Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016 Open to Public Inspection

Form 990 (2016)

For the 2016 calendar year, or tax year beginning 04/01/16, and ending 03/31/17 C Name of organization Southern Environmental Law Center D Employer Identification number Check if applicable: Address change Frederick S. Middleton III Doing business as 52-1436778 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 201 West Main Street, Suite 14 Initial return 434-977-4090 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated VA 22902-5065 Charlottesville 70,675,151 G Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Frederick S. Middleton III 201 West Main Street, Suite 14 H(b) Are all subordinates included? Charlottesville VA 22902-5065 If "No," attach a list. (see instructions) X 501(c)(3) 501(c) () ◀ (insert no.) Tax-exempt status: 4947(a)(1) or www.southernenvironment.org Website: H(c) Group exemption number Form of organization: X Corporation Trust Association Year of formation: 1985 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: To protect the environment of the Southeast United States through law and ctivities & Governance 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 28 Number of independent voting members of the governing body (Part VI, line 1b) 27 4 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 195 6 Total number of volunteers (estimate if necessary) 66 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h) 34,321,929 35,875,013 9 Program service revenue (Part VIII, line 2g) 92,828 150,748 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 984,060 1,625,713 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 35,398,817 37,651,474 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 193,161 199,664 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 13,295,175 14,615,370 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,259,767 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 8,791,531 11,736,437 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 22,279,867 26,551,471 13,118,950 19 Revenue less expenses. Subtract line 18 from line 12 11,100,003 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 79,294,547 95,406,749 21 Total liabilities (Part X, line 26) 636,378 688,814 22 Net assets or fund balances. Subtract line 21 from line 20 78,658,169 94,717,935 Part II Signature Block/ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Date Here Holly Hueston Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Check Paid Robert M. Huff Robert M. Huff 11/15/17 self-employed P00045082 Preparer Robinson Farmer Cox Associates Firm's name 54-1896113 Firm's EIN Use Only 530 Westfield Rd Charlottesville, VA 22901-1726 434-973-8314 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes For Paperwork Reduction Act Notice, see the separate instructions.

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
-	complete Cabadula A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1	 	122
	candidates for public office? If "Vas." 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)	۳		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-	22	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	ا ا		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		ĺ	
	"Yes," complete Schedule D, Part I	6		x
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		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	Ť		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	1		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		ſ	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	ĺ		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schiedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		İ	
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		J	
۰ وا	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			3.
9	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	_	X
•	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
	If "Yes," complete Schedule G, Part III	<u> 19 </u>		<u> </u>

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	_	X
b	The state of the s	20b	<u> </u>	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		1	
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		ľ]
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		ĺ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		x
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	consequation contributions? If "Vee " complete Schodule M	30	J	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	- 00		
	Ded (31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	-		
-	complete Schedule N. Port II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301 7701-2 and 301 7701-32 if "Van " complete Schodule B. Bort I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II. III.	33	-+	
•		34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-+	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a	-	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	256		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	\rightarrow	
	related erganization? If "Voc." complete School to D. Bort V. line 2	20		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
J.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Port VI	_		v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37	\dashv	X
	19? Note. All Form 990 filers are required to complete Schedule O.	_	.	
	19. 114 and 19. Included to redding of the comblete deficience of	38	X	

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 126 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable _____ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 195 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X 4a If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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 services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? X 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b X 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: 11 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.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand C 13c Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

52-1436778 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 27 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Did the organization have local chapters, branches, or affiliates? X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 X 13 Did the organization have a written document retention and destruction policy? 14 X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL, GA, NC, SC, TN, VA, NY, MD, CT, KY, OR, FL, MA 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:

201 West Main Street, Suite 14

Gayle Davis

Charlottesville

VA 22902-5065 434-218-7428

Form 990 (2016	Southern	Environ	me	nt:	al	Lá	w	Ce	enter 52-143	36778	Page 7
Part VII	Independent C	ontractors							, Key Employees, Hi		Employees, and
									to any line in this Part		<u></u>
Section A.									t Compensated Employe		
1a Complete the organization's to	is table for all perso ax year.	ns required to be	e list	ed. F	Repo	rt co	mpe	nsat	ilon for the calendar year e	nding with or within the	
compensation.	Enter -0- in columns	(D), (E), and (F) if n	о со	mpe.	nsati	ion w	/as p	r individuals or organizatior paid. ons for definition of "key er	-	of
who received re organization and	portable compensat d any related organia	ion (Box 5 of Fo zations.	rm V	V-2 a	and/o	or Bo	x 7 (of Fo	ner than an officer, director orm 1099-MISC) of more th	an \$100,000 from the)
\$100,000 of rep	oortable compensati	on from the orga	ıniza	ıtion	and	any	relate	ed o			
organization, me List persons in t	ore than \$10,000 of he following order: i	reportable comp ndividual trustee	ensa s or	ation	fron	ı the	orga	aniza	in the capacity as a former ation and any related organ trustees; officers; key emp	izations.	
	mployees; and forme	•		_4							
Check this t			y rel	ated			tion	com	pensated any current office	er, director, or trustee.	,
Nam	(A) · e and Title	(B) Average hours per week (list any hours for related organizations betow dotted	bo	ox, uni ficer a	Pos check ess po	erson	than the both Highest compensated employee	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(F) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		line)				yee	mpensated				
(1) Fredez	ick S. Mic		ĮI:	ŧ						·	
President		50.00	x		х				351,475	0	69,363
(2) Allen	L. McCalli	.e									
		8.00									
Chair		0.00	Х		Х	<u> </u>	_		0	0	0
(3) Anna K	ate Hipp										
774 - a - Touris		5.00	.		٠,						_
Vice Pres: (4) Deader		0.00 tague	Х		X	_	H		0	0	0
(+) Deadel	TON C. MOI	5.00									
Trustee		0.00	х						o	o	0
(5) Stephe	n O'Day	0.00					Н				

4.00 0.00 Trustee X (6) Joel B. Adams

(7) Marcia A. Angle 4.00 Trustee 0.00

(8) Paul K. Brock, 6.00 Trustee 0.00 (9) Dell S. Brooke

Trustee

Trustee (10) Cathy S. Brown

Trustee

DAA

Trustee 0.00 (11) Marion A. Cowell Jr.

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Form **990** (2016)

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Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any hours for	bo of	x, unk ficer a	Pos check ass pa nd a c	erson firecto	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F Estim amou oth compen from	ated nt of er sation	
	related organizations below dotted line)	individual trustee or director	Institutional trustee	Officer	Key emplayes	Highest compensated employee	Former	(W-2/1099-MISC)	, , , , , , , , , , , , , , , , , , , ,		organiz and re organiz	zation lated	
(12) Melvin T. Day	2.50												
Trustee (13) J. Stephen Do	0.00	X		_	_	-		0	0				0
Trustee	4.00 0.00	x						0	0				0
(14) James G. Hane						П							
	2.50									ĺ			_
Trustee (15) Matthew E. Ha	0.00	X			\vdash	\vdash		0	0				0
(15) Macchew H. He	2.50												
Trustee	0.00	Х						o	0				0
(16) Mark B. Logar	4.50						·						
Trustee (17) Nimrod W.E. I	0.00	X	\vdash	-		$\vdash\vdash$		0	0				0
Trustee	2.00	x						0	o				0
(18) Edward Miller				\neg		\Box	\neg						
Trustee	7.00 0.00	x						0	. 0				0
(19) Susan S. Mull	2.00	37											
Trustee 1b Sub-total	0.00	Х						351,475	0			50	<u>0</u> 363
c Total from continuation shee		ectl	on A					1,509,826					303 077
d Total (add lines 1b and 1c)						., !	<u> </u>	1,861,301					440
Total number of individuals (inc reportable compensation from	cluding but not li the organization	mite	d to 1 43	hose	e list	ed al	oove	e) who received more than	\$100,000 of			Yes	No
3 Did the organization list any for	rmer officer, dire	ector	, or t	ruste	e, k	ey er	nplo	yee, or highest compensat	ted			163	
employee on line 1a? If "Yes," 4 For any Individual listed on line organization and related organi	1a, is the sum o	of re	oorta	ble (com	ensa	ation		rom the		3		X
individual											4	Х	
5 Did any person listed on line 1s for services rendered to the org Section B. Independent Contractor	a receive or accr anization? <i>If "</i> Y	ne c	omp	ensa	ition	from	any	/ unrelated organization or	individual	<u>, l</u>	5	_	x
Complete this table for your five		nsat	ed ir	idep	ende	ent co	ontra	actors that received more ti	han \$100 000 of				
compensation from the organiz	ation. Report co	mpe	nsat	ion f	or th	e cal	enda	ar year ending with or withi	n the organization's tax ye	ar.			
	(A) pusiness address					_			(B) on of services		Cor	(C) npensat	ion
The Greenlink Group	G3	2	^ ~ /		65	Ha		ld Ave	** - 1				
Atlanta Synapse Energy Econor	GA mice	.5	031		0.5	Ms		upport Energy achusetts Ave	Work	\rightarrow		171	,785
Cambridge	MA	0:	213		.03	Ma		upport Energy	Work			141	,075
Adaptive Groundwater					02	40		onemade Lane	11022			747	,075
Matthews	NC	2	810			\Box		oal Ash Enfor				136	,575
Aquilogic, Inc					45	F4		her Ave., Ste. D		T			
Costa Mesa Day Mark Energy Advis	CA	9:	462		mc	707-		<u>oal Ash Enfor</u> ington Mall, 9th				125	,942
Boston	MA	0:	210			7		upport Energy				124	, 873
2 Total number of independent of	ontractors (inclu	ding	but r	not li			hose		<u> </u>			144	,013
received more than \$100,000 o	τ compensation	rrom	the	orga	niza	tion	<u> </u>		9				

Part VII Section A. Officers	s, Directors, Tre	ustee	es, K	ey E	mp	oyee	es, a	ind Highest Compensate	d Employees (continued)	
(A) Name and title	(B)				C) sition			(D)	(E)	(F)
Name and title	Average hours per			check	more	than o		Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any					is both or/trust		from the	related organizations	other compensation
	hours for related	97	120	Officer	Key	흶퍞	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations below dotted	irecto	itution	層	employee	nest c	er.			and related organizations
	line)	or director	Institutional trustee		loyee	Highest compensated employee				or gui neathoris
		8	stee			nsate				
(20) Jean C. Nelso		\vdash				-		-		
Trustee	3.00 0.00	x						0	o	,
(21) William H. Sc	hlesing									
	6.00									
Trustee (22) Thomas F. Tai	0.00	X			H	Н		0	0	
(22) Inomas F. Iai	5.00									
Trustee	0.00	x						o	0	(
(23) William L. Wa										
Marsa a kana	3.00	3.5								_
Trustee (24) Nancy Hanes V	0.00	X					-	0	0	
	2 00									
Trustee	0.00	X					_	. 0	0	
(25) Wendy B. Brow										
Trustee	8.00 0.00	x				l		· o	o	o
(26) Charles W. Pa		Jr		\neg			\neg			
	5.00									
Trustee	0.00	Х		_		_	_	0	0	0
(27) B. Clayton Ro	E 00									
Trustee	0.00	x						o	o	0
1b Sub-total										
c Total from continuation shee							>			
d Total (add lines 1b and 1c) Total number of individuals (inc	cluding but not li	mite	4 to 1	hoer	liet	od ol	201/0) who received more than I	£400,000 of	-
reportable compensation from t	the organization	•	J (O I	1103	s nau	eu ai	JUVE	y who received more than :	\$100,000 or	
2 Did the exemination list and for			4							Yes No
3 Did the organization list any for employee on line 1a? If "Yes,"	rmer onicer, aire complete Schea	iule J	orti I for	ruste s <i>uch</i>	e, k indi	ey er Vidua	npio al	yee, or nignest compensat		3
4 For any individual listed on line	1a, is the sum	of rep	orta	ble o	omp	ensa	ation	nand other compensation f	rom the	
organization and related organi Individual										4
5 Did any person listed on line 1a	a receive or accr	ue c	omp	ensa	tion	from	any	unrelated organization or	individual	
for services rendered to the org Section B. Independent Contractor		es," (comp	Hete	Scn	edule	9 J f	or such person		5
1 Complete this table for your five	e highest compe	nsat	ed ir	dep	ende	ent co	ontra	actors that received more the	nan \$100,000 of	
compensation from the organiz	ation. Report co	mpe	nsati	on fo	or th	e cal	enda			
Name and b	(A) usiness address					\dashv		Description	(B) on of services	(C) Compensation
·										-
						_		·		
						\dashv		V-		
						\neg				
2 Total number of independent co	ontractors (inclus	dina (hut =	ot II-	nito:	1 40 4	bess	a listed shows who		
2 Total number of independent co received more than \$100,000 or								= listed above) who		
		-								

Part VII	Section A. Officers	, Directors, Tru	Istee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
Nan	(A) ne and title	(B) Average hours per week (list any hours for	of	ix, unl ficer a	Ров check ess pe лd a c	erson i lirecto	than clis both	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	: - -	(F) Estimate amount other compens from the	ted t of r ation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	. (W-2/1099-MISC)			organiza and rela organiza	ated	
(28) Me	lanie P. G	3.00												
Trustee (29) Ho	lly Huestor	0.00	X	\vdash					0	0		—	—	
Treasurer	······································	50.00			x				145,355	0		2	29,4	470
(30) Hay	yley M. Par	rish 42.00												
Secretary	, ,	0.00			x				81,112	0		1	L5,(085
(31) Der	rb Carter	E0 00												
Dir. of N	C Office	50.00				x			194,671	О		3	33,0	070
	rie Hawthor	ne		Π										
Dir. of D	evelopment	50.00				x			189,255	o		3	39,8	844
	n Suttles													
	itigation	50.00				х			176,019	0		3	88,0	031
(34) Fra	ank Hollema	50.00												
Senior Li	tigator ry A. Broo	0.00					X		147,921	0		4	1,7	<u>746</u>
	torney	50.00					х		145,400	0		1	11,2	295
		•						>	1,079,733			20	8,	541
	n continuation she	•												
2 Total num	d lines 1b and 1c) ber of individuals (in compensation from	cluding but not	lmite					bov	e) who received more than	\$100,000 of			Yes	Na
									oyee, or highest compensa		Γ		162	NO
4 For any in	idividual listed on line	a 1a, is the sum	of re	port	able	com	pens	atio	n and other compensation	from the	,	3		
individual	<u> </u>								y unrelated organization or			4		
for service	es rendered to the or	ganization? If ")							for such person			5		
	pendent Contracto		onco	tod i	ndor	ond	ont c	ontr	actors that received more t	than \$100,000 of				
1 Complete compense	ation from the organi	zation. Report c	omp	ensa	tion	for th	ne ca	lenc	dar year ending with or with	in the organization's tax ye	ar.		(0)	
	Name and	(A) business address							Descript	(B) lion of services		Соп	(C) npensati	ion
										······································				
										10000				
	<u>-</u>										\neg			
2 Total num	ber of independent of	contractors (included compensation	uding n fror	but n the	not l	imite aniza	ed to	thos	se listed above) who					

Pa	rt VII Section A. Officer	s, Directors, Tru	stee	es, K	ey E	mpl	oyee	s, a	ind Highest Compensated	Employees (continued)	
	(A) Name and title	(B) Average hours per week (list any hours for	of	ix, unl	Pos check ess po ind a c	erson directo	than o	ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(36) David Carr	E0 00									
Gen	eral Counsel	50.00					x		145,018	0	24,94
(37) Deborah M. M	urray 50.00									
Sen	ior Attorney	0.00					x		142,923	0	21,874
(38	Oliver Polla	td 50.00									
Sen	ior Attorney	0.00					x		142,152	0	34,717
					:						
,											
41.	Pula Andal							<u> </u>	430,093		81,536
	Sub-total								430,033		017550
2 2	Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	ncluding but not l	imite					bov	e) who received more than	\$100,000 of	
3	Did the organization list any fo	ormer officer, dir	ecto	r, or	trust	ee, k	кеу е	mple	oyee, or highest compensa	ited	Yes No.
4	employee on line 1a? If "Yes," For any individual listed on lin organization and related organization	e 1a, is the sum nizations greater	of re thar	porta \$15	able 50,00	com 107 /	pens f "Y e	atio s," c	n and other compensation complete Schedule J for suc	from the	_3
5	individual Did any person listed on line 1	la receive or acc	rue (comp	pens	atior	1 Tron	n an	y unrelated organization or	individual	4
Secti	for services rendered to the or on B. Independent Contractor		'es, "	com	plete	Sci	hedu	le J	for such person		5
1	Complete this table for your fir compensation from the organi	ve highest comp									
		(A) I business address	энр	ensa	uon	iọi ti	ie ca			(B) tion of services	(C) Compensation
	, , , , , , , , , , , , , , , , , , , ,	11011000							2010.1.5		
								_			
	<u> </u>										
	Tatal number of independent	contractors (incl.	ıdirə	. hu e	not t	imit	vd t-	ther	ea lietad abaya) y ba		
2	Total number of independent received more than \$100,000								oe nateu above) WNO		

					(A)	(B)	(C)	(D)
					Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
1:	a Federated campaigns	1a				TOTOLIAGO TOTOLIAGO		012-014
2a b c c d	b Membership dues	1b						
1	Fundralsing events	1c						
,	d Related organizations	1d						
,	Government grants (contributions)	1e						
	f All other contributions, gifts, grants,							
	and similar amounts not included above	1f	35,	875,013				
١	Noncash contributions included in lines 1a	i-1f: \$	\$					
L	Total. Add lines 1a-1f				35,875,013			<u> </u>
				Busn. Code				
2a	Attorney Fees Award	led			150,748	150,748		
b	>							-
C								
d	1							
e	•							_
1	f All other program service reve							
9	Total. Add lines 2a-2f				150,748			
3	Investment income (including							
	and other similar amounts)				1,389,136			1,389,13
4	Income from investment of tax		•	<u> -</u>				
5	Royalties							
1	(i) Real	\rightarrow	(ii) F	Personal				
6a	Gross rents	\rightarrow						
þ	Less: rental exps.							
C	1 /							
d	Groce amount from							
	sales of assets (1) Securities		(ii)	Other .				
	other than inventory 33,260	, 253						
b	Less: cost or other							
	basis & sales exps. 33,023							
	` '	576						
	Net gain or (loss)				236,577			236,57
8a	Gross income from fundraising eve	nts						
	(not including \$							
	of contributions reported on line 1c)							
	See Part IV, line 18	a						
	Less: direct expenses							
	Net income or (loss) from fund		events .					
9a	Gross income from gaming activitie							
	See Part IV, line 19	a -						
	Less: direct expenses							
	Net income or (loss) from gam	ing acti	vities					
10a	Gross sales of inventory, less							
	returns and allowances	a -						
	Less: cost of goods sold	_						
C	Net income or (loss) from sale	s of inve	entory					
44	Miscellaneous Revenue			Busn. Code				
11a				 				
b	* * * * * * * * * * * * * * * * * * * *							
c	* * * * * * * * * * * * * * * * * * * *				_			
d d								

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all colu		
- Naction MITICICAL and MITICIAL organizations must complete all coll	umne. All other organizatione must comolete column / A	. 1
- GOUDON GO NONG AND SO NONE AND SO SO AND SO A	umma, mu omer organizadoma musi comolete commo te	il.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1					
	and domestic governments. See Part IV, line 21	199,664	199,664		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	İ	,		
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,374,900	495,885	642,440	236,57
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	10,742,582	9,563,883	629,754	548,94
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	644,195	602,983	14,482	26,73
9	Other employee benefits	1,015,819	874,522	99,259	42,03
10	Payroll taxes	837,874	715,656	72,174	50,04
11	Fees for services (non-employees):				
а	Management				
b	Legal	1,225,978	1,225,978		
C	Accounting	46,175	46,175		
d		14,400	14,400		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	50,498		50,498	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	1,494,222	1,494,222		
12	Advertising and promotion	508,892	495,681		13,21:
13	Office expenses	1,086,686	946,760	71,038	68,888
14	Information technology	563,186	479,895	36,820	46,47
15	Royalties				
16	Occupancy	1,562,866	1,397,929	115,289	49,648
17	Travel	717,536	593,270	30,192	94,074
18	Payments of travel or entertainment expenses	ĺ			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	237,744	194,272	9,191	34,283
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	337,122	293,092	28,698	15,332
23	Insurance	137,406	119,892	10,810	6,704
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Program Comm/Ed- NC	2,796,726	2,796,726		
b	Program Comm/Ed- Regional	262,117	262,117		
C	Business Meals	107,631	93,074	7,871	6,686
d	Subscriptions and Referen	97,135	86,099	949	10,087
	All other expenses	490,117	467,052	13,012	10,053
	Total functional expenses. Add lines 1 through 24e	26,551,471	23,459,227	1,832,477	1,259,767
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campalgn and fundralsing solicitation. Check here				
\A	following SOP 98-2 (ASC 958-720)				Form 990 (2016

Form 990 (2016)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,000 1,200 Cash—non-interest bearing Savings and temporary cash investments 2,435,216 3,433,734 2 1,520,000 2,330,000 3 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges ______ 234,935 294,851 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______10a 2,443,716 Less: accumulated depreciation 10b 966,482 884,607 10c 73,992,573 88,298,131 Investments—publicly traded securitles 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 14 Intangible assets 144,341 164,226 15 Other assets. See Part IV, line 11 15 79,294,547 95,406,749 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 636,378 688,814 17 Accounts payable and accrued expenses 17 Grants payable 18 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 636,378 26 688,814 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here or Fund Balances complete lines 27 through 29, and lines 33 and 34. 33,928,341 45,462,162 Unrestricted net assets 27 40,629,828 45,155,773 28 Temporarily restricted net assets 28 4,100,000 Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and 4,100,000 29 complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 78,658,169 94,717,935 33 Total net assets or fund balances 95,406,749 79,294,547 Total liabilities and net assets/fund balances

Form 990 (2016)

Forn	n 990 (2016) Southern Environmental Law Center 52-14367/8			Pa	<u>ige 12</u>
P	art XI Reconcillation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	37,6		
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,5		
3	Revenue less expenses. Subtract line 2 from line 1	3	11,1	00,	003
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	78,6	58 <u>,</u>	<u> 169</u>
5	Net unrealized gains (losses) on investments	5	4,9	59,	764
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			<u>-1</u>
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	94,7	17,	<u>935</u>
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to Indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	if "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

2016

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Southern Environmental Law Center Employer identifications.

Employer identification number 52 – 1436778

Frederick S. Middleton III Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(I). 1 A school described in section 170(b)(1)(A)(II). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public X 7 described in section 170(b)(1)(A)(vI). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vI). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally Integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally Integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization (I) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vI) Amount of (described on lines 1-10 listed in your governing support (see other support (see organization document? instructions) instructions) above (see instructions)) Yes No (A) (B) (C) (D)

(E)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Gits, grants, contributions, and membership fees received. (Do not include any funusual grants.) 16,331,664 22,982,313 38,048,275 34,321,929 35,875,013 147,559,124 27,859,	Sec	tion A. Public Support						
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Trushed by a governmental unit to the organization without charge	2	organization's benefit and either paid	,					· · · · · · · · · · · · · · · · · · ·
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subfract line 5 from line 4. Section B. Total Support Amounts from line 4. Calcaindar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 147, 559, 194 Amounts from line 4. Amounts from line 4. Amounts from line 4. Carosis income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources A 76, 664 659, 204 798, 585 991, 374 1, 389, 136 4, 314, 963 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization first is second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization 173 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10%-facts-and-dircumstances test. The organization qualifies as a publicly supported organization 18 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supp	3	furnished by a governmental unit to the organization without charge						
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b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		10% or more, and if the organization mee	ts the "facts-and-cir	cumstances" test,	check this box and	d stop here. Expla	in in	
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supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		15 is 10% or more, and if the organization	n meets the "facts-a	nd-circumstances'	test, check this bo	ox and stop here.		
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Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		supported organization						▶ ∐
instructions	18	Private foundation. If the organization di	id not check a box o	n line 13, 16a, 16t	o, 17a, or 17b, che	ck this box and se	e	
		instructions		.,,,,,,,,				,

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b Public support. (Subtract line 7c from						
Coo	tion B. Total Support				:		
	ndar year (or fiscal year beginning in)	(-) godo	(F) 0040	(-) 0044	(4) 0045	() 5040	
		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the			•			
500	organization, check this box and stop here tion C. Computation of Public Su		·····		* * * * * * * * * * * * * * * * * * * *		
				- (f))	-	45	
15 46	Public support percentage for 2016 (line 8,	, column (t) alvided	Dy line 13, colum	n (t))		15	<u>%</u>
<u>16</u>	Public support percentage from 2015 Schettion D. Computation of Investment	nt Income Por	reentage	,		16	<u>%</u>
<u>3ec</u> 17	Investment income percentage for 2016 (li			column (6)		17	0/
18	Investment income percentage from 2015		II line 47			امدا	<u>%</u> %
19a	33 1/3% support tests—2016. If the organ				more than 33 1/39		
. Ju	17 is not more than 33 1/3%, check this bo					•	▶ □
þ	33 1/3% support tests—2015. If the organ		_				
	line 18 is not more than 33 1/3%, check thi					-	
20	Private foundation. If the organization did		_			-	

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Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Support	ing Organizations
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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations,
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4.		
	4c		
	5a		
	5b		
	5c		
i			
	6		
	7		
	8		
	9a		
	9b		
	7.0		
	9c		
	100		
-	10a		
	10b		
(Fo	rm 99(or 990-E	Z) 2016

	tule A (Form 990 or 990-EZ) 2016 Southern Environmental Law Center 52-1436	778		Page 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	Ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	lon D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ıs).		
а	The organization satisfied the Activities Test. Complete Ilne 2 below.			
b	The organization is the parent of each of its supported organizations. Complete IIne 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions).		
		116		
2 /	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see Instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			-
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

instructions).

Schedule A (Form 990 or 990-EZ) 2016

and 4c.

Breakdown of line 7:

Excess from 2014 ...
 Excess from 2015 ...
 Excess from 2016 ...

b Excess from 2013

Part VI	III, line 12 B, lines 1 3a and 3b lines 2, 5,	ental Informa Part IV, Sec and 2; Part IV ; Part V, line and 6. Also c	atlon. Provide tion A, lines 1, /, Section C, li 1; Part V, Sect complete this p	the explanate 2, 3b, 3c, 4th ne 1; Part IV tion B, line 10 art for any a	tions require o, 4c, 5a, 6, , Section D, e; Part V, Se dditional info	9a, 9b, 9c, 11a, lines 2 and 3; Pa	10; Part II, line 11b, and 11c; art IV, Section 6, and 8; and	e 17a or 17b; Part
Part I	I, Line	10 - Ot	her Incom	ne Detai	.1			
Misc I	ncome				\$	8,955		
Supple	mental	Informat	ion					
Misc I	ncome -	\$8,955	Universi	y of Vi	rginia	Environmen	tal Law	Clinic
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service ➤ Complete if the organization is described below.
➤ Attach to Form 990 or Form 990-EZ.
➤ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate Instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate Instructions), then

,	(coo copulate menuello), mon				
• ;	Section 501(c)(4), (5), or (6) organizations: Complete Part III	l			
Nam	e of organization Southern Environmen			Employer iden	tification number
	Frederick S. Middle			52-14367	
Pa	rt I-A Complete if the organization is exen	npt under section 501(c) or is a sectle	on 527 organizati	on.
1	Provide a description of the organization's direct and indire	ect political campaign activities	in Part IV. (see in	structions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (see instructions)			▶ \$	
3	Volunteer hours for political campaign activities (see instru	ictions)			
Pa	rt I-B Complete if the organization is exem	npt under section 501(c)(3).		
1	Enter the amount of any excise tax incurred by the organiz	ration under section 4955		▶ \$	
2	Enter the amount of any excise tax incurred by organization	n managers under section 495	i 5	▶ \$	
3	If the organization incurred a section 4955 tax, did it file Fo	orm 4720 for this year?		· · · · · · · · · · · · · · · · · · ·	Yes No
4a	Was a correction made?	,		***************************************	Yes No
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the organization is exem	pt under section 501(c), except sect	ion 501(c)(3).	
1	Enter the amount directly expended by the filing organization				
	activities	•		▶ \$	
2	Enter the amount of the filing organization's funds contribu	ted to other organizations for s	ection	······	
	527 exempt function activities	•		▶ ¢	
3	Total exempt function expenditures. Add lines 1 and 2, Ent			Р Ч .,,,,	***************************************
-	•		-,	▶ €	
4	line 17b Did the filing organization file Form 1120-POL for this year	······	• · · · · · · · · · · · · · · · · · · ·	······	Yes No
5	Enter the names, addresses and employer identification nu	mber (FIN) of all section 527	adition organization	and to which the filling	Tes No
	organization made payments. For each organization listed,				
	the amount of political contributions received that were pro-				
	as a separate segregated fund or a political action committ				
					· · ·
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	delivered to a separate
		i			political organization. If
41					попе, enter -0
1)					
			_		
2)					
	···				<u> </u>
3)					
		<u> </u>			
4)					
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		ern Environmental Law Cente		Page 2
P		ation is exempt under section 501(c)(3) a	nd filed Form 5768 (elec	tion under
_	section 501(h)).			
A		n belongs to an affiliated group (and list in Pa		p member's
_		expenses, and share of excess lobbying exp		
В		n checked box A and "limited control" provisi	ons apply.	
		ying Expenditures	(a) Filing	(b) Affiliated
		eans amounts paid or incurred.)	organization's totals	group totals
1		olic opinion (grass roots lobbying)	177,390	
	b Total lobbying expenditures to influence a le	gislative body (direct lobbying)	282,437	<u></u>
	 Total lobbying expenditures (add lines 1a ar 	nd 1b)	459,827	
			26,091,644	
	 Total exempt purpose expenditures (add line 		26,551,471	
	f Lobbying nontaxable amount. Enter the amount	ount from the following table in both		
	columns.		1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
- 1	g Grassroots nontaxable amount (enter 25% of	f line 1f)	250,000	
	h Subtract line 1g from line 1a. If zero or less,			
	i Subtract line 1f from line 1c. If zero or less,			
	j If there is an amount other than zero on eith	er line 1h or line 1i, did the organization file Form 4720		
				Yes No
		4-Year Averaging Period Under section 501(
		a section 501(h) election do not have to comp the separate instructions for lines 2a throug	olete all of the five column	s below.
	Lob	bying Expenditures During 4-Year Averaging	Perlod	-

	Lobbying Expenditure	es During 4-Year A	veraging Perlod	-	
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	997,561	1,000,000	1,000,000	1,000,000	3,997,561
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					5,996,342
c Total lobbying expenditures	402,568	259,071	387,535	459,827	1,509,001

250,000

250,000

249,390

999,390

250,000

d Grassroots nontaxable amount

(election under section 501(h)). For each "Ves." response on lines 1a through 1i below, provide in Part IV a detailed				(b)			
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	No Amoun			
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:						
	Volunteers?						
b	Pald staff or management (include compensation in expenses reported on lines 1c through 1i)?						
	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
9	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						
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						
ď	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5),	or se	ction			
						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?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? III-B Complete If the organization is exempt under section 501(c)(4), section 501(c)				3		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Ol answered "Yes."	R (b)	Part	t III-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 expenses for which the section 527(f) tax was paid).						
a	Current year		2a				
b	Carryover from last year	-	2b				
¢	Total	-	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	- 1					
	and political expenditure next year?		4				
	Taxable amount of lobbying and political expenditures (see instructions)		5				
	t IV Supplemental Information						
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	A, line	es 1 a	nd			
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			Environmental	Law	Center	52-1436778	Page 4
Part IV	Supplementa	I Information (c	ontinued)				
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete If the organization answered "Yes" on Form 990,
Part IV, Ilne 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its Instructions is at www.irs.gov/form990,

OMB No. 1545-0047

Employer identification number

Southern Environmental Law Center Frederick S. Middleton III 52-1436778 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year ______ Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **▶**\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet

- works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 - (i) Revenue included on Form 990, Part VIII, line 1
- (II) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

	edule D (Form 990) 2016 BOUCITEE									age :
	art III Organizations Maintain							(contii	rued	}
3	Using the organization's acquisition, according to the collection items (check all that apply):	ession, and other records	s, check any of the foll	owing that are a signi	ificant us	e of its	•			
		(20)								
a	H		_oan or exchange pro							
l,		e [(Other							
0										
4	Provide a description of the organization	s collections and explain	how they further the	organization's exempt	purpose	in Pa	1			
_	XIII.									
5	During the year, did the organization solid								Г	٦
D	assets to be sold to raise funds rather the Escrow and Custodial		art of the organization	s collection?				Y	es	No
	Complete if the organizate 990, Part X, line 21.		on Form 990, Pa	rt IV, line 9, or rep	orted a	an am	ount c	n Fori	n	
1a	Is the organization an agent, trustee, cus	todian or other intermedia	ary for contributions of	r other assets not						
				• • • • • • • • • • • • • • • • • • • •				Y	es 🗌	No
b	If "Yes," explain the arrangement in Part	XIII and complete the foll	owing table:							
								Amour	nt	
	Beginning balance					1c				
d	Additions during the year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		, .	1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2 a	Dld the organization include an amount o	n Form 990, Part X, line	21, for escrow or custo	odial account liability?	•			Y	es 📗	No
	If "Yes," explain the arrangement in Part	KIII. Check here if the exp	planation has been pro	ovided on Part XIII						<u> </u>
Pŧ	art V Endowment Funds.									
	Complete if the organizat		<u>on Form 990, Par</u>							
		(a) Current year	(b) Prior year	(c) Two years back		ree years	back	(e) Fou	r years	back
	Beginning of year balance	25,690,860	8,319,470	7,642,602	6	<u>,579</u>	,853	5,	947,	715
b	Contributions	5,098,926	17,782,155	 .						
C	Net investment earnings, gains, and									
	losses	3,322,467	-410,765	<u>676,868</u>	1	<u>,062</u>	,749		532 <u>,</u>	138
	Grants or scholarships									
е	Other expenditures for facilities and			,						
_	programs									
	Administrative expenses	24 112 272					\rightarrow			
g		34,112,253	25,690,860	8,319,470	7	,642	,602	6,	579,	853
2	Provide the estimated percentage of the o		(line 1g, column (a)) h	neld as:						
	Board designated or quasi-endowment	73.00%								
	Permanent endowment ▶ 12.00 9									
C	Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c s	15.00 %								
		inoula equal 100%.								
2-										
3a	Are there endowment funds not in the pos	session of the organizati	on that are held and a	dministered for the						No
3a	Are there endowment funds not in the pos organization by:								Yes	
3a	Are there endowment funds not in the post organization by: (i) unrelated organizations			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				3a(i)	Yes X	
	Are there endowment funds not in the pos organization by: (I) unrelated organizations (II) related organizations							3a(ii)		X
	Are there endowment funds not in the post organization by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organizations	nizations listed as require	d on Schedule R?							X
b 4	Are there endowment funds not in the post organization by: (I) unrelated organizations (II) related organizations If "Yes" on line 3a(ii), are the related organization organization organizations.	nizations listed as require	d on Schedule R?					3a(ii)		X
b 4	Are there endowment funds not in the post organization by: (I) unrelated organizations (II) related organizations If "Yes" on line 3a(ii), are the related organization Part XIII the intended uses of the control of	nizations listed as require the organization's endow ulpment.	d on Schedule R? ment funds.					3a(ii) 3b	X	X
b 4	Are there endowment funds not in the post organization by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the complete if the organizations.	nizations listed as require the organization's endow ulpment. on answered "Yes" (d on Schedule R? ment funds. on Form 990, Parl	IV, line 11a. See	Form	990, 1		3a(ii) 3b	X 0.	X
b	Are there endowment funds not in the post organization by: (I) unrelated organizations (II) related organizations If "Yes" on line 3a(ii), are the related organization Part XIII the intended uses of the control of	nizations listed as require the organization's endow ulpment. on answered "Yes" (d on Schedule R? ment funds. on Form 990, Pari	IV, line 11a. See	Form	990, 1		3a(ii) 3b	X 0.	X
b 1	Are there endowment funds not in the post organization by: (I) unrelated organizations (II) related organizations If "Yes" on line 3a(ii), are the related organization in Part XIII the intended uses of the complete if the organization of property	nizations listed as require the organization's endow ulpment. on answered "Yes" ((a) Cost or other bas (investment)	d on Schedule R? ment funds. on Form 990, Parl	IV, line 11a. See	Form	990, 1		3a(ii) 3b	X 0.	X
b 1 Pa	Are there endowment funds not in the post organization by: (I) unrelated organizations (II) related organizations If "Yes" on line 3a(ii), are the related organization in Part XIII the intended uses of the complete if the organization of property Land, Buildings, and Equation of property Land	nizations listed as require the organization's endow ulpment. on answered "Yes" ((a) Cost or other bas (investment)	d on Schedule R? ment funds. on Form 990, Pari	IV, line 11a. See	Form	990, 1		3a(ii) 3b	X 0.	X
b 4 Pa	Are there endowment funds not in the post organization by: (I) unrelated organizations (II) related organizations If "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the complete if the organization of property Land Buildings	nizations listed as require the organization's endow ulpment. on answered "Yes" ((a) Cost or other bas (investment)	d on Schedule R? ment funds. On Form 990, Parilisis (b) Cost or oth (other)	IV, line 11a. See er basis (c) A	Form ccumulated preciation	990,	Part X,	3a(ii) 3b line 1	O.	
b 4 Pa 1a b	Are there endowment funds not in the post organization by: (I) unrelated organizations (II) related organizations If "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the intended uses of the complete if the organization of property Land Buildings Leasehold improvements	nizations listed as require the organization's endow ulpment. on answered "Yes" ((a) Cost or other bas (investment)	d on Schedule R? ment funds. on Form 990, Parilis (b) Cost or oth (other)	IV, line 11a. See er basis (c) A de	Form ccumulated preciation	990,	Part X,	3a(ii) 3b line 1 (d) Book	O.	293
b 4 Pa 1a b c	Are there endowment funds not in the post organization by: (I) unrelated organizations (II) related organizations If "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the complete if the organization of property Land Buildings	nizations listed as require the organization's endow ulpment. on answered "Yes" ((a) Cost or other bas (investment)	d on Schedule R? ment funds. on Form 990, Pari is (b) Cost or oth (other)	IV, line 11a. See er basis (c) A	Form ccumulated preciation	990,	Part X,	3a(ii) 3b line 1 (d) Book 43 3 (O.	293

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

Center	52-143677	78	Page 4
		turn.	
0, Part IV, line	12a.	_	
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2a			
2b	19,579		
2c			
2d			
		2e	4,979,34
		3	37,600,97
4a	<u>50,498</u>		
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		4c	50,498
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		2e	19,579
		3	<u>26,500,973</u>
4a	50,498		
4b			
		4c	50,498
		5	<u>26,551,471</u>
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Schedule D (Form 990) 2010	Southern	<u>Environmental</u>	Law	Center	52-1436778	Page :
Part XIII	Supplem	ental Information	Environmental (continued)				

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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Part

Part

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete If the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Information about Schedule I (Form 990) and its Instructions is at www.irs.gov/form990. ▶ Attach to Form 990.

Open to Public 2016 OMB No. 1545-0047

Inspection

Š Clean Energy and Air Clean Energy and Air Clean Energy and Air Clean Energy and Air Clean Energy and Air (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance Employer identification number X Yes 52-1436778 Forests Forests noncash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 22,500 40,900 46,600 40,000 28,651 6,667 6,667 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Southern Environmental Law Center (c) IRC section (if applicable) 56-2049956 58-2504713 58-1620669 31-1641293 56-2173810 51-0198762 94-1153307 General Information on Grants and Assistance Frederick S. Middleton III (b) EIN the selection criteria used to award the grants or assistance? (3) Southern Alliance for Clean Energy 19 E. Martin Street, Suite 300 NC 27601 NC 28607 (4) Virginia Wilderness Committee VA 24435 23219 TN 37901 422 East Franklin St., St 302 NC 28801 VA 23219 (a) Name and address of organization (7) Sierra Club - VA Chapter 5 (2) NC Conservation Network 16 Eagle St., Suite 200 VA Conservation Network or government PO Box 1842 423 Sheep Creek Lane 409 E Main St., #104 (1) Appalachian Voices 191 Howard Street (5) Wild South Name of the organization

Knoxville

Raleigh

Boone

Fairfield

Asheville

9

Richmond

Richmond

8

6

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule | (Form 990) (2016)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Schedule I (Form 990) (2016) Southern Environmental Law Center 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of noncash assistance FMV, appraisal, other)
-		S.				
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4						
c)	0 0 0 0 0 0 0		i.			
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	ide the information rec	quired in Part I, line	2; Part III, column (b)	; and any other additional ir	nformation.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

When SELC receives grant award correspondence, essential information is

recorded in the donor database about grantor's intentions

and restrictions on how the grant monies are to be utilized. All grant

agreements and pertinent correspondence is kept on file in the Development

department and is forwarded annually to SELC's accounting department

for audit purposes. Grant revenue received and the various restrictions on

it is tracked and reconciled annually against the records of SELC's

accounting department. Grantees are given written grant award letters that

require them to use the funds in accordance with the grant letters.

SCHEDULE J

(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Southern Environmental Law Center

Frederick S. Middleton III

Employer identification number 52-1436778

	art I Questions Regarding Compensation	-		
			Yes	No
18	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)	ŀ		
t	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	х	
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 in line	1		
		١.	v	
	1a?	2	X	
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		x
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			х
C	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.			
	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, Ilne 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
-	The amonimation?			v
a	Amendada amadada amadada A			X
IJ	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
_				
6	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?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
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	7		X
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?			
			- 1	

Page 2

Southern Environmental Law Center 52-1436778

Schedule J (Form 990) 2016

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	eldevetron (0)	(E) Total of each man	Į.
(A) Name and Title	(I) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred on prior
Frederick S. Middleton III	(1) 295,850	30.500	25.125	ŀσ	20 102	6	Form 990
1 President	0	0) :	1	1	000107#	0 : 6
Holly Hueston	(0) 136,352	7,500	1,503	13.557		174 025	
2 Treasurer	0	11	•:	223	27.7.1	70	
Derb Carter	0 183,853	10,000	818	43	2	7	
3 Dir. of NC Office	0		0	• :	м.		D : G
Marie Hawthorne	0 171,646	1	10.109	α v	191	000	
4 Dir. of Development) : :	•	1 1	70,04	5 .0
Suttles	150,83	10.00	15.186	7.4	G	5	٥١٥
5 Dir. of Litigation	:	٠:			4 .	n ·	D : 0
	0 137,255	10,00	999	7		001	
6 Senior Litigator	0				1 6	700 700	0:0
David Carr	133,788	5,000	6.230	15	11 762	10	
7 General Counsel	0			S.) :	1	0001601	D : G
Barry A. Brock	() 125,698	19,123	579	0 0		1	
8 Senior Attorney	0	:	. :	<u> </u>	7 0	CAD FORT	0:0
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Oliver Pollard	115.30	5	-	6	18		0
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			5	5	0	0	0
11 (6							
	(3)						
12	(1)						
	8						
13 (fi)							
14 (0)	(1)						
15 (4)	(0)						
(1)							

Schedule J (Form 990) 2016

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 Supplemental Information for any additional information.

to board and donor meetings in order to carry out requested board and donor Frederick S. Middleton's wife, Chita Middleton travelled on two occasions to be relationship activities on behalf of SELC. This is deemed Part I, Line la - Fringe or Expense Explanation working condition fringe benefit.

SCHEDULE O (Form 990 or 990-EZ)

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.

2016

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or 990-EZ.
➤ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection
Employer Identification number

Name of the organization Southern Environmental Law Center Frederick S. Middleton III

52-1436778

Form 990, Part III, Line 4d - All Other Accomplishment
National Forests and Parks: To ensure that Southern
Appalachian national forests are managed primarily for fish and wildlife;
clean water, recreation and scenic beauty; and to protect the integrity of
the Great Smoky Mountains and Shenandoah National Parks.
Clean Water: To protect and restore water quality and water flow to ensure
surface and ground waters in our region can meet long-term human and
ecological needs.
Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
The Form 990 was distributed to all board members before filing.
The Board Audit Committee met and discussed the document with independent
auditors, Executive Director, Director of Finance and General Counsel.
Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
The conflict of interest policy is a section of SELC's Code of Ethics
included in the employee's policies, and is provided to every employee
as part of their orientation and is available on the company intranet. The
conflict of interest policy is distributed to all Trustees annually and any
potential conflicts of interest are to be immediately disclosed to the
Audit committee.
Form 990, Part VI, Line 15a - Compensation Process for Top Official
The Compensation sub-committee of the Executive Committee meets annually

Page 1 of 1