

Form **990**  
(Rev. January 2020)  
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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019****Open to Public Inspection****A** For the 2019 calendar year, or tax year beginning , and ending**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**SOUTHFACE ENERGY INSTITUTE, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**241 PINE STREET NE**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**ATLANTA****GA 30308****D** Employer identification number**58-1357547****E** Telephone number**404-872-3549****G** Gross receipts \$**6,737,446****F** Name and address of principal officer:**ANDREA C. PINABELL****241 PINE STREET NE****ATLANTA****GA 30308****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**I** Tax-exempt status:☒ 501(c)(3)☐ 501(c) ( )

(insert no.)

☐ 4947(a)(1) or☐ 527**J** Website: ▶**WWW.SOUTHFACE.ORG****H(c)** Group exemption number ▶**K** Form of organization:☒ Corporation☐ Trust☐ Association☐ Other ▶**L** Year of formation: **1978****M** State of legal domicile: **GA****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	14		
	4	14		
	5	72		
	6	0		
	Revenue	7a	0	
7b		0		
8		Prior Year	Current Year	
9		3,453,020	4,968,376	
10		1,372,386	1,516,326	
11		-17,098	247,544	
12		3,650	5,200	
13		4,811,958	6,737,446	
Expenses		14	0	0
		15	3,295,463	3,739,313
	16a	0	0	
	17	478,035	0	
	18	1,482,747	2,828,134	
	19	4,778,210	6,567,447	
	20	33,748	169,999	
	21	6,628,283	8,309,013	
	Net Assets or Fund Balances	22	1,767,438	3,278,169
		23	4,860,845	5,030,844

**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 Here**

Signature of officer

**ANDREA C. PINABELL**

Type or print name and title

**PRESIDENT**

Date

**09.16.2020****Paid****Preparer Use Only**

Print/Type preparer's name

**ROGER A. SANTI, CPA**

Preparer's signature

Date

Check ☐ if PTIN

Self-employed

**P00121054**

Firm's name ▶

**SANTI & ASSOCIATES, PC**

Firm's EIN ▶

**58-2019486**

Firm's address ▶

**4010 OLD MILTON PKWY  
ALPHARETTA, GA 30005-3423**

Phone no.

**770-623-4440**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

☒**1** Briefly describe the organization's mission:**SEE SCHEDULE O****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ **1,422,595** including grants of \$ ) (Revenue \$ **1,697,246** )  
**SEE SCHEDULE O****4b** (Code: ) (Expenses \$ **980,542** including grants of \$ ) (Revenue \$ **1,254,218** )  
**SEE SCHEDULE O****4c** (Code: ) (Expenses \$ **734,702** including grants of \$ ) (Revenue \$ **914,278** )  
**SEE SCHEDULE O****4d** Other program services (Describe on Schedule O.)(Expenses \$ **2,180,395** including grants of \$ ) (Revenue \$ **2,871,704** )**4e** Total program service expenses **5,318,234**



**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<b>X</b>
<b>7</b> 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		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	<b>X</b>	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>X</b>	
<b>b</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		<b>X</b>
<b>c</b> 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		<b>X</b>
<b>d</b> 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		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>X</b>	
<b>f</b> 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		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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		<b>X</b>



**Part IV Checklist of Required Schedules (continued)**

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	6	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	



**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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	2a	72
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
b	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	
c	Enter the amount of reserves on hand	13c	
14a	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 on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X



**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

	1a	14	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 on Schedule O.		14		
b Enter the number of voting members included on line 1a, above, who are independent	1b	14		
2 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?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
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?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 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 on Schedule O.			9	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	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	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
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?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X
16a 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	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► **GA**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on 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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

**GAEA L. NASH**  
**ATLANTA**

**241 PINE STREET NE**

**GA 30308**

**404-872-3549**



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDREA C. PINABELL	40.00									
PRESIDENT	0.00			X				191,380	0	0
(2) BARRY COATES	40.00									
CFO	0.00			X				155,259	0	0
(3) DENIS BLACKBURNE	1.00									
BOARD MEMBER	0.00	X						0	0	0
(4) LINDA BOLAN	1.00									
BOARD MEMBER	0.00	X						0	0	0
(5) CHRIS BOYLE	1.00									
VICE CHAIR/TREASURER	0.00	X						0	0	0
(6) COREY DEAL	1.00									
BOARD MEMBER	0.00	X						0	0	0
(7) NEIL DESAI	1.00									
BOARD MEMBER	0.00	X						0	0	0
(8) BARRY R. GOLDMAN	1.00									
BOARD MEMBER	0.00	X						0	0	0
(9) JOHN HINTON	1.00									
BOARD MEMBER	0.00	X						0	0	0
(10) JOHN LANIER	1.00									
CHAIR	0.00	X						0	0	0
(11) LAURA MARLOW	1.00									
BOARD MEMBER	0.00	X						0	0	0



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (*continued*)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) PAULA MCEVOY	1.00									
BOARD MEMBER	0.00	X						0	0	0
(13) TYRONE RACHAL	1.00									
SECRETARY	0.00	X						0	0	0
(14) MAKARA RUMLEY	1.00									
BOARD MEMBER	0.00	X						0	0	0
(15) WILL SELLERS	1.00									
BOARD MEMBER	0.00	X						0	0	0
(16) NIKKI WALKER	1.00									
BOARD MEMBER	0.00	X						0	0	0
<b>1b Subtotal</b>								346,639		
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								346,639		

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

**3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns	1a	5,205			
	b	Membership dues	1b	37,578			
	c	Fundraising events	1c	210,091			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,340,252			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,375,250			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 103,422			
	<b>h Total. Add lines 1a-1f</b>				<b>4,968,376</b>		
<b>Program Service Revenue</b>	Business Code						
	2a	PROGRAM REVENUE		1,374,712	1,374,712		
	b	SPONSORSHIPS		141,614	141,614		
	c						
	d						
	e						
	f	All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>				<b>1,516,326</b>		
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)		242,232	134,644		107,588
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
	b	Less: rental expenses	(ii) Personal				
	c	Rental inc. or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
	b	Less: cost or other basis and sales exps.	(ii) Other	5,312			
	c	Gain or (loss)		5,312			
	d	Net gain or (loss)		5,312	5,312		
	8a	Gross income from fundraising events (not including \$ 210,091 of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19					
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	Business Code						
	11a	OTHER REVENUE		5,200	5,200		
	b						
	c						
	d	All other revenue					
	<b>e Total. Add lines 11a-11d</b>				<b>5,200</b>		
<b>12 Total revenue. See instructions</b>				<b>6,737,446</b>	<b>1,661,482</b>	<b>0</b>	<b>107,588</b>



**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	903,131	478,659	370,284	54,188
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	2,298,340	1,229,906	955,369	113,065
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	312,076		312,076	
10 Payroll taxes	225,766	141,532	70,937	13,297
11 Fees for services (nonemployees):				
a Management				
b Legal	8,306		8,306	
c Accounting	33,045		33,045	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	14,006		14,006	
12 Advertising and promotion	46,697	36,907	9,170	620
13 Office expenses	29,166	8,996	14,816	5,354
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	58,613	56,472	1,542	599
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	4,443		4,443	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	143,284		143,284	
23 Insurance	76,198		76,198	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>CHARTIABLE GRANTS</b>	963,497	963,497		
b <b>CONTRACT LABOR</b>	731,682	607,284	87,790	36,608
c <b>FEES, LICENSES &amp; PERMITS</b>	207,991	107,936	96,012	4,043
d <b>SUPPLIES AND EQUIPMENT</b>	199,100	101,677	44,164	53,259
e All other expenses	312,106	1,585,368	-1,470,264	197,002
25 Total functional expenses. Add lines 1 through 24e	6,567,447	5,318,234	771,178	478,035
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				



**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing	1,793,755	1	2,014,677
	2 Savings and temporary cash investments	1,799,255	2	1,856,982
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	463,778	4	665,809
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	27,175	9	23,228
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,756,428		
	b Less: accumulated depreciation	10b 3,406,862	10c	2,349,566
	11 Investments—publicly traded securities	1,220,621	11	1,395,751
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,000	15	3,000
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	6,628,283	16	8,309,013	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	92,591	17	176,260
	18 Grants payable		18	
	19 Deferred revenue	1,474,666	19	2,450,121
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	400,000
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	200,181	25	251,788
	26 <b>Total liabilities.</b> Add lines 17 through 25	1,767,438	26	3,278,169
<b>Net Assets or Fund Balances</b>	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,726,734	27	1,152,535
	28 Net assets with donor restrictions	3,134,111	28	3,878,309
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 <b>Total net assets or fund balances</b>	4,860,845	32	5,030,844
33 <b>Total liabilities and net assets/fund balances</b>	6,628,283	33	8,309,013	



**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>6,737,446</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>6,567,447</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>169,999</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>4,860,845</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>5,030,844</b>

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b> 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b> 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?		<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		



Form

**8868**

(Rev. January 2020)

Department of the Treasury  
Internal Revenue Service**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-0047

- **File a separate application for each return.**
- **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time. Only submit original (no copies needed).**

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	<b>SOUTHFACE ENERGY INSTITUTE, INC.</b>	<b>58-1357547</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>241 PINE STREET NE</b>	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	<b>ATLANTA</b>	<b>GA 30308</b>

Enter the Return Code for the return that this application is for (file a separate application for each return)

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**GAEA L. NASH**  
**241 PINE STREET NE**

- The books are in the care of ► **ATLANTA** **GA 30308**

Telephone No. ► **404-872-3549**Fax No. ► **404-872-5009**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **11/15/20**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year **2019** or► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)



**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019****Open to Public  
Inspection**

Name of the organization

**SOUTHFACE ENERGY INSTITUTE, INC.**

Employer identification number

**58-1357547****Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ 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 university: .....
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 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.
- a ☐ **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.**
- 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.**
- 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.**
- d ☐ **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.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations:
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2019



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,054,546	2,913,733	2,843,067	3,496,621	4,042,457	16,350,424
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	3,054,546	2,913,733	2,843,067	3,496,621	4,042,457	16,350,424
5 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)						
6 <b>Public support.</b> Subtract line 5 from line 4						16,350,424

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	3,054,546	2,913,733	2,843,067	3,496,621	4,042,457	16,350,424
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	25,898	36,062	50,743	101,795	107,588	322,086
9 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.)			905	3,650	5,200	9,755
11 <b>Total support.</b> Add lines 7 through 10						16,682,265
12 Gross receipts from related activities, etc. (see instructions)					12	4,473,880
13 <b>First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	98.01%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	98.22%
16a <b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14</b> 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 ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	%

- 19a** 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐
- b** 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐
- 20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐



**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 Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> 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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> 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.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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 <b>Part VI</b> 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.		
<b>5a</b> 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 <b>Part VI</b> , 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).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).		
<b>8</b> 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).		
<b>9a</b> 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 <b>Part VI</b> .		
<b>b</b> 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 <b>Part VI</b> .		
<b>c</b> 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 <b>Part VI</b> .		
<b>10a</b> 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.		
<b>b</b> 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.)		



**Part IV Supporting Organizations** (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a 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?
- b A family member of a person described in (a) above?
- 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.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

- 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.
- 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.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

- 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).

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

- 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?
- 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).
- 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.

	Yes	No
1		
2		
3		

**Section 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 instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

## 2 Activities Test. Answer (a) and (b) below.

- 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.
- 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.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a 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.
- 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.

	Yes	No
2a		
2b		
3a		
3b		



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	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	<b>Adjusted Net Income</b> (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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		



**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	<b>Total annual distributions.</b> Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2019 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

  

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			



**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**PART II, LINE 10 - OTHER INCOME DETAIL**

\$ 9,755



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

Employer identification number

**SOUTHFACE ENERGY INSTITUTE, INC.**

**58-1357547**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ .....

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



Name of organization

SOUTHFACE ENERGY INSTITUTE, INC.

Employer identification number

58-1357547

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TURNER FOUNDATION 133 LUCKIE STREET, 2ND FLOOR ATLANTA GA 30303	\$ 141,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	U.S. DEPARTMENT OF ENERGY 1000 INDEPENDENCE AVENUE SW WASHINGTON DC 20585	\$ 186,818	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE KENDEDA FUND 122 PARK AVENUE TAKOMA PARK MD 20912	\$ 1,669,079	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THE JPB FOUNDATION 9 WEST 57TH STREET, 38TH FLOOR NEW YORK NY 10019	\$ 868,148	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ENERGY FOUNDATION 301 BATTERY STREET, 5TH FLOOR SAN FRANCISCO CA 94111	\$ 269,093	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CITY OF ATLANTA 55 TRINITY AVE, SW ATLANTA GA 30303	\$ 400,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

SOUTHFACE ENERGY INSTITUTE, INC.

Employer identification number

58-1357547

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GA DEPARTMENT OF COMMUNITY AFFAIRS 60 EXECUTIVE PARK SOUTH, NE ATLANTA GA 30329	\$ 171,453	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**Open to Public  
Inspection

Name of the organization

Employer identification number

**SOUTHFACE ENERGY INSTITUTE, INC.****58-1357547****Part I 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
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 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.	
a Total number of conservation easements .....	<b>Held at the End of the Tax Year</b>
b Total acreage restricted by conservation easements .....	2a
c Number of conservation easements on a certified historic structure included in (a) .....	2b
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2c
	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....	
4 Number of states where property subject to conservation easement is located ▶ .....	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....	
8 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1 .....	▶ \$ .....
b Assets included in Form 990, Part X .....	▶ \$ .....



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange program  
 e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance .....  
 d Additions during the year .....  
 e Distributions during the year .....  
 f Ending balance .....

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,012,125	1,049,325	959,773	900,267	961,142
b Contributions					25
c Net investment earnings, gains, and losses	166,935	-37,200	107,040	59,506	-37,941
d Grants or scholarships					
e Other expenditures for facilities and programs			17,488		22,959
f Administrative expenses					
g End of year balance	1,179,060	1,012,125	1,049,325	959,773	900,267

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ ..... %  
 b Permanent endowment ▶ ..... %  
 c Term endowment ▶ **100.00** %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations .....  
 (ii) Related organizations .....

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,172,149		1,172,149
b Buildings		4,046,681	2,943,946	1,102,735
c Leasehold improvements		92,713	31,311	61,402
d Equipment		334,243	320,963	13,280
e Other		110,642	110,642	
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>2,349,566</b>



**Part VII Investments – Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments – Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED COMPENSATION	251,788
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	251,788

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	<b>6,737,446</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	<b>6,737,446</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>5</b>	<b>6,737,446</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	<b>6,567,447</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	<b>6,567,447</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<b>5</b>	<b>6,567,447</b>

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.



**Part XIII** **Supplemental Information** *(continued)*

Area with horizontal dotted lines for supplemental information.



**SCHEDULE G**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**Open to Public  
Inspection

Name of the organization

**SOUTHFACE ENERGY INSTITUTE, INC.**

Employer identification number

**58-1357547****Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations                      e ☐ Solicitation of non-government grants
- b ☐ Internet and email solicitations      f ☐ Solicitation of government grants
- c ☐ Phone solicitations                      g ☐ Special fundraising events
- d ☐ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>VARIOUS FUNDRAI</u> (event type)	(b) Event #2 <u>VISIONARY DINNE</u> (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts .....	110,091	100,000		210,091
	2 Less: Contributions ....	110,091	100,000		210,091
	3 Gross income (line 1 minus line 2) .....				
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages ..				
	8 Entertainment .....				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue .....				
Direct Expenses	2 Cash prizes .....				
	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses				
	6 Volunteer labor .....	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: .....

a Is the organization licensed to conduct gaming activities in each of these states? .....

☐ Yes ☐ No

b If "No," explain: .....

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? .....

☐ Yes ☐ No

b If "Yes," explain: .....



- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....
- c If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

16 Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....

**Part IV**

**Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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

Name of the organization

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**Open to Public  
Inspection

Employer identification number

58-1357547

**Part I** Questions Regarding Compensation**1a** 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.

- |                                                                    |                                                                            |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** 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**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the 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.

- |                                                              |                                                                                     |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- 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:

- a** The organization?
- b** Any related organization?
- 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**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X



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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ANDREA C. PINABELL	(i)	191,380	0	0	0	191,380	0
1 PRESIDENT	(ii)	0	0	0	0	0	0
BARRY COATES	(i)	155,259	0	0	0	155,259	0
2 CFO	(ii)	0	0	0	0	0	0
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Area with horizontal dotted lines for supplemental information.



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

Name of the organization

**Noncash Contributions**

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019****Open To Public  
Inspection**

Employer identification number

**58-1357547****SOUTHFACE ENERGY INSTITUTE, INC.****Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( CONTRACT LABOR )	X	1	83,372	FAIR VALUE
26 Other ▶ ( SUPPLIES/EQUIP. )	X	1	12,855	FAIR VALUE
27 Other ▶ ( LANDSCAPING )	X	1	6,700	FAIR VALUE
28 Other ▶ ( SOFTWARE FEES )	X	1	495	FAIR VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Employer identification number

**SOUTHFACE ENERGY INSTITUTE, INC.**

**58-1357547**

**FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

FOR MORE THAN 40 YEARS, SOUTHFACE INSTITUTE, A NONPROFIT 501(C)3 ORGANIZATION, HAS BEEN A LEADER IN THE RESEARCH, DESIGN AND IMPLEMENTATION OF A REGENERATIVE ECONOMY, ONE THAT GIVES BACK MORE THAN IT USES. SOUTHFACE WORKS IN COLLABORATION WITH A NETWORK OF PARTNER NONPROFITS, BUSINESSES, GOVERNMENT AGENCIES, UNIVERSITIES AND TECHNICAL EXPERTS TO IMPLEMENT SUSTAINABLE, HIGH-PERFORMANCE AND SCALABLE SOLUTIONS IN HOMES, WORKPLACES AND COMMUNITIES. THROUGH EDUCATION, RESEARCH, ADVOCACY AND TECHNICAL SERVICES, OUR WORK POSITIVELY IMPACTS HEALTH, EQUITY AND WELL-BEING, INCLUDING REDUCING ENERGY BURDEN THAT DISPROPORTIONATELY AFFECTS VULNERABLE COMMUNITIES, WHILE BUILDING THE GREEN WORKFORCE OF THE FUTURE, REDUCING RESOURCE USE AND ADDRESSING CLIMATE CHANGE.

**FORM 990 - ORGANIZATION'S MISSION**

FOR MORE THAN 40 YEARS, SOUTHFACE INSTITUTE, A NONPROFIT 501(C)3 ORGANIZATION, HAS BEEN A LEADER IN THE RESEARCH, DESIGN AND IMPLEMENTATION OF A REGENERATIVE ECONOMY, ONE THAT GIVES BACK MORE THAN IT USES. SOUTHFACE WORKS IN COLLABORATION WITH A NETWORK OF PARTNER NONPROFITS, BUSINESSES, GOVERNMENT AGENCIES, UNIVERSITIES AND TECHNICAL EXPERTS TO IMPLEMENT SUSTAINABLE, HIGH-PERFORMANCE AND SCALABLE SOLUTIONS IN HOMES, WORKPLACES AND COMMUNITIES. THROUGH EDUCATION, RESEARCH, ADVOCACY AND TECHNICAL SERVICES, OUR WORK POSITIVELY IMPACTS HEALTH, EQUITY AND WELL-BEING, INCLUDING REDUCING ENERGY BURDEN THAT DISPROPORTIONATELY AFFECTS VULNERABLE COMMUNITIES, WHILE BUILDING THE GREEN WORKFORCE OF THE FUTURE, REDUCING RESOURCE USE AND ADDRESSING CLIMATE CHANGE.

Name of the organization

SOUTHFACE ENERGY INSTITUTE, INC.

Employer identification number

58-1357547

## FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

NONPROFIT SOLUTIONS: FOR OVER 12 YEARS, OUR GOODUSE PROGRAM (WHICH NOW INCLUDES THE GRANTS TO GREEN AND NONPROFIT ENERGY AND WATER EFFICIENCY LEGACY PROJECTS) HAS PARTNERED WITH OVER 300 NONPROFITS IN 26 STATES TO HELP THEM SAVE OVER \$13 MILLION IN UTILITY COSTS WHILE REDUCING THEIR ENVIRONMENTAL IMPACT. USING TECHNICAL EXPERTISE AND CONSULTATIVE AND PROJECT MANAGEMENT ASSISTANCE, AND WITH THE LEVERAGE OF MATCHING GRANT SUPPORT, WE UNCOVER AREAS FOR IMPROVEMENT WITHIN FACILITIES TO INCREASE RESOURCE EFFICIENCY. IMPORTANTLY, THE PROGRAM HAS REDUCED CO2 EMISSIONS BY OVER 62,000 METRIC TONS AND SAVED OVER 78 MILLION GALLONS OF WATER AND MORE THAN 107 MILLION KWH IN ELECTRICITY SINCE ITS INCEPTION. IN FACT, OUR NONPROFIT PARTNERS SEE AN AVERAGE REDUCTION OF 20-30% IN UTILITY COSTS. THESE SAVINGS ARE REINVESTED IN THEIR MISSION-CRITICAL PROGRAMS AND SERVICES. FOR EXAMPLE, SAVINGS ACHIEVED BY PARTICIPATING BOYS AND GIRLS CLUBS AND FOOD BANKS ARE SIGNIFICANT ENOUGH TO POSITIVELY IMPACT OVER 7000 CHILDREN AND SERVE AN ADDITIONAL 1 MILLION MEALS TO PERSONS IN NEED. BUILDING ON OVER A DECADE OF SUCCESS, SOUTHFACE INSTITUTE WILL CONTINUE TO EXPAND OUR IMPACT THROUGH THE GOODUSE PROGRAM - INCREASING RESOURCE EFFICIENCY THROUGH DELIVERING CONSULTATIVE TECHNICAL SERVICES AND MATCHING GRANTS TO NONPROFITS SERVING OUR COMMUNITIES AROUND THE NATION.

## FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

POLICY/ADVOCACY/SUSTAINABILITY SERVICES: OUR POLICY, ADVOCACY AND SUSTAINABILITY PROGRAM SEEKS TO ADVANCE STATE AND LOCAL POLICIES THAT PROPEL THE CLEAN-ENERGY AND RESOURCE EFFICIENCY MOVEMENT FORWARD, AND THEN DEMONSTRATE THE POWER OF THOSE SOLUTIONS THROUGH STRATEGIC IMPLEMENTATION



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PARTNERSHIPS WITH PUBLIC AND PRIVATE STAKEHOLDERS. WELL-DESIGNED POLICY CAN TRANSFORM THE MARKET FOR A CLEAN-ENERGY ECONOMY, AND WE ARE WORKING WITH OUR PARTNERS TO INFLUENCE DATA-DRIVEN, RIGOROUS APPROACHES TO ACHIEVE A LOW-CARBON FUTURE. WE FOCUS ON THREE KEY AREAS OF INFORMED STATE AND LOCAL POLICY TO LEVERAGE THE MOST IMPACT: 1) ADVANCING ENERGY EFFICIENCY, RENEWABLE AND CLEAN-ENERGY POLICY PRIORITIES, INCLUDING THOSE THAT APPLY TO THE LOW-INCOME AND AFFORDABLE HOUSING SECTOR; 2) PROVIDING THOUGHT LEADERSHIP ON EFFECTIVE POLICY TOOLS AND APPROACHES IN THE BUILT ENVIRONMENT, INCLUDING ENERGY AND WATER CODES AND ADVISING ON MECHANISMS SUCH AS ORDINANCES AND BUILDING CODES; AND 3) PROVIDING EXPERTISE ON SUSTAINABLE SITE PLANNING AND STORMWATER MANAGEMENT PRACTICES, INCLUDING RAINWATER, GREEN INFRASTRUCTURE AND OTHER WATER POLICIES THAT IMPROVE QUALITY, RESOURCE USE, AND ENVIRONMENTAL SERVICES.

SOUTHFACE INSTITUTE HAS BEEN AT THE FOREFRONT OF SOME OF THE REGION'S MOST IMPACTFUL SUSTAINABILITY INITIATIVES, SUCH AS THE CITY OF ATLANTA'S 100% CLEAN ENERGY PLAN AND THE ATLANTA BETTER BUILDING CHALLENGE, CREATING CHANGE AT SCALE. WE SEE OUR POLICY WORK AS A HIGH-LEVERAGE STRATEGY TO CREATE CHANGE AT SCALE THROUGH INTERVENTIONS IN STATEWIDE BUILDING CODE REGULATIONS AND, ULTIMATELY, ADOPTION OF SUSTAINABLE BUILDING PRACTICES; HEALTHY, AFFORDABLE HOUSING; AND CLEAN ENERGY EXPANSION IN AMERICA'S CITIES.

SOUTHFACE BUILDS MORE EQUITABLE, RESILIENT COMMUNITIES, WORKING WITH MUNICIPALITIES AND VULNERABLE COMMUNITIES TO CREATE SUSTAINABILITY AND BUILD RESILIENCY BY PROMOTING RESOURCE-EFFICIENT AND EQUITABLE DEVELOPMENT PRACTICES AND REGENERATIVE DESIGN INITIATIVES, AS WELL AS PROVIDING DAY-

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TO-DAY MANAGEMENT, INCLUDING SUSTAINABLE SOURCING, WASTE DIVERSION AND GRANT WRITING SUPPORT. PROGRAMS SUCH AS CREW (CULTURE-RESILIENCE-ENVIRONMENT-WORKFORCE) AND CCPRP (CARE AND CONSERVE PLUMBING REPAIR PROGRAM) REACH DIRECTLY INTO UNDERSERVED COMMUNITIES TO HELP WITH STORMWATER ISSUES AND MUNICIPAL WATER EFFICIENCY CHALLENGES, RESPECTIVELY. SOUTHFACE IS ALSO A LOCAL PARTNER OF THE CITY OF ATLANTA IN THE AMERICAN CITIES CLIMATE CHALLENGE, AN UNPRECEDENTED OPPORTUNITY FOR 25 AMBITIOUS CITIES TO SIGNIFICANTLY DEEPEN AND ACCELERATE THEIR EFFORTS TO TACKLE CLIMATE CHANGE AND PROMOTE A SUSTAINABLE FUTURE FOR THEIR RESIDENTS.

## FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

EDUCATION AND RESEARCH: A SUCCESSFUL REGENERATIVE ECONOMY REQUIRES A WELL-TRAINED AND EDUCATED WORKFORCE READY TO SOLVE COMPLEX AND EVOLVING PROBLEMS AND IMPLEMENT SOLUTIONS. OUR EDUCATION AND TRAINING TEAM DEVELOPS CURRICULA, ONLINE AND HANDS-ON TRAINING, AND SKILL DEVELOPMENT OPPORTUNITIES FOR THE NEXT GENERATION OF THE REGENERATIVE ECONOMY'S WORKFORCE. THROUGH THE G.I. BILL, MILITARY VETERANS, ACTIVE DUTY PERSONNEL AND THEIR DEPENDENTS QUALIFY FOR REIMBURSABLE TRAINING AT SOUTHFACE. IN 2019, SOUTHFACE TRAINED 2,640 PEOPLE, INCREASING THEIR SKILLS AND BUILDING A WORKFORCE READY TO WEATHERIZE, RETROFIT AND SUPPORT ENERGY AND WATER SAVINGS FOR HOMES AND WORKPLACES ACROSS THE COUNTRY. OUR COMPLEMENTARY RESEARCH EFFORTS CONNECT OUR LOCAL AND FEDERAL PARTNERS WITH ESSENTIAL DATA TO UNDERSTAND THE UNTAPPED POTENTIAL OF HEALTHY, VIBRANT BUILDINGS AND COMMUNITIES. IN 2019, WE DOUBLED DOWN ON OUR WORK TO DOCUMENT THE IMPACT OF HOUSING ON THE SOCIAL DETERMINANTS OF HEALTH, WORKING WITH GOVERNMENT, PUBLIC AND PRIVATE PARTNERS TO MEASURE THE IMPACTS OF IMPROVED HOUSING CONDITIONS ON HEALTH OUTCOMES. OUR HEALTHY HOMES TRAINING CENTER BUILDS THE



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CONNECTION BETWEEN HEALTHY HOMES AND RESOURCE EFFICIENCY THROUGH INITIATIVES THAT TRACK THE IMPROVED HEALTH BENEFITS ACHIEVED THROUGH RENOVATION. ONE CURRENT PROJECT INCLUDES 10 BUILDINGS WITHIN GEORGIA'S PUBLIC HOUSING AUTHORITY (PHA). WE'RE EXPANDING THIS BODY OF WORK IN 2020 WITH NEW PARTNERSHIPS AND AN INCREASED GEOGRAPHICAL REACH.

## FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

TECHNICAL SERVICES & GREEN BUILDING CERTIFICATIONS: SOUTHFACE INSTITUTE IS A TRUSTED RESOURCE FOR OWNERS, BUILDERS AND ARCHITECTS NAVIGATING THE BUILDING TEST OUT AND CERTIFICATION PROCESS FOR MOST NATIONALLY RECOGNIZED GREEN BUILDING PROGRAMS, INCLUDING OUR OWN EARTHCRAFT PROGRAM, AS WELL AS LEED, NGBS AND ENTERPRISE GREEN COMMUNITIES. IN ADDITION, WE PROVIDE ON-SITE TECHNICAL ASSISTANCE AND THE PHYSICAL INSPECTIONS AND VERIFICATIONS OFTEN REQUIRED FOR GREEN BUILDING CERTIFICATION. OUR BUILDING AUDITS AND ASSESSMENTS FOR ANY BUILDING OR HOME ARE AN EFFECTIVE TOOL TO EVALUATE THE SOURCE OF PERFORMANCE PROBLEMS AND THE COST-EFFECTIVE SOLUTIONS THAT BEST ADDRESS THEM. IN 2019, WE IMPACTED MORE THAN 3,752 HOMES AND 683 WORKPLACES, HELPING THEM SAVE ON UTILITY BILLS AND IMPROVE THEIR INDOOR AIR QUALITY THROUGH OUR ASSESSMENTS, AUDITS AND OTHER TECHNICAL SUPPORT. THROUGH THAT WORK, WE'VE HELPED REDUCE WATER AND ELECTRICITY USE, AS WELL AS HARMFUL CLIMATE POLLUTION, HELPING BUILD TOWARD A REGENERATIVE FUTURE.

MARKETPLACE SOLUTIONS: OUR MARKETPLACE SOLUTIONS PROGRAM IMPACTS SUSTAINABILITY, HEALTH AND SOCIAL EQUITY AT ALL SCALES-HOMES, BUSINESSES AND COMMUNITIES. FROM IMPROVING A SINGLE-FAMILY RESIDENCE TO INFLUENCING THE WAY A COMMUNITY PLANS AN ENTIRE NEIGHBORHOOD OR CITY. THIS TEAM ALSO MANAGES THE APPLICATION OF SOUTHFACE PROGRAMS THAT WERE CREATED TO MEET A

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## GAP IN THE MARKETPLACE, INCLUDING:

(1) EARTHCRAFT - SOUTHFACE'S FAMILY OF HIGH-PERFORMANCE CERTIFICATION PROGRAMS SERVES AS A BLUEPRINT FOR ENERGY, WATER AND RESOURCE-EFFICIENT BUILDINGS AND COMMUNITIES THROUGHOUT THE SOUTHEAST. OVER THE COURSE OF EARTHCRAFT'S HISTORY, MORE THAN 50,000 HOMES, MULTIFAMILY UNITS, LIGHT COMMERCIAL SPACES AND COMMUNITIES HAVE BEEN CERTIFIED ACROSS THE SOUTHEAST.

(2) BIT BUILDING - WITH ONLY ABOUT 15% OF U.S. BUILDINGS OPERATIONALLY ELIGIBLE FOR SUSTAINABILITY CERTIFICATIONS SUCH AS LEED OR ENERGY STAR, BIT BUILDING GIVES FACILITY OPERATORS AND MANAGERS THE OPPORTUNITY TO IMPLEMENT PERFORMANCE IMPROVEMENTS TO THEIR BUILDINGS REGARDLESS OF AGE OR CONDITION. BIT ADVISORS GUIDE THE ORGANIZATION THROUGH THE PROGRAM'S 16 BEST PRACTICES FOR RESOURCE SAVINGS AND OPTIMIZATION, AND THE ORGANIZATION DETERMINES WHICH PRACTICES TO IMPLEMENT FIRST. TRAINED BIT AIDES WORK WITH PROGRAM PARTICIPANTS TO MONITOR AND BENCHMARK BUILDING OPERATIONS, EVALUATE POTENTIAL IMPROVEMENTS AND ASSIST IN IMPLEMENTING A CONTINUOUS IMPROVEMENT PLAN. IN 2019, SOUTHFACE PARTNERED WITH A LEADING TECH FIRM AND THE CHICAGO HOUSING AUTHORITY, AMONG OTHERS, IMPACTING MORE THAN 6 MILLION SQUARE FEET OF BUILDING SPACE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE CHAIR OF THE BOARD OF DIRECTORS IS PROVIDED WITH A COPY OF THIS RETURN PRIOR TO FILING. THE CHIEF OFFICER, FINANCE AND OPERATIONS, IS RESPONSIBLE FOR REVIEWING THE FORM 990, AND THE PRESIDENT IS THEN PROVIDED WITH THE RETURN FOR FINAL REVIEW AND APPROVAL.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE BOARD MUST ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST, AND EACH



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CONFLICT IS MANAGED ON A CASE BY CASE BASIS. DETERMINATION OF HOW TO MANAGE ANY CONFLICT IS MADE BY THE EXECUTIVE COMMITTEE IN CONSULTATION WITH THE PRESIDENT AND CHIEF OFFICER. EMPLOYEES ARE ALSO REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST AT THE POINT OF HIRE. ANY EMPLOYEE WHO MAY BE INVOLVED IN A BUSINESS TRANSACTION IN WHICH THERE IS A POSSIBLE CONFLICT OF INTEREST SHALL IMMEDIATELY NOTIFY THEIR MANAGER BEFORE ANY BUSINESS TRANSACTION. THE MANAGER AND/OR APPOINTED COMMITTEE, EXCLUDING THE EMPLOYEE WITH THE CONFLICT OF INTEREST, SHALL DETERMINE THE APPROPRIATE ACTION STEPS TO TAKE.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
COMPENSATION OF THE PRESIDENT IS REVIEWED ANNUALLY AND DETERMINED BY THE BOARD OF DIRECTORS. BENCHMARKING AGAINST NGO AND DEPARTMENT OF LABOR DATA IS CONDUCTED EVERY THREE YEARS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
COMPENSATION OF KEY EMPLOYEES IS REVIEWED ANNUALLY, AT A MINIMUM, BY THE SUPERVISOR, EXECUTIVE COMMITTEE AND THE PRESIDENT. THE BOARD OF TRUSTEES REVIEWS AND APPROVES ALL SALARIES AND BONUSES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.



Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2019**Attachment  
Sequence No. **179**

Name(s) shown on return

**SOUTHFACE ENERGY INSTITUTE, INC.**

Identifying number

**58-1357547**

Business or activity to which this form relates

**INDIRECT DEPRECIATION****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,020,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,550,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>142,981</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	<b>303</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>143,284</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **4562** (2019)  
**THERE ARE NO AMOUNTS FOR PAGE 2**



## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>										
117	Dell 3400 MP Projector	6/15/07	1,311				1,311	5 MQ200DB	1,311	0
122	Dell Desktop	9/30/07	771				771	5 MQ200DB	771	0
	Sold/Scrapped: 12/31/19									
125	Dell Precision 390 "Tomahawk"	12/15/07	1,850				1,850	5 MQ200DB	1,850	0
	Sold/Scrapped: 12/31/19									
126	Dell server backup "GREEN"	12/15/07	4,910				4,910	5 MQ200DB	4,910	0
127	Voicemail Upgrade	3/05/07	1,944				1,944	7 MQ200DB	1,944	0
128	Phone System	11/19/07	34,980				34,980	7 MQ200DB	34,980	0
129	Dell Server "Eco"	2/07/08	3,708		X		1,854	5 HY 200DB	3,708	0
134	Phone Sys Switches	3/06/08	4,495		X		2,247	5 HY 200DB	4,495	0
135	Phone Equipment	4/01/08	2,000		X		1,000	5 HY 200DB	2,000	0
136	Cabinets-Classroom	6/20/08	4,985		X		2,492	20 HY 150DB	2,872	223
137	Copier Room Remodel	7/01/08	1,800		X		900	20 HY 150DB	1,037	80
			62,754				54,259		59,878	303
<b>ACRS:</b>										
13	EQUIP-OER LGS-OTHER	6/30/83	1,035				1,035	15 MMPRE	1,035	0
	Total ACRS Depreciation		1,035				1,035		1,035	0
<b>Other Depreciation:</b>										
1	SEER BUILDING (10 YEAR)	12/31/95	38,329				38,329	10 MO S/L	38,329	0
2	SEERS FACILITY-1996 ADDITIONS (10	7/31/96	268,783				268,783	10 MO S/L	268,783	0
3	IN KIND CONTRIBUTIONS-241 PINE S1	7/31/96	202,772				202,772	10 MO S/L	202,771	0
4	241 PINE ST-1996 LABOR (10 YEAR)	7/31/96	33,699				33,699	10 MO S/L	33,699	0
5	SEER BUILDING (20 YEAR)	12/31/95	38,329				38,329	20 MO S/L	38,329	0
6	SEERS FACILITY-1996 ADDITIONS (20	7/31/96	268,783				268,783	20 MO S/L	268,783	0
7	IN-KIND CONTRIBUTIONS-241 PINE S1	7/31/96	202,772				202,772	20 MO S/L	202,771	0
8	241 PINE ST.-1996 LABOR (20 YEAR)	7/31/96	33,699				33,699	20 MO S/L	33,699	0
11	EQUIP-OTHER	6/30/90	6,703				6,703	10 MO200DB	6,703	0
12	EQUIP-OER HEC-OTHER	6/30/83	207				207	10 MO S/L	207	0
14	EQUIP-DIAGNOSTIC	6/30/92	1,825				1,825	7 MO200DB	1,825	0
17	EQUIPMENT	6/30/93	4,659				4,659	5 MO200DB	4,659	0
18	EQUIPMENT-OTHER	6/30/93	1,066				1,066	5 MO200DB	1,066	0
20	EQUIPMENT	6/30/94	3,785				3,785	7 MO200DB	3,785	0
39	FURNITURE	7/25/96	1,973				1,973	7 MO200DB	1,973	0
40	CASE PER LIT RACK	4/29/99	852				852	5 MO S/L	852	0
44	CHAIRS	10/28/99	214				214	7 MO S/L	214	0
45	CHASE OFFICE ENVIRONMENT	12/15/99	214				214	7 MO S/L	214	0
46	2 CARTS FOR EXHIBIT	5/20/99	648				648	5 MO S/L	648	0
52	PHONE SYSTEM	5/04/00	2,836				2,836	5 MO S/L	2,836	0
	Sold/Scrapped: 12/31/19									
53	LCD PROJECTOR	8/30/00	4,950				4,950	5 MO S/L	4,950	0
	Sold/Scrapped: 12/31/19									
54	BLOWER DOOR	4/12/01	1,100				1,100	5 MO S/L	1,100	0
59	SERVICE / UPGRADE PHONE SYSTEM	2/01/02	1,285				1,285	5 MO S/L	1,285	0
64	INVERTER FOR SOLAR SYSTEM	6/04/02	3,500				3,500	5 MO S/L	3,500	0
67	COUNTERTOP - SUNROOM	2/08/02	472				472	7 MO S/L	472	0
68	DOOR UNIT - SUNROOM	2/15/02	539				539	7 MO S/L	539	0
69	CARPET PLATE/ FLOOR BOX/ ADJ RIN	6/07/02	1,148				1,148	7 MO S/L	1,148	0
71	BULLETIN BOARD	1/27/03	1,485				1,485	5 MO S/L	1,485	0
81	COROLLA	3/31/04	11,017				11,017	5 MO S/L	11,017	0
	Sold/Scrapped: 1/31/19									
82	COROLLA	3/31/04	11,017				11,017	5 MO S/L	11,017	0
83	COROLLA	3/31/04	11,017				11,017	5 MO S/L	11,017	0
85	COROLLA	5/28/04	12,938				12,938	5 MO S/L	12,938	0
86	COROLLA	5/28/04	12,938				12,938	5 MO S/L	12,938	0
93	WORKSPACE ADDITIONS	3/05/04	15,170				15,170	7 MO S/L	15,170	0
107	COMPUTER	9/07/06	2,580				2,580	5 MO S/L	2,580	0
	Sold/Scrapped: 12/31/19									
110	Phone Equipment	11/09/06	40,311				40,311	5 MO S/L	40,311	0
111	ESCAN (MEASURING EQUIP.)	6/21/04	9,350				9,350	5 MO S/L	9,350	0
146	Eco Office Building	2/29/08	2,520,855				2,520,855	20 MO S/L	1,365,463	126,043
147	FLUKE THERMAL IMAGER	6/30/09	5,895				5,895	7 MO S/L	5,895	0
148	VITEK DAY/NIGHT CAMERAS	10/15/09	1,400				1,400	7 MO S/L	1,400	0
149	SECURITY	6/19/09	1,123				1,123	20 MO S/L	533	56



## Federal Asset Report

FYE: 12/31/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
150	LIBRARY RENOVATION	8/07/09	2,435				2,435	20 MO S/L	1,146	122
151	WINDOW FILM	10/12/09	2,266				2,266	20 MO S/L	1,048	113
152	WINDOW FILM	12/11/09	2,266				2,266	20 MO S/L	1,029	114
153	ECO OFFICE IMPROVEMENTS	6/30/09	154,497				154,497	20 MO S/L	73,386	7,725
156	DELL PV124T LTO & TAPE MEDIA	2/23/09	1,469				1,469	5 MO S/L	1,469	0
165	GIM ASROCK 945GCM MOTHERBOARD	5/29/09	1,349				1,349	5 MO S/L	1,349	0
	Sold/Scrapped: 12/31/19									
166	PRICE TELECOMMUNICATIONS 3COM	6/24/09	2,294				2,294	5 MO S/L	2,294	0
170	DELL PRECISION T3500 "SFD7"	12/22/09	2,389				2,389	5 MO S/L	2,389	0
	Sold/Scrapped: 12/31/19									
175	LENOVO CONFIGURED SYSTEM 7448C	12/24/09	1,766				1,766	5 MO S/L	1,766	0
	Sold/Scrapped: 12/31/19									
178	SWEET Center Buildout	10/26/10	268,997				268,997	6 MO S/L	268,997	0
179	SWEET Center Improvements	11/30/10	15,165				15,165	6 MO S/L	15,165	0
180	Irrigation System	4/12/10	1,500				1,500	20 MO S/L	656	75
181	Telecommunication Equipment	5/04/10	33,419				33,419	7 MO S/L	33,419	0
182	20 IR FLX Cam Thermal Imager 320 S	12/06/10	14,977				14,977	7 MO S/L	14,977	0
183	TIR 9HZ Thermal Imager	12/08/10	3,641				3,641	7 MO S/L	3,641	0
184	TIR 9HZ Thermal Imager	12/08/10	3,641				3,641	7 MO S/L	3,641	0
185	TIR 9HZ Thermal Imager	12/08/10	3,641				3,641	7 MO S/L	3,641	0
186	TIR 9HZ Thermal Imager	12/08/10	3,641				3,641	7 MO S/L	3,641	0
187	TIR 9HZ Thermal Imager	12/08/10	3,641				3,641	7 MO S/L	3,641	0
188	Infrared Telephoto Lens	12/08/10	806				806	7 MO S/L	806	0
189	Infrared Wide Angle Lens	12/08/10	806				806	7 MO S/L	806	0
194	Polycom Soundstation IP6000	7/16/10	5,769				5,769	5 MO S/L	5,769	0
201	Dell Notebook Core Penryn P9600 E6400 "	7/22/10	971				971	5 MO S/L	971	0
210	Price Telecommunications	8/17/10	20,000				20,000	5 MO S/L	20,000	0
211	Price Telecommunications	8/20/10	10,000				10,000	5 MO S/L	10,000	0
217	HP E4500 Swtich "SWEET SWITCH"	10/01/10	4,198				4,198	5 MO S/L	4,198	0
218	Dell 341-9629 600GB 15K Server "ECO D	12/21/10	2,780				2,780	5 MO S/L	2,780	0
226	Renovations - Resource Center	2/28/11	25,244				25,244	20 MO S/L	9,887	1,262
227	Dell OptiPlex 980 "SFD12"	3/31/11	775				775	5 MO S/L	775	0
	Sold/Scrapped: 12/31/19									
228	Dell PowerEdge R410 Chassis "WIND"	8/22/11	4,427				4,427	5 MO S/L	4,427	0
229	Dell OLP EXCHG STD CAL 2010	8/22/11	346				346	5 MO S/L	346	0
230	Dell OLP OfficeProPlus 2010	8/22/11	1,563				1,563	5 MO S/L	1,563	0
	Sold/Scrapped: 12/31/19									
235	Donated Furniture - Resource Center	1/10/11	7,000				7,000	7 MO S/L	7,000	0
236	Omni Port Computer	1/01/11	37,908				37,908	5 MO S/L	37,908	0
237	Microflex Cardioid Lavalier Microphone	6/19/12	1,565				1,565	7 MO S/L	1,453	112
	Sold/Scrapped: 12/31/19									
238	Microflex Cardioid Lavalier Microphone	6/19/12	1,565				1,565	7 MO S/L	1,453	112
	Sold/Scrapped: 12/31/19									
239	Microflex Cardioid Lavalier Microphone	6/19/12	1,565				1,565	7 MO S/L	1,453	112
	Sold/Scrapped: 12/31/19									
240	XPS 13 Laptop Genuine Windows 7 Profes	9/04/12	1,133				1,133	5 MO S/L	1,133	0
	Sold/Scrapped: 12/31/19									
241	PowerVault 124T Server	4/15/13	4,459				4,459	5 MO S/L	4,459	0
242	PowerEdge R420 Computer "THERMAL"	4/15/13	2,620				2,620	5 MO S/L	2,620	0
243	Dell Desktop C6747Y1 "SFD18"	10/15/13	1,532				1,532	5 MO S/L	1,532	0
245	Canon C3480 Copier	1/07/13	4,895				4,895	5 MO S/L	4,895	0
246	Panasonic AG-AC90A Camcorder	3/06/15	1,699				1,699	5 MO S/L	1,303	339
247	Carpet & Installation - Resource Center	5/01/15	43,115				43,115	20 MO S/L	7,904	2,156
248	InFocus JTouch 70-Inch Flat Panel Monitor	2/19/16	1,128				1,128	5 MO S/L	639	226
249	Laptop "SFL131"	12/21/16	1,689				1,689	5 MO S/L	676	338
250	Dell PowerEdge R730 Server	7/04/17	8,952				8,952	5 MO S/L	2,686	1,790
251	Fence	6/19/17	7,980				7,980	20 MO S/L	599	399
252	Wireless Microphone System	9/05/18	3,523				3,523	7 MO S/L	168	503
253	CAS Projector	7/23/18	6,916				6,916	5 MO S/L	576	1,384
254	241 Pine Street - Land	9/19/19	1,172,149				1,172,149	0 -- Land	0	0
Total Other Depreciation			5,694,310				5,694,310		3,204,334	142,981
Total ACRS and Other Depreciation			5,695,345				5,695,345		3,205,369	142,981

## Listed Property:

225	2010 Chevrolet Silverado	7/12/10	36,000				36,000	5 MO S/L	36,000	0
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10687 Southface Energy Institute, Inc.

58-1357547

FYE: 12/31/2019

**Federal Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
			<u>36,000</u>				<u>36,000</u>		<u>36,000</u>	<u>0</u>
	<b>Grand Totals</b>		5,794,099				5,785,604		3,301,247	143,284
	<b>Less: Dispositions and Transfers</b>		37,674				37,674		37,338	336
	<b>Less: Start-up/Org Expense</b>		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>5,756,425</u>				<u>5,747,930</u>		<u>3,263,909</u>	<u>142,948</u>

10687 Southface Energy Institute, Inc.

58-1357547

FYE: 12/31/2019

## Federal Statements

### Taxable Interest on Investments

<u>Description</u>		<u>Amount</u>	<u>Unrelated</u>	<u>Exclusion</u>	<u>Postal</u>	<u>Acquired after</u>	<u>US</u>
			<u>Business</u>	<u>Code</u>	<u>Code</u>	<u>6/30/75</u>	<u>Obs (\$ or %)</u>
INTEREST		\$ 6,238		41			
TOTAL		\$ 6,238					

### Taxable Dividends from Securities

<u>Description</u>		<u>Amount</u>	<u>Unrelated</u>	<u>Exclusion</u>	<u>Postal</u>	<u>Acquired after</u>	<u>US</u>
			<u>Business</u>	<u>Code</u>	<u>Code</u>	<u>6/30/75</u>	<u>Obs (\$ or %)</u>
DIVIDENDS		\$ 101,350		41			
TOTAL		\$ 101,350					



## Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL FEES	\$ 14,006	\$	\$ 14,006	\$
TOTAL	\$ 14,006	\$ 0	\$ 14,006	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
RENT & RENTALS	\$ 81,445	\$ 4,207	\$ 55,212	\$ 22,026
REPAIRS AND MAINTENANCE	77,365		77,250	115
STAFF DEVELOPMENT	62,262	51,431	9,988	843
UTILITIES	40,020		40,020	
BANK AND CREDIT CARD FEES	32,018		32,018	
BAD DEBT	8,677		7,027	1,650
POSTAGE AND DELIVERY	7,766	326	2,960	4,480
TAXES	2,553		2,553	
OVERHEAD ALLOCATION		1,529,404	-1,697,292	167,888
TOTAL	\$ 312,106	\$ 1,585,368	\$ -1,470,264	\$ 197,002