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Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0047

2000

Open to Public Inspection

A For the 2000 calendar year, OR tax year period beginning **NOV 1, 2000** and ending **OCT 31, 2001**

B Check if applicable: <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (use also for state reporting)	Please use IRS label or print or type See Specific instructions.	C Name of organization SOUTHERN POVERTY LAW CENTER, INC.		D Employer identification number 63-0598743
		Number and street (or P O box if mail is not delivered to street address) P.O. BOX 548		Room/suite E Telephone number (334) 264-0286
		City or town, state or country, and ZIP MONTGOMERY, AL 36104		F Check <input type="checkbox"/> if application pending

G Organization type (check only one) 501(c) (3) (insert no) 527
OR 4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

J Accounting method Cash Accrual Other (specify)

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

H (H and I are not applicable to section 527 orgs)
 H(a) Is this a group return for affiliates? Yes No
 H(b) If "Yes," enter number of affiliates
 H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
 H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
 I Enter 4-digit group exemption no. (GEN)
 L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	Expenses	Net Assets
1 Contributions, gifts, grants, and similar amounts received		
a Direct public support		
b Indirect public support		
c Government contributions (grants)		
d Total (add lines 1a through 1c) (cash \$ 28,071,178. noncash \$ _____)		1d 28,071,178.
2 Program service revenue including government fees and contracts (from Part VII, line 93)		2 99,046.
3 Membership dues and assessments		3
4 Interest on savings and temporary cash investments		4 503,583.
5 Dividends and interest from securities		5 356,564.
6 a Gross rents		
b Less rental expenses		
c Net rental income or (loss) (subtract line 6b from line 6a)		6c
7 Other investment income (describe ENDOWMENT INCOME)		7 6,386,672.
8 a Gross amount from sale of assets other than inventory		
(A) Securities		
(B) Other		
b Less cost or other basis and sales expenses		
c Gain or (loss) (attach schedule)		
d Net gain or (loss) (combine line 8c, columns (A) and (B))		8d 362,694.
9 Special events and activities (attach schedule)		
a Gross revenue (not including \$ _____ of contributions reported on Form 990)		
b Less direct expenses other than fundraising expenses		
c Net income or (loss) from special events (subtract line 9b from line 9a)		9c
10 a Gross sales of inventory, less returns and allowances		
b Less cost of goods sold		
c Gross profit (loss) from sale of inventory (attach schedule) (subtract line 10b from line 10a)		10c
11 Other revenue (from Part VII, line 103)		11 529,925.
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12 36,309,662.
13 Program services (from line 44, column (B))		13 15,489,988.
14 Management and general (from line 44, column (C))		14 1,423,405.
15 Fundraising (from line 44, column (D))		15 6,503,760.
16 Payments to affiliates (attach schedule)		16
17 Total expenses (add lines 16 and 44, column (A))		17 23,417,153.
18 Excess or (deficit) for the year (subtract line 17 from line 12)		18 12,892,509.
19 Net assets or fund balances at beginning of year (from line 73, column (A))		19 128,762,384.
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3		20 <27,442,962.>
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21 114,211,931.

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash \$ _____ noncash \$ _____	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25	746,410.	574,268.	115,663.
26 Other salaries and wages	26	3,644,862.	2,343,340.	385,088.
27 Pension plan contributions	27	473,712.	312,650.	52,108.
28 Other employee benefits	28	628,957.	415,112.	69,185.
29 Payroll taxes	29	309,065.	203,983.	33,997.
30 Professional fundraising fees	30			
31 Accounting fees	31	70,013.		70,013.
32 Legal fees	32	41,117.	41,117.	
33 Supplies	33	702,661.	280,019.	260,917.
34 Telephone	34	299,787.	223,784.	37,622.
35 Postage and shipping	35	2,246,279.	686,027.	63,923.
36 Occupancy	36			
37 Equipment rental and maintenance	37	44,055.	20,563.	9,840.
38 Printing and publications	38	6,908,393.	5,427,291.	42,631.
39 Travel	39	105,576.	101,650.	2,107.
40 Conferences, conventions, and meetings	40			
41 Interest	41	250,848.	125,424.	62,712.
42 Depreciation, depletion, etc (attach schedule)	42	643,961.	515,169.	64,396.
43 Other expenses (itemize) a _____ b _____ c _____ d _____ e SEE STATEMENT 4	43a 43b 43c 43d 43e	 6,301,457.	 4,219,591.	 153,203.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	23,417,153.	15,489,988.	1,423,405.

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 2,707,687., (ii) the amount allocated to Program services \$ 1,991,664., (iii) the amount allocated to Management and general \$ 716,023., and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 5	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts; but optional for others.)
a PROVIDING LEGAL SERVICES FOR VICTIMS OF CIVIL RIGHTS INJUSTICE AND HATE CRIMES (Grants and allocations \$ _____)	3,225,551.
b SEE STATEMENT 6 (Grants and allocations \$ _____)	12,264,437.
c (Grants and allocations \$ _____)	
d (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	15,489,988.

Part IV Balance Sheets

Note		(A)		(B)	
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year	
Assets	45	Cash - non-interest-bearing	2,580,385.	45	1,420,741.
	46	Savings and temporary cash investments	3,673,066.	46	10,000.
	47 a	Accounts receivable	47a 1,787,598.		
	b	Less allowance for doubtful accounts	47b	1,721,288.	47c 1,787,598.
	48 a	Pledges receivable	48a		48c
	b	Less allowance for doubtful accounts	48b		49
	49	Grants receivable			50
	50	Receivables from officers, directors, trustees, and key employees			
	51 a	Other notes and loans receivable	51a		51c
	b	Less allowance for doubtful accounts	51b	52,600.	52
	52	Inventories for sale or use			53
	53	Prepaid expenses and deferred charges		228,122.	53 122,038.
	54	Investments - securities STMT 7 STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		5,624,554.	54 9,833,826.
	55 a	Investments - land, buildings, and equipment basis	55a		55c
	b	Less accumulated depreciation	55b		
56	Investments - other SEE STATEMENT 9		115,279,002.	56 101,637,301.	
57 a	Land, buildings, and equipment basis	57a 22,912,922.			
b	Less accumulated depreciation	57b 3,648,650.	17,719,406.	57c 19,264,272.	
58	Other assets (describe SEE STATEMENT 11)		563,480.	58 0.	
59	Total assets (add lines 45 through 58) (must equal line 74)		147,441,903.	59 134,075,776.	
Liabilities	60	Accounts payable and accrued expenses	1,308,630.	60	1,629,889.
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities STATEMENT 12		15,000,000.	64a 15,000,000.
	b	Mortgages and other notes payable STMT 10			64b
65	Other liabilities (describe SEE STATEMENT 11)		2,370,889.	65 3,233,956.	
66	Total liabilities (add lines 60 through 65)		18,679,519.	66 19,863,845.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	128,650,440.	67	114,097,277.
	68	Temporarily restricted	111,944.	68	114,654.
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)		128,762,384.	73 114,211,931.	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)		147,441,903.	74 134,075,776.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	8,866,700.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ <27442962.>		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	b	<27442962.>
c	Line a minus line b	c	36,309,662.
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	36,309,662.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	23,417,153.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	23,417,153.
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	23,417,153.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
PATRICIA CLARK	DIRECTOR			
PHILADELPHIA, PA	PART TIME	0.	0.	0.
FRANCES M. GREEN	DIRECTOR			
BOULDER, CO	PART TIME	0.	0.	0.
RUFUS HUFFMAN	DIRECTOR			
UNION SPRINGS, AL	PART TIME	0.	0.	0.
HOWARD MANDELL	DIRECTOR			
MONTGOMERY, AL	PART TIME	0.	0.	0.
JAMES MCELROY	DIRECTOR			
SAN DIEGO, CA	PART TIME	0.	0.	0.
JOSEPH J. LEVIN, JR.	PRESIDENT			
MONTGOMERY, AL	FULL TIME	209,810.	21,226.	0.
TEENIE HUTCHISON	SECRETARY/TREASURER			
MONTGOMERY, AL	FULL TIME	75,000.	11,625.	0.
RICHARD COHEN	LEGAL DIRECTOR			
MONTGOMERY, AL	FULL TIME	202,606.	21,226.	0.
MORRIS DEES	CHIEF TRIAL COUNSEL			
MONTGOMERY, AL	FULL TIME	258,994.	21,705.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule Yes No Form 990 (2000)

Part VI Other Information		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0.	
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III)	82b		N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		N/A
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b		N/A
c	Dues, assessments, and similar amounts from members	85c		N/A
d	Section 162(e) lobbying and political expenditures	85d		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		N/A
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a		N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a		N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0., section 4912 <input type="checkbox"/> 0., section 4955 <input type="checkbox"/> 0.			
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> SEE STATEMENT 13			
b	Number of employees employed in the pay period that includes March 12, 2000	90b		80
91	The books are in care of <input type="checkbox"/> TEENIE HUTCHISON Telephone no <input type="checkbox"/> 956 8349 334-264-0286			
	Located at <input type="checkbox"/> 403 WASHINGTON AVENUE, MONTGOMERY, AL ZIP code <input type="checkbox"/> 36104			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92		N/A

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a SALE & RENTAL OF EDUCA-					
b TIONAL MATERIALS					99,046.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	503,583.	
96 Dividends and interest from securities			14	356,564.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			14	6,386,672.	
100 Gain or (loss) from sales of assets other than inventory			18	362,694.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS					45,028.
b ROYALTIES			15	484,897.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		8,094,410.	144,074.
105 Total (add line 104, columns (B), (D), and (E))					8,238,484.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	THE SALE OF EDUCATIONAL MATERIALS TO THE PUBLIC IS PART OF THE OVERALL EDUCATIONAL PROGRAM.
103A	COURT AWARDS AND ATTORNEY FEES FROM CASES FOR VICTIMS OF CIVIL RIGHTS INJUSTICE AND HATE CRIMES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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. (Important: See General Instruction W)

Please Sign Here: *Teenie Hutchison* 11/21/02 TEENIE HUTCHISON SECRETARY/TREASURER

Preparer's signature: *R. S. Bailey* Date: 1/5/02 Check if self-employed: Preparer's SSN or PTIN: POC137613

Firm's name (or yours if self-employed) and address and ZIP code: JACKSON THORNTON & CO., P.C. P. O. BOX 96 MONTGOMERY, AL 36101-0096

EIN: Phone no:

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

SOUTHERN POVERTY LAW CENTER, INC.

Employer identification number

63 0598743

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DAVE WATSON MONTGOMERY, AL	SR PKG DESIGN FULL TIME	85,300.	13,221.	
RHONDA BROWNSTEIN MONTGOMERY, AL	SR STAFF ATTY FULL TIME	111,058.	10,718.	
ALISON COLLMAN MONTGOMERY, AL	DIR. DEVELOPME FULL TIME	98,685.	10,407.	
ANDREW SVENSON MONTGOMERY, AL	DIR. DEVELOPME FULL TIME	125,788.	18,094.	
JOANN CHANCELLOR MONTGOMERY, AL	ADMINISTRATOR FULL TIME	95,737.	2,439.	
Total number of other employees paid over \$50,000	8			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
RAZORFISH, INC. NEW YORK, NY	CONSULTING SERVICES	1177067.
SOLUTIONS ASSOCIATES PRATTVILLE, AL	CONSULTING SERVICES	129,475.
CRS BIRMINGHAM, AL	CONSULTING SERVICES	99,879.
IMAGISTIC MEDIA STUDIOS, INC. VENICE, CA	CONSULTING SERVICES	620,535.
Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary?		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e	Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?		X
4a	Do you have a section 403(b) annuity plan for your employees?		X
b	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school. Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting
 Note. You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	31,509,819.	27,314,555.	20,046,239.	18,085,092.	96,955,705.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	92,813.	88,692.	94,931.	121,552.	397,988.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	120,010.	16,619,713.	8,185,038.	13,572,238.	38,496,999.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	31,722,642.	44,022,960.	28,326,208.	31,778,882.	135,850,692.
24 Line 23 minus line 17	31,629,829.	43,934,268.	28,231,277.	31,657,330.	135,452,704.
25 Enter 1% of line 23	317,226.	440,230.	283,262.	317,789.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 2,709,054.
	b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts				26b 0.
	c Total support for section 509(a)(1) test: Enter line 24, column (e)				26c 135,452,704.
	d Add: Amounts from column (e) for lines 18 <u>38,496,999.</u> 19 _____ 22 _____ 26b _____				26d 38,496,999.
	e Public support (line 26c minus line 26d total)				26e 96,955,705.
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 71.5790%
27 Organizations described on line 12.	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year (1999) <u>N/A</u> (1998) _____ (1997) _____ (1996) _____				
	b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (1999) <u>N/A</u> (1998) _____ (1997) _____ (1996) _____				
	c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____				27c N/A
	d Add: Line 27a total _____ and line 27b total _____				27d N/A
	e Public support (line 27c total minus line 27d total)				27e N/A
	f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) <u>27f</u> <u>N/A</u>				27f N/A
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15 (See page 5 of the instructions)

NONE

Part V Private School Questionnaire
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	

32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	32d	

33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)	33h	

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check here If the organization belongs to an affiliated group

Check here If you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is -		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 9 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period					(e) Total
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	N/A	
45	Lobbying nontaxable amount					0.
46	Lobbying ceiling amount (150% of line 45(e))					0.
47	Total lobbying expenditures					0.
48	Grassroots nontaxable amount					0.
49	Grassroots ceiling amount (150% of line 48(e))					0.
50	Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

- (i) Cash
 - (ii) Other assets
- b** Other transactions
- (i) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment, or other assets
 - (iv) Reimbursement arrangements
 - (v) Loans or loan guarantees
 - (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

N/A

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

FORM 990 GAIN (LOSS) FROM NON-PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
SALE OF PUBLICLY TRADED SECURITIES	VAR	VAR	PURCHASED	
	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	21,322,094.	20,916,166.	0.	405,928.
TOTAL TO FM 990, PART I, LN 8	21,322,094.	20,916,166.	0.	405,928.

FORM 990 **GAIN (LOSS) FROM SALE OF OTHER ASSETS** **STATEMENT** **2**

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	NET GAIN OR (LOSS)	
	VAR	VAR	PURCHASED		
	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	
SALE OF EQUIPMENT	3,250.	46,484.	0.	0.	<43,234.>
TO FM 990, PART I, LN 8	3,250.	46,484.	0.	0.	<43,234.>

FORM 990 **OTHER CHANGES IN NET ASSETS OR FUND BALANCES** **STATEMENT** **3**

DESCRIPTION	AMOUNT
UNREALIZED LOSSES ON MARKETABLE SECURITIES	<27,442,962.>
TOTAL TO FORM 990, PART I, LINE 20	<27,442,962.>

FORM 990 **OTHER EXPENSES** **STATEMENT** **4**

DESCRIPTION	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
RENTAL EXPENSE	79,148.	39,574.		39,574.
LIBRARY EXPENSE	132,166.	128,519.	2,623.	1,024.
INSURANCE	61,524.	49,219.	9,229.	3,076.
INVESTIGATION & SUPPORT	308,391.	287,401.	16,146.	4,844.
CASE COST EXPENSE	843,591.	843,591.		
LICENSE AND DUES	224,548.	161,723.	32,393.	30,432.
LETTERSHP EXPENSE	1,557,134.	407,204.	24,413.	1,125,517.
OTHER DEVELOPMENT COST	868,419.	213,045.	10,921.	644,453.
OTHER EDUCATIONAL PROJECTS	1,841,612.	1,841,612.		
CIVIL RIGHTS MAINTENANCE	11,131.	11,131.		
CONTRACT LABOR	372,282.	235,061.	57,478.	79,743.
MUSEUM/WALL OF TOLERANCE	1,511.	1,511.		
TOTAL TO FM 990, LN 43	6,301,457.	4,219,591.	153,203.	1,928,663.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

TO COMBAT HATE, INTOLERANCE, AND DISCRIMINATION THROUGH EDUCATION AND LITIGATION.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE TWO

EDUCATING THE GENERAL PUBLIC, PUBLIC OFFICIALS, TEACHERS, STUDENTS AND LAW ENFORCEMENT AGENCIES AND OFFICERS WITH RESPECT TO ISSUES OF HATE AND INTOLERANCE AND PROMOTING TOLERANCE OF DIFFERENCES THROUGH THE SCHOOLS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		12,264,437.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 7

DESCRIPTION	TOTAL NON-GOV'T SECURITIES
CASH & CASH EQUIVALENTS	3,084,902.
EQUITY SECURITIES	2,516,965.
TO FM 990, LN 54 COL B	5,601,867.

FORM 990 GOVERNMENT SECURITIES STATEMENT 8

DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
U.S.TREASURY DEBT SECURITIES	4,231,959.		4,231,959.
TOTAL TO FORM 990, LINE 54, COL B	4,231,959.		4,231,959.

FORM 990	OTHER INVESTMENTS	STATEMENT	9
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<u>DESCRIPTION</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
SECURITIES	MARKET VALUE	101,637,301.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		<u>101,637,301.</u>

FORM 990	OTHER NOTES AND LOANS PAYABLE	STATEMENT 10
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LENDER'S NAME	TERMS OF REPAYMENT
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DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
		0.	.00%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
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RELATIONSHIP OF LENDER

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	0.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B	
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FORM 990	OTHER LIABILITIES	STATEMENT 11
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DESCRIPTION	AMOUNT
GIFT ANNUITY & POOLED INCOME FUND LIABILITIES	3,233,956.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	3,233,956.

FORM 990 TAX-EXEMPT BOND LIABILITIES OUTSTANDING STATEMENT 12

PURPOSE OF ISSUE ISSUE DATE

CONSTRUCTION OF BUILDING 03/30/99

ORIGINAL ISSUE AMOUNT	PROJECT COMPLETION DATE	UNEXPENDED BOND PROCEEDS	TYPE OF FORM 8038 FILED	FORM 8038 DATE
15,000,000.	03/31/01	0.	NONE FILED	

THIRD PARTY INFORMATION AMOUNT OF ISSUE OUTSTANDING
15,000,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64A 15,000,000.

FORM 990 LIST OF STATES RECEIVING COPY OF RETURN STATEMENT 13
PART VI, LINE 90

STATES
ARIZONA, CALIFORNIA, CONNECTICUT, FLORIDA, GEORGIA
ILLINOIS, KANSAS, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA,
MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH CAROLINA,
OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA,
WASHINGTON, WEST VIRGINIA, WISCONSIN, COLORADO, NORTH DAKOTA, ARKANSAS
LOUISIANA, RHODE ISLAND