part VI, line 1a) | | - | 6 |
| | | | lependent voting members of the governing body (Part VI, line 1b) | | | 6 |
| Activities & | | | of individuals employed in calendar year 2021 (Part V, line 2a) | | | 0 |
| ritie | 6 | Total number | of volunteers (estimate if necessary) | | | 7 |
| cţi | 7a | Total unrelated | d business revenue from Part VIII, column (C), line 12 | | | 0. |
| | b | Net unrelated | business taxable income from Form 990-T, Part I, line 11 | | | 0. |
| | | | | | Prior Year | Current Year |
| ø | | | and grants (Part VIII, line 1h) | | 3,942,196. | 5,289,663. |
| Revenue | | - | ce revenue (Part VIII, line 2g) | | | 0. |
| Rev | | | come (Part VIII, column (A), tines 3, 4, and 7d) | | 0. | 0. |
| _ | | | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 3,942,196. | 5,289,663. |
| | | | nilar amounts paid (Part IX, column (A), lines 1-3) | | 50,000. | 0. |
| | | | to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| | | • | r compensation, employee benefits (Part IX, column (A), lines 5-10) | | 532,516. | 640,621. |
| Expenses | | | undraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| ben | | | ing expenses (Part IX, column (D), line 25) | | | |
| ň | | | es (Part IX, column (A), lines 11a-11d, 11f-24e) | | 2,936,845. | 4,154,323. |
| | 18 | Total expense | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 3,519,361. | 4,794,944. |
| | 19 | Revenue less | expenses. Subtract line 18 from line 12 | | 422,835. | 494,719. |
| 56 | | | | Be | ginning of Current Year | End of Year |
| Assets Raland | 20 | | Part X, line 16) | | 2,845,539. | 3,515,316. 195,590. |
| ar As | 21 | | s (Part X, line 26) | | <u>20,532.</u> 2,825,007. | 3,319,726. |
| | | Net assets or Signature | fund balances. Subtract line 21 from line 20 | | 4,025,007. | 5,519,720. |
| Upd | | | 1 declare that I have examined this return, including accompanying schedules and | d stateme | ents, and to the best of m | v knowledge and belief, it is |
| Unu | er pena | atties of perjury, | Declaration of preparer (other than officer) is based on all information of which prepared to the state of th | preparer | has any knowledge. | , |
| 1100 | 00/10 | | ronically signed | | | |
| Sig | n | | e of officer | | Date | |
| Her | | MARC | ARET HUANG, PRESIDENT | | | |
| | | Type or | print name and title | ······ | Data la la | DTIM |
| | | Print/Type pre | | | Date Check | |
| Paic | | | NE K. COOK CHRISTINE K. COOK | 0 | 2/15/23 self-emplo | 900537690 63-1035228 |
| | parer | Firm's name | ► JACKSON THORNTON & CO., PC | | FIRM'S EIN | 03-1033440 |
| Use | Only | Firm's addres | | | Phone no 33 | 34-834-7660 |
| | - 414 - 4 | | MONTGOMERY, AL 36101-0096 is return with the preparer shown above? See instructions | | I Frione no. 0 c | X Yes No |
| | <u>y the l</u> 12-0 | | For Paperwork Reduction Act Notice, see the separate instructions. | | | Form 990 (2021) |
| 1321 | | EFF COUR | DILLE O FOR ORGANIZATION MISSION STAT | TEMEN | T CONTINUAT | TION |

| | 90 (2021) SPLC ACTION FUND | 83-1085161 | Page 2 |
|------|--|----------------------|------------------------------|
| Part | III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | [|
| | Briefly describe the organization's mission: | | |
| | SPLC ACTION FUND IS A CATALYST FOR RACIAL JUSTICE IN THE | | |
| - | BEYOND, WORKING IN PARTNERSHIP WITH COMMUNITIES TO DISMA | | NT |
| | SUPREMACY, STRENGTHEN INTERSECTIONAL MOVEMENTS, AND ADVA | NCE THE HUMA | N |
| _ | RIGHTS OF ALL PEOPLE. | | |
| | Did the organization undertake any significant program services during the year which were not listed on the | | X No |
| F | prior Form 990 or 990-EZ? | | LT NO |
| | f "Yes," describe these new services on Schedule O. | Yes | |
| | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | | |
| | f "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as | measured by expenses | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe | | |
| | evenue, if any, for each program service reported. | | |
| | Code:) (Expenses \$ 4,080,377. including grants of \$) (Rever | |) |
| -a (| SPLC ACTION FUND IS A CATALYST FOR RACIAL JUSTICE IN THE | | , |
| | SEYOND, USING LOBBYING, GRASSROOTS ORGANIZING, AND OTHE | | |
| | ADVOCACY THEY ARE WORKING IN PARTNERSHIP WITH COMMUNITIE | | LE |
| i | WHITE SUPREMACY, STRENGTHEN INTERSECTIONAL MOVEMENTS, AN | D ADVANCE TH | Е |
| | HUMAN RIGHTS OF ALL PEOPLE. | | |
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| b | Code:) (Expenses \$) (Rever | nue \$ | |
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| | (Code:) (Expenses \$ including grants of \$) (Reve | nue \$ | |
| łc | (Code:) (Expenses \$) (Reve | | |
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| | | | |
| | Other program services (Describe on Schedule O.) | | |
| 4d | (Expanses \$ including grants of \$) (Revenue \$ |) | |
| 4d | | | |
| | Total program service expenses 4,080,377. | | 990 (202 ⁻ |

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2021.05050 SPLC ACTION FUND

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| 83-1085161 | 8 | 33 | 3- | 1 | 0 | 8 | 5 | 1 | 6 | 1 |
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| Form | 990 (2021) SPLC ACTION FUND 83-108 | 5161 | Pa | age 3 |
|------|--|------|-------|----------|
| Par | t IV Checklist of Required Schedules | | | |
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | | X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | X | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | t | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | | | |
| 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 Rev. Proc. 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 | 6 | | <u>X</u> |
| 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 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | 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? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| .0 | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| 9 | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| a | Part VI | 11a | | X |
| ь | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| 5 | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| C | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 110 | 1 | х |
| | 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 | | | |
| a | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | x |
| - | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | | | X |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| f | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | Х |
| | and the second state of the second state of the second state second for the toy your? If ilves it second state | | | |
| 12a | | 12a | | x |
| | Schedule D, Parts XI and XII | | | |
| b | | 12b | x | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 non grantmaking, tordiasing, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | 1 |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 146 | | x |
| 4- | or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | · | | 1 |
| 15 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | x |
| 40 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | . – | | |
| 16 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | 1 |
| 17 | Column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | x | |
| 40 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| 18 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 40 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | 1 | |
| 19 | complete Schedule G, Part III | 19 | | X |
| | complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| 20a | 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 | | | |
| 21 | domestic government on Part IX, column (A), line 1? if "Yes." complete Schedule I. Parts I and II | | | X |
| | uumaano government on reat in, oolonin vy, mio in ministe, cumulate conedule i. rena tavo in antitattattattatta | For | m 990 | (2021) |

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3 2021.05050 SPLC ACTION FUND

| a | t IV Checklist of Required Schedules (continued) | | | |
|-------|---|--------------|----------|----------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? /f "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 | | v | |
| | 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 | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | <u> </u> |
| C | 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 | | | |
| | Schedule L, Part I | 2 <u>5</u> b | | <u>x</u> |
| 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% | | | |
| | controlled entity or family member of any of these persons? // "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | ļ |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member 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 the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | 2 5 | anets, i |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| - | "Yes," complete Schedule L, Part IV | <u>28a</u> | | X |
| b | 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? If | | | |
| Ũ | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| 00 | contributions? // "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," complete Schedule N, Part 1 | 31 | | X |
| - | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i> | | | |
| 32 | | 32 | | X |
| ~~ | Schedule N, Part II | | | 1 |
| 33 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| ~ ^ | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| 34 | | 34 | x | |
| | Part V, line 1 | 35a | - | X |
| | | | | 1 |
| Ь | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 35b | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | | 1 |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 36 | 1 | |
| | If "Yes," complete Schedule R, Part V, line 2 | | <u> </u> | + |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 37 | | x |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | - 37 | + | + |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 38 | x | |
| T D C | Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance | 30 | 43 | |
| га | 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 |
| | | 1 18 22 | 168 | |
| 1a | Enter the number reported in box 3 of Form 1096. Enter 0- if not applicable | ਜ | | |

SPLC ACTION FUND

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Form 990 (2021)

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Form 990 (2021)

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| Part | M Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | . |
|--------|--|-----------|---|-------------------|--|-------------|
| | | 1 | | 12303 | Yes | No |
| | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | ^ | | |
| | iled for the calendar year ending with or within the year covered by this return | 2a | | 0 | | 9 |
| | f at least one is reported on line 2a, did the organization file all required federal employment tax return | | | 1.73 (Charles and | | F 78-28 |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions | | | 1997 N.J | 14 T. 4 | |
| | • | | | | | X |
| | f "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (| | | <u>3b</u> | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | | | | |
| 1 | inancial account in a foreign country (such as a bank account, securities account, or other financial a | ccount)? | ? | <u>4a</u> | | X |
| | f "Yes," enter the name of the foreign country 🕨 | | | | | |
| : | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac | counts | (FBAR). | | | |
| | Nas the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | | <u> </u> | X |
| bl | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac | tion? | | 5b | | X |
| | f "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | <u>5c</u> | <u> </u> | 1 |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | e organiz | zation solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | | | 6a | X | |
| b I | f "Yes," did the organization include with every solicitation an express statement that such contribution | ons or gi | ifts | | | |
| | were not tax deductible? | | | 6b | X | |
| | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service | vices pro | vided to the payor' | ? 7a | | |
| | | | | | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa | | | | | |
| | to file Form 8282? | | | 7c | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | . 4 550 | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | | | 7e | | |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | | | | | |
| | If the organization received a contribution of qualified intellectual property, did the organization file Fo | rm 8899 | | | | |
| g b | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | tion file | a Form 1098-C? | 7h | | |
| | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | | | | g yr i'r |
| | | | | | | |
| | | | ••••• | | n yaing | 5 a |
| | Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | |
| | | ••••• | ••••••••••••••••••••••••••••••••••••••• | 9b | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | ••••• | | | ç e. C | S |
| | Section 501(c)(7) organizations. Enter: | 10a | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | 10b | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | | |
| | Section 501(c)(12) organizations. Enter: | 11a | | | | |
| | Gross income from members or shareholders | | | | ÷. | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | |
| | amounts due or received from them.) | 111b | | 104 | | al and the |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | | 12: | | 48.5 |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | 10 | -2 V - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | . 13: | 1 21 33 2 | B. S. S. S. |
| | 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 | ا الما | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | | |
| c | Enter the amount of reserves on hand | 13c | | 101.00 | | X |
| 14a | bid the organization recent any payments in the second any payments in the second any payments in the second and the second an | | | | _ | _ <u> ^</u> |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu | ile O . | | . 14 | ₽—- | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune | ration o | r | | | |
| | 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 investmen | t incom | e? | . 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | | 승규야 | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in | any | | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | . 17 | <u>'</u> | |
| | If "Yes," complete Form 6069. | | | | | 0 (202 |
| | 5 | | | | | |

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Form 990 (2021)

83-1085161 Page 5

| rar | t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th | rough 7b b | elow, and for a | "No" r | espons | sə |
|------------|---|----------------|------------------|--------------------------|---|--------|
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. | See instruc | ctions. | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | \Box |
| Sect | tion A. Governing Body and Management | | | | | |
| | | | | | Yes | N |
| 1 a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 6 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | 24 | 24 |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | |
| ь | Enter the number of voting members included on line 1a, above, who are independent | 1b | 6 | /273 - 578 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | with any of | ther | | | |
| _ | officer, director, trustee, or key employee? | | | 2 | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | | |
| • | of officers, directors, trustees, or key employees to a management company or other person? | | | 3 | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 99 | | | 4 | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's asse | | | 5 | | |
| - | Did the organization have members or stockholders? | | | 6 | | |
| 6 | Did the organization have members, stockholders, or other persons who had the power to elect or ap | | | Ļ | | - |
| 7a | | | | 7a | | |
| | more members of the governing body? | | | /a | | - |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, sto | | | 76 | | |
| _ | persons other than the governing body? | | | 7b | o Cres | |
| | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | | X | 77 |
| | The governing body? | | | <u>8a</u> | X | ┝ |
| b | Each committee with authority to act on behalf of the governing body? | | | <u>8b</u> | - | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | | | Ι. |
| | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | | | 9 | | : |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Rev | /enue Code | .) | | | |
| | | | | | Yes | |
| | Did the organization have local chapters, branches, or affiliates? | | | <u>10a</u> | | Ŀ |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such cha | apters, affili | iates, | | | |
| | 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 filin | ig the form? | 11a | X | ┢ |
| þ | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | _ | Ŧ |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | | L |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | to conflicts? | | 12b | X | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Y | 'es," descril | be | | | |
| | on Schedule O how this was done | | | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | | L |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | l by indepe | ndent | 1. 464. Marina (1997) | | 12 |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | X | |
| - | Other officers or key employees of the organization | | | 15b | X | |
| D | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | - | | |
| 18- | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen | nent with a | | | en de la composition Nomenta de la composition d | 38 |
| 104 | taxable entity during the year? | | | 16a | | T |
| | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | te its partici | pation | | | |
| D | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | ization's | | | | |
| | exempt status with respect to such arrangements? | | | 16b | | Т |
| 800 | tion C. Disclosure | | | | | |
| | List the states with which a copy of this Form 990 is required to be filed AK, AR, CA, CO, C | T, DC, I | FL,GA,HI | ,IL | ,KS | , I |
| 17 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and | nd 990-T (s | ection 501(c)(3) | s only) | availa | ıble |
| 18 | for public inspection. Indicate how you made these available. Check all that apply. | | | | | |
| | Own website Another's website X Upon request Other (explain | on Sched | ule (O) | | | |
| | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | | | id finan | cial | |
| 19 | | | | | | |
| | statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo | oks and rec | ords 🕨 | | | |
| 20 | | | | | | |
| | AMY SADLER - (334) 956-8235 400 WASHINGTON AVENUE, MONTGOMERY, AL 36104 | | | | | |
| | | | | For | n 990 |) (2 |
| - | CFF CCHFDIILF A FAR FILL LIST AF STATES | | | | | |
| 13200 | 6 12-09-21 SEE SCHEDULE O FOR FULL LIST OF STATES 6 | | | 101 | | |

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| Form 990 (2 | 021) SPLC ACTION FUND | 83-1085161 | Page 7 | | | | | | | | |
|--|---|------------|--------|--|--|--|--|--|--|--|--|
| 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 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, 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.

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

| (A) | (B) | | | (0 | >) | | | (D) | (E) | (F) |
|--------------------------------|----------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|------------|-----------------|-----------------|-----------------------------|
| Name and title | Average | (10 | | Posi | | l than c | | Reportable | Reportable | Estimated |
| | hours per | box | , unles | ss per | son i | s both | an | compensation | compensation | amount of |
| | week | <u> </u> | cer an | d a di | recto | r/trus | tee) | from | from related | other |
| | (list any | ector | | | | | | the | organizations | compensation |
| | hours for | 5 | | | | 22 Fed | | organization | (W-2/1099-MISC/ | from the |
| | related | stee | Inste | | 42 | pens | | (W-2/1099-MISC/ | 1099-NEC) | organization and related |
| | organizations | El tra | anal 1 | | playe | 5 8 | | 1099-NEC) | | |
| | below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) MARGARET HUANG | 2.00 | _ | <u> </u> | | | | | _ | | |
| PRESIDENT/CEO | 40.00 | | | X | | | | 0. | 444,850. | 48,085. |
| (2) TEENIE HUTCHISON | 1.00 | | | | | | | | | |
| SECRETARY/TREASURER | 40.00 | | | X | İ | | | 0. | 237,749. | 32,697. |
| (3) SETH LEVI | 2.00 | | | | | | | | | |
| CHIEF PROGRAM STRATEGY OFFICER | 40.00 | | | | X | | | 0. | 226,454. | 32,513. |
| (4) ALAN HOWARD | 0.00 | | Γ | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (5) WILL LITTLE | 0.00 | | | 1 | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (6) EMERY WRIGHT | 0.00 | | | | | | | | | |
| DIRECTOR | | X | ļ | | | | ļ | 0. | 0. | 0. |
| (7) ANDREA MERCADO | 0.00 | 1 | | | | 1 | 1 | | | |
| DIRECTOR/TREASURER | | X | | X | _ | | _ | 0. | 0. | 0. |
| (8) NSE UFOT | 0.00 | | | | | | | | | o. |
| DIRECTOR/SECRETARY | | X | | X | <u> </u> | <u> </u> | ┞ | 0. | 0. | 0. |
| (9) STEPHANIE CHO | 0.00 | | | | | | | | | ο. |
| DIRECTOR | | X | | _ | _ | | - | 0. | 0. | |
| (10) CHARLES TAYLOR, JR. | 0.00 | | | | | | | | 0. | ο. |
| DIRECTOR | | X | + | - | ┢ | + | - | 0. | <u> </u> | <u>_</u> . |
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| Form 990 (2021) SPLC ACT | | | | | | | | | 83- <u>108</u> | 5161 | Page 8 |
|---|---|-----------------|-----------------------|------------------|------------------------------------|------------------|---------------|--|--|---|--|
| Part VII Section A. Officers, Directors, Tru | | oloy | ees, | | | ghes | t C | | s (continued) | | |
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | ee or director | Institutional trustee | neck i is per | ition more rson is irecto | than d S both | tee) | (D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC) | Esti ama comp fro orga and | (F) mated bunt of ther ensation m the nization related nizations |
| | | | | 0 | × | τo | <u> </u> | | | 1 | |
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| | | t | | | | | F | | | | |
| | | | | | | - | | | | | |
| 1b Subtotal c Total from continuation sheets to Part | | | | | | | | 0. | 909,053 0 | | ,295. 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 0. | 909,053 | . 113 | ,295. |
| 2 Total number of individuals (including but | not limited to th | nose | liste | d at | bove | e) wh | io re | aceived more than \$100 | ,000 of reportable | | 0 |
| compensation from the organization | | | | | | | | ······ | | CARAE 2 | Yes No |
| 3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for | | | | | | | | | | 3 | X |
| 4 For any individual listed on line 1a, is the | sum of reportab | le co | ompe | ensa | ation | n and | d oth | ner compensation from t | the organization | | X |
| and related organizations greater than \$1 5 Did any person listed on line 1a receive o | r accrue compe | s, " co nsat | ion fi | ere a rom | any | unr | e J i elat | ed organization or indivi | dual for services | | |
| rendered to the organization? // "Yes." co Section B. Independent Contractors | | | | | | | | | | 5 | X |
| 1 Complete this table for your five highest of | compensated in | depe | ende | nt c | ontr | acto | ors ti | hat received more than | \$100,000 of comper | sation fro | m |
| the organization. Report compensation for | or the calendar y | /ear | endir | ng v | vith | or w | ithir | | year. | (C | |
| (A) Name and busine: | ss address | | | | | | | (B) Description of | services | Compen | isation |
| NEW GROUND STRATEGIES LI 4186 17TH STREET, SAN FR | | , (| 'A | 94 | .11 | .4 | | VOTING PROGR | AMS | 71 | 5,504. |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | e merende de la seg |
| 2 Total number of independent contractors \$100,000 of compensation from the orga | | not li | imite | d to | | se li 1 | stec | d above) who received n | nore than | | |
| | | | | | | | | | | Form | 990 (2021) |
| 132008 12-09-21 | | | | | | | | | | | |

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| | | Check if Schedule O contains - | recence - | r note to coulin | o in this Dart VIII | | | |
|--------------|-----|---|------------|----------------------|--|---|--|--|
| | | Check if Schedule O contains a | response o | r note to any lin | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| 9 1 | а | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | Andreas Provide States of the second s | | | |
| | | Fundraising events | 1c | | | | | |
| | | Related organizations | 1d | | | | | |
| | | Government grants (contributions) | 1e | | | | | |
| 1 | f | All other contributions, gifts, grants, and | | | (1) Solution of the second se second second sec | | | |
| | | similar amounts not included above | 1f 5, | 289,663. | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g \$ | | | | | |
| | h | Total. Add lines 1a-1f | | ▶ | 5,289,663. | | | |
| | | | | Business Code | | al a di senatheria | | |
| 2 | а | | | | | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| 2 | d | | | | | | | |
| | е | | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | | | Control of the second secon | n an an Anna an Anna an Anna an Anna Anna an Anna an Anna an Anna an Anna Anna an Anna an Anna an Anna an Anna an Anna | tana da mana destructionado Sector de State de Contra de State de State Sector de State |
| 3 | | Investment income (including divide | | | | | | |
| | | other similar amounts) | | | | | | |
| 4 | ŀ | Income from investment of tax-exen | | | | | | |
| 5 | ; | Royalties | | | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| 6 | ia | Gross rents 6a | | | | | | |
| | b | Less: rental expenses 6b | | | | | | |
| | c | Rental income or (loss) 6c | | | | | | |
| | d | Net rental income or (loss) | | | | | | |
| 7 | | Gross amount from sales of (i) S | Securities | (ii) Other | | 1. 小小小小小小 | | The States |
| | - | assets other than inventory 7a | | | | | | The second s |
| | ь | Less: cost or other basis | | | | | | |
| | - | and sales expenses 7b | | | A state of the sta | | | |
| | с | Gain or (loss) 7c | | | All and the second sec second second sec | | | |
| | | Net gain or (loss) | | | | | | |
| 5 | | Gross income from fundraising events (| | | | | | |
| 1 | | including \$ | | | | | | and the second secon |
| | | contributions reported on line 1c). S | - | | | | | |
| | | Part IV, line 18 | | | And Andreas and Andre Andreas and Andreas /li> | 2010 Contraction (1997) | | |
| | ъ | Less: direct expenses | | | | | | tan yang dan bir dan bi Bir dan bir dan b |
| | c | Net income or (loss) from fundraisin | | | | | | |
| 9 | - | Gross income from gaming activitie | | F | | | | د المحمد الم والمسيد المحمد المحم |
| [` | | Part IV, line 19 | | | | | | |
| | ь | Less: direct expenses | | | | | | |
| | | Net income or (loss) from gaming a | | > | | | | |
| 1 | | Gross sales of inventory, less return | | T | | | | |
| [" | | and allowances | | 1 | | | | |
| | b | Less: cost of goods sold | | | 1. A statistical second sec | | | |
| | | Net income or (loss) from sales of in | | > | | | | |
| | | | | Business Code | A second sec | | | |
| 1 | 1 a | | | | | | | |
| 1 | b | | | | | | | |
| | c | | | | | | | |
| 1 | _ | All other revenue | | | | | | |
| 1 Hevenue | | Total. Add lines 11a-11d | | | | | | |
| بيار. رە | 2 | Total revenue, See instructions | | Þ | 5,289,663. | 0. | 0. | 0. |
| | | | | | | | | Form 990 (2021 |

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

| 1 Gra and 2 2 Gra ind 3 2 Gra ind 3 3 Gra ind 3 3 Gra org ind 4 3 Gra org ind 4 4 Bei 5 5 Co 0 6 Cor per per 7 7 Ottl 8 8 Per sec 9 9 Ottl 10 10 Pa 5 11 Fee 9 0 Loi 10 a Ma 6 b Leg c c Ac d Loi col 10 e Pro 6 f Inv 9 011 Fee 13 12 Ad 13 13 Off 14 Infi 15 17 Tra 18 | 9b, and 10b of Part VIII. ants and other assistance to domestic organizations d domestic governments. See Part IV, line 21 rants and other assistance to domestic dividuals. See Part IV, line 22 rants and other assistance to foreign ganizations, foreign governments, and foreign dividuals. See Part IV, lines 15 and 16 ganizations, foreign governments, and foreign dividuals. See Part IV, lines 15 and 16 ganization of current officers, directors, parentist paid to or for members compensation of current officers, directors, parents, and key employees propensation not included above to disqualified rsons described in section 4958(c)(3)(B) ether salaries and wages ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) ther employee benefits ayroll taxes gal anagement agal | 42,721. 466,455. 39,918. 57,745. 33,782. 44,940. | expenses 22,502. 374,715. 32,067. 46,388. 27,138. | generál expenses | expenses 11,510. 35,249. 3,017. 4,364. |
|--|---|---|--|---|--|
| and 2 Graveling ind Graveling 3 Graveling 3 Graveling 4 Beil 5 Coord 6 Coord 7 Ottl 8 Perretion 7 Ottl 8 Perretion 9 Ottl 10 Paxit 11 Feed 9 Ottl 10 Paxit 11 Feed 9 Ottl 10 Paxit 11 Feed 12 Add 13 Offi 14 Infi 15 Roord 16 Ocord 17 Traveling 18 Paxit | d domestic governments. See Part IV, line 21 rants and other assistance to domestic dividuals. See Part IV, line 22 rants and other assistance to foreign ganizations, foreign governments, and foreign dividuals. See Part IV, lines 15 and 16 enefits paid to or for members compensation of current officers, directors, ustees, and key employees compensation not included above to disqualified rsons (as defined under section 4958(f)(1)) and rsons described in section 4958(c)(3)(B) ther salaries and wages ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) ther employee benefits ayroll taxes anagement ension plan accruate (nonemployees): anagement ension ension ension (and the section ension) ther employee benefits anagement ension ension ension (and the section ension) ther employee benefits anagement ension ension ension (and the section ension) ther employee benefits anagement ension ension ension ension (and the section ension) ther employee benefits anagement ension ension ension ension (and the section ension) ther employee benefits anagement ension ension | 466,455. 39,918. 57,745. 33,782. | 374,715. 32,067. 46,388. | 56,491. 4,834. 6,993. | <u>35,249.</u> <u>3,017.</u> 4,364. |
| 2 Gra ind 3 Gra org ind 4 Bei 5 Co 7 Oti 8 Per 9 Oti 10 Pa 11 Fee a Ma b Leg c Ac d Lol e Pro f Inv g Oti 12 Ad 13 Off 14 Infi 15 Ro 16 Oc 17 Tra 18 Pa | rants and other assistance to domestic dividuals. See Part IV, tine 22 gants and other assistance to foreign ganizations, foreign governments, and foreign dividuals. See Part IV, lines 15 and 16 menefits paid to or for members ompensation of current officers, directors, ustees, and key employees mpensation not included above to disqualified rsons (as defined under section 4958(f)(1)) and rsons described in section 4958(c)(3)(B) ther salaries and wages ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) ther employee benefits ayroll taxes eas for services (nonemployees): anagement eggal | 466,455. 39,918. 57,745. 33,782. | 374,715. 32,067. 46,388. | 56,491. 4,834. 6,993. | <u>35,249.</u> <u>3,017.</u> 4,364. |
| ind 3 Gra org ind 4 Bei 5 Co tru: 6 Cor per per 7 Ott 8 Per 9 Ott 10 Pa; 11 Fee a Ma b Leg c Ac d Lol e Pro f Inv g Ott 12 Ad 13 Off 14 Infi 15 Ro 16 Cor 17 Tra 18 Pa for | dividuals. See Part IV, tine 22 rants and other assistance to foreign ganizations, foreign governments, and foreign dividuals. See Part IV, lines 15 and 16 enefits paid to or for members ompensation of current officers, directors, ustees, and key employees ompensation not included above to disqualified rsons (as defined under section 4958(f)(1)) and rsons described in section 4958(c)(3)(B) ther salaries and wages ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) ther employee benefits aves for services (nonemployees): anagement egal | 466,455. 39,918. 57,745. 33,782. | 374,715. 32,067. 46,388. | 56,491. 4,834. 6,993. | <u>35,249.</u> <u>3,017.</u> 4,364. |
| 3 Gravely orgonal conservation of the second perimeter o | rants and other assistance to foreign ganizations, foreign governments, and foreign dividuals. See Part IV, lines 15 and 16 enefits paid to or for members compensation of current officers, directors, ustees, and key employees compensation not included above to disqualified rsons (as defined under section 4958(f)(1)) and rsons described in section 4958(c)(3)(B) ther salaries and wages ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) ther employee benefits ayroll taxes ension services (nonemployees): anagement egal | 466,455. 39,918. 57,745. 33,782. | 374,715. 32,067. 46,388. | 56,491. 4,834. 6,993. | <u>35,249.</u> <u>3,017.</u> 4,364. |
| org 1 5 Co 6 Cor 6 Cor 7 Ott 8 Per 9 Ott 10 Pa; 11 Fee 0 Log c Ac d Log c Ac f Inv g Ott 12 Ad 13 Off 14 Inf 15 Ro 16 Oc 17 Tra 18 Pa | ganizations, foreign governments, and foreign dividuals. See Part IV, lines 15 and 16 menfits paid to or for members compensation of current officers, directors, ustees, and key employees compensation not included above to disqualified rsons (as defined under section 4958(f)(1)) and rsons described in section 4958(c)(3)(B) ther salaries and wages ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) ther employee benefits ayroll taxes ass for services (nonemployees): anagement egal | 466,455. 39,918. 57,745. 33,782. | 374,715. 32,067. 46,388. | 56,491. 4,834. 6,993. | <u>35,249.</u> <u>3,017.</u> 4,364. |
| ind 4 Bei 5 Co true 6 Cor per 7 Oti 8 Per 9 Ott 10 Pa 10 Pa 9 Ott 10 Pa 11 Fee 6 Co 9 Ott 10 Pa 11 Fee 6 Co 9 Ott 10 Pa 11 Fee 10 Co 11 Fee 11 Fee 1 | dividuals. See Part IV, lines 15 and 16 enefits paid to or for members | 466,455. 39,918. 57,745. 33,782. | 374,715. 32,067. 46,388. | 56,491. 4,834. 6,993. | <u>35,249.</u> <u>3,017.</u> 4,364. |
| 4 Bei 5 Co 6 Cor per per 7 Oti 8 Per sec 9 Oti 10 Pai 11 Fer a Mai b Leg c Ac d Loi e Pro f Inv g Oti 12 Ad 13 Off 14 Infi 15 Ro 16 Oc 17 Tra 18 Pai for | enefits paid to or for members | 466,455. 39,918. 57,745. 33,782. | 374,715. 32,067. 46,388. | 56,491. 4,834. 6,993. | <u>35,249.</u> <u>3,017.</u> 4,364. |
| 5 Co tru: 6 Cor per per 7 Ott 8 Per 5 Sec 9 Ott 10 Pa; 11 Fee a Ma b Leg c Ac d Loi e Pro f Inv g Ott 12 Ad 13 Off 14 Infi 15 Ro 16 Co 17 Tra 18 Pa | ompensation of current officers, directors, ustees, and key employees ompensation not included above to disqualified rsons (as defined under section 4958(f)(1)) and rsons described in section 4958(c)(3)(B) ther salaries and wages ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) ther employee benefits ayroll taxes ees for services (nonemployees): anagement egal | 466,455. 39,918. 57,745. 33,782. | 374,715. 32,067. 46,388. | 56,491. 4,834. 6,993. | <u>35,249.</u> <u>3,017.</u> 4,364. |
| 6 Corr per per per sec 9 Otti 10 Pa; 11 Fed a Ma b Leg c Ac d Loi e Pro f Inv g Otti 12 Ad 13 Off 14 Inff 15 Ro 16 Oc 17 Tra 18 Pa | ustees, and key employees mpensation not included above to disqualified rsons (as defined under section 4958(f)(1)) and rsons described in section 4958(c)(3)(B) ther salaries and wages ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) ther employee benefits ayroll taxes sees for services (nonemployees): anagement eggal | 466,455. 39,918. 57,745. 33,782. | 374,715. 32,067. 46,388. | 56,491. 4,834. 6,993. | <u>35,249.</u> <u>3,017.</u> 4,364. |
| 6 Cor per per 7 Ott 8 Per 9 Ott 10 Pa 11 Fee a Ma b Lee c Ac d Lol e Pro f Inv g Ott 12 Ad 13 Off 14 Inf 15 Ro 16 Oc 17 Tra 18 Pa | empensation not included above to disqualified rsons (as defined under section 4958(f)(1)) and rsons described in section 4958(c)(3)(B) ther salaries and wages ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) ther employee benefits ayroll taxes eres for services (nonemployees): anagement egal | 466,455. 39,918. 57,745. 33,782. | 374,715. 32,067. 46,388. | 56,491. 4,834. 6,993. | <u>35,249.</u> <u>3,017.</u> 4,364. |
| per 7 Otti 8 Per 9 Otti 10 Pa; 11 Fee a Ma b Leg c AC d Lol e Pro f Inv g Otti 12 Ad 13 Off 14 Infi 15 Ro 16 Oc 17 Tra 18 Pa | rsons (as defined under section 4958(f)(1)) and rsons described in section 4958(c)(3)(B) ther salaries and wages unsion plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) ther employee benefits ayroll taxes ass for services (nonemployees): anagement agal | 39,918. 57,745. 33,782. | 32,067. 46,388. | <u>4,834.</u> 6,993. | 3,017. 4,364. |
| per 7 Otti 8 Per 9 Otti 10 Pa 11 Fee a Ma b Leq c AC d Lol e Pro f Inv g Otti 12 Ad 13 Offi 14 Infi 15 Ro 16 Oc 17 Tra 18 Pa | rsons described in section 4958(c)(3)(B) ther salaries and wages ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) ther employee benefits ayroll taxes ases for services (nonemployees): anagement | 39,918. 57,745. 33,782. | 32,067. 46,388. | <u>4,834.</u> 6,993. | <u>3,017.</u> 4,364. |
| 7 Otti 8 Per sec 9 Otti 10 Pa 11 Fee a Ma b Leg c Ac d Lol e Pro f Inv g Otti col 12 Ad 13 Offi 14 Infi 15 Ro 16 Oc 17 Tra 18 Pa for | ther salaries and wages | 39,918. 57,745. 33,782. | 32,067. 46,388. | <u>4,834.</u> 6,993. | 3,017. 4,364. |
| 8 Per sec 9 Ott 10 Pa 11 Fea a Ma b Leg c Ac d Lol e Prc f Inv g Ott col 12 Ad 13 Off 14 Inf 15 Ro 16 Oc 17 Tra 18 Pa for | ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) ther employee benefits ayroll taxes eves for services (nonemployees): anagement | 39,918. 57,745. 33,782. | 32,067. 46,388. | <u>4,834.</u> 6,993. | <u>3,017.</u> 4,364. |
| 9 Ott 10 Pa 11 Fea a Ma b Lea c Ac d Lol e Pro f Inv g Ottl col 12 Ad 13 Off 14 Inf 15 Ro 16 Oc 17 Tra 18 Pa for | ction 401(k) and 403(b) employer contributions) ther employee benefits ayroll taxes sees for services (nonemployees): anagement | 57,745. 33,782. | 46,388. | 6,993. | <u>3,017.</u> <u>4,364</u> . |
| 9 Ott 10 Pa 11 Fer a Ma b Leg c Ac d Lol e Pro f Inv g Ottl col 12 Ad 13 Off 14 Inf 15 Ro 16 Oc 17 Tra 18 Pa for | ther employee benefits ayroll taxes ses for services (nonemployees): anagement | 57,745. 33,782. | 46,388. | 6,993. | 4,364. |
| 10 Pa; 11 Fee a Ma b Leg c Ac d Lol e Pro f Inv g Ottl 12 Ad 13 Off 14 Inff 15 Ro 16 Oc 17 Tra 18 Pa | ayroll taxes bes for services (nonemployees): anagement egal | 33,782. | | | |
| 11 Feed a Ma b Leeg c Acc d Lol e Pro f Inv g Ott col 12 Add 13 Off 14 Infe 15 Ro 16 Occ 17 Tra 18 Pa for | æs for services (nonemployees): anagement egal | | | _, | 2,553. |
| a Ma b Leg c Ac d Lol e Pro f Inv g Ott col 12 Ad 13 Off 14 Inf 15 Ro 16 Oc 17 Tra 18 Pa for | anagement | 44 940 | | | |
| b Leg c Ac d Loi e Pro f Inv g Otti 12 Ad 13 Off 14 Infr 15 Ro 16 Oc 17 Tra 18 Pau | egal | 44 940 | | | |
| c Ac d Lol e Pro f Inv g Ottl col 12 Ad 13 Offi 14 Infi 15 Ro 16 Oc 17 Tra 18 Pa for | | | | 44,940. | |
| d Lol e Pro f Inv g Otti col 12 Ad 13 Offi 14 Infi 15 Ro 16 Oc 17 Tra 18 Pa for | counting | 11,312. | | 11,312. | |
| e Pro f Inv g Ott col 12 Ad 13 Off 14 Inf 15 Ro 16 Oc 17 Tra 18 Pa for | | 2,827,891. | 2,827,891. | | |
| f Inv g Ott col 12 Ad 13 Off 14 Inf 15 Ro 16 Oc 17 Tra 18 Pa for | obbying ofessional fundraising services. See Part IV, line 17 | 2,027,0510 | | landa (h. 1997) 1997 - Angelen Marine, angelen (h. 1997) 1997 - Angelen Angelen (h. 1997) | |
| g Otti col 12 Ad 13 Offi 14 Infi 15 Ro 16 Oc 17 Tra 18 Pa for | | | | ale beire en let europhysik systemistik | |
| col 12 Ad 13 Off 14 Inf 15 Ro 16 Oc 17 Tra 18 Pa for | vestment management fees | · | | | |
| 12 Ad 13 Off 14 Infi 15 Ro 16 Oc 17 Tra 18 Pa for | her. (In the Frig anothe exceeds 10% of the 25, blumn (A), amount, list line 11g expenses on Sch 0.) | 19,218. | | 19,218. | |
| 13 Off 14 Inf 15 Ro 16 Oc 17 Tra 18 Paa for for | dvertising and promotion | 15,8101 | ! | 15/1201 | |
| 14 Infi 15 Ro 16 Oc 17 Tra 18 Pa for | | 16,539. | 12,981. | 2,094. | 1,464. |
| 15 Ro 16 Oc 17 Tra 18 Pa for | ffice expenses | 123,979. | 97,311. | 15,696. | 10,972. |
| 16 Oc 17 Tra 18 Pa for | formation technology | 123,3131 | 57,511 | 10,000 | |
| 17 Tra 18 Pa for | | 40,851. | 32,064. | 5,172. | 3,615. |
| 18 Pa for | | 19,681. | 270. | 19,381. | 30. |
| for | | 19,001. | 2701 | 19,0010 | |
| | ayments of travel or entertainment expenses | | | | |
| A 0. | r any federal, state, or local public officials | | | | |
| | onferences, conventions, and meetings | | | | |
| | terest | | | | |
| | ayments to affiliates | 26,916. | 21,126. | 3,408. | 2,382. |
| | epreciation, depletion, and amortization | 18,091. | 14,200. | 2,290. | 1,601. |
| | surance ther expenses. Itemize expenses not covered | | · VVC (# L Lands - Collector VC | | |
| 24 Otl ab | pove. (List miscellaneous expenses on line 24e. If | | | | |
| line | ne 24e amount exceeds 10% of line 25, column (A), | | | | |
| | nount, list line 24e expenses on Schedule 0.) BVELOPMENT COSTS | 816,468. | 394,074. | 215,802. | 206,592. |
| | DUC PUB & PROGRAMS | 156,287. | 152,415. | 2,279. | 1,593. |
| | ICENSES, DUES, & SUBSC | 32,150. | 25,235. | 4,070. | 2,845. |
| | ICEMSES, DUES, & BUBBC | 52,150. | 23,233. | 4,0701 | |
| d | 1 | | | | |
| | | 4,794,944. | 4,080,377. | 426,780. | 287,787. |
| | II other expenses | 4,134,344. | 4,000,0774 | 420,700 | |
| | otal functional expenses. Add lines 1 through 24e | | | | |
| | otal functional expenses. Add lines 1 through 24e pint costs. Complete this line only if the organization | | | | |
| ed Ch | otal functional expenses. Add lines 1 through 24e | | | | |

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10 2021.05050 SPLC ACTION FUND

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11 2021.05050 SPLC ACTION FUND

SPLC ACTION FUND

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Form 990 (2021)

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Part X | | |
|-----------------------------|-----|--|--------------------------|---------------------------------------|
| | | | (A) Beginning of year | (B) End of year |
| | 1 | Cash - non-interest-bearing | 2,831,735. 1 | 3,252,632. |
| | 2 | Savings and temporary cash investments | | |
| | 3 | Pledges and grants receivable, net | | |
| | 4 | Accounts receivable, net | | 72, <u>585</u> . |
| | 5 | Loans and other receivables from 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 | | |
| | 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 | | |
| Assets | 8 | Inventories for sale or use | | |
| Ase | 9 | Prepaid expenses and deferred charges | | 190,099. |
| - | - | Land, buildings, and equipment: cost or other | | |
| | 104 | basis. Complete Part VI of Schedule D | | |
| | | | 10c | |
| | | Less: accumulated depreciation 10b | | |
| | 11 | Investments - publicly traded securities | | |
| | 12 | Investments - other securities. See Part IV, line 11 | | |
| | 13 | Investments - program-related. See Part IV, line 11 | | · |
| | 14 | Intangible assets | | |
| | 15 | Other assets. See Part IV, line 11 | | 3,515,316. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 0.0 500 | 193,991. |
| | 17 | Accounts payable and accrued expenses | | 193,991. |
| | 18 | Grants payable | | |
| | 19 | Deferred revenue | | |
| | 20 | Tax-exempt bond liabilities | | · · · · · · · · · · · · · · · · · · · |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | en de site este anne este de la |
| ŝ | 22 | Loans and other payables to any current or former officer, director, | | |
| Liabilities | | trustee, key employee, creator or founder, substantial contributor, or 359 | | |
| abi | | controlled entity or family member of any of these persons | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 1,599. |
| | 25 | Other liabilities (including federal income tax, payables to related third | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part > | | |
| | | of Schedule D | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 20,532. 26 | 195,590. |
| | | Organizations that follow FASB ASC 958, check here 🕨 🔀 | | |
| S9; | | and complete lines 27, 28, 32, and 33. | | |
| anc | 27 | Net assets without donor restrictions | 2,825,007.27 | 3,319,726. |
| Bal | 28 | Net assets with donor restrictions | 28 | |
| P | | Organizations that do not follow FASB ASC 958, check here 🕨 🗌 | 그 플랑 포켓 칼링캐 운동 | |
| Ē | | and complete lines 29 through 33. | | |
| ō | 29 | Capital stock or trust principal, or current funds | | |
| sets | 30 | Paid in or capital surplus, or land, building, or equipment fund | | |
| Asi | 31 | Retained earnings, endowment, accumulated income, or other funds | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | 2,825,007. 32 | |
| ÷. | 33 | Total liabilities and net assets/fund balances | | 3,515,316. |

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| | 990 (2021) SPLC ACTION FUND | 83-1085 | 5161 | Page | 12 |
|----|---|----------|---------------|---------|------|
| Pa | TXI 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) | | 5, <u>289</u> | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 4 | 1,794 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | ,71 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | | 2,825 | ,00 | 1. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 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 | 3,319 | ,72 | 5. |
| Pa | TXII Financial Statements and Reporting | | | _ | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X. |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Cther | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | 0. | | | |
| 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 | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis 🔀 Consolidated basis 🔲 Both consolidated and separate basis | | | | 6.19 |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | ə 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 on Sch | edule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | | | | |
| | Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | | | | |
| _ | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | Зb | | |
| | | | Form | 990 (2) | 021 |

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Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

| 83-108 | 5161 |
|--------|------|
|--------|------|

| SPLC ACTION | FUND |
|-------------|------|
|-------------|------|

| Section: |
|---|
| X 501(c)(4) (enter number) organization |
| 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| 527 political organization |
| 501(c)(3) exempt private foundation |
| 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| 501(c)(3) taxable private foundation |
| |

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purposes. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

| Name of or | ganization | | Employer identification number |
|------------|---|---------------------------|---|
| SPLC A | ACTION FUND | | 83-1085161 |
| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) Type of contribution |
| 1 | N/A | \$4,400,0 | 00. Person X Payroll Noncash (Complete Part !! for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) ns Type of contribution |
| 2 | <u>N/A</u> | \$25,0 | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) ns Type of contribution |
| 3 | <u>N/A</u> | \$7,0 | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) ns Type of contribution |
| <u>4</u> | N/A | \$5,0 | 00. Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) ns Type of contribution |
| 5 | <u>N/A</u> | \$5,0 | Person X Payroli Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) ns Type of contribution |
| 6 | N/A | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

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14 2021.05050 SPLC ACTION FUND Page 2

Schedule B (Form 990) (2021)

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| Schedule B (Form 990) (2021) | Page 3 |
|--|--------------------------------|
| Name of organization | Employer identification number |
| SPLC ACTION FUND | 83-1085161 |
| Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed | i. |

| | il additional space is needed. | |
|--|---|--|
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | . <u></u> |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | |
| | Description of noncash property given (b) Description of noncash property given | (b) FMV (or estimate) (See instructions.) (b) (c) Description of noncesh property given (c) (b) (c) (c) FMV (or estimate) (|

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| me of organ | | | Employer identification | מטח ר | | | |
|---------------------------|---|--|--|--------|--|--|--|
| art III. F | rom any one contributor. Complete columns (a) th completing Part III, enter the total of exclusively religious, char | rough (e) and the following line itable, etc., contributions of \$1,000 | 83-1085161 in section 501(c)(7), (8), or (10) that total more than \$1,000 for e entry. For organizations 0 or less for the year. (Enter this info. ance.) \$ | | | | |
| a) No. | Jse duplicate copies of Part III if additional spa | ace is needed. | | | | | |
| from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is hel | ld | | | |
| Part I | | ······································ | | | | | |
| | | (e) Transfer of | f gift | | | | |
| | Transferee's name, address, and | | Relationship of transferor to transferee | | | | |
| - | | | | | | | |
| a) No. from | | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is he | ld | | | |
| - | | | | | | | |
| | (e) Transfer of gift | | | | | | |
| | Transferee's name, address, and | ZIP + 4 | Relationship of transferor to transferee | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is he | ld | | | |
| | | ······································ | | | | | |
| | | of gift Relationship of transferor to transferee | | | | | |
| - | Transferee's name, address, and | <u></u> | | | | | |
| (a) No. from | | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is he | əld | | | |
| - | | | | | | | |
| | Transform 1 mars address are | of gift Relationship of transferor to transferee | | | | | |
| - | Transferee's name, address, and | | | | | | |
| - | | | | | | | |
| 3454 11-11-21 | I | 16 | Schedule B (For | m 99 | | | |

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| SCHEDULE C | l Po | litical Campaign a | nd Lobbying | Activities | | OMB No. 1545-0047 | |
|---|---|---|---|--|---|---|--|
| (Form 990) Department of the Treasury Internal Revenue Service | The Treasury For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. | | | | | | |
| Section 501(c)(3) org Section 501(c) (other Section 527 organization Section 527 organization answ Section 501(c)(3) org Section 501(c)(3) org | panizations: Comp r than section 50° ations: Complete wered "Yes," on ganizations that he ganizations that he wered "Yes," on ructions), then | Form 990, Part IV, line 4, or Forr ave filed Form 5768 (election unde ave NOT filed Form 5768 (election Form 990, Part IV, line 5 (Proxy | blete Part I-C. arts I-A and C below. I n 990-EZ, Part VI, lin er section 501(h)): Cor under section 501(h)) | Do not complete Parl e 47 (Lobbying Acti nplete Part II-A. Do n): Complete Part II-B. | t I-B. vities), t ot comp Do not | hen Nete Part II-B. complete Part II-A. | |
| Name of organization | , or (of organization | | | | Employ | ver identification number | |
| Part A Compl | SPLC ACT | TION FUND | section E01(a) a | r in a spetion 52 | 7 0705 | 83-1085161 | |
| 1 Provide a description 2 Political campaign | on of the organiza activity expenditu | ation's direct and indirect political ares | campaign activities in | Part IV. | ▶\$_ | 911,546. | |
| Part I-B Compl | ate if the ora | anization is exempt under | section 501(c)(3 | | | | |
| Enter the amount of Enter the amount of If the organization | of any excise tax i of any excise tax i incurred a sectior | ncurred by the organization under ncurred by organization managers n 4955 tax, did it file Form 4720 fo | section 4955 sunder section 4955 r this year? | | .́►\$_ | | |
| | | | | •••••• | | Yes No | |
| b if "Yes," describe i Part I-C Comp | ete if the org | anization is exempt under | section 501(c), | except section \$ | 501(c)(| 3). | |
| Enter the amount of 2 Enter the amount of exempt function and Total exempt function line 17b | directly expended of the filing organi ctivities tion expenditures. | by the filing organization for secti zation's funds contributed to othe Add lines 1 and 2. Enter here and 1120-POL for this year? | on 527 exempt function or organizations for sec on Form 1120-POL, | on activities ction 527 | ►\$_ .►\$_ .►\$_ | 911,546. | |
| 5 Enter the names, a made payments. F contributions recei | ddresses and em for each organizat ived that were pro | aployer identification number (EIN) tion listed, enter the amount paid to pomptly and directly delivered to a standitional space is needed, provide | of all section 527 poli from the filing organiza separate political orga | tical organizations to ation's funds. Also er nization, such as a s | which t nter the a | the filing organization amount of political | |
| (a) Nam | Ð | (b) Address | (c) EIN | (d) Amount paid filing organizatio funds. If none, ent | on's | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 | |
| | | | | | | | |
| For Paperwork Reduc | tion Act Notice, | see the Instructions for Form 99 | 0 or 990-EZ. | | S | chedule C (Form 990) 2021 | |

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| Schedule C (Form 990) 2021 Part II-A Complete if the organisation 501(h)). | SPLC ACTION anization is exem | FUND pt under section | 501(c)(3) and file | | 085161 Page 2 ction under |
|--|---|--|---|--|--|
| A Check if the filing organizat expenses, and share | e of excess lobbying e | xpenditures). | | group member's name | , address, EIN, |
| Limit | s on Lobbying Expen | d "limited control" pro ditures nts paid or incurred.) | visions apply. | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influ | ence public opinion (a | rassroots lobbying) | | | |
| b Total lobbying expenditures to influ | | | | | |
| c Total lobbying expenditures (add lin | nes 1a and 1b) | | | | |
| d Other exempt purpose expenditure | | | | | |
| e Total exempt purpose expenditures | | | | | |
| f Lobbying nontaxable amount. Enter | | | | | ಕ್ಷಣ್ಣ ಕ್ಷಣ್ಣ ಕ್ಷಣ್ಣ ಕ್ಷಣ್ಣ ಕ್ಷಣ್ಣ ಕ್ಷಣ್ಣ ಕ್ಷಣ್ಣ ಕ್ಷಣ್ಣ ಕ್ಷಣ್ಣ ಕ್ಷಣ್ಣ ಕ್ಷಣ್ಣ ಕ್ಷಣ್ಣ ಕ್ಷಣ್ಣ ಕ್ಷಣ್ಣ ಕ್ಷಣ್ಣ ಕ್ಷಣ್ಣ ಕ್ |
| If the amount on line 1e, column (a) or Not over \$500,000 | | bying nontaxable amo he amount on line 1e. | | | |
| Over \$500,000 but not over \$1,000 | | 0 plus 15% of the exce | ass over \$500.000. | | |
| Over \$1,000,000 but not over \$1,50 | | 0 plus 10% of the exce | | | |
| Over \$1,500,000 but not over \$17, | | 0 plus 5% of the exces | | | |
| Over \$17,000,000 | \$1,000,0 | | | | |
| | | | | | |
| g Grassroots nontaxable amount (en | | | •••••• | | |
| 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 | | | | Г | Yes No |
| reporting section 4911 tax for this | | raging Period Under | | | |
| (Some organizations th | hat made a section 50 See the separa | 01(h) election do not l ate instructions for lin | have to complete all nes 2a through 2f.) | of the five columns be | low. |
| | Lobbying Exper | ditures During 4-Yea | ar Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | tian dia | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount | | | | | |
| (150% of line 2d, column (e)) | | | | | |
| f_Grassroots lobbying expenditures | | | | Sched | ule C (Form 990) 2021 |

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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 | (8 | 1) | (b) | |
|---|------------------|--------------|------------|----------|
| of the lobbying activity. | Yes | No | Amo | unt |
| 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? | | | 신 영화 | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | |
| c Media advertisements? | | | | |
| d Mailings to members, legislators, or the public? | | | | |
| e Publications, or published or broadcast statements? | | | | |
| f Grants to other organizations for lobbying purposes? | | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? | | | | |
| j Total. Add lines 1c through 1i | 17 - T | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | - | | |
| 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 501(c)(6). | on 501(c)(| b), or sec | TION | |
| | | | 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 t Part III-B Complete if the organization is exempt under section 501(c)(4), section | he prior year | ? 3 | | |
| 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." | | | II-A, line | 3, is |
| 1 Dues, assessments and similar amounts from members | | 1 | | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political | lical | | | |
| expenses for which the section 527(f) tax was paid). | | | 1 | |
| a Current year | | | | |
| b Carryover from last year | | | | |
| c Total | | | | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | | | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex | nolitical | | | |
| does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and | political | 4 | | |
| expenditure next year? 5 Taxable amount of lobbying and political expenditures. See instructions | | | | |
| 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 I-A (affiliated grou | p 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 I-A, LINE 1: | | | | |
| SUPPORT FOR CANDIDATES WHOSE PLATFORMS ALIGN WITH THE | EXEMP | T PURF | OSE OF | <u> </u> |
| THE SPLC ACTION FUND. | | | | |
| | | | | |
| FORM 990, SCHEDULE C, PART 1-C, LINE 4 | | | | |
| | | | | |

THE SPLC ACTION FUND IS AN EXEMPT ORGANIZATION THAT IS NOT A DEFINED AS A

Schedule C (Form 990) 2021

132043 11-03-21

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2021.05050 SPLC ACTION FUND

Schedule C (Form 990) 2021

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POLITICAL ORGANIZATION. THE POLITICAL TAXABLE INCOME OF AN EXEMPT ORGANIZATION THAT IS NOT A POLITICAL ORGANIZATION IS THE LESSER OF THE ORGANIZATION'S NET INVESTMENT INCOME FOR THE TAX YEAR OR THE AGGREGATE AMOUNT SPENT FOR AN EXEMPT FUNCTION DURING THE TAX YEAR EITHER DIRECTLY OR INDIRECTLY THROUGH ANOTHER ORGANIZATION. THE SPLC ACTION FUND'S NET INVESTMENT INCOME FOR THE TAX YEAR IS ZERO. THEREFORE, FORM 1120-POL IS NOT REQUIRED TO BE FILED.

Schedule C (Form 990) 2021

132044 11-03-21

| SCHEDULE G | Suppleme | ntal Information Regarding | Fund | raisi | ng or Gaming A | ctivi | ities | OMB No. 1545-0047 |
|---|--------------------------------|---|--------------------------------|-------------------|----------------------------------|----------|--------------------------------|-------------------------------------|
| (Form 990) | Complete if the | e organization answered "Yes" on | Form § | 990, P | art IV, line 17, 18, o | | | 2021 |
| | o | rganization entered more than \$1 Attach to Form 990 | | | | | | Open to Public |
| Department of the Treasury Internal Revenue Service | ► Go | to www.irs.gov/Form990 for instr | | | | on. | | Inspection |
| Name of the organization | | | | | | | | entification number |
| Part Fundrais | | TION FUND Complete if the organization answe | ared "V | | Form 990 Part IV | ine 17 | 83-1085 | |
| | complete this part | | | 55 01 | Form 550, Fart IV, I | | | |
| | - | ed funds through any of the followin | - | | | | | |
| a X Mail solicita b X Internet and | tions I email solicitations | | | - | overnment grants nment grants | | | |
| c X Phone solici | | g 🛄 Specia | | - | - | | | |
| d X In-person so | | 1 | Control | | George disconteres trains | t | ~ | |
| | | r oral agreement with any individual art VII) or entity in connection with p | | | | itees, | VI X Ye | s 🗌 No |
| | | iduals or entities (fundralsers) pursu | | | | he fun | draiser is to b | 9 |
| compensated at le | east \$5,000 by the | organization. | | | | | | |
| (i) Name and addres | s of individual | | (iii) fundr | Did | (iv) Gross receipts | | Amount paid or retained by) | (vi) Amount paid |
| or entity (fund | | (ii) Activity | have con or con contribu | istody tral of | from activity | 1 | fundraiser ted in col. (i) | to (or retained by) organization |
| SD&A - 5757 WEST C | ENTURY | | Yes | No | | <u> </u> | | |
| BLVD., STE 300, LO | | TELEMARKETING | | X | 13,669. | | 34,034, | -20,365. |
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| | | | | | 13,669. | | 34,034 | |
| List all states in wi or licensing. | hich/the organizatio | on is registered or licensed to solicit | contrib | utions | s or has been notified | l it is | exempt from r | registration |
| or icentailig. | | | | | | | | |
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| LHA For Paperwork | Reduction Act No | tice, see the Instructions for Form | 990 or | 990- | EZ. | _ | Schedu | ile G (Form 990) 2021 |
| | | FOR CONTINUATIONS | | | | | | |
| 132081 10-21-21 | | 2 | 1 | | | | | |
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| | | | (a) Event #1 | EZ, lines 1 and 6b. List e (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|--|---|---|--|--------------------|-------------------------|
| | | | | | | (add col. (a) through |
| | | | (event type) | (event type) | (total number) | - col. (c)) |
| | 1 | Gross receipts | | | | |
| | | | | | | |
| | 2 | Less: Contributions | | | | |
| 4 | 3 | Gross income (line 1 minus line 2) | | | | |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| 0112022 | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | | | | |
| Š | | Entertainment | | | | |
| | 8 9 | Other direct expenses | | | | |
| | 10 | Direct expense summary. Add lines 4 through | | | ► | |
| | 11 | Net income summary. Subtract line 10 from li | ne 3, column (d) | | | |
| 'a | rt I | Gaming. Complete if the organization a | answered "Yes" on Form | n 990, Part IV, line 19, or i | reported more than | |
| | | \$15,000 on Form 990-EZ, line 6a. | | | | |
| | | | (a) Bingo | (b) Pull tabs/instant | (c) Other gaming | (d) Total gaming (ad |
| Hevenue | | | | bingo/progressive bingo | (c) c | col. (a) through col. (|
| evel evel | | | | | | |
| T | 1 | Gross revenue | | | | |
| | | | | | | |
| ប្ត | 2 | Cash prizes | | | | |
| ğ | | | 1 | | | |
| 뉬 | | | | | | |
| xper | з | Noncash prizes | | | | |
| ct Exper | | | | | | |
| Direct Exper | 3 4 | Noncash prizes | | | | |
| Direct Exper | 4 | | | | | |
| Direct Exper | 4 | Rent/facility costs | Yes % | Yes% | Yes % | |
| Direct Exper | 4 | Rent/facility costs | | ☐ Yes% ☐ No | └── Yes% └── No | |
| Direct Exper | 4 5 6 | Rent/facility costs Other direct expenses Volunteer labor | └── Yes % └── No | □ No | No | |
| Direct Expenses | 4 | Rent/facility costs | └── Yes % └── No | □ No | No | |
| Direct Exper | 4 5 6 7 | Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through | Yes% | No | <u> </u> | |
| Direct Exper | 4 5 6 7 | Rent/facility costs Other direct expenses Volunteer labor | Yes% | No | <u> </u> | |
| | 4 5 6 7 8 | Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 | Yes% | No | □ No ► | |
| 9 | 4 5 7 8 En | Rent/facility costs | Yes% No 5 in column (d) from line 1, column (d) ucts gaming activities: | No | □ No ► | |
| 9 | 4 5 7 8 En | Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 oter the state(s) in which the organization conduct the organization licensed to conduct gaming and the organization | Yes% | No No states? | □ No ► | |
| 9 | 4 5 7 8 En | Rent/facility costs | Yes% | No No states? | □ No ► | |
| 9 8 | 4 5 7 8 En a ls 5 | Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 atter the state(s) in which the organization conduct the organization licensed to conduct gaming a "No," explain: | Yes% | No No | ▶ | Yes 🗆 M |
| 9 8 | 4 5 7 8 En a ls 5 | Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 oter the state(s) in which the organization conduct the organization licensed to conduct gaming and the organization | Yes% | No No | ▶ | Yes |
| 9 | 4 5 7 8 5 5 5 5 6 7 8 8 5 7 | Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 atter the state(s) in which the organization conduct the organization licensed to conduct gaming a "No," explain: | Yes% | states? | No | Yes |
| 9 2 2 | 4 5 7 8 5 5 5 5 6 7 8 8 5 7 | Rent/facility costs | Yes% | states? | No | Yes |
| 9 2 2 | 4 5 7 8 5 5 5 5 6 7 8 8 5 7 | Rent/facility costs | Yes% | states? | No | Yes |

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| 44 | edule G (Form 990) 2021 SPLC ACTION FUND 83 | 1 | Yes | N |
|-----------------------|--|-------------------------|-----------|-----------|
| | | ∟ | _ Tes | |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | – | Yes | |
| | to administer charitable gaming? | ∟ | _ 165 | |
| | Indicate the percentage of gaming activity conducted in: | 1.44 | Ba | |
| | The organization's facility | | a Bb | |
| | An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records: | ட | <u></u> | |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | Name | | | |
| | Address | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | [| Yes | |
| b | If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount | | | |
| | of gaming revenue retained by the third party >\$ | | | |
| c | : If "Yes," enter name and address of the third party: | | | |
| | | | | |
| | Name | | | |
| | Address 🕨 | | | |
| 16 | Gaming manager information: | | | |
| | | | | |
| | Name | | | |
| | | | | |
| | Gaming manager compensation 🕨 💲 | | | |
| | - · · · · · · · · · · · · · · · · · · · | | | |
| | Description of services provided 🕨 | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| | | | | |
| | Mandatory distributions: | | | |
| | Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to | . <u></u> | Yes | |
| E | Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | [| Yes | |
| E | Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | [| Yes | |
| E | Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ | 0 | | |
| ł | Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and | 0 | | |
| ł | Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ | 0 | | |
| l Pa | Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ art: V Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | e d Part II | | |
| l Pa | Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and | e d Part II | | |
| l Pa | Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ art: V Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | e d Part II | | |
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| Schedule G (Form 990) SPLC ACTION FUND Part N Supplemental Information (continued) | 83-1085 <u>161 Page 4</u> |
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| PAST SUPPORTERS IN ITS WORK. THE AMOUNTS LISTED IN COLUMN | ערדע אפע (|
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| THOSE CONTRIBUTED BY SUCH SUPPORTERS AT THE TIME THAT THE | Y BECOME |
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| | Schedule G (Form 990 |
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| 60215 792680 44825 2021.05050 SPLC ACTION | 1 FUND 44825 |

| SCHEDULE 1 (Form 990) Department of the Treasury | | Gov | rants and Oth vernments, an ete if the organization | d Individual | s in the Uni on Form 990, Par | ted States | | CMB No. 1545-0047 2021 Open to Public |
|--|---|------------------|---|-----------------------------|---|--|---------------------------------------|--|
| Internal Revenue Service | | _ | Go to www.in | s.gov/Form990 fo | r the latest inform | nation. | | Inspection |
| Name of the organizat | ion SPLC ACTI | ON FUND | | | | | | Employer identification number 83-1085161 |
| | nformation on Grants a | nd Assistance | | | | | | |
| criteria used to | zation maintain records t award the grants or assis t IV the organization's pro | tance? | | | | | | |
| Part II Grants an | nd Other Assistance to I that received more than \$ | Domestic Organiz | ations and Domestic | Governments. | Complete if the orga | anization answered ") | fes" on Form 990, Par | t IV, line 21, for any |
| 1 (a) Name and a | ddress of organization overnment | (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 |
| | | | | | | | | |
| | ber of section 501(c)(3) a | | | e line 1 table | | | | |
| | ber of other organization | | | | | | | Schedule I (Form 990) 2021 |

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

Schedule I (Form 990) 2021

SPLC ACTION FUND

83-1085161

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Page 2

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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.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|---------------------------------------|--|---------------------------------------|
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Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

132102 10-26-21

| (Form 990) For certah Officer, Directors, Trustees, Key Employees, and Highest Competend Employee and Employees. Despite 10 (2010) Department of the financy semification severed Complete If the organization answered "Yee" on Form 990, Part IV, Ino 28. Despite 10 (2010) Name of the organization SPLC ACTION FUND Employer identification number 83-1085161 Part IF Questions Regarding Compensation Employer identification number 83-1085161 Part VI, Bection A, line 1a. Complete Part III to provide any of the following to or for a person listed on Form 990, Imployer identification number 83-1085161 Yes Imployer identification and groscup payments Health or social to dub due or initiation fees Personal services (such as maid, chauffour, cher) Imployer identification fees Personal services (such as maid, chauffour, cher) Is if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or rimbursement or providen of all of the organization used to establish the compensation of the scapital rustees, and officers, Including the CEO/Executive Director, regarding the time checked on line 1a? Imployer identification in the rustees, and officers, Including the CEO/Executive Director, regarding the tempore station 's CEO/Executive Director, Check at line asphore and organization is compensation committee Imployer and the organization 's CEO/Executive Director, Check and the organization is compensation or are ideal organization 's CEO/Executive Director, Check and the organization 's CEO/Executive Director, Check and the organization' CEO/Executive Director, Check | SCHEDULE J | Compensation Information | ОМВ | No. 1545-00 | 47 | | | | | |
|---|----------------------------|--|-----------------------|-------------|------------------|--|--|--|--|--|
| Complete If the organization answered "Yes" on Form 990, Part IV, Ine 23. Congret 20 Millin Yes None of the organization SPLC ACTION FUND SPLC ACTION SPLC ACTION SPLC ACTION SPLC ACTION | (Form 990) | | 2 | N21 | | | | | | |
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| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 1 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 1 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee 1 2 1 4 Compensation committee Written employment contract 1 <t< td=""><td></td><td></td><td></td><td>1b</td><td></td></t<> | | | | 1b | | | | | | |
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| 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEC/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation ormnittee Image: Compensation organization to establish compensation contract Image: Compensation committee Written employment contract Image: Compensation consultant Compensation survey or study Image: Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of control payment? 4e b Participate in or receive payment from an equity-based compensation arrangement? 4b If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 5a Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a a The organization? 6b X If "Yes" on line 5a or 5b, describe in Part III. 6b X 6b X 6b X 7 | - | | | 2 | | | | | | |
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| establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract Compensation committee Written employment contract Independent compensation onsultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a a Receive a severance payment or change-of-control payment? 4b X b Participate in or receive payment from an equity-based compensation arrangement? 4b X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 6a X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5a X b Any related organization? 5a X f" Yees" on line 6a or 5b, describe in Part III. 6b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5b a The organization? 6a X f" Yees" on line 6a or 6b, describe in Part III. 6a X 6b X 6b X | | | | | | | | | | |
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| organization or a related organization: Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related or | | • | | : 같은 것 | | | | | | |
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| a heater a server and by participate in or receive payment from a supplemental nonqualified retirement plan? 4b X b Participate in or receive payment from an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X 5b X if "Yes" on line 5a or 5b, describe in Part III. 6a X 5b X 6a X 5b X 5b X if "Yes" on line 6a or 6b, describe in Part III. 6a X 5b X fi "Yes" on line 6a or 6b, describe in Part III. 7 X 5b X fi "Yes" on line 6a or 6b, describe in Part III. 7 X 5b X fi "Yes" on line 6a or 6b, describe in Part III. 7 X 5b X gi If "Yes" on line 8, did the organization fine figuration fi | organization or a re | elated organization: | \$., | | | | | | | |
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| For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? Bay related organization? The organization? Bay related organization pay or accrue any compensation provide any nonfixed payments not describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. Bay result of the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | If "Yes" to any of li | ines 4a·c, list the persons and provide the applicable amounts for each item in Part III. | | | | | | | | |
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| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | • • | | | | 5 104EN | | | | | |
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| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | | | 7 | X | | | | | |
| initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | | | | | | | | | | |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | | | 8 | | | | | | |
| Regulations section 53.4958-6(c)? | | | | | | | | | | |
| Regulations section 35.4356 d(c) | | | | | | | | | | |
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Schedule J (Form 990) 2021

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Page 2

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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.

| (A) Name and Title | | (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) | in column (B) | |
|--------------------------------|-------------|--------------------------|---|---|-----------------------------------|---------------------------------------|---|---|--|
| | | (I) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 | |
| (1) MARGARET HUANG | Ø | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| PRESIDENT/CEO | (ii) | 442,369. | 0. | 2,481. | 29,000. | 19,085. | 492,935. | 0. | |
| (2) TEENIE HUTCHISON | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| SECRETARY/TREASURER | (ii) | 227,217. | 0. | 10,532. | 22,722. | 9,975. | 270,446. | 0. | |
| (3) SETH LEVI | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| CHIEF PROGRAM STRATEGY OFFICER | (ii) | 226,454. | 0. | 0. | 22,722. | 9,791. | 258,967. | 0. | |
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| | (ii) | | | | | | | | |
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| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |

Schedule J (Form 990) 2021

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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.

Schedule J (Form 990) 2021

SCHEDULE O

(Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



83-1085161

SPLC ACTION FUND

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

WITH COMMUNITIES TO DISMANTLE WHITE SUPREMACY, STRENGTHEN

INTERSECTIONAL MOVEMENTS, AND ADVANCE THE HUMAN RIGHTS OF ALL PEOPLE.

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

AFTER FORM 990 IS PREPARED BY AN EXTERNAL ACCOUNTING FIRM, JACKSON

THORNTON, THE RETURN IS THOROUGHLY REVIEWED BY OUR DIRECTOR OF FINANCE. 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 BOARD FOR REVIEW AND APPROVAL

BEFORE SUBMISSION TO THE IRS. IT IS SIGNED BY OUR PRESIDENT/CEO.

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

EACH DIRECTOR AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS, EACH AND THOSE EMPLOYEES AND OTHER PERSONS AS MAY BE DESIGNATED BY THE OFFICER, BOARD OR THE PRESIDENT FROM TIME TO TIME, SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON: (1) HAS RECEIVED A COPY OF THE CONFLICTS (2) HAS READ AND UNDERSTANDS THE CONFLICTS POLICY, (3) HAS AGREED POLICY, UNDERSTANDS THAT THE (4)ACTION FUND TO COMPLY WITH THE CONFLICTS POLICY, IS A SOCIAL WELFARE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE MANAGEMENT REVIEWS POTENTIAL OR MORE OF ITS STATED TAX-EXEMPT PURPOSES. CONFLICTS OF INTEREST AND RESOLVES THE CONFLICT OR PRESENTS TO THE BOARD OF DIRECTORS FOR RESOLUTION.

FORM 990, PART VI, SECTION B, LINE 15:

Schedule O (Form 990) 2021

| Schedule O (Form 990) 2021 | Page 2 |
|--|---|
| Name of the organization SPLC ACTION FUND | Employer identification number 83-1085161 |
| ACCORDING TO THE ORGANIZATION'S BYLAWS, THE SALARY OF THE | PRESIDENT & CEO |
| SHALL BE FIXED BY THE BOARD OF DIRECTORS AND SHALL BE REAS | ONABLE IN AMOUNT. |
| FOR ANY PRESIDENT & CEO OR ANY OTHER EMPLOYEE WHO IS EMPLO | YED BY THE |
| CORPORATION AND ANOTHER ORGANIZATION UNDER A COST-SHARING | ARRANGEMENT, THE |
| BOARD MAY, IF IT CHOOSES, ADOPT A POLICY THAT TOTAL COMPEN | ISATION FOR SOME |
| OR ALL SUCH EMPLOYEES SHALL BE AT AN AMOUNT SET BY THE OTH | IER ORGANIZATION |
| AND THAT THE CORPORATION SHALL PAY A SHARE OF SUCH COMPENS | SATION REFLECTING |
| THE PORTION OF THE EMPLOYEE'S EFFORTS DEVOTED TO WORK FOR | THE CORPORATION, |
| BUT ONLY IF THE BOARD OF THE CORPORATION DETERMINES THAT T | THE OTHER |
| ORGANIZATION HAS ADOPTED AND COMPLIES WITH A POLICY AND PR | ROCEDURES TO |
| ENSURE THAT COMPENSATION ARRANGEMENTS AND BENEFITS ARE REA | ASONABLE 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 WEBSITE AND IS AVAILABLE FOR MAILING TO AN INDIVIDUAL OR ORGANIZATION AS REQUESTED. THE GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

PART XII, LINE 2C

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THE PROCESS HAS NOT CHANGED.

Schedule O (Form 990) 2021

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| SCHEDULE R (Form 990) Related Organizations and Unrelated Partnerships Department of the Treasury Internal Rovenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Department of the Treasury Internal Rovenue Service So to www.irs.gov/Form990 for instructions and the latest information. | | | | | | | | |
|---|--|---|-------------------------------|---|---------|---------------------------------|----------------------------------|-------|
| Name of the organization | | | | | | ployer identific 83–10851 | | mber |
| SPLC ACTION FU | | | | | | <u>93-10931</u> | 101 | |
| Part I Identification of Disregarded Entities. Comple | te if the organization answered "Yes" | on Form 990, Part IV, line 33 | 3. | | | | | |
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state o foreign country) | (d) Total incor | (e) ne End-of-year | assets | Direct c | (f) ontrolling atity | |
| | - | | | | | | | |
| | - | | | | | | | |
| | | West on Form 000 |) Port IV line 24 h | ecouro it had one | | related tax-over | not | |
| Part II Identification of Related Tax-Exempt Organizations during the tax year. | ations. Complete if the organization a | answered tes on ronn 990 | , Part IV, nile 34, 0 | ecause it had one | | | | |
| (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 501(c)(3)) | Direc | (f) at controlling entity | (c Section S contr enti | olled |
| SOUTHERN POVERTY LAW CENTER - 63-0598743 400 WASHINGTON AVENUE MONTGOMERY, AL 36104 | LEGAL AND EDUCATION ADVOCACY | ALABAMA | 501(C)(3) | LINE 7 | | | | x |
| NEW SOUTHERN LEADERS PAC - 88-4684217 150 B PONCE DE LEON AVENUE, STE 340 DECATUR, GA 30030 | POLITICAL ACTION COMMITTEE | GEORGIA | 527 | | SPLC AG | CTION FUND | x | |
| NEW SOUTHERN MAJORITY IE PAC - 88-1684658 | | | | | | | | |
| 150 E PONCE DE LEON AVENUE, STE 340 DECATUR, GA 30030 | POLITICAL ACTION COMMITTEE | GEORGIA | 527 | | SPLC A | CTION FUND | x | |
| | - | | | | | Colordula D | | |

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

Schedule R (Form 990) 2021

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83-1085161 Page 2

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Schedule R (Form 990) 2021 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 Part III organizations treated as a partnership during the tax year. (h) (i) Ø (f) (g) (d) (e) (b) (c) (a) Code V-UBI amount in box Legal domicile General or Percentage Predominant income Share of total Share of Direct controlling Disproportionate Primary activity Name, address, and EIN managing partner? end-of-year ownership (related, unrelated, income entity of related organization allocations? (state or 20 of Schedule excluded from tax under assets foreign K-1 (Form 1065) Yes No Yes No sections 512-514) country) 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 Part IV organizations treated as a corporation or trust during the tax year. (i) Section 512(b)(13) controlled entity? (h) (d) (e) (f) (g) (c) (b) (a) Percentage ownership Direct controlling Type of entity Share of total Share of Primary activity Legal domicile Name, address, and EIN (C corp, S corp, income end-of-year entity (state or of related organization foreign or trust) assets country) Yes No

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 SPLC ACTION FUND

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

| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | | | |
|--|---|----------------------|------------------------------|---|-------|----------|----------|
| 1 | During the tax year, did the organization engage in any of the following transactions | with one or more rel | ated organizations listed in | Parts II-IV? | | | X |
| .a | a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | | | |
| | b Gift, grant, or capital contribution to related organization(s) | | | | | | |
| | c Gift, grant, or capital contribution from related organization(s) | | | | | | |
| | d Loans or loan guarantees to or for related organization(s) | | | | | | |
| | Loans or loan guarantees by related organization(s) | | | | 1e | | X |
| | | | | | | | |
| f | Dividends from related organization(s) | | | | _1f | | _X_ |
| a | Sale of assets to related organization(s) | | | | 1g | | X |
| - | Purchase of assets from related organization(s) | | | | 1h | | X |
| i | i Exchange of assets with related organization(s) | | | | | | <u>x</u> |
| i | j Lease of facilities, equipment, or other assets to related organization(s) | | | | 11 | | X |
| | | | | | | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | | | | X |
| Performance of services or membership or fundraising solicitations for related organization(s) | | | | | | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | | | | | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | | X | |
| o Sharing of paid employees with related organization(s) | | | | 10 | X | | |
| | | | | | | | |
| p Reimbursement paid to related organization(s) for expenses | | | | | | X | |
| | g Reimbursement paid by related organization(s) for expenses | | | | 1q_ | X | |
| | | | | | | | |
| r Other transfer of cash or property to related organization(s) | | | | | | X | |
| s Other transfer of cash or property from related organization(s) | | | | | | <u> </u> | |
| 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 | (c) Amount involved | (d) Method of determining amount inv | olved | | |

| (a) Name of related organization | (b) Transaction type (a-s) | (C) Amount involved | (a) Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| (1) NEW SOUTHERN MAJORITY IE PAC | R | 750,000. | CASH |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
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Schedule R (Form 990) 2021 _ SPLC ACTION FUND

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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) | <u>(</u> | e) | (f) | (g) | 1 | (h) | 6) | G |) (k) |
|------------------------|------------------|----------------------------|--|-------------------------------------|----------------------------|----------------|-------------------------|------|------------------|--|------------------|--------------|
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income (related, unrelated, | Are Are partne 501(org | c an irs sec. (c)(3) | Share of total | Share of end-of-year | Disp | propor- onate | Code V-UBI amount in box 20 | Gener mana | al or Percer |
| of entity | | (state or foreign country) | Predominant income (related, unrelated, excluded from tax under sections 512-514) | org Yes | s.? No | income | assets | Yes | s No | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | partr Yes | NO NO |
| | | | | | | | | | Τ | | | |
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Schedule R (Form 990) 2021

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| Schedule R (| (Form 990) 2021 | SPLC |
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| Part VII | Supplemental | Information |

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2021

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