Form **990**

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. <u>Go to www.irs.gov/Form990</u> for instructions and the latest information.



<u>A</u>	For the 2023 c	alendar year, or tax year beginning , and ending												
в	Check if applicable:	C Name of organization		D Employe	r Identification number									
	Address change	SOUTHFACE ENERGY INSTITUTE, INC.												
\square	Name change	Doing business as			357547									
H		Number and street (or P.O. box if mall is not delivered to street address) 241 PINE STREET NE	Room/suite		9 number 872-3549									
Н	Initial return Final return/	City or town, state or province, country, and ZIP or foreign postal code		404- 	072-3349									
	terminated				0 100 000									
\square	Amended return	ATLANTA GA 30308 F Name and address of principal officer:		G Gross rece	elpts \$ 8,130,098									
\square	Application pending		H(a) Is this a gro	up return for su	ubordinates? Yes X No									
	i ipplication ponding	JAMES MARLOW 241 PINE STREET NE			ded? Yes No									
			H(b) Are all sub-		Gee Instructions									
—		ATLANTA GA 30308												
<u> </u>	Tax-exempt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527												
<u> </u>		WW.SOUTHFACE.ORG	H(c) Group exe											
14444444444	Form of organization:		L Year of formation: 1	978	M State of legal domicile: GA									
P		<u>immary</u>												
	1 Briefly de	scribe the organization's mission or most significant activities:		, . ,										
ø	SEE	SCHEDULE O												
anc														
Activ ities & Govern ance														
QVE	2 Check thi	s box 🗍 if the organization discontinued its operations or disposed of more than 25	% of its net assets.											
Ő	3 Number of	of voting members of the governing body (Part VI, line 1a)		3	18									
ŝ	4 Number of	of independent voting members of the governing body (Part VI, line 1b)		. 4	18									
iti	5 Total num	ber of individuals employed in calendar year 2023 (Part V, line 2a)			50									
ξ		abou of volumence (active static fragmence w)		0	18									
Ă		her of volunteers (estimate if necessary)		·· – – – – – – – – – – – – – – – – – –	0									
		elated business revenue from Part VIII, column (C), line 12		. 7a	0									
	b Net unrela	ated business taxable income from Form 990-T, Part I, line 11	Prior Yea		Current Year									
	8 Contributi	ions and grants (Part VIII, line 1h)		4,937	5,819,742									
ne	0 Drogrom	ions and grants (Part VIII, line 1h)	2 22	6,366	1,340,321									
Reve nue	9 Program	service revenue (Part VIII, line 2g)		8,672	207,760									
Re	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)			-25,251									
		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,985										
	1	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,990	7,342,572									
		nd similar amounts paid (Part IX, column (A), lines 1–3)		5,703	2,174,969									
	14 Benefits p	baid to or for members (Part IX, column (A), line 4)			0									
ŝ	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,87	4,857	3,121,764									
Sus	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)			0									
Ex penses	b Total fund	traising expenses (Part IX, column (D), line 25) 290, 103												
ŵ		enses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,62	0,080	2,574,610									
		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	7,78	0,640	7,871,343									
	19 Revenue	less expenses. Subtract line 18 from line 12	-30	0,650	-528,771									
r s			Beginning of Cu	rrent Year	End of Year									
sets	20 Total asse	ets (Part X, line 16)	8,31	0,297	9,065,118									
Asc	21 Total liabi	lities (Part X, line 26)	1 60	8,841	5,790,94 <u>3</u>									
Net Assets or Fund Balances	22 Net asset	s or fund balances. Subtract line 21 from line 20		1,456	3,274,175									
P	art I Sid	anature 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	Signature of officer	Date				
Here	JAMES MAR					
	Type or print name and ti	itie				
	Print/Type preparer's nan	ne	Preparer's signature	Date	Check	if PTIN
Paid	ROGER A. SANTI	, CPA			self-emp	Noyed P00121054
Preparer	Firm's name	SANTI & ASSOC	IATES, PC		Firm's EIN	58-2019486
Use Only	Firm's address	4010 OLD MILTO ALPHARETTA, G			Phone no.	770-623-4440
May the IR	S discuss this return	with the preparer shown abov	e? See instructions			X Yes No
For Deportu	ork Deduction Act No	ation and the congrete instructi				

For Paperwork Reduction Act Notice, see the separate instructions.

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<u>Form 990 (2</u>	D23) SOUTHFACE E	NERGY INSTITUTE, INC.	58-135754	7	Page 2
Partili		ram Service Accomplishments) contains a response or note to ar	line in this Part III		X
SOUTI	describe the organization's m	NISSION: SUSTAINABLE HOMES, WO	ORKPLACES, AND	COMMUNITIES	
EDUC	ATION, RESEARCI	H, ADVOCACY, AND TECHI	NICAL ASSISTAN	CE.	
<u> </u>	<u> </u>				
prior F	orm 990 or 990-EZ?	significant program services during the year			Yes X No
	" describe these new service				
3 Did the service	2	ng, or make significant changes in how it co			Yes X No
	," describe these changes on		·····		
4 Descri	be the organization's program	service accomplishments for each of its thr			
		1(c)(4) organizations are required to report t	he amount of grants and alloo	cations to others,	
the tota	al expenses, and revenue, if a	any, for each program service reported.			
4a (Code: SEE S) (Expenses \$ SCHEDULE O	3,605,424 including grants of	of \$ 2,174,96	9) (Revenue \$	63,053)
• • • • • • • • • • • • • • • • • • • •					
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4b (Code: SEE S) (Expenses \$ CHEDULE O	1,599,077 including grants of	of \$) (Revenue \$	845,147)
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4c (Code: SEE S) (Expenses \$ CHEDULE O	514,533 including grants of	of \$) (Revenue \$	107,382)
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4d Other p	orogram services (Describe o	n Schedule O.)	<u></u>		
(Expen		514 including grants of \$) (Revenue \$	324,73	9)
4e Total p	rogram service expenses	6,525,648			

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Form 990 (2023)	SOUTHFACE	ENERGY	INSTITUTE,	INC.	58-1357
Part IV C	Checklist of Rec	uired Sche	dules		

				T
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		37	
•	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			}
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		111111111111111111111111111111111111111	
	complete Schedule D. Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total associa reported in Dart X. line 162 /f "Vec." complete Schedule D. Dart VII	11b		x
с	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
Ū	of its total constant in Dark V. line 400 /6///and an unitate Only duly D. Dark 1////	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u	reported in Part X, line 162 /f "Van " complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
_		TTe	<u> </u>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.45	77	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	o		37	
	Schedule D, Parts XI and XII	12a	<u> </u>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, 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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	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	16		X
17	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	17		Х
18	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	18	х	
19	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	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	·	1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
••	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	

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Form 990 (2023)	SOUTHFACE	ENERGY	INSTITUTE,	INC.	58-1357547
Part V (Checklist of Req	uired Sche	dules (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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			·
o	employees? If "Yes," complete Schedule J	23	X	
24a				1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b</i>			
h	through 24d and complete Schedule K. If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24-		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	_28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
25-	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	254		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
50	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	20		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u>~</u>
07	and that is treated as a narthership for federal income tax numbers? If "Veg" complete Schodule P. Bert VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	- 31		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Pa	rt M Statements Regarding Other IRS Filings and Tax Compliance	00		
- ACASTRONIST	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 54			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

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Forr	n 990 (2023) SOUTHFACE ENERGY INSTITUTE, INC. 58-135	754	7		Page 5
P	art V Statements Regarding Other IRS Filings and Tax Compliance (contin	nued)			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	50		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?		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 of)		3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	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 A				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \ldots			<u>5a</u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	on?		<u>5b</u>	<u> </u>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>	
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?			<u>6a</u>	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributior	s or			
	gifts were not tax deductible?			6b	
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	ods			
	and services provided to the payor?			<u>7a</u>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			<u>7b</u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		T	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract of the arrangement				
g h	If the organization received a contribution of qualified intellectual property, did the organization file Forr				
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization sector advised funds. Did a desce advised fund maintained			<mark>7h</mark>	
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?			8	
9	Sponsoring organizations maintaining donor advised funds.	• • • • • • • • •	••••••		
a	Did the energy received and the environment of the time under eaching 10000			9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				
10	Section 501(c)(7) organizations. Enter:	• • • • • • • • •			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:		- I		
а	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	Section 4947(a)(1) non-exempt charitable trusts. 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	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which		1		
	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?			<u>14a</u>	<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	о		<u>14b</u>	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration				
	excess parachute payment(s) during the year?			15	X
4.5	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment i	ncome?	· · · · · · · · · · · · · · · · · · · ·	16	X
47	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activity				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17	
	If "Yes," complete Form 6069.				

Form **990** (2023)

PartVI

r.

Form 990 (2023) SOUTHFACE ENERGY INSTITUTE, INC.

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

Sec	ction A. Governing Body and Management					
					Yes	No
_ 1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18			
	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	1				
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	18			
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	1	x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b	v the f	ollowina:			
а	The governing body?	-	-	8a	X	-20000000000000000000000000000000000000
b	Each committee with authority to act on behalf of the governing body?	• • • • • • • •	•••••		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
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter			ode.)	I	L
					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	x	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the				x	
b	Describe on 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	conflic	::::::::::::::::::::::::::::::::::::::	12b	x	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	departies on Schoolule O have this way down			12c	x	l
13	Did the ergenization have a written whieleblawer reliar?			40	x	
14	Did the organization have a written document retention and destruction policy?	· · · · · ·				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?					
а					X	
b	Other officers or key ampleyees of the organization			4.5%	X	ļ
Ň	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	• • • • • • •	•••••			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
100	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		•••••	104		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
				466		
Sec	_organization's exempt status with respect to such arrangements?		<u>,,,,,,,,,,,,,,,,</u>	16b	I	l
17	List the states with which a conv of this Form 900 is required to be filed CA					·
18					••••	••••
10	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section (3)s only) available for public inspection. Indicate how you made these symplectic Check all that apply	01/00/10	(6)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
10						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	policy,				
20	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.					

58-1357547

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.

WINDHAM BRANNON

ATLANTA

DAA

241 PINE STREET NE

GA 30308

404-898-2000

Page **6**

X

¥

Independent Contractors

Check if Schedule	e O contains :	a re	spo	nse	or	note	e to	any line in this Part V	II	
								ompensated Employees		
1a Complete this table for all person organization's tax year.	s required to be l	listed	. Re	oort	com	oensa	atior	n for the calendar year endin	g with or within the	
• List all of the organization's cu	rrent officers, dir	ector	rs, tri	ustee	es (w	heth	er in	dividuals or organizations),	regardless of amount of	
compensation. Enter -0- in columns (List all of the organization's cu										
 List all of the organization's five curi 										
who received reportable compensation \$100,000 from the organization and a	on (box 5 of Form	n W-2	2. bo	x 6 c	of Fo	rm 10	099-	MISC, and/or box 1 of Form	1099-NEC) of more than	
 List all of the organization's for \$100,000 of reportable compensatio 	mer officers, key n from the organ	/ emp izatio	oloye n an	es, a d an	and h y rela	ighe ated	st co orga	ompensated employees who inizations.	preceived more than	
• List all of the organization's for	mer directors o	or tru	stee	s tha	at red	eive	d, in	the capacity as a former di	rector or trustee of the	
organization, more than \$10,000 of re See the instructions for the order in w	hich to list the pe	nsati ersor	on tro is ab	om tr ove.	ne or	gani	zatio	n and any related organizat	ions.	
Check this box if neither the orga					zatio	n coi	npe	nsated anv current officer. d	lirector, or trustee.	
	1				C)		•		,,	· · · · · · · · · · · · · · · · · · ·
(A)	(B)			Pos	sition			(D)	(E)	(F)
Name and title	Average					than o s both		Reportable	Reportable	Estimated amount
	hours per week					r/truste		compensation from the	compensation from related	of other compensation
	(list any	ordi	Inst	Officer	Key	emi	For	organization (W-2/	organizations (W-2/	from the
	hours for related	lirect	Institutional	<u>e</u> r	Key employee	hest ploye	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	organizations	or tz	malt		ploye	e oni			100041207	
	below dotted line)	Individual trustee or director	trustee		l a	Highest compensated employee				
	,		ð			ited				
(1) JAMES MARLOW										
	40.00									
PRESIDENT	0.00			x				199,351	0	0
(2) AMBER WHITTLE								· · · · · · · · · · · · · · · · · · ·	* ********	· · · · · · · · · · · · · · · · · · ·
	40.00									
VP DEV, MKT, & COMM	0.00			x				120,238	0	0
(3) LAURA CASE										·····
	40.00									
VP OF GOODUSE	0.00			x				103,429	0	0
(4) HUGH MAGANDE										
	40.00									
TECHNICAL PRINCIPAL	0.00			х				101,611	0	0
(5) EVELYN BOLDEN										
	1.00									
BOARD MEMBER	0.00	Х						0	0	0
(6) GEORGE BUCHANAN										
¢	1.00									
BOARD MEMBER	0.00	X						0	0	0
(7)NEIL DESAI		1								
	1.00									
TREASURER	0.00	X						0	0	0
(8) KEITH DOUGLAS										
	1.00									
BOARD MEMBER	0.00	X						0	0	0
(9) DYLAN HOWARD										
	1.00									
BOARD MEMBER	0.00	X						0	0	0
(10) RAWSON HAVERTY,	JR.									
	1.00									
BOARD MEMBER	0.00	X						0	0	0
(11) SAM D. COOK JR.										
	1.00									
BOARD MEMBER	0.00	x						0	0	0

Form 990 (2023) SOUTHFACE ENERGY INSTITUTE, INC. 58-1357547

Part VII. Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and

Form 990 (2023) SOUTHFACE Part VII Section A. Officers			_					IC. 58–135 d Highest Compensated		Page 8
(A) Name and title	(B) Average hours per week	(c bc	lo not x, unic	(Pos check ess pe	C) sition more erson i	than on is both a pr/trustee	1e an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(12) CAROLINE MAHO										
(12) BOARD MEMBER	1.00	x						0	0	0
(13) LAURA MARLOW (13)	1.00									
BOARD MEMBER (14) PAULA MCEVOY	0.00	x						0	0	0
(14) BOARD MEMBER	1.00	x						0	0	0
(15) ELIZABETH MOC (15)	RE 1.00									
BOARD MEMBER (16) DAVID PAULL	0.00	x						0	0	0
(16) BOARD MEMBER	1.00	x						0	0	0
(17) CHARLES REITH										
BOARD MEMBER	0.00	x						0	0	0
(18) DENISE QUARLE (18) BOARD MEMBER	1.00 0.00	x	•					0	0	0
(19) TYRONE RACHAI (19)	4									¥
BOARD CHAIR	1.00 0.00	x						0	0	0
1b Subtotal c Total from continuation shee	ts to Part VII, Se	 ectic	n A				•	524,629		
d Total (add lines 1b and 1c)	· · · · · · · · · · · · · · · · · · ·	<u></u>	<u></u>					524,629	20.000	
2 Total number of individuals (inc reportable compensation from t			to th 4	ose I	Istec		/e) \ 	who received more than \$10	J0,000 of	
3 Did the organization list any for employee on line 1a? If "Yes," of	mer officer, direc	tor, le J	truste for si	ee, k uch i	ey e ndivi	mploy idual	/ee,	or highest compensated		Yes No 3 X
4 For any individual listed on line organization and related organization and related organi	1a, is the sum of zations greater th	repo nan \$	ortab 150,	le co 0007	mpe ? <i>If "</i>	ensatio Y <i>es</i> ,"	on a con	nd other compensation from aplete Schedule J for such		4 X
 5 Did any person listed on line 1a for services rendered to the org 	receive or accru	e co	mpe	nsati	on fi	rom ai	ny u	inrelated organization or ind		
Section B. Independent Contractor	'S									
1 Complete this table for your five compensation from the organiz	ation. Report con	isate npen	d ind satio	lepei n for	nder • the	nt cont calen	rac dar	year ending with or within the	he organization's tax year.	
Name and	(A) business address				·			Descript	(B) lon of services	(C) Compensation
2 Total number of independent co	ontractors (includ	ina h	utin	ot lim	lited	to the	sel	listed above) who		
received more than \$100,000 o	f compensation f	rom	the o	rgan	izati	on			0	

Form 990 (2023) SOUTHFACE Part VII Section A. Officers								NC. 58–135 nd Highest Compensated		Page 8
A) Name and title	(B) Average hours	(d	(C) Position (do not check more than on box, unless person is both a officer and a director/truster					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	- from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(20) DAVE RADLMANN										
(12) BOARD MEMBER	1.00	x						0	0	0
(21) WILL SELLERS (13)	1.00	v							0	•
SECRETARY (22) LIZ YORK	0.00	X						0	0	0
(14) VICE CHAIR	1.00 0.00	x						0	0	0
(15)	· · · · · · · · · · · · · · · · · · ·									
(16)										
(17)										
(18)	· · · · · · · · · · · · · · · · · · ·									
(19)										
1b Subtotal c Total from continuation shee d Total (add lines 1b and 1c)	ts to Part VII, Se	ectio	on A			 .				
2 Total number of individuals (inc		ited	to th	ose l	listed	abo	ve) v	l who received more than \$1	00,000 of	<u> </u>
 3 Did the organization list any for employee on line 1a? If "Yes," of the second sec	mer officer, direc	tor,	truste	ee, k	ey e	mplo				Yes No 3
4 For any individual listed on line organization and related organization	1a, is the sum of zations greater th	repo nan \$	ortab 5150,	le co 0007	mpe ? <i>If "</i>	ensati Y <i>es</i> ,"	ion a ' <i>con</i>	nplete Schedule J for such	n the	
5 Did any person listed on line 1a for services rendered to the org	receive or accru	е со	mpe	nsati	on fr	rom a	any ι	inrelated organization or inc	lividual	
Section B. Independent Contractor	S									
1 Complete this table for your five compensation from the organize	ation. Report con	isate ipen	d ind satio	leper in for	nden r the	t cor cale	ntrac ndar	year ending with or within t	he organization's tax year.	
Name and	(A) business address							Descrip	(B) ion of services	(C) Compensation
								9999		
2 Total number of independent co received more than \$100,000 o	ontractors (includ f compensation f	ing b rom f	ut no	ot lim Irgan	ited izati	to th on	ose	listed above) who	· · · · · · · · · · · · · · · · · · ·	

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		(2023) SOUT			Y I	INSTI	TUTE,	INC	: <u> 5</u>	8-	-1357547		Page 9
P	art V	Check i	ent c f Sch	f Revenue edule O conta	ains a	a respor	nse or not	e to	any line in tl	his	Part VIII		
						<u>,,, ,, ,, , , , , , , , , , , , , , , </u>			(A) Total revenue		(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated camp Membership due Fundraising ever Related organiza Government grants (cc All other contributions, and similar amounts nr	es nts ations ontributio gifts, gra	ns) ints,	1a 1b 1c 1d 1e 1f	5	151,95 537,98 ,129,80	7					
Contribution	g h	Noncash contributions	included	in	1g	\$			5,819,74	2			
Program Service Revenue	2a b c	••••••	· · · · · · · · ·	Q	• • • • • • •				1,340,32	1	1,340,321		
Progra	f		n servi		• • • • • • • •				1,340,32	1			
	3 4 5	Investment incor other similar amo Income from inve	me (ind ounts) estmei	cluding dividends	interest, and				207,68	5			207,685
	6a b	Gross rents Less: rental expenses	6a 6b	(i) Real			Personal						
	d	Rental Inc. or (loss) Net rental incom Gross amount from sales of assets other than inventory	6c e or (lo 7a	088) (i) Securities 750 ,			Other						
er Revenue	С	Less: cost or other basis and sales exps. Gain or (loss) Net gain or (loss)	7b 7c	750,	150 75				7	7	75		
Other	8a	Gross income from (not including \$ of contributions rep 1c). See Part IV, lin	fundrai orted o ie 18	sing events 151,950 n line	8a_		12,12!						
	c 9a	Less: direct expe Net income or (lo Gross income fro activities. See Pa	oss) fro om gar art IV, I	om fundraising ev ning ine 19	9a	·····	37,370	6	-25,25	1			-25,251
	с 10а	Less: direct expenses Net income or (loss) from gaming activ Gross sales of inventory, less returns and allowances			ies 10a	9b 38							
sno	<u> </u>	Less: cost of goo Net income or (Ic	oss) fro	om sales of inven			Business Code	e					
Miscellaneous Revenue	11a b c	· · · · · · · · · · · · · · · · · · ·									·. · · · · · · · · · · · · · · · · · ·		
Z		All other revenue Total. Add lines Total revenue. S	<u>11a–1</u>	1d		<u></u>			7,342,57	2	1,340,396	0	182,434

SOUTHFACE ENERGY INSTITUTE, INC. Form 990 (2023) 58-1357547 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 (A) Total expenses Do not include amounts reported on lines 6b, 7b, (B) Program service (C) Management and (D) Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 2,174,969 and domestic governments. See Part IV, line 21 2,174,969 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 524,629 483,866 12,590 28,173 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 2,135,687 7 1,992,898 28,067 114,722 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 6,268 Other employee benefits 261,160 240,868 14,024 9 Payroll taxes 200,288 184,726 4,807 10,755 10 11 Fees for services (nonemployees): Management а b Legal Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 e Investment management fees 9,289 9,289 f Other. (If line 11g amount exceeds 10% of line 25, column α (A) amount, list line 11g expenses on Schedule O.) 225,416 11,106 214,310 Advertising and promotion 62,788 59,190 3,598 12 13,750 5,335 7,323 Office expenses 1,092 13 Information technology 14 15 Royalties 16 Occupancy 84,062 11,730 Travel 48,378 23,954 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 23,046 Conferences, conventions, and meetings 23,046 19 20 12,995 12,995 Interest Payments to affiliates _____ 21 Depreciation, depletion, and amortization 190,303 190,303 22 Insurance 69,508 32,106 37,402 23 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.) CONTRACT LABOR 1,139,818 1,052,365 25,971 61,482 а MISCELLANEOUS b 268,565 10,153 258,412 С FEES, LICENSES & PERMITS 173,559 92,241 81,113 205 BAD DEBT 98,879 98,879 d All other expenses 202,632 38,568 131,966 32,098 е 1,055,592 7,871,343 6,525,648 290,103 Total functional expenses. Add lines 1 through 24e 25 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 if following SOP 98-2 (ASC 958-720)

•

		20223) SOUTHFACE ENERGY INSTI	TUTE ,	, INC	•	58	3-1357547		Page 11
ľ	art)	Balance Sheet Check if Schedule O contains a response or note to	o nu lino	in this Do	rt V				
·		oneek in eeneeddie O contains a response of note it	any line		<u></u>		(A)	, <u></u>	(B)
							Beginning of year		End of year
·	1	Cash—non-interest-bearing					<u> </u>	1	87,424
	2	Savings and temporary cash investments	• • • • • • • • • • •	• • • • • • • • • • • • •	••••••		2,252,500		4,274,587
	3	Pledges and grants receivable net	• • • • • • • • • • •		••••••		2,202,000	3	4/2/4/00/
	4	Pledges and grants receivable, net					1,293,624		463,823
	5	Loans and other receivables from any current or former of				• • • •			
	-	trustee, key employee, creator or founder, substantial con							
		controlled entity or family member of any of these persons						5	
	6	Loans and other receivables from other disqualified perso			•••••			, , , , , , , , , , , , , , , , , , ,	
s		under section 4958(f)(1)), and persons described in section							
Assets	7	Notes and loans receivable, net	/// 4 000(0			••••	81,186	6 7	73,774
As	8	Inventories for sale or use	•••••	•••••	•••••	• • • •	01/200	8	/0///1
	9	Prepaid expenses and deferred charges	••••	•••••	••••	• • • •	35,531	9	59,678
	-	Land, buildings, and equipment: cost or other	1T.	· · · · · · · · · · · · ·		• • • •		Ť	
		basis. Complete Part VI of Schedule D	10a	5.	412.3	218			
	b	Less: accumulated depreciation	10b	3.	493,	881	2,108,636	10c	1,918,337
	11	Investments—publicly traded securities					1,444,479		1,649,508
	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	• • • • • • • • • •			• • • •	·····	15	537,987
	16	Total assets. Add lines 1 through 15 (must equal line 33)			• • • • • • • • • • • • •	• • • •	8,310,297	16	9,065,118
	17	Accounts payable and accrued expenses					678,347	17	1,516,488
	18	Grants payable	•••••					18	1
	19	Deferred revenue	••••	•••••		• • • • •	3,620,161	19	4,030,455
	20	Tax-exempt bond liabilities			•••••	• • • •	······································	20	
	21	Escrow or custodial account liability. Complete Part IV of S	Schedule	D			and and a second se	21	
s	22	Loans and other payables to any current or former officer,			•••••	• • • • •			
litie		trustee, key employee, creator or founder, substantial con	tributor, c	or 35%					
Liabilities		controlled entity or family member of any of these persons						22	
	23	Secured mortgages and notes payable to unrelated third p	arties				233,333	23	100,000
	24	Unsecured notes and loans payable to unrelated third part	ties					24	
	25	Other liabilities (including federal income tax, payables to i	related th	hird					
		parties, and other liabilities not included on lines 17-24). C	omplete	Part X					
		of Schedule D					157,000	25	144,000
	26	Total liabilities. Add lines 17 through 25		<u></u>	<u></u>		4,688,841	26	<u>144,000</u> 5,790,943
		Organizations that follow FASB ASC 958, check here	[
Ses		and complete lines 27, 28, 32, and 33.							
Fund Balances	27	Net assets without donor restrictions		-1,266,318		-2,171,819			
Ba	28	Net assets with donor restrictions	4,887,774	28	5,445,994				
2		Organizations that do not follow FASB ASC 958, chec							
L		and complete lines 29 through 33.							
sor	29	Capital stock or trust principal, or current funds					· · · · · · · · · · · · · · · · · · ·	29	
set	30	Paid-in or capital surplus, or land, building, or equipment for	und				· · · · · · · · · · · · · · · · · · ·	30	· · · · · · · · · · · · · · · · · · ·
	31	Retained earnings, endowment, accumulated income, or o	other fund	ds				31	
Net	32	Total net assets or fund balances					3,621,456		3,274,175
-	33	Total liabilities and net assets/fund balances					8,310,297	33	9,065,118

Form **990** (2023)

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Forn	n 990 (2023) SOUTHFACE ENERGY INSTITUTE, INC. 58-1357547			Page 12
Pá	art XII Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,3	42,572
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,8	71,343
3	Revenue less expenses. Subtract line 2 from line 1	3		28,771
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,6	21,456
5	Net unrealized gains (losses) on investments	5	1	33,925
6	Donated services and use of facilities	6		
7	Investment expenses	7	_	
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		47,565
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	10	3,2	74,175
Pa	art XII Financial Statements and Reporting			
Patron	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: Cash 🔀 Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both.			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x
	If the organization changed either its oversight process or selection process during the tax year, explain on		•••	
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		in the second	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	x
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 990 (2023)

Form 8 (Rev. January 20 Department of the internal Revenue	e Treasury	•	a xes Re separate ap		Benefit I			OMB No	. 1545-0047
Electronic fi listed below a request for F	l ing <i>(e-file).</i> Yo except for Form orm 8870 must	u can electronically file Form 8868 to 8870, Information Return for Transfer be sent to the IRS in a paper format (p-providers/e-file-for-charities-and-non-	s Associate see instructi	d With Certain Personal Bene	fit Contracts.	An ex	tension		
Caution: If you instructions. All corporatio	ou are going to ns required to f	make an electronic funds withdrawal (direct debit)						
		n of time to file income tax returns.							
Type or Print		mpt organization, employer, or other f		tructions.	Taxpayer id	entific	ation num	ber (TIN))
	SOUTHFACE ENERGY INSTITUTE, INC. 58-1357547								
File by the due date for		eet, and room or suite no. If a P.O. bo NE STREET NE	k, see instru	ctions.					
filing your return. See instructions.		post office, state, and ZIP code. For a	a foreign add 30308						
Enter the Reti	urn Code for the	e return that this application is for (file	a separate a	application for each return)					01
Application	Is For		Return Code	Application Is For		<u></u>			Return Code
Form 990 or Form 990-EZ 01 Form 4720 (other than individual)					09				
Form 4720 (individual) 03 Form 5227						10			
	Form 990-PF 04 Form 6069						11		
	(sec. 401(a) or		05	Form 8870			-#		12
	(trust other tha (corporation)	n above)	06	Form 5330 (individual)	dalu - D	·			13
Form 1041-/			07	Form 5330 (other than indi	/idual)			MACONE.	14
		rn Code, complete either Part II or Pa		including signature is applic	able only for	an ext	ension of	为了在4435度,Ad	<u>lecensectorials</u>
Pla Pla Pla	ication is for an in Name in Number in Year Ending	extension of time to file Form 5330, y (MM/DD/YYYY)							
Part II Al	itomatic Ex	tension of Time To File for E WINDHAM BRANNON	xempt O	rganizations (see instr	uctions)				
Telephone If the organ If this is for for the whole g	nization does no a Group Retur roup, check this	241 PINE STREET NE ATLANTA - 898-2000 of have an office or place of business n, enter the organization's four-digit G	roup Exemp	d States, check this box	• • • • • • • • • • • • • • • • • • •		• • • • • • • • • • •	. 303()8 🗌
1 I request the organ	an automatic 6 nization named	S-month extension of time until $11/$ above. The extension is for the organ	15/24 ization's ret	, to file the exempt organization urn for:	on return for				
Partners	alendar year								
2 If the tax		ng, and ending I line 1 is for less than 12 months, che ting period			al return				
		forms 990-PF, 990-T, 4720, or 6069, e	enter the ter	ntative tax, less any			•		~
	nonrefundable credits. See instructions. 3a b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 3a						0		
estimated	l tax payments	made. Include any prior year overpay	ment allowe	ed 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

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

Part III — Extension of Time To File Form 5330 (see instructions) 1 I request an extension of time until, 20, to file Form 5330. You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330. a Enter the Code section(s) imposing the tax. b Enter the payment amount attached. c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date (MM/DD/YYYY). 1c	
You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330. a Enter the Code section(s) imposing the tax. 1a b Enter the payment amount attached. 1b \$ c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date 1b \$	
bEnter the payment amount attached.1b\$cFor excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date\$	
c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date	
2 State in detail why you need the extension.	
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Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature

DAA

Date

Form 8868 (Rev. 1-2024)

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1063	37	•									
		JLE A		Pu	blic Cha	arity Statu	s and	Publ	ic Support		OMB No. 1545-0047
(Foi	m 990))		Complete if the org	anization is a se	ection 501(c)(3) organ	lization or a	section 494	7(a)(1) nonexempt char	itable trust.	2023
		the Treasury				Attach to Form 9	90 or Forr	n 990-EZ.			Open to Public
Interr	nal Reven	ue Service		Gol	o www.irs.go	v/Form990 for ins	structions	and the l	atest information.		Inspection
Namo	e of the o	rganization	C.			NOUTHING	TNO			ployer identific	
Þ	art I	Reas		DUTHFACE E			INC.	omplete	this part.) See ir	8-1357	
		1		te foundation becaus	·······						•
1				n of churches, or as		-	•		A)(i).		
2		A school desc	cribed	in section 170(b)(1)	(A)(ii). (Attach	Schedule E (Form	ı 990).)				
3				erative hospital servi	-		•				
4		A medical res bity,∶and state		organization operate	d in conjunctio	on with a hospital de	escribed in	section	1 70(b)(1)(A)(iii). Ente	r the hospita	l's name,
5		•		rated for the benefit	of a college or	university owned o	or operated	by a αονε	rnmental unit descrit	ed in	
				(iv). (Complete Par				,			
6				ocal government or g							
7				normally receives a 1 170(b)(1)(A)(vi). (0			m a govern	imental un	it or from the general	public	
8				escribed in section			II.)				
9	A	An agricultura	l resea	arch organization des	scribed in sect	ion 170(b)(1)(A)(i	x) operated		ction with a land-grai		
		un lu constituiu							and state of the colle	ge or	
10	· · · · · · · · · · · · · · · · · · ·	*	on that	normally receives (1) more than 3	3 1/3% of its suppo	rt from con	tributions,	membership fees, a	nd gross	••••••••••••••••••••••••••••
	r	eceipts from	activiti	es related to its exen	npt functions,	subject to certain e	xceptions;	and (2) no	more than 33 1/3%	of its	
				nvestment income a					1 tax) from business	es	
11				nized and operated			-	-	a)(4).		
12					-				of, or to carry out the		
)(2). See section 50 ete lines 12e, 12f, and		eck
	a	-							inization(s), typically		
								f the direc	tors or trustees of the	•	
	bГ			nization. You must o				sunnorter	d organization(s), by	having	
	~ _								trol or manage the s		
	r		• •	You must complete	•						
	c [its suppor	unctio	nally integrated. A a janization(s) (see ins	supporting org structions). Yo	anization operated u must complete	in connect Part IV, Se	tion with, a ections A	nd functionally integr	ated with,	
	d [ith its supported orga		
				onally integrated. The e instructions). You i					uirement and an atte	ntiveness	
	e	_		-	•	-		•	Type I, Type II, Type	111	
				rated, or Type III no		ntegrated supportin	ng organiza	ation.			[
				supported organizati information about th		rganization(s)		•••••		•••••	
(i		of supported		(II) EIN	1	be of organization	(iv) Is the c	organization	(v) Amount of mon	ətary	(vi) Amount of
	organ	lization			(descri	bed on lines 1–10 (see instructions))	listed in yo	ur governing	support (see		other support (see
					above	(see instructions))	Yes	ment? No	Instructions)		instructions)
(A)								-			
/= :				· · · · · · · · · · · · · · · · · · ·				· .			
(B)											
(C)											·····
(D)											
(F)											
(E)											

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

Schedule A (Form 990) 2023

Submitude Artem 200 2020 SOUTHFACE ENERGY INSTITUTE, INC. 58-1357547 Page 2 First III Support Schedule for Creganizations Described in Sections 170(b)(1)(A)(b)(1)(A)(b) (Complete only for checked the box on line 3, ro of o Farl 1 or the organization false to qualify under Part III. If the organization false to qualify under the tests listed below, please complete Part III. (Dir Description of the organization false to qualify under the tests listed below, please complete Part III. Calked preve (of field year beginning inf (d) 2019 (b) 2020 (c) 2021 (d) 2022 (d) 2022 (d) 70101 1 Gills, grints, continuitions, and on the set is sited below, please complete Part III. (d) 70101 (d) 7020 (d) 2022 (d) 2022 (d) 7022	10687														
If Stell Support Schedule for Organizations Described In Sections 170(b)(1/b)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or 1 the organization failed to qualify under Part III. Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 1 Gills, grants. contributions, and membership foe meaves. (D not include any 'unsual grants.) 4,042,457 5,353,867 5,181,791 5,144,937 5,819,742 25,842,784 2 Tar revenues livel for the organization to the targe that and alter pad to or second on the black 4,042,457 5,353,867 5,181,791 5,144,937 5,819,742 25,842,784 3 The value of services or finalities	Sche	dule A (Form 990) 2023 SOU	JTHFACE EN	IERGY INSI	ITUTE, IN	IC. 58	-1357547	Page 2							
(Complete only if you checked the box on line 5, 7, or 8 of Part 1 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 (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 1 Gits, gurst, contributions, and membership feee nearest. (b) on the organization benefit and liber paid to or expended on its behalf (a) 2019 (b) 2020 (c) 2021 (c) 2021 (c) 2022 (e) 2023 (f) Total 2 Tax evenues levide for the organization benefit and liber paid to or expended on its behalf (a) 402, 457 (b) 25, 353, 867 (b) 121, 781 (b) 124, 497 (b) 25, 512, 742 (b) 25, 542, 784 (b) 25, 512, 781 (b) 25, 512, 781 (b) 25, 512, 781 (b) 25, 512, 782 (b) 25, 512, 781 (b) 25, 512, 782 (Pa														
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see															
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	18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		· · · · · · · · · · · · · · · · · · ·							
		instructions				••••••									

Schedule A (Form 990) 2023

COMPANY OF DESIGN		UTHFACE EN				3-13575	47	Page
Pa	ant III Support Schedule for C							
	(Complete only if you che						inder F	°art II.
	If the organization fails to	o qualify under t	he tests listed	pelow, please c	omplete Part II	.)		
	tion A. Public Support			1				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	}	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b		i metapatnacadictaninijalititika	T Geogéneous constantion (Constantion)		Calabimining and installing		
8	Public support. (Subtract line 7c from line 6.)							
	tion B. Total Support	·	· · · · · · · · · · · · · · · · · · ·	· ·	1	- -		••••
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	·	(f) Total
9	Amounts from line 6	·····		· · · ·				••••
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
3	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for the organization, check this box and stop here	ganization's first, se		or fifth tax year as				
Sect	tion C. Computation of Public Si		age	· · · · · · · · · · · · · · · · · · ·				
5	Public support percentage for 2023 (line 8,			(f))			15	%
6	Public support percentage from 2022 Sche	edule A, Part III, line	15	• " · · · · · · · · · · · · · · · · · ·		····	16	%
Sect	tion D. Computation of Investme	nt Income Per	centage					
7	Investment income percentage for 2023 (li	ne 10c, column (f),	divided by line 13,	column (f))			17	%
8	Investment income percentage from 2022	Schedule A, Part III	, line 17			L	18	%
19a	33 1/3% support tests — 2023. If the org		eck the box on line	14, and line 15 is i	more than 33 1/3%	, and line		
	17 is not more than 33 1/3%, check this bo							L
b	33 1/3% support tests — 2022. If the org							Г
	line 18 is not more than 33 1/3%, check thi							
20	Private foundation. If the organization dic	not check a box on	line 14, 19a, or 19	9b, check this box a	and see instruction	S		

Schedule	Α	(Form	990)	2023

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Schedule A (Form 990) 2023

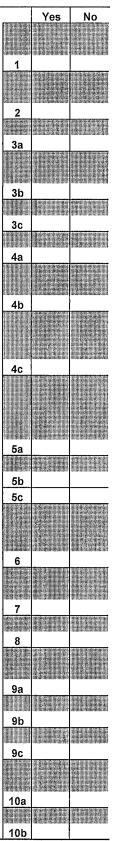
SOUTHFACE ENERGY INSTITUTE, INC.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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



Schedule A (Form 990) 2023

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	ule A (Form 990) 2023 SOUTHFACE ENERGY INSTITUTE, INC. 58-1357	547 Page 5
Pa	tt IV Supporting Organizations (continued)	
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	Yes No
b	11c below, the governing body of a supported organization? A family member of a person described on line 11a above?	11a 11b
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	
Sect	provide detail in Part VI. ion B. Type I Supporting Organizations	11c
0001		N
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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</i>	Yes No
2	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization operate for the benefit of any supported organization other than the supported organization of the tax year.	1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Sect	ion C. Type II Supporting Organizations	
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
Sect	ion D. All Type III Supporting Organizations	
1 2	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? 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? <i>If "No," explain in Part VI</i>	Yes No 1
3	how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, 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.	2
Secti	on E. Type III Functionally Integrated Supporting Organizations	<u></u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	
a b	The organization satisfied the Activities Test. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction of the second s	
2 a	Activities Test. Answer lines 2a and 2b below. 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,	Yes No
	how the organization was responsive to those supported organizations, and how the organization determined	
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i>	2a

- "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have been engaged in? If have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b 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? *If "Yes" or "No," 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.

Schedule A (Form 990) 2023

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3b

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DELEMENTSCOPER	Ile A (Form 990) 2023 SOUTHFACE ENERGY INSTITUTE,			7547 Page 6
	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov.	20, 197	70 (explain in Part VI). See	
	instructions. All other Type III non-functionally integrated supporting organizations must	comple	te Sections A through E.	
Sect	ion 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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		an ann an tha air an 1966 ann an 1966 a
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		, , , , , , , , , , , , , , , , , , ,
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		······································
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	- <u>-</u>		
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

Page 7

10687 SOUTHFACE ENERGY INSTITUTE, INC. Schedule A (Form 990) 2023 58-1357547 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D - Distributions **Current Year** 1 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 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required-provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 9 Distributable amount for 2022 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 10 (ii) (i) (iii) Section E – Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 **c** From 2020 d From 2021 e From 2022 **f** Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) i Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2019 b Excess from 2020

Schedule A (Form 990) 2023

c Excess from 2021

d Excess from 2022 e Excess from 2023 •

Schedule A (Form 990) 2023 SOUTHFACE ENERGY INSTITUTE, INC. 58–1357547 Page 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.)	<u>8</u>
PART II, LINE 10 - OTHER INCOME DETAIL	
\$ 28,003	
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Form O S (Rev. January 20)	368	Application for Extension of Time To File an Exempt OrganizationReturn or Excise Taxes Related to Employee Benefit PlansOMB No. 1545-0047							
Department of the Internal Revenue	Treasury			plication for each return. 18868 for the latest informa	tion.				
Electronic fill listed below e request for Fo	ing <i>(e-file).</i> Yo xcept for Form orm 8870 must	u can electronically file Form 8868 to 8870, Information Return for Transfer be sent to the IRS in a paper format (s -providers/e-file-for-charities-and-non-	request up to s Associated see instructi	o a 6-month extension of time d With Certain Personal Bene	to file any of the fo fit Contracts. An ex	tension			
Caution: If yo	ou are going to	make an electronic funds withdrawal (direct debit)	with this Form 8868, see For	m 8453-TE and For	rm 8879-TE fo	r payment		
instructions.	o required to f	le en insense tes return etters these these	000 75 //						
		le an income tax return other than For of time to file income tax returns.	m 990-1 (in	cluding 1120-C filers), partnel	snips, REMICs, an	a trusts must	use Form		
Part I — Id	entification				· · - ·····				
Type or Print		mpt organization, employer, or other f		ructions.	Taxpayer identific	ation number	(TIN)		
		ACE ENERGY INSTITU			58-135754	17			
File by the due date for		et, and room or suite no. If a P.O. bo» NE STREET NE	k, see instru	ctions.					
filing your return. See instructions.	City, town or ATLANT	post office, state, and ZIP code. For a	a foreign add						
		e return that this application is for (file			······································		01		
Application	ls For		Return Code	Application Is For			Return Code		
	Form 990-EZ		01	Form 4720 (other than indi	vidual)		09		
Form 4720 (03	Form 5227			10		
Form 990-P	- (sec. 401(a) or	408(a) trust)	04 05	Form 6069 Form 8870			<u> </u>		
	(trust other tha		05	Form 5330 (individual)			13		
Form 990-T	(corporation)		07	Form 5330 (other than indi	vidual)		14		
Pla Pla	in Name In Number	extension of time to file Form 5330, y (MM/DD/YYYY)		ter the following information.					
		tension of Time To File for E	Exempt O	rganizations (see instr	uctions)		Marine		
		WINDHAM BRANNON							
Part II — An The books a Telephone If the organ If this is for for the whole g a list with the n	re in the care of No. 404 hization does n a Group Retu roup, check thi ames and TIN	WINDHAM BRANNON 241 PINE STREET NE ATLANTA 	Fax No in the Unite Group Exemp the group, c	otion Number (GEN) heck this box	. If this is and attach		30308		
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The books a Telephone If the organ If this is for for the whole g a list with the n 1 I request the organ	re in the care of No. 404 hization does n a Group Return roup, check thi <u>ames and TIN</u> an automatic (hization named salendar year _	WINDHAM BRANNON 241 PINE STREET NE ATLANTA -898-2000 ot have an office or place of business n, enter the organization's four-digit G s box	Fax No in the Unite Froup Exemp the group, c 15/24 ization's ret	d States, check this box otion Number (GEN) heck this box	. If this is and attach		·····		
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Part II — An The books a Telephone If the organ If this is for for the whole g a list with the n 1 I request the organ X c L t 2 If the tax Ch 3a If this app nonrefun	re in the care of No. 404 hization does n a Group Returnoup, check thi ames and TIN: an automatic (hization named calendar year ax year beginning year entered in ange in accourt polication is for F dable credits. S	WINDHAM BRANNON 241 PINE STREET NE ATLANTA -898-2000 ot have an office or place of business n, enter the organization's four-digit G s box <	Fax No in the Unite Froup Exempthe group, c 15/24 hization's ret	d States, check this box btion Number (GEN) heck this box [] , to file the exempt organizati urn for: Initial return [] Fir htative tax, less any	If this is and attach on return for				
Part II — An The books a Telephone If the organ If this is for for the whole g a list with the m 1 I request the organ X o X o X o Sa If the tax <u>nonrefun</u> b If this app <u>estimated</u>	re in the care of No. 404 nization does n a Group Retui roup, check thi ames and TINs an automatic (nization named alendar year ax year beginni year entered ir ange in accour plication is for F dable credits. S plication is for F	WINDHAM BRANNON 241 PINE STREET NE ATLANTA 	Fax No in the Unite Froup Exempt the group, c 15/24 hization's ret eck reason: enter the ter enter any re	d States, check this box otion Number (GEN) heck this box , to file the exempt organizati urn for: Initial return Fir ntative tax, less any fundable credits and ad as a credit.	If this is and attach on return for		0		
Part II — And The books and Telephone If the organ If the organ If this is for for the whole ging a list with the minimum of the organ 1 I request the organ 2 If the tax 3a If this approximated of the organ b If this approximated of the organ c Balance	re in the care of No. 404 nization does n a Group Returnoup, check thi ames and TINs an automatic f nization named alendar year ax year beginning year entered in ange in accourt polication is for F dable credits. So polication is for F dable credits. So polication is for F dable credits. So	WINDHAM BRANNON 241 PINE STREET NE ATLANTA -898-2000 ot have an office or place of business n, enter the organization's four-digit G s box If it is for part of s of all members the extension is for. 	Fax No in the Unite Froup Exempt the group, c 15/24 ization's ret eck reason: enter the ter enter any re <u>ment allowe</u> nent with thi	d States, check this box btion Number (GEN) heck this box , to file the exempt organizati urn for: Initial return Fir htative tax, less any fundable credits and ad as a credit. s form, if required, by	If this is and attach on return for nal return 3a 3b	\$	0		
Part II — An The books a Telephone If the organ If this is for for the whole g a list with the m 1 I request the organ X o U t 2 If the tax Ch 3a If this app <u>estimated</u> c Balance using EF	re in the care of No. 404 nization does n a Group Returnoup, check thi ames and TINs an automatic (nization named calendar year ax year beginning year entered in ange in accournous polication is for F dable credits. So plication is for F	WINDHAM BRANNON 241 PINE STREET NE ATLANTA 	Fax No in the Unite Froup Exempt the group, c 15/24 ization's ret eck reason: enter the ter enter any re <u>ment allowed</u> nent with thi instructions	d States, check this box btion Number (GEN) heck this box , to file the exempt organizati urn for: Initial return Fir htative tax, less any fundable credits and ad as a credit. s form, if required, by	If this is and attach on return for nal return 3a	\$ \$ \$	0		

Department of the Treasury

Internal Revenue Service

10687

Schedule of Contributors

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

Name of the organization

SOUTHFACE ENERGY INSTITUTE, INC.

Organization type (check one):

58-1357547

Employer identification number

Filers of:	Section:			
Form 990 or 990-EZ	X 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or
 (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., 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 **S**

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

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

Name of o	(Form 990) (2023) rganization 'HFACE ENERGY INSTITUTE, INC.		GE 1 OF 1 Pag Employer identification number 58–1357547
Part I	Contributors (see instructions). Use duplicate copies of Pa	nt I if additional space is r	needed.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
.1	THE KENDEDA FUND 501 SILVERSIDE ROAD WILIMINGTON DE 19809-1377	\$ 2,331,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	. (b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	THE JPB FOUNDATION 875 3RD AVENUE, 29TH FLOOR NEW YORK NY 10022	\$ 1,400,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	COX ENTERPRISES		Person X

GA 30328

21401

FL 34236

MI 48243-1114

MD

6205-B PEACHTREE DUNWOODY ROAD

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

CHARLES & MARGERY BARANCIK FOUND.

1515 RINGLING BLVD, SUITE 500

HANNON ARMSTRONG FOUNDATION

1 PARK PLACE, SUITE 200

ATLANTA

ANNAPOLIS

SARASOTA

DETROIT

GENERAL MOTORS

100 RENAISSANCE CENTER

(a)

No.

4

(a)

No.

5

(a)

No.

6

X

Payroll

Person

Payroll

Person

Payroll

Person

Payroll

Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(d)

Type of contribution

(d)

Type of contribution

X

X

250,000

238,890

300,000

200,000

\$

\$

\$

\$

(c)

Total contributions

(c)

Total contributions

(C)

Total contributions

	HEDULE D orm 990)	OMB No. 1545-0047 190, 12b 2023	
	rtment of the Treasury al Revenue Service	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, o Attach to Form 990.	Open to Public
Prote-	of the organization	Go to www.irs.gov/Form990 for instructions and the latest info	ormation. Inspection
	-		
in the second second		RGY INSTITUTE, INC.	58-1357547
		tions Maintaining Donor Advised Funds or Other Similar Funds if the organization answered "Yes" on Form 990, Part IV, line 6.	s or Accounts
<u> </u>		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of		
2	Aggregate value of con	tributions to (during year)	
3	Aggregate value of gra	nts from (during year)	
4 5	Did the organization inf	of year	
•		ion's property, subject to the organization's exclusive legal control?	TYes No
6		orm all grantees, donors, and donor advisors in writing that grant funds can be used	
		oses and not for the benefit of the donor or donor advisor, or for any other purpose	
Б	conferring impermissible conserva	e private benefit? tion Easements	Yes No
		if the organization answered "Yes" on Form 990, Part IV, line 7.	
1		tion easements held by the organization (check all that apply).	
	Preservation of lan	d for public use (for example, recreation or education)	orically important land area
	Protection of natura		ified historic structure
2	Preservation of ope	•	nonution
2	easement on the last da	ugh 2d if the organization held a qualified conservation contribution in the form of a co ay of the tax year.	Held at the End of the Tax Year
а		vation easements	INNOVALITIES.
b	Total acreage restricted	by conservation easements	2b
c	Number of conservation	n easements on a certified historic structure included on line 2a	2c
d		n easements included on line 2c acquired after July 25, 2006, and not	2d
3		sted in the National Register	
	tax year		
4		e property subject to conservation easement is located	
5		nave a written policy regarding the periodic monitoring, inspection, handling of	
6		nent of the conservation easements it holds?	
6	Stall and Volunteer nou	rs devoted to monitoring, inspecting, handling of violations, and enforcing conservati	on easements during the year
7	Amount of expenses in	curred in monitoring, inspecting, handling of violations, and enforcing conservation ea	asements during the year
8		n easement reported on line 2d above satisfy the requirements of section 170(h)(4)(E	
9		i)(ii)? w the organization reports conservation easements in its revenue and expense state	
5		plicable, the text of the footnote to the organization's financial statements that descri	
	organization's accounti	ng for conservation easements.	
Pa		ions Maintaining Collections of Art, Historical Treasures, or O	ther Similar Assets
 4		if the organization answered "Yes" on Form 990, Part IV, line 8. ed, as permitted under FASB ASC 958, not to report in its revenue statement and ba	
Id		es, or other similar assets held for public exhibition, education, or research in further	
		XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elect	ed, as permitted under FASB ASC 958, to report in its revenue statement and balance	ce sheet works of
		or other similar assets held for public exhibition, education, or research in furtherand	ce of public service,
		nounts relating to these items.	¢
	(ii) Assets included in I	on Form 990, Part VIII, line 1 Form 990, Part X	
2		ved or held works of art, historical treasures, or other similar assets for financial gain	
	following amounts requi	red to be reported under FASB ASC 958 relating to these items.	
a L		orm 990, Part VIII, line 1	\$
b For F	Assets included in Form Paperwork Reduction A	<u>1 990, Part X</u>	\$ Schedule D (Form 990) 2023
DAA			

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	dule D (Form 990) 2023 SOUTHFAC	E ENERGY IN			357547 Similar Assets	Page 2				
3										
а	Public exhibition	d 🗌 i	_oan or exchange prog	ram						
b	Scholarly research		Other	i ann						
C										
4	Provide a description of the organization's co	ellections and explain he	ow they further the ora:	anization's exempt nur	ose in Part					
	XIII,		swatey further the erge	anization o exempt pur						
5	During the year, did the organization solicit o	r receive donations of a	rt historical treasures	or other similar						
	assets to be sold to raise funds rather than to					Yes No				
Pa	rt IV Escrow and Custodial Ar									
	Complete if the organizatio	n answered "Yes"	on Form 990, Par	t IV, line 9, or repo	orted an amount o	on Form				
	990, Part X, line 21.		,	, , 1						
1a	Is the organization an agent, trustee, custodi	an or other intermedian	y for contributions or ot	her assets not						
		•••••••••••••••••••••••••••••••••••••••				Yes No				
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	ving table.							
			-			Amount				
с	Beginning balance				1c					
ď	Additions during the year				1d					
е	Distributions during the year				1e	**************************************				
f	Ending balance				1f					
2a	Did the organization include an amount on F	orm 990, Part X, line 21	, for escrow or custodi	al account liability?		Yes No				
	If "Yes," explain the arrangement in Part XIII.									
	rt V Endowment Funds	· · · · · · · · · · · · · · · · · · ·								
	Complete if the organizatio	n answered "Yes"	on Form 990, Pari	t 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	1,241,633	1,441,559	1,301,885	1,179,060	0 1,012,125				
b	Contributions			10,000						
C	Net investment earnings, gains, and									
	losses	173,906	-199,926	129,674	122,82	5 166,935				
d	Grants or scholarships									
	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance	1,415,539	1,241,633	1,441,559	1,301,88	5 1,179,060				
2	Provide the estimated percentage of the curr	ent year end balance (li	ine 1g, column (a)) hel	d as:						
	Board designated or quasi-endowment	%								
	Permanent endowment %									
C	Term endowment 100.00 %									
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organization	n that are held and adn	ninistered for the		(
	organization by:					Yes No				
	(i) Unrelated organizations?					<u>3a(i) X</u>				
	(II) Related organizations?					3a(ii) X				
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as required	on Schedule R?	• • • • • • • • • • • • • • • • • • • •		3b				
4	Describe in Part XIII the intended uses of the		ient funds.			<u> </u>				
173	TYI Land, Buildings, and Equ					(l'= - 40				
·	Complete if the organizatio									
	Description of property	(a) Cost or other ba (investment)	sis (b) Cost or ot	· · ·	Accumulated	(d) Book value				
10	Land		· · · · · · · · · · · · · · · · · · ·		preciation	1 170 140				
na b	Land	.		72,149 52,519 3	104 054	1,172,149				
0	Buildings			23,003	<u>,194,854</u> 88,096	<u>567,665</u> 134,907				
	Leasehold improvements			36,943	119,444	17,499				
u A	Equipment Other			17,604	91,487	26,117				
Total	Add lines 1a through 1e. (Column (d) must e	aual Form 000 Part V				$\frac{20,117}{1,918,337}$				

Schedule D (Form 990) 2023

DAA

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Schedule D (F		ITUTE,	INC.	58-1357547	Page 3
PartMI	Investments – Other Securities				
· · · · · · · · · · · · · · · · · · ·	Complete if the organization answered "Yes" on I				
	 (a) Description of security or category (including name of security) 	(b) E	look value	(c) Method of v	
(d) Financial d				Cost or end-of-year	
(1) Financial d	d equity interests	- .		······································	
(3) Other				······································	
(A)					
(B)					<u></u>
(C)				·	
(D)					
<u>(E)</u>				·····	
(F)			<u> </u>	· · · · · · · · · · · · · · · · · · ·	
(G)					
(H)		· · · · ·			
	(b) must equal Form 990, Part X, line 12, col. (B))		·····		
Part VIII	Investments – Program Related	- 000			
	Complete if the organization answered "Yes" on I	1			
	(a) Description of investment	(b) B	ook value	(c) Method of v	
			,	Cost or end-of-year	
(1)		<u> </u>			
(2)		· · · · · · · · · · · · · · · · · · ·			
_(3)	WWW				
_(4)					er er fil fildslich för under sols och var an er det Veler sols och an er att för
(5)					
(6)	we we want the second sec				
(7)		ļ			
(8)					
(9)	Marcon				
Iotal. (Column	(b) must equal Form 990, Part X, line 13, col. (B))				
Part IX	Other Assets				() () (m
······	Complete if the organization answered "Yes" on F	-orm 990,	Part IV, line	e 11d. See Form 990, Pai	
	(a) Description				(b) Book value
(1)	OTHER RECEIVABLES				537,987
(2)					
(3)	weak				
(4)	······································				
(5)					
(6)	······································				
(7)					
(8)				·	
(9) Total (Column	(h) much a much Form 000. Bart V. Inc. d.E. and (D)				<u> </u>
Part X	(b) must equal Form 990, Part X, line 15, col. (B))		·····		537,987
F I TEHLIZA - I					
	Complete if the organization answered "Yes" on F line 25.	-onn 990,	Part IV, line	e Tie of Tit. See Form 9	30, Part X,
1.			<u>, , , , ,</u>		
	(a) Description of liability		······		(b) Book value
	ERABLE GRANT		• • •		01 000
	ED COMPENSATION				<u>91,000</u> 53,000
	ED COMPENSATION				53,000
(4)					<u> </u>
(5)					
(6)					
(7)					
(8)					
(9) Total (Osturn					
	(b) must equal Form 990, Part X, line 25, col. (B))	<u></u>	<u></u>	<u></u>	144,000
	ncertain tax positions. In Part XIII, provide the text of the footnot				
organization's lia	ability for uncertain tax positions under FASB ASC 740. Check h	nere if the tex	at of the footnot	e has been provided in Part XII	IX

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	dule D (Form 990) 2023 SOUTHFACE ENERGY INSTITUTE, IN				Page 4
Pa	nt XI Reconciliation of Revenue per Audited Financial Statemer			urn	
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, L	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	7,467,208
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	133,925		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	133,925
3	Subtract line 2e from line 1			3	7,333,283
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	investment expenses not included on Form 990, Part VIII, line 7b	4a	9,289		
	Other (Describe in Part XIII.)				
C	Add lines 4a and 4b			4c	9,289
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,342,572
	rt XII Reconciliation of Expenses per Audited Financial Stateme			eturn	
	Complete if the organization answered "Yes" on Form 990, Pa				
1	Total expenses and losses per audited financial statements			1	7,862,054
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	7,862,054
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,289		
	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	9,289
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,871,343
	t XIII Supplemental Information				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line			l, line	
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any $lpha$	addition	al information.		
PA	RT X - FIN 48 FOOTNOTE				
SC	UTHFACE ENERGY INSTITUTE, INC., A NONPROFIT	r or	GANIZATION		
OP	ERATING UNDER SECTION 501(C)(3) OF THE INTE	ERNA	L REVENUE COD	Έ	
IS	EXEMPT FROM FEDERAL, STATE, AND LOCAL INCO	OME '	FAXES AND,		
				_	
AC	CORDINGLY, NO PROVISION FOR INCOME TAXES IS	S INC	CLUDED IN THE		
70	COMPANYING EINANGIAI GEAENEMENEN HOD EVE OD	~~~~			
AC	COMPANYING FINANCIAL STATEMENTS FOR THE ORG	SANL	LATION.		
• • • • • • •					
70	CONTRACTOR OF THE ACTION OF THE ACCORDED THE				
AC	COUNTING PRINCIPLES GENERALLY ACCEPTED IN 1	LHE (UNITED STATES	OF.	AMERICA
סס		171 78 T.Z.1			
	QUIRE MANAGEMENT TO EVALUATE TAX POSITIONS	TAN	EN BI THE ORG	AIN L 2	ATION AND
ਸ਼ਿਤ	COCNIZE & TAY LIARTITTY (OD ACCET) TE THE	ומססר		m 7 12 15	1 T T T TT
	COGNIZE A TAX LIABILITY (OR ASSET) IF THE (JUGH	MIGHITON UND	TWUL	111 231 N
TIN	CERTAIN TAX POSITION THAT MORE LIKELY THAN	NOT		0110	
	CALLARY LAW LOUITON THAT MORE DIREDT THAN	TIOT	MOOTE NOT BE	. 302	
ប្រ	ON EXAMINATION BY THE INTERNAL REVENUE SERV	JTCF	AND GEORGIA	מסיות	
· · · · · · · ·					INTERNI VE

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Schedule D (Form 990) 2023 SOUTHFACE ENERGY 3	INSTITUTE, INC.	58-1357547	Page 5
REVENUE. MANAGEMENT HAS ANALYZEI) THE TAX POSITIONS	TAKEN BY THE	· · · · · · · · · · · · · · · · · · ·
ORGANIZATION, AND HAS CONCLUDED	THAT AS OF DECEMBER	31, 2023, THERE AR	RE NO
UNCERTAIN POSITIONS TAKEN OR EXPE	ECTED TO BE TAKEN T	HAT WOULD REQUIRE	
RECOGNITION OF A LIABILITY (OR AS	SSET) OR DISCLOSURE	IN THE FINANCIAL	
STATEMENTS. THE ORGANIZATION IS	SUBJECT TO ROUTINE	AUDITS BY TAXING	
JURISDICTIONS; HOWEVER, THERE ARE	E CURRENTLY NO AUDI	TS FOR ANY TAX PERI	ODS
IN PROGRESS. MANAGEMENT BELIEVES	S IT IS NO LONGER S	UBJECT TO INCOME TA	x
EXAMINATIONS FOR YEARS PRIOR TO 2	2020.	· · · · · · · · · · · · · · · · · · ·	
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			•••••
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SCHEDULE	G						Iraising or Gaming		OMB No. 1545-0047
(Form 990)		Complete if the or orga	inization enter	ed more tha	n \$15	,000 o	990, Part IV, line 17, 18, or n Form 990-EZ, line 6a.	19, or if the	2023
Department of the 1 Internal Revenue S		Go to и		ach to Form orm990 for ir			990-EZ. and the latest information	I.	Open to Public
Name of the organiz		UTHFACE ENERG	Y INSTI	TUTE,	IN	c.		Employer Identificati	
Part	Fundraisi	i ng Activities. Comple -EZ filers are not requi	ete if the or	ganizatio	n an	swer	ed "Yes" on Form 9		· · · · · · · · · · · · · · · · · · ·
1 Indicate		ganization raised funds through					eck all that apply.		
a 🗌 Mail	solicitations		e 🗌	Solicitation	of nor	n-gove	ernment grants		
b 🔄 Inter	net and email	solicitations	f 🗌	Solicitation	of gov	/ernm	ent grants		
	ne solicitations		g 🗌	Special fund	draisir	ng eve	ents		
•	erson solicitation		nt with any in	dividual (in a	ludina	office	are directore tructore		
or key er b If "Yes," l	nployees listed ist the 10 high	ve a written or oral agreeme I in Form 990, Part VII) or er est paid individuals or entitie 5,000 by the organization.	ntity in connec	tion with pro	ofessi	onal fu	undraising services?	raiser is to be	Yes No
				·····		d fund- r have		(v) Amount paid to	(vi) Amount paid to
		address of Individual ly (fundraiser)	(1	i) Activity	custe cont	ody or rol of utions?	(Iv) Gross recelpts from activity	(or retained by) fundralser listed in col. (I)	(or retained by) organization
	· · · · · · · · · · · · · · · · · · ·				Yes	No			
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2					-				
. 3					<u> </u>				
4							· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
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10									
Total		he organization is registered					has been notified it is ex	kempt from	
registratio	on or licensing		5	- senon oom					
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		•••••••••••••••••••••••••••••••••••••••			•••••		••••••••••••••••••••••••••••••••••		· · · · · · · · · · · · · · · · · · ·
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Revenue

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hard the second s	le G (Form 990) 2023	SOUTHFACE ENERGY	INSTITUTE,	INC. 5	58-1357547	Page 2
Pan	than \$15,000 c	vents. Complete if the organ f fundraising event contribut greater than \$5,000.				
		(a) Event #1	(b) Event #2	() NON	c) Other events	(d) Total events (add col. (a) through
inue		(event type)	(event type)	;	(total number)	col. (c))

Revenu	1	Gross receipts	164,075			164,075
	2		151,950			151,950
	3	Gross income (line 1 minus line 2)	12,125			12,125
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses	37,376			37,376
	10	Direct expense summary.	Add lines 4 through 9 in column (d)	·····		37,376
Minipasso	11	Net income summary. Sub	tract line 10 from line 3, column (d)			-25,251
P	art			/ered "Yes" on Form 990, Pa	art IV, line 19, or reported mor	e than
		\$15,000 on For	rm 990-EZ, line 6a,			

	Ψ10,000 0Π T 0	III 990-EZ, III e 0a.			
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1 Gross revenue				
ses	2 Cash prizes				
Expen	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes %	Yes % No	Yes %	
	7 Direct expense summary.	Add lines 2 through 5 in column (d)			- - -
	8 Net gaming income summ	ary. Subtract line 7 from line 1, colur	mn (d)		
9 a b	Enter the state(s) in which the organization licensed to o	organization conducts gaming activi conduct gaming activities in each of	ities: [*] these states?		Yes No
10a b		gaming licenses revoked, suspende			

.

11	dule G (Form 990) 2023 SOUTHFACE ENERGY INSTITUTE, INC. 58-1357547 Page
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility 13a %
b	An outside facility 13b / %
4	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name
	Address
_	
5a	Does the organization have a contract with a third party from whom the organization receives gaming
Ŀ	
D	If "Yes," enter the amount of gaming revenue received by the organization \$ and the
_	amount of gaming revenue retained by the third party \$
С	If "Yes," enter name and address of the third party:
	Name
	Name
	Address
	Address
;	Gaming manager information:
	Nama
	Name
	Gaming manager compensation \$
	Gaming manager compensation \$
	Gaming manager compensation \$
	Gaming manager compensation \$
,	Gaming manager compensation \$ Description of services provided
	Gaming manager compensation \$ Description of services provided
	Gaming manager compensation \$ Description of services provided
a	Gaming manager compensation \$ Description of services provided
a	Gaming manager compensation Description of services provided Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or
a b	Gaming manager compensation \$ Description of services provided
a b	Gaming manager compensation \$ Description of services provided
a b	Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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
a b	Gaming manager compensation \$ Description of services provided
a b	Gaming manager compensation \$ Description of services provided
a b	Gaming manager compensation \$ Description of services provided
a b	Gaming manager compensation \$ Description of services provided
a b	Gaming manager compensation \$ Description of services provided
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a b	Gaming manager compensation \$ Description of services provided

SCHEDULE I		Grants	and Ot	Grants and Other Assistance to Organizations.	<pre> fo Organizat </pre>	ions.		•	OMB No. 1545-0047
(Form 990)		Governn	nents, a	Governments, and Individuals in the United States	in the United	States		<u> </u>	2023
		Complete if the	e organizati	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22	n Form 990, Part IV,	line 21 or 22.			FUES
Department of the Treasury Internal Revenue Service		9	o to <i>www.ir</i>	Attach to Form 990. Go to <i>www.irs.gov/Form990</i> for the latest information.	30. 9 latest information.			<u> </u>	Open to Public Inspection
Name of the organization	SOLTTHRACK ENERGY TI	TNSTTTTT	-UN-L	-				Employer identification number この 1 つ に	number J
Part General		Assistance					ñ	FC/CCT-2	
1 Does the organization r	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	e amount of the grai	nts or assist	ance. the grantees' eligi	bility for the grants or	assistance, and			
	the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant finds in the I Inited States	ce? itoring the use of gr	ant funds in	the I Inited States					Yes X No
artil	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,	omestic Organi	zations a	nd Domestic Gov	ernments. Comp	olete if the organ	nization answe	red "Yes" on	Form 990,
	Part IV, line 21, for any recipient that received more than \$5,000.	received more t	than \$5,0(00. Part II can be d	Part II can be duplicated if additional space is needed	onal space is ne	eded.		
1 (a) Name and a	(a) Name and address of organization or government	(p) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	und (u)	(h) Purpose of grant or assistance
(1) ACTON ACADEMY			(numpuddo u)			(10000			
SEREN			С С С					IMP. TO B	TO BUILDING SYS
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(2) ALABAMA THEATRE 1817 3RD AVE N								IMP TO B	BUILDING SYS
	AL 35203	63-0958984	501	75,000					
ACE	IddISS								
P.O. BOX 303								IMP. TO B	BUILDING SYS
GREENWOOD	MS 38935	64-0815338	105	./ 461					
(4) ARTPLACE MISSISSIPPI	IddISS								
P.O. BOX 303 GREENWOOD	MS 38935	64-0815338	501	7 461				IMP. TO B	BUILDING SYS
(5) ARTSBUILD	1								
301 EAST 11TH STREET,	STREET, SUITE 300							IMP. TO B	BUILDING SYS
CHATTANOOGA	N 374	23-7005188	501	24,473					
- OCOEE	REGION								
385 3RD STREET SW								IMP. TO B	BUILDING SYS
	TN 37311	62-0729406	501	49,615					
- OCOEE	REGION								
385 3RD STREET SW								IMP. TO B	BUILDING SYS
CLEVELAND		62-0729406	501	49,615					
(8) BIRMINGHAM LANDMARKS,	DMARKS, INC.								
1817 3RD AVE N.	•		1					IMP. TO B	BUILDING SYS
HAM		63-0958984	501	30,027					
GIRLS	CLUBS OF CENTRAL MISSI	- H							
PO BOX 3194	20002 MM	61-023162E	501	11 11				IMP. TO B	TO BUILDING SYS
NUCUN	COUSC SM							ŗ	
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	rganizations listed i	n the line 1 t	able				/9	
3 Enter total number of or	Enter total number of other organizations listed in the line 1 table	1 table		•••••••••••••••••••••••••••••••••••••••				0	
For Paperwork Reduction /	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	for Form 990.						Schedul	Schedule I (Form 990) 2023

DAA

SCHEDULE I (Form 990)		Grants and Government	s and Ot nents, a	Grants and Other Assistance to Organizations, overnments, and Individuals in the United States	e to Organizat in the United	ions, States		ō	OMB No. 1545-0047
Department of the Treasury		Complete if the	e organizat	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.	n Form 990, Part IV, 10.	line 21 or 22.		10	Open to Public
Internal Revenue Service		פ	IT.WWW 01 0	GO TO WWW.Irs.gov/Form390 Tor the latest information.	e latest information.				Inspection
Name of the organization SOUTHFACE	ENERGY	INSTITUTE,	INC.				Ω Ξ	Employer identification number 58-1357547	nber
Part General Inform	General Information on Grants and Assistance	Assistance							
1 Does the organization maintain records to substantiate the amount of the grants or the selection ortificia used to avoid the create or assistance?	I records to substantiate the	e amount of the gra	nts or assist	assistance, the grantees' eligibility for the grants or assistance, and	bility for the grants or	assistance, and			
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ation's procedures for moni	toring the use of gr	ant funds in	the United States.			••••••	Yes	NO
Part I Grants and Oth Part IV line 21	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV line 21 for any recipient that received more than \$5 000 Part II can be dunificated if additional snace is needed	mestic Organi	zations a than \$5.0	ons and Domestic Governments. Complete if the organization 25,000 Part II can be dunificated if additional space is needed	ernments. Comp unlicated if additi	olete if the organ	iization answe	red "Yes" on Fc	orm 990,
1 (a) Name and address of organization or government	of organization ent	(b) EIN		(d) Amount of cash arant	(e) Amount of noncesh assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance	e of grant tance
& GIRLS CLUBS	OF THE VALLEY		(comparido a)	,					
4309 E. BELLEVIEW ST PHOENIX	T. AZ 85008	86-0550646	501	11,907				IMP. TO BUI	BUILDING SYS
(2) BOYS AND GIRLS CLUB	OF BREVARD/TRAN	~				,			
11 GALLIMORE STREET BREVARD	NC 28712	56-2142829	501	37,500				IMP. TO BUI	BUILDING SYS
(3) CANINE COMPANIONS									
8150 CLARCONA OCOEE ROAD ORLANDO FT	ROAD FL 32818	94-3494324	501	60,000				IMP. TO BUILDING	IDING SYS
(4) CHESAPEAKE BAY TRUST									
108 SEVERN AVENUE ANNAPOLIS	<u>MD</u> 21403	52-1454182	501	37,500				IMP. TO BUI	BUILDING SYS
(5) COMMUNITY ASSISTANCE	E CENTER								
PO BOX 501298 ATLANTA	GA 31150	58-1825565	501	23.799				IMP. TO BUILDING	SYS DNIGI
(6) COMMUNITY ASSISTANCE CENTER	E CENTER			- 1					
PO BOX 501298 ATLANTA	GA 31150	58-1825565	501	9,857				IMP. TO BUI	BUILDING SYS
(7) COMMUNITY ASSISTANCE	E CENTER								
PO BOX 501298 ATLANTA	GA 31150	58-1825565	501	23.799				IMP. TO BUI	BUILDING SYS
(8) EKVN-YEFOLECV			1						
MARCUS BRIGGS-CLOUD WEOGUFKA	AL 35183	81-2293314	501	75,000				IMP. TO BUI	BUILDING SYS
(9) ELBA THEATRE/RESTORATION 154	ATION 154								
PO BOX 373 ELBA	AL 36323	47-3016500	501	30,000				IMP. TO BUI	BUILDING SYS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	01(c)(3) and government or	ganizations listed in	n the line 1 t						
3 Enter total number of other organizations listed in the line 1 table	anizations listed in the line	I table					•••••		
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ce, see the Instructions f	or Form 990.						Schedule I	Schedule I (Form 990) 2023

SCHEDULE I		Grants	and O	Grants and Other Assistance to Organizations,	to Organizat	ions,		OMB N	OMB No. 1545-0047
		GOVERNMEN1 Complete if the orga	nents, a organizat	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	In the United 1 Form 990, Part IV,	States line 21 or 22.		5	2023
Department of the Treasury Internal Revenue Service		G	o to www.i	Attach to Form 990. Go to <i>www.irs.gov/Form990</i> for the latest information.	0. latest information.			Open	Open to Public Inspection
	SOUTHFACE ENERGY IN	INSTITUTE,	INC.				ũ II	Employer identification number 58-1357547	
Part General I	General Information on Grants and Assistance	Assistance							
1 Does the organization r	Does the organization maintain records to substantiate the amount of the grants or	amount of the gra		assistance, the grantees' eligibility for the grants or assistance, and	oility for the grants or	assistance, and		; [:
2 Describe in Part IV the	ure serection dutant used to award the grants of assistance?	toring the use of gr	ant funds in	the United States.	••••••		•••••••••••••••••••••••••••••••••••••••		No
Part II Grants ar	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered Part IV line 21 for any recipient that received more than \$5 000 Part II can be duplicated if additional space is needed	mestic Organi	zations a	55 000 Part II can be dunificated if additional space is peaded	ernments. Computer if additi	olete if the organ	ization answe	red "Yes" on Form 990,	,066
1 (a) Name and a	(a) Name and address of organization	(p) EIN		(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant	grant
(1) EMERSON UNITARIAN UNIVERSALIST	ARIAN UNIVERSALIST CONG		(it applicable)	Alan	1101100311 03313101100	other)	noncash assistance	or assistance	Đ.
4010 CANTON ROAD			i L					IMP. TO BUILDING	SING SYS
MAKIETTA	C MATNEDIMC	C77227488444	TNG	72, 900					
F-I ·			L L					IMP. TO BUILDING	SING SYS
	TUSSU AM	22-2238039	TOC	005,15					
(3) FERNCLIFF CAMP JOEL GILL LITTLE ROCK	AR 72223	71-0657898	501	13,845	:			IMP. TO BUILDING	ING SYS
(4) FURKIDS									
SAMANTHA SHELTON CUMMING	ы СА 30040	01-0766844	501	9,500				IMP. TO BUILDING	ING SYS
(5) GIRL SCOUTS OF GREATER ATLANTA	GREATER ATLANTA								
5601 N. ALLEN RD	Ð							IMP. TO BUILDING	ING SYS
MABLETON		58-0566190	501	75,000					
(6) GIRLS PREPARATORY	DRY SCHOOL								
PO BOX 4736 CHATTANOOGA	TN 37405	62-0475682	501	43,428				IMP. TO BUILDING	ING SYS
(7) GOODWILL OF NORTH GEORGIA	RTH GEORGIA								
2201 LAWRENCEVILLE HWY								IMP. TO BUILDING	ING SYS
DECATUR	GA 30033	20-8351046	501	29,232					
(8) GREATER CHATTANOOGA	NOOGA PUBLIC TELEVISI								
7540 BONNYSHIRE DR	DR							IMP. TO BUILDING	ING SYS
CHATTANOUGA	9T77 NT.	160/277-70	TNC	01,U82					
(9) HABITAT FOR HUMANITY-DEKALB	AAN LT'Y - DEKALB							i	
P.O. BOX 403	30085	58-170761	501					IMP. TO BUILLING	TNG STS
TOCHER .	COUCC 45	TO/ 76/ T-OC	700						
 Enter total number of se Enter total number of of 	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other corrections listed in the line 1 table	ganizations listed ir Lable	the line 1 t	able					, , , , , , , , , , , , , , , , , , ,
FOT PAPERWORK REQUCTION P	FOF FAPERWORK REGUCTION ACT NOTICE, SEE THE INSTRUCTIONS TOF FORM 990. DAA	or Form 990.						Schedule I (Form 990) 2023	rm 990) 2023

Interview DOUTING DOUTING <th>Internative Output the organization Name of the organization SOUTHFACE ENERGY INSTITUTE, INC. Part I Ceneral Information on Grants and Assistance Souther and the grants or assistance? Souther assistance? 2 Describe in Part IV, line 21, for any recipient that received more than \$5,00 That IN the organization or display in the selection of the grant funds in the selection of the grant or assistance? Output the organization is procedures for monitoring the use of grant funds in the selection of the and other Assistance to Domestic Organizations a Part IV, line 21, for any recipient that received more than \$5,00 1 (a) Name and address of organization (b) EIN (c) IRC (1) HABITAT FOR HUMANITY-DERALIB (b) EIN (c) IRC</th> <th>rs.gov/rorm390 tor the</th> <th>latest information.</th> <th></th> <th></th> <th></th>	Internative Output the organization Name of the organization SOUTHFACE ENERGY INSTITUTE, INC. Part I Ceneral Information on Grants and Assistance Souther and the grants or assistance? Souther assistance? 2 Describe in Part IV, line 21, for any recipient that received more than \$5,00 That IN the organization or display in the selection of the grant funds in the selection of the grant or assistance? Output the organization is procedures for monitoring the use of grant funds in the selection of the and other Assistance to Domestic Organizations a Part IV, line 21, for any recipient that received more than \$5,00 1 (a) Name and address of organization (b) EIN (c) IRC (1) HABITAT FOR HUMANITY-DERALIB (b) EIN (c) IRC	rs.gov/rorm390 tor the	latest information.			
I information on Grants and Assistance an maintenents predicting the anotation from a statistance in each oward to grants and Assistance in each oward of the organization and sensitience in each oward of the and of the organization and sensitience in each oward of the and of the organization and oward of and in each oward of and organization and of the organization and of the organization answered "Yes" on Form 900. In each oward of and the answered of and the organization and of the and of and the answered of and the and of and the and of and the and of the and of and the and of the and the and of the and the	General Information on Grants and Assistance organization maintain records to substantiate the amount of the grants or assistance? in Part IV the organization's procedures for monitoring the use of grant funds in Grants and Other Assistance to Domestic Organizations a Part IV, line 21, for any recipient that received more than \$5,0 I) Name and address of organization or government r FOR HUMANITY-DEKAIB	stance, the grantees' eligit				IIIS pectual loyer identification number 2-1 3 モフモイフ
In contraction control of the grants or assistance of a	a organization maintain records to substantiate the amount of the grants or assistance? ction criteria used to award the grants or assistance? a in Part IV, the organization's procedures for monitoring the use of grant funds in Grants and Other Assistance to Domestic Organizations a Part IV, line 21, for any recipient that received more than \$5,01 a) Name and address of organization or government T FOR HUMANITY-DEKALB	tance, the grantees' eligit			ň	1 #01007-0
Model Model Model Model In C31, for any recipient frameword and extension (b) Ext (fram direction and consisting consistind consisting consind consisting consind consisting consi	ation criteria used to award the grants or assistance?		vility for the grants or assist	ance, and	-	[
and Other Assistance to Domestic Organizations and Other Assistance to Domestic Organizations and Other Assistance to Domestic Organizations and Other Assistance to Domestic Organization answered "Yes" on Form 300, In excitance and address of organization answered more than \$5,000 Ext. [1 cm be duplicated if additional space is needed. (h) Phings of grant and the organization answered "Yes" on Form 300, Integrations and other set organization answered more than \$5,000 Ext. [1 cm be duplicated in additional space is needed. (h) Phings of grant answered more than \$5,000 Ext. [1 cm be duplicated in additional page is needed. (h) Phings of grant answered more than \$5,000 Ext. [1 cm be duplicated in additional page is needed. (h) Phings of grant answered more than \$5,000 Ext. [1 cm be duplicated in additional page is needed. (h) Phings of grant answered more than \$5,000 Ext. [1 cm be duplicated in additional page is needed. (h) Phings of grant answered more than \$5,000 Ext. [1 cm be duplicated in additional page is needed. (h) Phings of grant answered more than \$5,000 Ext. [1 cm be duplicated in additional page is needed. at a 30085 58-1192761 501 17,997 (h) Annot the additional page is additional page in \$1,477 at a 30085 58-1192761 501 17,997 (h) Phings of grant answered more than \$1,773 at a static cm and additional page is additional page in \$1,477 (h) Phings of grant answered more than \$1,773 (h) Phings of grant answered more than \$1,773 at a static cm additional page is a static control page in \$1,477 (h) Phings of grant and \$1,773 (h) Phings of grant answered more than \$1,773 at a static cm addition page in \$1,77	Grants and Other Assistance to Domestic Organizations a Part IV, line 21, for any recipient that received more than \$5,0(I) Name and address of organization or government (b) EIN T FOR HUMANITY-DEKALB	the United States.				Yes
d address of operintation (b) EN igners (address of operintation) (b) EN igners (address of operintation) (b) EN igners (address of operintation) (b) Environs (b) Environs (b) Environs (c) Environs (b) Environs (c) Environs	(b) EIN (c) (f app	and Domestic Gov	ernments. Complete	if the organiz	ration answe	ed "Yes" on Form 990,
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Ga. 30085 58-1792761 501 16,477 16,47 16,41 16,47 16,47 16,47 16,47 16,47 16,412 16,47 16,47 16,47 16,47 16,47 16,47 16,47 16,47 16,47 16,47 16,47 16,47 16,47 16,47 16,47 16,47 16,47<	_					
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44 Implexity Impl	THE INNER CITY					
It COMMUNITY CENTER Implicit Implicit<	11584 TN 37406 62-1659831	17,997				. TO BUILDING
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LANELANELANELANETN 37411 $(c_2-1189858)$ 501 $20,000$ me me TO BUILDINGL BAPTIST CHURCH $(c_2-1189858)$ 501 $20,000$ me m	1100770-01	000'61				
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al number of section buil(c)(s) and government organizations listed in the line 1 table	TOC 2005-00-20 0T-7/5 NT. 4-0		_	_		
	al number of section 501(c)(3) and government organizations listed in the line 1 t al number of other organizations listed in the line 1 table	table			•••••••••••••••••••••••••••••••••••••••	

SCHEDULE I		Grants	and Of	Grants and Other Assistance to Organizations.	to Organizat	ions.			OMB No 1545-0047
(Form 990)		Governn Complete if the	nents, a	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990. Part IV. line 21 or 22.	in the United	States		I	2023
Department of the Treasury Internal Revenue Service		Ŭ.	to www.ir	Attach to Form 990. Go to <i>www.irs.gov/Form990</i> for the latest information.	0. latest information.				Open to Public Inspection
Name of the organization SOUTHFACE	ENERGY	INSTITUTE,	INC.					Employer identification number 58-1357547	n number 17
Part General Inform	General Information on Grants and Assistance						-		
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	records to substantiate the	amount of the grar	ts or assist	ance, the grantees' eligi	bility for the grants or	assistance, and			
selecu scribe i	varu ure granus or assistant ation's procedures for moni	toring the use of gra	nt funds in	he United States.		•••••••••••••••••••••••••••••••••••••••	•	:	Yes No
Part I Grants and Oth Part IV line 21	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered Part IV line 21 for any recipient that received more than \$5,000 Part II can be dunicated if additional space is peaded	mestic Organiz	zations a	nd Domestic Gov	ernments. Comp unlicated if additi	blete if the organ	nization answe	red "Yes" on	"Yes" on Form 990,
1 (a) Name and address of organization	of organization	(p) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	Ind (h)	(h) Purpose of grant
(1) NORTHMINSTER PRESBY	PRESBYTERIAN CHURCH		(ir applicable)	Almir		other)		5	UI dooiolative
4791 HAL DRIVE	2111C 14		L L					IMP. TO F	BUILDING SYS
Ц Ц Ц	DDFSBVTEDIAN CHIDCH	20CC700-70	TAC	20,000					
4791 HAL DRIVE								т МР Т	BITT.DTNG SVS
CHATTANOOGA	TN 37416	62-6043568	501	20,000) 1	
							4 		Ĩ
DIANE DOUGLASS, CHI ATT.ANTA	CHIEF DEVELOPMENT C	71-0653846	501	29 936				IMP. TO F	BUILDING SYS
(4) RABUN GAP-NACOOCHEE	SCHO		+	277					
339 NACOOCHEE DRIVE			-					IMP. TO E	BUILDING SYS
RABUN GAP	GA 30568	58-0593430	501	75,000					
(5) SALVATION ARMY - ST	•								
340 14TH AVE S								IMP. TO B	BUILDING SYS
ST. PETERSBURG	FL 33701	58-0660607	501	75,000					
(6) SALVATION ARMY METRO ATLANTA AREA	O ATLANTA AREA C								
1000 CENTER PLACE			r C L					IMP. TO E	BUILDING SYS
NUKUKUSS GA 30093			TAC	41,400					
(/) SALVALION ANNI MELLA 1000 CENTER PLACE	O ATLANTA AKEA U	•							BUTT.DTNC SVS
NORCROSS	GA 30093	58-0660607	501	69,073) 	
(8) SALVATION ARMY MIAMI AREA COMMAND	I AREA COMMAND			•					
1907 NW 38TH STREET MIAMI	MIAMI							IMP. TO E	BUILDING SYS
MIAMI	FL 33142	58-0660607	501	67,215					
	OF SAVANNAH					1			5
P.O. BOX 23798 SAVANNAH	GA 31404	58-0660607	501	31,659				IMP. TO E	BUILDING SYS
	01(c)(3) and government or	ganizations listed in	the line 1 t	able					
		l lable					•		
For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA	ce, see the Instructions h	or Form 990.						Schedul	Schedule I (Form 990) 2023

SCHEDULE I (Form 990)		Grants a Governme	and Ot nents, a	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	• to Organizat in the United	tions, States			OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Complete if the G	: organizati o to <i>www.ir</i>	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to <i>www.irs.gov/Form990</i> for the latest information.	n Form 990, Part IV, 90. e latest information.	line 21 or 22.			CDCJ Open to Public Inspection
	SOUTHFACE ENERGY IN	INSTITUTE,	INC.					Employer identification number 58-1357547	tion number 547
Part General	ิต	Assistance							
1 Does the organization	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	amount of the grar	tts or assist	ance, the grantees' eligi	bility for the grants or	assistance, and			
2 Describe in Part IV the	the selection catteria used to award the grants or assistance?	er	int funds in	the United States.					Yes No
Part II Grants a Part IV. II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV. line 21. for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	mestic Organi eceived more t	zations a han \$5.0(nd Domestic Gov 00. Part II can be c	ernments. Compluenting	olete if the organ ional space is ne	nization answer	red "Yes" (on Form 990,
1 (a) Name and a or g	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(µ)	(h) Purpose of grant or assistance
(1) SALVATION ARMY, E 1000 CENTER PLACE NORCROSS	, EMERGENCY DISASTER ACE GA 30093	58-0660607	501	54,283				IMP. TO	SAS ONICTING
(2) SARASOTA AFRICAN AM PO BOX 686 SARASOTA SARASOTA	(2) SARASOTA AFRICAN AMERICAN CULTURAL PO BOX 686 SARASOTA SARASOTA FL 34230	83-3573603	501	18,109				IMP. TO	SAS SNITTING
(3) SAVE OUR SEABIRDS1708 KEN THOMPSONSARASOTA	RDS SON PKWY FL 34236	59-3078536	501	6,669				IMP. TO	BUILLDING SYS
(4) SOUTHSIDE THEATRE20 W CAMPBELLTONFAIRBURN	TRE GUILD ON ST. GA 30213	58-1279585	501	24,020				IMP. TO	BUILDING SYS
(5) TENNESSEE AQUARIUM 201 BROAD STREET CHATTANOOGA	RIUM ET TN 37402	58-1837154	501	42 , 799				TMP. TO	BUILDING SYS
(6) THE ART LEAGUE209 9TH ST WBRADENTON	(6) THE ART LEAGUE OF MANATEE COUNTY 209 9TH ST W BRADENTON FL 34205	59-0967824	501	30,000				OT . TO	BUILDING SYS
(7) THE MOUNTAIN R PO BOX 1299 HIGHLANDS	RETREAT & LEARNING CEN NC 28741	58-1396972	501	29,381				IMP. TO	BUILDING SYS
(8) THE SAE SCHOOL6688 MABLETON PKWYMABLETON	GA	45-2894607	501	28,874				IMP. TO	BUILLDING SYS
(9) THEATRICAL OUTFITP.O. BOX 1555ATLANTA	FIT GA 30301	58-1524285	501	50,250				IMP. TO	BUILDING SYS
2 Enter total number of s3 Enter total number of c	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	ganizations listed ir table	the line 1 t	able					
For Paperwork Reduction	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	or Form 990.			•			Schee	Schedule I (Form 990) 2023

DAA

Department of the Treasury Internal Revenue Service Name of the organization SOUTHI Part I General Inform		Complete if the	organizati	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	ו Form 990, Part IV,	line 21 or 22.		C Z U Z
Name of the organization SOUTH		Ğ	o to www.ir.	Attach to Form 990. Go to <i>www.irs.gov/Form</i> 990 for the latest information.	0. latest information.			Open to Public Inspection
	SOUTHFACE ENERGY IN	INSTITUTE,	INC.				ي ت آ	Employer identification number 58-1357547
	וססו							
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection orderia used to award the grants or assistance?	in records to substantiate the	e amount of the grar	its or assists	ance, the grantees' eligit	bility for the grants or	assistance, and		
ibe i	zation's procedures for mon	toring the use of gre	int funds in t	he United States.		•••••••••••••••••••••••••••••••••••••••		Yes
Part II Grants and Oth Part IV. line 21.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV. line 21. for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	mestic Organi: received more t	zations a han \$5.00	nd Domestic Gov 0. Part II can be d	ernments. Compublicated if additi	olete if the orgar onal space is ne	hization answe	Complete if the organization answered "Yes" on Form 990, additional space is needed
1 (a) Name and address of organization or government	of organization	(p) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncesh assistance	(h) Purpose of grant or assistance
(1) TOWN OF WARTRACE P.O. BOX 158 WARTRACE	TN 37183	62-0605716	501	, 23,046		(1210)		IMP. TO BUILDING
(2) TOWN OF WARTRACE P.O. BOX 158								IMP. TO BUILDING
WARTRACE	TN 37183	62-0605716	201	23,046				
 (3) TYBEE ISLAND MAKINE PO BOX 1879 TYBEE ISLAND 	E SCIENCE FOUNDAT GA 31328	т 58-1990772	501	40,000				IMP. TO BUILDING
(4) UNITED WAY OF NORTH PO BOX 566	OF NORTHWEST GEORGIA	58-0005881	50 10	01 17F				IMP. TO BUILDING
RD WAY		T00000 00	122	01+1+2				
•	GA 30722	58-0905881	501	31,650				IMP. TO BUILDING
(6) UNLTED WAY OF NORTHWEST PO BOX 566 DALTON GA	HWEST GEORGIA GA 30722	58-0905881	501	31,650				IMP. TO BUILDING
 (7) YMI CULTURAL CENTER 39 SOUTH MARKET ST. ASHEVILLE 	R NC 28801	58-1448997	501	30,000			·	IMP. TO BUILDING
(8)								
(6)								
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 	501(c)(3) and government o ganizations listed in the line	rganizations listed ir 1 table	the line 1 t	able				
۵ a	tice see the Instructions f	or Form 990						Schedule I (Form 990) 2023

(b) There of grant or setstations (b) Number of metablicity (c) Amount of monesh grant (c) Amount of monesh grant (c) Amount of monesh grant (c) Amount of monesh grants (c) Amount of mones		h) Nrimher of	(c) Amount of cash grant	(d) Amount of		
Supplemental Information. Provide the information requir Supplemental Information. Provide the information require FFACE THE READER TARE READER FOR MONITY MITABILITY, AND IMPACT ASSESSMENT TO MI ED. ED.		recipients	,	noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EACE THOROUGHLY MONITORES FOR MONITORING FACE THOROUGHLY MONITORS GRANTS TO ENG FACE THOROUGHLY MONITORS GRANTS TO ENG FACE THOROUGHLY MONITORS GRANTS, THE MONIT I, LINE 2 - PROCEDURES FOR MONITORING FACE THE PROJECTS, PROG MUNICATION WITH GRANT RECIPIENTS, WI OMMUNICATION WITH GRANT RECIPIENTS, WI MTABILLTY, AND IMPACT ASSESSMENT TO M ED.	Re.					
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I, LINE 2 - PROCEDURES FOR MONITORING Supplemental Information. Provide the information requir J, LINE 2 - PROCEDURES FOR MONITORING FACE THOROUGHLY MONITORS GRANTS TO ENG FACE THOROUGHLY MONITORS GRANTS TO PROG MONITOR WITH GRANT RECUPIENTS, WI OMMUNICATION WITH GRANT RECIPIENTS, WI NTABILITY, AND IMPACT ASSESSMENT TO M RED.						
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н	EVIEWS AT THE START OF THE	PROJECTS, PR	OGRESS ASSESS	MENTS, SITE V	'ISITS'	
THE BENEFIT OF EACH	ND COMMUNICATION WITH GRAN	T RECIPIENTS.	WE PRIORITIZ	E TRANSPARENC	Х,	
	CCOUNTABILITY, AND IMPACT A	ASSESSMENT TO	•	BENEFIT		
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SCHED		OMB No	. 1545-00	047
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	20)23	5
Denartment	of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		to Pub	
Internal Rev	Go to www.irs.gov/Form990 for instructions and the latest information.		pection	<u>)</u>
Name of the		ployer identification num 3-1.357547	nber	
Part				
990, 	ck the appropriate box(es) if the organization provided any of the following to or for a person listed on Form Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Payments for business use of personal residence Discretionary spending account Personal services (such as maid, chauffeur, chef) y of the boxes on line 1a are checked, did the organization follow a written policy regarding payment imbursement or provision of all of the expenses described above? If "No," complete Part III to			No
2 Did t direc	ain he organization require substantiation prior to reimbursing or allowing expenses incurred by all tors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line	1b		
orga relati	ate which, if any, of the following the organization used to establish the compensation of the nization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a ed organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Form 990 of other organizations Independent compensation committee Independent compensation consultant Independent compensation committee Independent organizations Independent compensation committee Independent compensatio			
	ng the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing nization or a related organization:			
	vive a severance payment or change-of-control payment?			X
c Parti	cipate in or receive payment from a supplemental nonqualified retirement plan?			XX
lf "Ye	es" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	·····		
5 For p com	section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. Dersons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any Densation contingent on the revenues of: Dorganization?	5a		x
b Any⊧ If "Ye	related organization? s" on line 5a or 5b, describe in Part III.	5b		X
com a The	persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any pensation contingent on the net earnings of: prganization?	<u>6a</u>		x
	elated organization? s" on line 6a or 6b, describe in Part III.			x
payn	ersons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed nents not described on lines 5 and 6? If "Yes," describe in Part III			x
8 Were	e any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject e initial contract exception described in Regulations section 53.4958-4(a)(3)? if "Yes," describe			x
	s" on line 8, did the organization also follow the rebuttable presumption procedure described in			
Regu For Paper	lations section 53.4958-6(c)?		[] (Form 99	e) 2023

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.	, Section A, line 1a,	applicable column (D	 and (E) amounts for 	or that individual.	
	(B) Breakdown of W-2	and/or 1099-MISC and/or 1099-NEC compensation	99-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
JAMES MARLOW	(1) 199,351	0	0	0		0 199,351	
1 PRESIDENT	(II)	0	0			0 0	0
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	and 8,												•		• • • •	· · ·			
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58-1357547	4a, 4b, 4c,													· · ·		• • • •			
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m 990) 2023 SOUTHFACE Supplemental Information	explanation.									•	- - - - - -			•			•		
2023 Jemen	ation, e nforma		•															· · · · · · · · · · · · · · · · · · ·	
Schedule J (Form 990) 2023	Provide the information, explanation, or descriptions required for Part I, for any additional information.										-								
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Schedu Part	Provic for any		4 4 4 4 4						•						• • • •				

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SCHEDULE O	Supplemental Information to Form 990 or	r 990-F7	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific q Form 990 or 990-EZ or to provide any additional inform	uestions on	2023
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to <i>www.irs.gov/Form990</i> for the latest informatio		Open to Public Inspection
Name of the organization	SOUTHFACE ENERGY INSTITUTE, INC.	Employer identif 58–1357	
			<u> </u>
	DRGANIZATION'S MISSION OR MOST SIGNIFICA		
SOUTHFACE IN	ISTITUTE'S MISSION IS TO PROMOTE SUSTAIN	ABLE HOMES, WO	RKPLACES,
AND COMMUNII	IES THROUGH EDUCATION, RESEARCH, ADVOCA	CY, AND TECHNI	CAL
ASSISTANCE.	WITH PRACTICAL SOLUTIONS TO SUSTAINABIL	ITY CHALLENGES	
SOUTHFACE WO	ORKS TO ACHIEVE THEIR VISION OF A HEALTH	Y ENVIRONMENT	FOR ALL
THROUGH THE	COMMUNITIES WE BUILD TOGETHER.		
SINCE 1978,	SOUTHFACE HAS COLLABORATED WITH OTHER N	ONPROFITS, BUS	INESSES,
BUILDERS, DE	VELOPERS, UNIVERSITIES, GOVERNMENT AGEN	CIES, AND COMM	UNITIES TO
IMPROVE THE	PERFORMANCE OF RESIDENTIAL AND COMMERCI	AL STRUCTURES	AT EVERY
STAGE OF THE	BUILDING LIFECYCLE.		
SOUTHFACE RE	COGNIZES THAT CLIMATE CHANGE DISPROPORT	IONATELY HARMS	PEOPLE OF
COLOR AND LC	W-INCOME HOUSEHOLDS. TOO OFTEN, SUSTAIN	ABILITY IS LIM	IITED TO
THOSE WHO CA	N RELIABLY AFFORD AND ACCESS ENERGY AND	OTHER RESOURC	ES.
• • • • • • • • • • • • • • • • • • • •			
TO CREATE A	MORE EQUITABLE WORLD, SOUTHFACE SEEKS T	O EMPOWER PEOP	LE-NO
MATTER THEIR	IDENTITY, BACKGROUND, OR CIRCUMSTANCES	-TO INCREASE T	HEIR
HEALTH, WELL	BEING, SECURITY, AND RESILIENCY WHILE H	EALING AND PRO	TECTING
	ENT FOR FUTURE GENERATIONS.		
	LAT FOR FOICHE GENERATIONS.		
	DU TIT I THE AN _ ETDOR BOOMDT TOWNS		
	RT III, LINE 4A - FIRST ACCOMPLISHMENT		
GOODUSE :			
THE GOODUSE	PROGRAM WAS INTRODUCED AS GRANTS TO GRE	EN IN 2008. TH	ROUGH THE
PROGRAM, SOU For Paperwork Reduction	THFACE PROVIDES FINANCIAL AND TECHNICAL n Act Notice, see the Instructions for Form 990 or 990-EZ.	······································	FOOD hedule O (Form 990) 2023

SOUTHFACE ENERGY INSTITUTE, INC.	58-1357547
BANKS, BOYS & GIRLS CLUBS, AND MANY OTHER KINDS OF NONPRO	FITS TO MAKE
COST-SAVING EFFICIENCY AND HEALTH UPGRADES TO THEIR FACIL	ITIES. THE ONGOING
SAVINGS ON UTILITY BILLS ALLOW GOODUSE RECIPIENTS TO INVE	ST MORE FUNDS IN
THEIR CORE SERVICES TO THE COMMUNITY. MORE THAN 575 GOODU	SE PROJECTS ACROSS
31 STATES HAVE LED TO NONPROFITS CUMULATIVELY SAVING \$4 M	ILLION IN ANNUAL
UTILITY COSTS, WITH 47 NEW PROJECTS INITIATED IN 2023 ALO	NE. ONE HIGHLIGHT
OF THE YEAR WAS WORKING WITH THE SALVATION ARMY CENTRAL C	COMMAND CENTER IN
DOWNTOWN, ATLANTA THAT PROVIDES EMERGENCY, TRANSITIONAL A	ND RECOVERY
PROGRAMS THAT EMPOWER PEOPLE OF ALL AGES TO BEGIN THEIR T	RANSITION TO
STABLE INDEPENDENCE; BY DISCOVERING AND OVERCOMING THE RO	OT CAUSES OF THEIR
HOMELESSNESS.	
·····	
THE PROGRAM INCLUDES TECHNICAL RESOURCES THROUGHOUT THE P	ROJECT INCLUDING
BIDDING, IMPLEMENTATION, AND COMMISSIONING AS WELL AS ON	THE JOB
PERSONALIZED TRAINING FOR THE BUILDING OPERATORS, THEREBY	INSURING THE
NEWLY INSTALLED BUILDING SYSTEMS WILL BE OPTIMIZED AND MA	INTAINED PROPERLY.
· · · · · · · · · · · · · · · · · · ·	
THIS PROGRAM SAVES NONPROFITS AN AVERAGE OF 28% UTILITY C	OSTS AND CARBON
FOOTPRINT REDUCTION. THESE SAVINGS ARE DIRECTED TOWARDS	MISSION CRITICAL
SERVICES FOR THE COMMUNITIES THEY SERVE.	
FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT	
TECHNICAL SERVICES:	
SOUTHFACE HAS A RANGE OF FEE-FOR-SERVICE OFFERINGS FOR RE	SIDENTIAL AND
COMMERCIAL BUILDINGS THAT HELP ADVANCE THEIR MISSION.	
DESIGN CONSULTING SERVICES EQUIP BUILDING OWNERS AND DEVE	LOPERS TO ACHIEVE
	PAGE 1 OF 8
DAA	Schedule O (Form 990) 2023

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Schedule O (Form 990) 2023 Name of the organization

Page 2

Employer identification number

Schedule O (Form 990) 2023 Name of the organization	Page 2
SOUTHFACE ENERGY INSTITUTE, INC.	Employer identification number 58–1357547
SUSTAINABILITY AND BUILDING PERFORMANCE GOALS	BASED ON THE STRUCTURE,
SYSTEMS, AND BUDGET FOR A NEW BUILD OR MAJOR 1	RENOVATION PROJECT.
CERTIFICATION SERVICES HELP OWNERS AND OPERATO	ORS IDENTIFY AND ACHIEVE THE
BEST GREEN CERTIFICATION FOR THEIR BUILDING, W	WHETHER DEVELOPED BY SOUTHFACE
(E.G., EARTHCRAFT, BIT BUILDING) OR A THIRD PA	ARTY (E.G., LEED, LIVING
BUILDING CHALLENGE, NGBS, ENERGY STAR).	
BUILDING ASSESSMENTS PROVIDE A BASELINE FOR A	ND TRACK THE PROGRESS OF
CLIENTS' BUILDING IMPROVEMENTS. THEY INCLUDE	AIR TIGHTNESS TESTING, INDOOR
AIR QUALITY ASSESSMENTS, THE AMERICAN SOCIETY	OF HEATING, REFRIGERATING AND
AIR-CONDITIONING ENGINEERS (ASHRAE) ENERGY AU	DITS, AND CARBON ASSESSMENTS.
CAREER TRAINING ENABLES BUILDING AND CONSTRUC	TION WORKERS TO ENTER OR
ADVANCE WITHIN THE GREEN WORKFORCE. INSTRUCTOR	R-LED VIRTUAL AND IN-PERSON
COURSES AS WELL AS ON-DEMAND CLASSES TEACH IMI	PORTANT TRADE SKILLS, PROVIDE
CONTINUING EDUCATION UNITS (CEUS), AND EQUIP A	ATTENDEES TO EARN PROFESSIONAL
CREDENTIALS AS HOME ENERGY RATERS, DUCT AND EN	NVELOPE TIGHTNESS VERIFIERS,
AND MORE. IN 2023, SOUTHFACE COURSES IMPACTED	1,367 PEOPLE.
EARTHCRAFT IS A BUILDER-FOCUSED TRAINING AND	SUSTAINABLE CERTIFICATION
PROGRAM THAT WAS CO-DEVELOPED WITH THE GREATED	R ATLANTA HOME BUILDERS
ASSOCIATION TO ADDRESS THE UNIQUE ENVIRONMENT	AL CONDITIONS OF THE
SOUTHEAST. EARTHCRAFT ENSURES A HIGH LEVEL OF	EFFICIENCY, AIR QUALITY, AND
DURABILITY FOR RESIDENTIAL AND COMMERCIAL BUI	LDINGS, INCLUDING AFFORDABLE
HOUSING AND BUILDINGS WITH HISTORIC DESIGNATION	ONS. IN 2023, 3,377
MULTIFAMILY AFFORDABLE HOUSING UNITS, 111 SING	GLE-FAMILY HOMES, AND ONE
	PAGE 2 OF 8

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Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Name of the organization	Page 2
SOUTHFACE ENERGY INSTITUTE, INC.	Employer identification number 58–1357547
LIGHT COMMERCIAL BUILDING GAINED EARTHCRAFT CERTIFICATIO	DN.
BIT BUILDING IS SOUTHFACE'S SUSTAINABLE OPERATIONS AND N	AINTENANCE PROGRAM.
IT HELPS REDUCE ENERGY, WATER, AND WASTE CONSUMPTION OF	ANY TYPE OF
EXISTING BUILDING OR TENANT-CONTROLLED SPACE (EXCEPT SIN	IGLE-FAMILY
RESIDENTIAL) REGARDLESS OF AGE OR CURRENT PERFORMANCE.	VITH ACCESSIBLE
PRICING AND NO PERFORMANCE THRESHOLDS TO GET STARTED, BI	IT PROVIDES A
PATHWAY TO SUSTAINABILITY FOR BUILDINGS THAT DID NOT HAV	7E ONE BEFORE.
FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT	
RESEARCH:	
BUILDING AMERICA HVAC AFDD - BP 1 & 2: THE SOUTHFACE F	RESEARCH TEAM IS
CURRENTLY WORKING TO CLOSE OUT THE PROJECT ON THE IMPACT	GOF RECENTLY
DEVELOPED HVAC INSTALLATION VERIFICATION AND MONITORING	TOOLS WITHIN
CLIMATE ZONES 2 THROUGH 7. WE ARE NOW IN THE PEER-REVIEW	V PHASE, WITH ALL
OTHER REQUIRED DOCUMENTATION COMPLETED. OUR NATIONWIDE	IMPLEMENTATION OF
THESE TOOLS THROUGH HVAC CONTRACTOR NETWORKS HAS ALLOWED) US TO ASSESS THE
INDIVIDUAL AND COMBINED ENERGY AND HVAC PERFORMANCE EFFE	ects of
COMMISSIONING USING THE MEASUREQUICK PLATFORM. ADDITION	ALLY, WE HAVE
DOCUMENTED AND ASSESSED THE NON-ENERGY-RELATED IMPACTS (OF THESE TOOLS. OUR
OBJECTIVE HAS BEEN TO REVOLUTIONIZE THE \$14 BILLION RESI	IDENTIAL HVAC
SERVICE INDUSTRY BY EMPLOYING CUTTING-EDGE TECHNOLOGY TO) ADDRESS THE
APPROXIMATELY 70% OF SYSTEMS CURRENTLY OPERATING WITH F7	AULTS. THE RESEARCH
FINDING SHOWED STATISTICALLY SIGNIFICANT AVERAGE SYSTEM	PERFORMANCE
IMPROVEMENT FOR ALL THREE METRICS ANALYZED FOR TUNE-UP/F	RETRO-COMMISSIONING
WORKFLOW (I.E. 3.3% INCREASE IN TOTAL NORMALIZED CAPACIT	TY, 5.4% INCREASE IN
NORMALIZED SENSIBLE CAPACITY, AND 6.2% INCREASE IN ENERGY	GY EFFICIENCY

PAGE 3 OF 8

ame of the organization	Pag Employer identification number
SOUTHFACE ENERGY INSTITUTE, INC.	58-1357547
RATIO). ALTHOUGH PREVIOUS ATTEMPTS TO ENHANCE INS	TALLATION QUALITY ON A
LARGE SCALE HAVE YET TO ACHIEVE WIDESPREAD SUCCES	S, INTEGRATING THESE
EMERGING SYSTEMS OFFERS NUMEROUS ADVANTAGES TO HV	AC CONTRACTORS AND THE

GA TECH | DOE ENERGY SHED (Y1) 23-24: FOR DECADES, THE U.S. ENERGY GENERATION, TRANSMISSION, AND DISTRIBUTION MODEL HAS RELIED ON LARGE-SCALE POWER PLANTS BURNING FOSSIL FUELS. HOWEVER, WITH THE RAPID GROWTH OF DISTRIBUTED RENEWABLE TECHNOLOGIES LIKE WIND, SOLAR, HYDROPOWER, AND STORAGE ASSETS, SOUTHFACE ENERGY INSTITUTE (SOUTHFACE) IS WORKING WITH A TEAM AT THE GEORGIA INSTITUTE OF TECHNOLOGY TO REIMAGINE THE PLANNING PARADIGM FOR ELECTRIC POWER INFRASTRUCTURE TO BETTER SUIT COMMUNITY NEEDS. THIS NEW MODEL, CALLED THE GEORGIA ENERGYSHED (G-SHED), WILL ANALYZE VARIOUS ELECTRICITY GENERATION, DISTRIBUTION, AND USAGE SCENARIOS TO INFORM LOCAL POLICY DECISIONS AND IMPLEMENT NEW IDEAS FOR THE 11-COUNTY METRO ATLANTA AREA. FUNDED BY THE U.S. DEPARTMENT OF ENERGY, THIS INITIATIVE IS PART OF A BROADER STRATEGY TO UNDERSTAND LOCAL ENERGY DEMANDS AND CREATE TAILORED SOLUTIONS. THE PROJECT IS LED BY GEORGIA TECH'S STRATEGIC ENERGY INSTITUTE AND ITS ENERGY, POLICY, AND INNOVATION CENTER (EPICENTER), WITH CONTRIBUTIONS FROM THE SCHOOL OF PUBLIC POLICY, THE SCHOOL OF CITY AND REGIONAL PLANNING, AND THE COLLEGE OF ENGINEERING. KEY PARTNERS INCLUDE THE ATLANTA REGIONAL COMMISSION (ARC) AND THE SOUTHFACE ENERGY INSTITUTE. SOUTHFACE PLAYS A CRUCIAL ROLE IN THE COMMUNITY ENGAGEMENT ASPECT OF THE PROJECT. OUR TASKS INCLUDE: 1) GATHERING DEMOGRAPHIC DATA SPECIFIC TO THE ENERGY SHED AREA; 2) PLANNING AND EXECUTING CHARRETTES (COLLABORATIVE PLANNING SESSIONS); AND 3) WORKING WITH INFORMED COMMUNITY MEMBERS TO PROVIDE FEEDBACK ON REGIONAL ENERGY SHED PLANNING MODELS. THIS COMMUNITY-

PAGE 4 OF 8

10687	
Schedule O (Form 990) 2023 Name of the organization SOUTHFACE ENERGY INSTITUTE, INC.	Page 2 Employer Identification number 58–1357547
	NCLUSION IN
	THE PROJECT WILL
ADDRESS THE ENERGY NEEDS OF UNDERSERVED COMMUNITIES, HELI	
GROWTH AND SHARED PROSPERITY IN THE ATLANTA METROPOLITAN	
GOAL IS TO SUPPORT COMMUNITY-INFORMED ENERGY PLANNING ANI	
TO ADDRESS ENERGY AFFORDABILITY AND EQUITABLE ACCESS TO H	
BENEFITS, LEADING TO HEALTHIER AND ECONOMICALLY EMPOWEREI	
KSU DOE FOA 0002452 (TOPIC AREA 1): IN COLLABORATION WI	ITH KENNESAW STATE
UNIVERSITY AND CLARK ATLANTA UNIVERSITY, SOUTHFACE HAS ES	STABLISHED AND NOW
OPERATES THE GEORGIA INDUSTRIAL ASSESSMENT CENTER (GEO-12	AC), HOUSED AT
KENNESAW STATE UNIVERSITY. THIS CENTER, FUNDED BY THE U.S	S. DEPARTMENT OF
ENERGY (DOE), PROVIDES FREE ENERGY AND PRODUCTIVITY ASSES	SSMENTS TO SMALL
AND MEDIUM-SIZED MANUFACTURERS. SINCE ITS LAUNCH IN 2022	, THE GEO-IAC HAS
ACHIEVED SIGNIFICANT MILESTONES UNDER SOUTHFACE'S ACTIVIT	FIES. THE CENTER
HAS COMPLETED 28 COMPREHENSIVE ASSESSMENTS FOR MANUFACTUR	RING FACILITIES,
OFFERING 199 RECOMMENDATIONS AIMED AT IMPROVING ENERGY EN	FFICIENCY AND
PRODUCTIVITY. IMPLEMENTING THESE RECOMMENDATIONS HAS LED	TO SUBSTANTIAL
ENERGY SAVINGS OF 0.59 TRILLION BTU (TBTU) AND COST SAVIN	NGS OF \$4.88
MILLION. BEYOND SUPPORTING MANUFACTURERS, GEO-IAC HAS ALS	SO BEEN
INSTRUMENTAL IN EDUCATING AND TRAINING FUTURE PROFESSION	ALS, WITH 26
STUDENTS PARTICIPATING IN ITS TRAINING PROGRAMS. SOUTHFAC	CE AND ITS PARTNERS
ARE COMMITTED TO ADVANCING ENERGY EFFICIENCY AND PRODUCT:	IVITY IN THE
MANUFACTURING SECTOR, SHOWCASING A STRONG DEDICATION TO H	SOTH INDUSTRY AND
EDUCATION.	
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FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

PAGE 5 OF 8

Name of the organization		Page 2 Employer identification number
SOUTHFACE ENERGY INSTITUTE	I, INC.	58-1357547

SOUTHFACE'S GRASSTOPS AND GRASSROOTS ADVOCACY EFFORTS WORK TO ADVANCE ENERGY JUSTICE, GREEN AFFORDABLE HOUSING, AND LOCAL CLIMATE ACTION IN FLORIDA, GEORGIA, AND BEYOND. SUPPLEMENTED BY COMMUNITY ENGAGEMENT SESSIONS, SOUTHFACE AND THE SOUTHERN ALLIANCE FOR CLEAN ENERGY (SACE) JOINTLY INTERVENED IN GEORGIA POWER'S 2022 INTEGRATED RESOURCE PLAN (IRP), PROVIDING EXPERT TESTIMONY ON AFFORDABLE CLEAN ENERGY AND EFFICIENCY PROGRAMS. THEY LATER INTERVENED IN THE UTILITY'S 2022 RATE CASE AND CELEBRATED SEVERAL SUSTAINABILITY WINS. IN 2022, SOUTHFACE'S FIRST FLORIDA ADVOCACY LEAD BEGAN OUTREACH ON THE STATE'S UTILITY REGULATORY PROCESS. FEDERALLY, SOUTHFACE ALSO BEGAN WORKING TO LEVERAGE THE 2022 INFLATION REDUCTION ACT, A HISTORIC INVESTMENT IN CLIMATE SOLUTIONS.

SUSTAINABLE COMMUNITIES:

SOUTHFACE DELIVERS CUSTOMIZED SUSTAINABLE DEVELOPMENT PLANS TO MUNICIPALITIES, ENGAGING CIVIC LEADERS AND COMMUNITY MEMBERS TO COLLABORATIVELY SET AND REACH CLEAN ENERGY AND EQUITY GOALS. SOUTHFACE FACILITATED COMMUNITY WORKSHOPS, LEAD THE EFFORT, AND IS COMPLETING THE DEKALE COUNTY CLEAN ENERGY PLAN. BOTH THE CITY OF DECATUR CLEAN ENERGY PLAN AS WELL AS THE ATHENS-CLARKE COUNTY CLEAN AND RENEWABLE ENERGY PLAN WERE APPROVED AND ADOPTED BY THEIR RESPECTIVE COMMISSIONS IN 2022. SOUTHFACE ALSO SUPPORTED CLEAN TRANSPORTATION BY CONTINUING TO HOST CLEAN CITIES GEORGIA, ENGAGE IN GEORGIA DRAWDOWN IN CLEAN TRANSPORTATION, AND WORK ON SEVERAL FEDERAL INITIATIVES THAT FOCUS ON CLEAN TRANSPORTATION.

FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED

A CPA AND CONSULTING FIRM WAS HIRED AS THE INTERIM CFO UNTIL THE POSITION

PAGE 6 OF 8

Schedule O (Form 990) 2023 Name of the organization SOUTHFACE ENERGY INSTITUTE, INC.	Employer identification number 58-1357547
COULD BE FILLED BY A FULL-TIME EMPLOYEE OF	• • • • • • • • • • • • • • • • • • •
FORM 990, PART VI, LINE 11B - ORGANIZATION	'S PROCESS TO REVIEW FORM 990
THE CHAIR OF THE BOARD OF DIRECTORS IS PROV	VIDED WITH A COPY OF THIS RETURN
PRIOR TO FILING. THE CHIEF OFFICER, FINANCE	E AND OPERATIONS, IS RESPONSIBLE
FOR REVIEWING THE FORM 990, AND THE PRESIDE	ENT IS THEN PROVIDED WITH THE
RETURN FOR FINAL REVIEW AND APPROVAL.	
FORM 990, PART VI, LINE 12C - ENFORCEMENT C	OF CONFLICTS POLICY
THE BOARD MUST ANNUALLY DISCLOSE ANY CONFLI	ICTS OF INTEREST, AND EACH
CONFLICT IS MANAGED ON A CASE BY CASE BASIS	S. DETERMINATION OF HOW TO
MANAGE ANY CONFLICT IS MADE BY THE EXECUTIV	VE COMMITTEE IN CONSULTATION WITH
THE PRESIDENT AND CHIEF OFFICER. EMPLOYEES	ARE ALSO REQUIRED TO DISCLOSE
ANY CONFLICTS OF INTEREST AT THE POINT OF H	HIRE. ANY EMPLOYEE WHO MAY BE
INVOLVED IN A BUSINESS TRANSACTION IN WHICH	H THERE IS A POSSIBLE CONFLICT OF
INTEREST SHALL IMMEDIATELY NOTIFY THEIR MAN	NAGER BEFORE ANY BUSINESS
TRANSACTION. THE MANAGER AND/OR APPOINTED C	COMMITTEE, EXCLUDING THE EMPLOYEE
WITH THE CONFLICT OF INTEREST, SHALL DETERN	MINE 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

PAGE 7 OF 8

Schedule O (Form 990) 2023

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Schedule O (Form 990) 2023	Page 2
SOUTHFACE ENERGY INSTITUTE, INC.	58-1357547
SUPERVISOR, EXECUTIVE COMMITTEE AND THE PRESI REVIEWS AND APPROVES ALL SALARIES AND BONUSES	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUME GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN	NET ASSETS EXPLANATION
GRANT REFUNDS	\$ 47,565
• • • • • • • • • • • • • • • • • • • •	
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	4560	1	D	epreciation a	nd Amortiz	zation			OMB No. 1545-	0172
Forn	4562			cluding Informatio	on on Listed P				2023	2
	tment of the Treasury		Co to unus inc.	-	ur tax return.	l 1.44 !			Attachment	
	al Revenue Service e(s) shown on return		Go to www.irs.g	ov/Form4562 for ins	structions and t	ne latest info	Identifyi	na nun	Sequence No.	179
110/11	.,	SOUTHF	ACE ENERGY	INSTITUTE,	INC.		58-1	-		
Busir	ness or activity to which this			/		<u></u>				
Manual Manual	NDIRECT DEPR									
Pa				erty Under Sect						
				/, complete Part ∖	/ before you o	complete P	art I.		1 1 6 0	000
1 2	Maximum amount (see Total cost of section 17			instructions)		• • • • • • • • • • • • • • • • • • • •	····· -	1 2	1,160,	000
3	Threshold cost of section in	ion 179 property p	erty before reduction	in limitation (see instru		• • • • • • • • • • • • • • • • • • • •		3	2,890,	000
4	Reduction in limitation.			arless onter 0				4		
5	Dollar limitation for tax yea							5		
6		(a) Description	n of property		(b) Cost (business us	ə only)	(c) Elected cost			
kees de la constantina de la constanti										
7 8	Listed property. Enter t Total elected cost of se	the amount f	rom line 29	in column (c) lines (and 7	7	··· 1	8		
9	Tentative deduction. El	nter the sm a	aller of line 5 or line 8	in column (c), lines o		• • • • • • • • • • • • • • • • •		9		
10	Carryover of disallowed	d deduction f	from line 13 of your 20	022 Form 4562				10		
11	Business income limita	ation. Enter tl	he smaller of busines	s income (not less tha	in zero) or line 5.	See instructio	ns	11		
12	Section 179 expense d							12	· · · · · · · · · · · · · · · · · · ·	
13	Carryover of disallowed	d deduction f	to 2024. Add lines 9 a	nd 10, less line 12						
in the second second	: Don't use Part II or Par									
and provide				nd Other Deprec			ted property.	See	instructions.)	
14	Special depreciation al									
15	during the tax year. Se Property subject to sec						····· -	14 15		
16	Other depreciation (inc	luding ACR	S)	•••••••	• • • • • • • • • • • • • • • • • • • •			16	190,	303
Pe				e listed property.	See instruction					
				Section						
17 18	MACRS deductions for If you are electing to group any							17		
<u></u>			· · · · · · · · · · · · · · · · · · ·	rvice During 2023 Ta				tem		
	(a) Classification of prop		(b) Month and year placed in	(c) Basis for depreciati (business/investment u	on (d) Recoven	1			(g) Depreciation dedu	
			service	only-see instructions)		(e) Conventi			(g) Depreciation dedu	
<u>19a</u>	3-year property									
b	5-year property									<u> </u>
 d	7-year property 10-year property									
 e	15-year property				·					
f	20-year property									
g	25-year property	· · · · · ·			25 yrs.		S/L			
h	Residential rental				27.5 yrs.	MM	S/L			
	property				27.5 yrs.	MM	S/L			
1	Nonresidential real		······		39 yrs.	MM	S/L			<u> </u>
	property			1 - D - 1 - 0000 T		MM	S/L			
20a	Class life	Guon C-As	sets Placed in Serv	ice During 2023 Tax	Tear Using the	Alternative [Depreciation Sy S/L	stem		
<u></u> b	12-year				12 yrs.		S/L			
c	30-year				30 yrs.	MM	S/L			
d	40-year				40 yrs.	MM	S/L			
Pa	IT IN Summary	(See inst	tructions.)			· · · · · · · · ·				
21	Listed property. Enter a							21		
22	Total. Add amounts from here and on the appropriate the second se	om line 12, lir origte lines of	nes 14 through 17, lin	es 19 and 20 in colum	nn (g), and line 2	1. Enter		22	190,	303
23	For assets shown above						·····		, 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
	portion of the basis attr	ributable to s	ection 263A costs			<u> </u>				
For F DAA	Paperwork Reduction /	Act Notice,	see separate instruc	ctions.	THERE	ARE NO	AMOUNTS	FOF	Form 4562 PAGE 2	(2023)

10687 Southface Energy Institute, Inc.58-1357547Federal Asset ReportForm 990, Page 1

<u>Asset</u>	Description	Date I <u>n Service</u>	Cost	Bus Sec <u>%</u> <u>179</u> Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior 117 126 129	MACRS: Dell 3400 MP Projector Dell server backup "GREEN" Dell Server "Eco"	6/15/07 12/15/07 2/07/08 =	1,311 4,910 3,708 9,929	x	1,311 4,910 1,854 8,075	5 MQ200DB 5 MQ200DB 5 HY 200DB	1,311 4,910 3,708 9,929	0 0 0
$ \begin{array}{c} 1\\ 2\\ 3\\ 4\\ 5\\ 6\\ 7\\ 8\\ 54\\ 64\\ 68\\ 111\\ 136\\ 137\\ 146\\ 147\\ 148\\ 150\\ 151\\ 152\\ 153\\ 180\\ 182\\ 183\\ 184\\ 185\\ \end{array} $	Depreciation: SEER BUILDING (10 YEAR) SEERS FACILITY-1996 ADDITIONS (10 IN KIND CONTRIBUTIONS-241 PINE ST 241 PINE ST-1996 LABOR (10 YEAR) SEER BUILDING (20 YEAR) SEER BUILDING (20 YEAR) SEERS FACILITY-1996 ADDOTIONS (20 IN-KIND CONTRIBUTIONS-241 PINE ST 241 PINE ST1996 LABOR (20 YEAR) BLOWER DOOR INVERTER FOR SOLAR SYSTEM DOOR UNIT - SUNROOM ESCAN (MEASURING EQUIP.) Cabinets-Classroom Copier Room Remodel Eco Office Building FLUKE THERMAL IMAGER VITEK DAY/NIGHT CAMERAS LIBRARY RENOVATION WINDOW FILM WINDOW FILM WINDOW FILM WINDOW FILM WINDOW FILM TR 9HZ Thermal Imager 1R 9HZ Thermal Imager 20 IR FLX3 Computer "THERMAL" Dell PowerEdge R410 Chassis "WIND" Donated Furniture - Resource Center PowerEdge R420 Computer "THERMAL" Dell Desktop C6747Y1 "SFD18" Panasonic AG-AC90A Camcorder Carpet & Installation - Resource Center InFocus JTouch 70-Inch Flat Panel Monitor Laptop "SFL131" Dell PowerEdge R730 Server Fence Wireless Microphone System CAS Projector 241 Pine Street - Land PV and Heating Air Building Automation System (BAS) HDTC Buildout Price Telecommunications New Telephone 2018 Blue Rav4 FWD 2018 Gray Rav4 ERV Equipment Broan HE Series 200CFM Wipfi Software Implementation Wipfi Software Implementation Wipfi Software Implementation Wipfi	7/31/96 12/31/95 7/31/96 7/31/96 7/31/96 4/12/01 6/04/02 2/15/02 6/21/04 6/20/08 7/01/08 2/29/08 6/30/09 10/15/09 8/07/09 10/12/09 10/12/09 10/12/09 10/12/09 10/12/09 10/12/09 10/12/09 10/12/08/10 12/0	$\begin{array}{r} 38,329\\ 268,783\\ 202,772\\ 33,699\\ 38,329\\ 268,783\\ 202,772\\ 33,699\\ 1,100\\ 3,500\\ 6,399\\ 9,350\\ 4,985\\ 1,800\\ 2,520,855\\ 5,895\\ 1,400\\ 2,435\\ 2,266\\ 2,266\\ 2,266\\ 2,266\\ 2,266\\ 154,497\\ 1,500\\ 14,977\\ 3,641\\ 1,120\\ 2,262\\ 1,532\\ 1,699\\ 43,115\\ 1,128\\ 1,689\\ 8,952\\ 7,980\\ 3,523\\ 6,916\\ 1,172,149\\ 12,111\\ 32,800\\ 8,952\\ 7,980\\ 3,523\\ 6,916\\ 1,172,149\\ 12,111\\ 32,800\\ 8,952\\ 24,940\\ 20,271\\ 19,419\\ 10,767\\ 54,000\\ 2,700\\ 2,700\\ 5,000\\ 5,402,288\\ \end{array}$		$\begin{array}{c} 268,783\\ 202,772\\ 33,699\\ 38,329\\ 268,783\\ 202,772\\ 33,699\\ 1,100\\ 3,500\\ 539\\ 9,350\\ 4,985\\ 1,800\\ 2,520,855\\ 5,895\\ 1,400\\ 2,435\\ 2,266\\ 2,266\\ 154,497\\ 1,500\\ 14,977\\ 1,500\\ 14,977\\ 3,641\\ 3,642\\ 3,622\\$	10 MO S/L 10 MO S/L 20 MO S/L 5 MO S/L 5 MO S/L 20 MO S/L 7 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 5 <td< th=""><th>$\begin{array}{c} 38,329\\ 268,783\\ 202,771\\ 33,699\\ 38,329\\ 268,783\\ 202,771\\ 33,699\\ 1,100\\ 3,500\\ 539\\ 9,350\\ 3,842\\ 1,387\\ 1,869,634\\ 5,895\\ 1,400\\ 1,633\\ 1,501\\ 1,482\\ 104,285\\ 956\\ 14,977\\ 3,641\\ 3,642\\ 3,622\\ 3,222\\ 3$</th><th>$\begin{array}{c} 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\$</th></td<>	$\begin{array}{c} 38,329\\ 268,783\\ 202,771\\ 33,699\\ 38,329\\ 268,783\\ 202,771\\ 33,699\\ 1,100\\ 3,500\\ 539\\ 9,350\\ 3,842\\ 1,387\\ 1,869,634\\ 5,895\\ 1,400\\ 1,633\\ 1,501\\ 1,482\\ 104,285\\ 956\\ 14,977\\ 3,641\\ 3,642\\ 3,622\\ 3,222\\ 3$	$\begin{array}{c} 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ $
	Total ACRS and Other Deprec	iation	5,402,288		5,402,288		3,293,645	190,303

10687 Southface Energy Institute, Inc.58-1357547Federal Asset ReportForm 990, Page 1

Asset	Description	Date In Service Cost	Bus Sec Basis <u>%</u> 179Bonus for Depr	PerConv Meth Prior Current
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense Net Grand Totals	rs $5,412,217$ 0 0 5,412,217	5,410,363 0 <u>0</u> 5,410,363	$\begin{array}{cccc} 3,303,574 & 190,303 \\ 0 & 0 \\ 0 & 0 \\ \hline 3,303,574 & 190,303 \end{array}$

10687 Southface Energy Institute, Inc.58-1357547GA Asset ReportForm 990, Page 1

<u>Asset</u>	Description	Date I <u>n Service</u>	Cost	Basis for Depr	GA Prior	GA Current	Federal Current	Difference Fed - GA
Prior	MACRS:							
117 126	Dell 3400 MP Projector Dell server backup "GREEN"	6/15/07 12/15/07	0 4,910	0 4,910	0 4,910	0	0	0 0
129	Dell Server "Eco"	2/07/08	3,708	3,708	3,708	0	0	0
		-	8,618	8,618	8,618	0	0	0
<u>Other</u> 1	• <u>Depreciation:</u> SEER BUILDING (10 YEAR)	12/31/95	38,329	38,329	38,329	0	0	0
23	SEERS FACILITY-1996 ADDITIONS (10 IN KIND CONTRIBUTIONS-241 PINE ST	7/31/96	268,783	268,783	268,783	0	0	0
4	241 PINE ST-1996 LABOR (10 YEAR)	7/31/96 7/31/96	202,772 33,699	202,772 33,699	202,771 33,699	0 0	0 0	0 0
5 6	SEER BUILDING (20 YEAR)	12/31/95	38,329	38,329	38,329	0	0	0
7	SEERS FACILITY-1996 ADDITIONS (20 IN-KIND CONTRIBUTIONS-241 PINE ST	7/31/96 7/31/96	268,783 202,772	268,783 202,772	268,783 202,771	0 0	0 0	0 0
8 54	241 PINE ST1996 LABOR (20 YEAR) BLOWER DOOR	7/31/96 4/12/01	33,699	33,699	33,699	0	0	0
64	INVERTER FOR SOLAR SYSTEM	6/04/02	1,100 3,500	1,100 3,500	1,100 3,500	0 0	0 0	0 0
68 111	DOOR UNIT - SUNROOM	2/15/02	539	539	539	0	0	0
136	ESCAN (MEASURING EQUIP.) Cabinets-Classroom	6/21/04 6/20/08	9,350 4,985	9,350 4,985	9,350 3,842	$0 \\ 250$	0 250	0 0
137 146	Copier Room Remodel Eco Office Building	7/01/08	1,800	1,800	1,387	90	90	0
147	FLUKE THERMAL IMAGER	2/29/08 6/30/09	2,520,855 5,895	2,520,855 5,895	1,869,634 5,895	126,043 0	126,043 0	0 0
148	VITEK DAY/NIGHT CAMERAS	10/15/09	1,400	1,400	1,400	0	0	0
150	LIBRARY RENOVATION WINDOW FILM	8/07/09 10/12/09	2,435 2,266	2,435 2,266	1,633 1,501	122 114	122 114	0 0
152 153	WINDOW FILM ECO OFFICE IMPROVEMENTS	12/11/09	2,266	2,266	1,482	114	114	0
180	Irrigation System	6/30/09 4/12/10	154,497 1,500	154,497 1,500	104,285 956	7,725 75	7,725 75	0 0
182 183	20 ÎR FLX Cam Thermal Imager 320 S TIR 9HZ Thermal Imager	12/06/10 12/08/10	14,977	14,977	14,977	0 0	0	0 0
184	TIR 9HZ Thermal Imager	12/08/10	3,641 3,641	3,641 3,641	3,641 3,641	0	0	0
185 186	TIR 9HZ Thermal Imager TIR 9HZ Thermal Imager	12/08/10 12/08/10	3,641 3,641	3,641 3,641	3,641 3,641	0 0	0	0 0
187	TIR 9HZ Thermal Imager	12/08/10	3,641	3,641	3,641	0	0	0
188 189	Infrared Telephoto Lens Infrared Wide Angle Lens	12/08/10 12/08/10	806 806	806 806	806 806	0	0	0
218	Dell 341-9629 600GB 15K Server "ECO DI	12/21/10	2,780	2,780	2,780	0	0	0
226 228	Renovations - Resource Center Dell PowerEdge R410 Chassis "WIND"	2/28/11 8/22/11	25,244 4,427	25,244 4,427	14,936 4,427	1,262 0	1,262 0	0 0
235	Donated Furniture - Resource Center	1/10/11	7,000	7,000	7,000	0	0	0
242 243	PowerEdge R420 Computer "THERMAL" Dell Desktop C6747Y1 "SFD18"	4/15/13 10/15/13	2,620 1,532	2,620 1,532	2,620 1,532	0	0	0
246	Panasonic AG-AC90A Camcorder	3/06/15	1,699	1,699	1,699	ŏ	ŏ	ő
247 248	Carpet & Installation - Resource Center InFocus JTouch 70-Inch Flat Panel Monitor	5/01/15 2/19/16	43,115 1,128	43,115 1,128	16,527 1,128	2,156 0	2,156 0	0 0
249	Laptop "SFL131"	12/21/16	1,689	1,689	1,689	0	0	0
250 251	Dell PowerEdge R730 Server Fence	7/04/17 6/19/17	8,952 7,980	8,952 7,980	8,952 2,195	0 399	0 399	0 0
252	Wireless Microphone System	9/05/18	3,523	3,523	2,181	503	503	0
253 254	CAS Projector 241 Pine Street - Land	7/23/18 9/19/19	6,916 1,172,149	6,916 1,172,149	6,109 0	807. 0	807 0	0 0
255 256	PV and Heating Air	3/31/20	12,111	12,111	1,665	606	606	0
257	Building Automation System (BAS) HDTC Buildout	11/30/20 12/05/20	32,800 86,502	32,800 86,502	6,833 18,021	3,280 8,650	3,280 8,650	0 0
258 259	Price Telecommunications New Telephone 2018 Blue Rav4 FWD	6/01/20	24,940	24,940	9,204	3,563	3,563	0
260	2018 Gray Rav4	9/22/20 9/22/20	20,271 19,419	20,271 19,419	9,122 8,738	4,054 3,884	4,054 3,884	0 0
261 262	ERV Equipment Broan HE Series 200CFM Wipfli Software Implementation		10,767	10,767	4,127	2,154	2,154	0
263	Wipfli Software Implementation	9/21/21	54,000 2,700	54,000 2,700	27,000 1,227	18,000 982	18,000 982	0 0
264 265	Wipfli Software Implementation Wipfli Platform Transition	12/31/21 1/01/22	8,676 5,000	8,676 5,000	3,471 2,000	3,470	3,470	0 0
200	Total Other Depreciation		5,402,288	5,402,288	3,293,645	<u> </u>	2,000	0
	x	-		,,,,	, <u></u>			
	Total ACRS and Other Deprec	iation	5,402,288	5,402,288	3,293,645	190,303	190,303	0

10687Southface Energy Institute, Inc.58-1357547GA Asset ReportForm 990, Page 1

Asset	Description	Date I <u>n Service</u>	Cost	Basis for Depr	GA Prior	GA Current	Federal Current	Difference Fed - GA
	Grand Totals Less: Dispositions Less: Start-up/Org Expense		5,410,906 0 0	5,410,906 0 0	3,302,263 0 0	190,303 0 0	190,303 0 0	0 0 0
	Net Grand Totals		5,410,906	5,410,906	3,302,263	190,303	190,303	0

10687 Southface Energy Institute, Inc. AMT Asset Report

FYE: 12/31/2023

Form 990, Page 1

Asse	Description	Date In Service	Cost	Bus	Sec	Basis for Depr	DorCopy Moth	Drior	Current
<u>//330</u>	Description		Cost	_%_			PerConv Meth	Prior	Current
<u>Prior</u> 117 126 129	<u>MACRS:</u> Dell 3400 MP Projector Dell server backup "GREEN" Dell Server "Eco"	6/15/07 12/15/07 2/07/08	1,311 4,910 3,708 9,929		Х	1,311 4,910 1,854 		1,311 4,910 3,708 9,929	0 0 0 0
$\begin{array}{c} \textbf{Other} \\ 1 \\ 2 \\ 3 \\ 4 \\ 5 \\ 6 \\ 7 \\ 8 \\ 54 \\ 64 \\ 68 \\ 111 \\ 136 \\ 137 \\ 146 \\ 147 \\ 148 \\ 150 \\ 151 \\ 152 \\ 153 \\ 180 \\ 182 \\ 183 \\ 184 \\ 185 \\ 186 \\ 187 \\ 188 \\ 189 \\ 218 \\ 226 \\ 228 \\ 235 \\ 242 \\ 243 \\ 246 \\ 247 \\ 248 \\ 249 \\ 250 \\ 251 \\ 252 \\ 253 \\ 254 \\ 255 \\ 256 \\ 257 \\ 258 \\ 259 \\ 260 \\ 261 \\ 262 \\ 263 \\ 264 \\ 265 \end{array}$	 Depreciation: SEER BUILDING (10 YEAR) SEERS FACILITY-1996 ADDITIONS (10 IN KIND CONTRIBUTIONS-241 PINE ST 241 PINE ST-1996 LABOR (10 YEAR) SEERS FACILITY-1996 ADDITIONS (20 IN-KIND CONTRIBUTIONS-241 PINE ST 241 PINE ST1996 LABOR (20 YEAR) BLOWER FOR SOLAR SYSTEM DOOR UNIT - SUNROOM ESCAN (MEASURING EQUIP.) Cabinets-Classroom Copier Room Remodel Eco Office Building FLUKE THERMAL IMAGER VITEK DAY/NIGHT CAMERAS LIBRARY RENOVATION WINDOW FILM ECO OFFICE IMPROVEMENTS Irrigation System 20 IR FLX Cam Thermal Imager 320 S TIR 9HZ Thermal Imager TIR 9HZ Thermal Imager	7/31/96 12/31/95 7/31/96 7/31/96 4/12/01 6/04/02 2/15/02 6/21/04 6/20/08 7/01/08 2/29/08 6/30/09 10/15/09 8/07/09 10/12/09 10/15/09 8/07/09 10/12/09 12/08/10 12/02/11 0/11 9/02/116 7/04/17 9/05/18 7/23/18 9/19/19 12/05/20 6/01/20 9/22/20	$\begin{array}{c} 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ $			$\begin{array}{c} 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 $	 HY MO S/L M	$\begin{array}{c} 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ $	$ \begin{array}{c} 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 $
	Total ACRS and Other Deprec	iation	521,456			521,456		287,437	35,945

10687 Southface Energy Institute, Inc. AMT Asset Report FYE: 12/31/2023

Form 990, Page 1

Asset	Description	Date In Service Cost	Bus Sec Basis <u>%</u> 179Bonus for Depr	PerConv Meth	Current
	Grand Totals	rs $531,385$	529,531	297,366	35,945
	Less: Dispositions and Transfe	0	0	0	0
	Net Grand Totals	531,385	529,531	297,366	35,945

set Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
 Dell Server "Eco" Carpet & Installation - Resource Center 	2/07/08 5/01/15	3,708 43,115		00	00	1,854 0	1,85 43,11
	Grand Total	46,823	-	0	0	1,854	44,90

10687Southface Energy Institute, Inc.58-1357547Depreciation Adjustment ReportFYE: 12/31/2023All Business Activities

AMT Adjustments/ Description Form Unit Asset Тах AMT Preferences **MACRS** Adjustments: Dell 3400 MP Projector Dell server backup "GREEN" Dell Server "Eco" Page 1 Page 1 1 117 0 0 0 0 0 0 1 1 126 0 129 Page 1 0 0 0 0 0

10687 Southface Energy Institute, Inc.58-1357547Future Depreciation ReportFYE: 12/31/24EVE: 12/31/2023Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
<u>Prior M</u>	IACRS:				
117 126 129	Dell 3400 MP Projector Dell server backup "GREEN" Dell Server "Eco"	6/15/07 12/15/07 2/07/08	$ \begin{array}{r} 1,311 \\ 4,910 \\ 3,708 \\ 9,929 \\ \hline \end{array} $		0 0 0 0
<u>Other E</u>	Depreciation:				
$\begin{array}{c}1\\2\\3\\4\\5\\6\\7\\8\\54\\64\\68\\111\\136\\137\\146\\147\\148\\150\\151\\152\\153\\180\\182\\183\\184\\185\\186\\187\\188\\189\\216\\228\\245\\242\\243\\246\\247\\248\\249\\250\\251\\252\\253\\254\\255\\257\\258\\259\\260\\261\\262\\263\\264\\265\end{array}$	SEER BUILDING (10 YEAR) SEERS FACILITY-1996 ADDITIONS (10 YEA IN KIND CONTRIBUTIONS-241 PINE ST. (10 241 PINE ST-1996 (ADOR (10 YEAR) SEER BUILDING (20 YEAR) SEERS FACILITY-1996 ADDITIONS (20 YEA IN-KIND CONTRIBUTIONS-241 PINE ST. (20 241 PINE ST1996 (ADOR (20 YEAR) BLOWER DOOR INVERTER FOR SOLAR SYSTEM DOOR UNIT - SUNROOM ESCAN (MEASURING EQUIP.) Cabinets-Classroom Copier Room Remodel Eco Office Building FLUKE THERMAL IMAGER VITEK DAY/NIGHT CAMERAS LIBRARY RENOVATION WINDOW FILM ECO OFFICE IMPROVEMENTS Irrigation System 20 IR FLX Cam Thermal Imager 320 S TIR 9HZ Thermal Imager TIR 9HZ Thermal 9HZ 7000000000000000000000000000000000000	12/31/95 7/31/96 7/31/96 7/31/96 7/31/96 7/31/96 7/31/96 7/31/96 4/12/01 6/04/02 2/15/02 6/21/04 6/20/08 7/01/08 2/29/08 6/30/09 10/15/09 8/07/09 10/12/09 10/15/09 8/07/09 10/12/09 12/08/10 12/02/11 0/15/13 10/15/13 10/15/13 10/15/12 12/05/20 6/01/20 9/22/20 1/31/21 1/01/21	$\begin{array}{c} 38,329\\ 268,783\\ 202,772\\ 33,699\\ 38,329\\ 268,783\\ 202,772\\ 33,699\\ 1,100\\ 3,500\\ 539\\ 9,350\\ 4,985\\ 1,800\\ 2,520,855\\ 5,895\\ 1,400\\ 2,435\\ 2,266\\ 2,266\\ 154,497\\ 1,500\\ 14,977\\ 3,641\\ 3,640\\ 3,600\\ 3,523\\ 6,900\\ 3,523\\ 6,900\\ 3,523\\ 6,900\\ 3,523\\ 6,900\\ 3,523\\ 6,900\\ 3,520\\ 3,520\\ 6,900\\ 3,520\\ 3,520\\ 5,000\\ 3,520\\ 5,000\\ 3,520\\ 5,000\\ 5,000\\ 5,000\\ 5,000\\ 5,000\\ 5,000\\ 5,000\\ 5,000\\ 5,000\\ 5,000\\ 5,000\\ 5,000\\$	$\begin{array}{c} 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ $	$\begin{array}{c} 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ $

'1068'7 Southface Energy Institute, Inc. 58-1357547 Future Depreciation Report FYE: 12/31/2023 Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
	Total Other Depreciation		5,402,288	177,267	35,942
	Total ACRS and Other Depreciation		5,402,288	177,267	35,942
	Grand Totals		5,412,217	177,267	35,942

10687 Southface Energy Institute, Inc.58-1357547GA Future Depreciation ReportForm 990, Page 1

FYE: 12/31/24

Prior MACRS:117Dell 3400 MP Projector $6/15/07$ 0126Dell server backup "GREEN" $12/15/07$ $4,910$ 129Dell Server "Eco" $2/07/08$ $3,708$ Other Depreciation: 1SEER BUILDING (10 YEAR) $12/31/95$ $38,329$ 2SEERS FACILITY-1996 ADDITIONS (10 YEA $7/31/96$ $268,783$ 3IN KIND CONTRIBUTIONS-241 PINE ST. (1C $7/31/96$ $202,772$ 4241 PINE ST-1996 LABOR (10 YEAR) $7/31/96$ $33,699$ 5SEER BUILDING (20 YEAR) $12/31/95$ $38,329$ 6SEERS FACILITY-1996 ADDITIONS (20 YEA $7/31/96$ $202,772$ 8241 PINE ST1996 LABOR (20 YEAR) $7/31/96$ $202,772$ 8241 PINE ST1996 LABOR (20 YEAR) $7/31/96$ $33,699$ 54BLOWER DOOR $4/12/01$ $1,100$ 64INVERTER FOR SOLAR SYSTEM $6/04/02$ $3,500$ 68DOOR UNIT - SUNROOM $2/15/02$ 539 111ESCAN (MEASURING EQUIP.) $6/21/04$ $9,350$	GA
126 Dell server backup "GREEN" 12/15/07 4,910 129 Dell Server "Eco" 2/07/08 3,708 Other Depreciation: 1 SEER BUILDING (10 YEAR) 12/31/95 38,329 2 SEERS FACILITY-1996 ADDITIONS (10 YEA 7/31/96 268,783 3 IN KIND CONTRIBUTIONS-241 PINE ST. (1C 7/31/96 202,772 4 241 PINE ST-1996 LABOR (10 YEAR) 7/31/96 33,699 5 SEER BUILDING (20 YEAR) 12/31/95 38,329 6 SEERS FACILITY-1996 ADDITIONS (20 YEA) 7/31/96 33,699 5 SEER BUILDING (20 YEAR) 12/31/95 38,329 6 SEERS FACILITY-1996 ADDITIONS (20 YEA 7/31/96 202,772 8 241 PINE ST1996 LABOR (20 YEAR) 7/31/96 33,699 54 BLOWER DOOR 4/12/01 1,100 64 INVERTER FOR SOLAR SYSTEM 6/04/02 3,500 68 DOOR UNIT - SUNROOM 2/15/02 539	
1 SEER BUILDING (10 YEAR) 12/31/95 38,329 2 SEERS FACILITY-1996 ADDITIONS (10 YEA 7/31/96 268,783 3 IN KIND CONTRIBUTIONS-241 PINE ST. (1C 7/31/96 202,772 4 241 PINE ST-1996 LABOR (10 YEAR) 7/31/96 33,699 5 SEER BUILDING (20 YEAR) 12/31/95 38,329 6 SEERS FACILITY-1996 ADDITIONS (20 YEA 7/31/96 268,783 7 IN-KIND CONTRIBUTIONS-241 PINE ST. (2(7/31/96 268,783 7 IN-KIND CONTRIBUTIONS-241 PINE ST. (2(7/31/96 202,772 8 241 PINE ST1996 LABOR (20 YEAR) 7/31/96 268,783 7 IN-KIND CONTRIBUTIONS-241 PINE ST. (2(7/31/96 202,772 8 241 PINE ST1996 LABOR (20 YEAR) 7/31/96 33,699 54 BLOWER DOOR 4/12/01 1,100 64 INVERTER FOR SOLAR SYSTEM 6/04/02 3,500 68 DOOR UNIT - SUNROOM 2/15/02 539	0 0 0
2 SEERS FACILITY-1996 ADDITIONS (10 YEA 7/31/96 268,783 3 IN KIND CONTRIBUTIONS-241 PINE ST. (1C 7/31/96 202,772 4 241 PINE ST-1996 LABOR (10 YEAR) 7/31/96 33,699 5 SEER BUILDING (20 YEAR) 12/31/95 38,329 6 SEERS FACILITY-1996 ADDITIONS (20 YEA 7/31/96 268,783 7 IN-KIND CONTRIBUTIONS-241 PINE ST. (2(7/31/96 268,783 7 IN-KIND CONTRIBUTIONS-241 PINE ST. (2(7/31/96 202,772 8 241 PINE ST1996 LABOR (20 YEAR) 7/31/96 33,699 54 BLOWER DOOR 4/12/01 1,100 64 INVERTER FOR SOLAR SYSTEM 6/04/02 3,500 68 DOOR UNIT - SUNROOM 2/15/02 539	
111 LocAN (MLSDARMO EQUIL) 021/04 9,350 133 Copier Room Remodel 7/01/08 1,890 146 Eco Office Building 2/29/08 2,520,855 147 FLUKE THERMAL IMAGER 6/30/09 5,895 148 VITEK DAY/NIGHT CAMERAS 10/15/09 1,400 150 LIBRARY RENOVATION 8/07/09 2,435 151 WINDOW FILM 10/12/09 2,266 152 WINDOW FILM 12/11/09 2,266 153 ECO OFFICE IMPROVEMENTS 6/30/09 15,4497 180 Irrigation System 4/12/10 1,500 182 20 IR FLX Cam Thermal Imager 12/08/10 3,641 184 TIR 9HZ Thermal Imager 12/08/10 3,641 185 TIR 9HZ Thermal Imager 12/08/10 3,641 186 Infrared Wide Angle Lens 12/08/10 3,641 187 TIR 9HZ Thermal Imager 12/08/10 3,641 188 Infrared Wide Angle Lens 12/08/10 3,641	$\begin{array}{c} 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ $

10687 Southface Energy Institute, Inc. 58-1357547 GA Future Depreciation Report FYE: 12/31/2023 Form 990, Page 1

Asset	Description	Date In Service	Cost	GA
	Total Other Depreciation		5,402,288	177,267
	Total ACRS and Other Depreciation		5,402,288	177,267
	Grand Totals		5,410,906	177,267

Name

Form **990**

Event Income and Deduction Worksheet Description VISIONARY DINNER

Taxpayer Identification Number 58-1357547

SOUTHFACE ENERGY INSTITUTE, INC.

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1.	Gross receipts or sales	1.	12,125
	Advertising income		
	Circulation income		
	Other income		
5.	Returns and allowances		
	Contributions received		
	Total revenue. Add lines 1 through 6		
8. (Cost of Goods Sold	8.	
	Employment Expense		
	Fees for services		
	Indirect Expense		
	Depreciation Expense		
	Exempt Activity Expense		
	Fundraising Expense		37,376
	Total expenses. Add lines 8 through 14		
16. I	Net Income/Loss. Line 7 minus Line 15	16.	126,699

Expense Details - Cost of Goods Sold:

Beginning inventory
Purchases
Labor
Section 263A costs
Other costs
Ending inventory
Total Cost of Goods Sold

Expense Details - Employment Expense:

Compensation of officers
Other salaries and wages
Pension plan contributions
Other employee benefits
Payroll taxes
Total Employment Expense

Expense Details - Fees for Services:

Management	
Accounting	
Lobbying	_
Professional fundraising	_
Investment management	
Other	-
Total Fees for Services	_

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____ Part V, Debt Financing _____ Part VI, Controlled Org Income _____ Part VII, Investments for C(7)(9)(17) _____ Part VIII, Exploited Activities

	·										
Part IX,	Adı	ve	rtis	siı	ng	lr	C	0	m	e	ļ

Expense Details - Indirect Expense:

Advertising and promotion
Office
Printing/publication/postage
Info technology/Maintenance
Royalties & License Fees
Occupancy/Real Estate Taxes
Travel & Repairs
Travel/entertainment (officials)
Conferences/meetings
Interest
Insurance
Total Indirect Expense

Expense Details - Depreciation Expense:

On investment property
On non-investment property
Amortization
Depletion
Total Depreciation Expense

Expense Details - Exempt Activity Expense:

Repairs and Maintenance
Bad debts
Taxes/licenses
Charitable contributions
Dividend recd deductions
Readership costs
Other expenses
Total Exempt Activity Expense

Expense Details - Fundraising Expense:

Cach prizos	
Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	27 276
Total Fundraising Expense	37 376

Allocation of Expense to Program Service Accomplishments:

First	 			 	 	 					_
Second	 	 	 	 	 	 					_
Third	 	 	 	 	 	 					_
All other				 							_

⁻ 10687 Southface Energy I 58-1357547 FYE: 12/31/2023		eral Statements		
	<u>Taxable li</u>	nterest on Investme	<u>nts</u>	
Description				
	Amount	Unrelated Exclusion Business Code	Postal Acquired after Code 6/30/75	US Obs (\$ or %)
INTEREST	\$ 39,127	41		
TOTAL	\$ 39,127	11		
	<u>Taxable Di</u>	vidends from Secur	<u>ities</u>	
Description				
••••••••••••••••••••••••••••••••••••••	Amount	Unrelated Exclusion Business Code	Postal Acquired after Code 6/30/75	US Obs (\$ or %)
DIVIDENDS	\$ 168,558	41		
TOTAL	\$ 168,558			

Ic. Federal Statements	Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee) Total Program Management & Fund Expenses Service Service \$ 214, 310 \$ 214, 310 \$ 200 \$ 0 0 \$ 225, 416 \$ 11, 106 \$ 214, 310 \$ 200 \$ 200 \$ 200 0	Form 990, Part IX, Line 24e - All Other Expenses Form 990, Part IX, Line 24e - All Other Expenses Management & Fund Total Frogram Management & Raising \$ 48, 876 \$ 48, 876 \$ 700 \$ 35, 731 14, 849 13, 019 \$ 700 \$ 48, 876 \$ 22, 680 13, 019 \$ 700 \$ 30, 855 149, 494 30, 361 1, 049 \$ 26, 774 1112 12, 303 1, 049 \$ 12, 303 \$ 433 \$ 12, 303 \$ 499 \$ 600 433 \$ 12, 303 \$ 499 \$ 12, 303 \$ 433 \$ 475 \$ 30, 361 \$ 499 \$ 202, 632 \$ 38, 568 \$ 131, 966 \$ 32, 098 \$ 32, 098
H	m 990, Part IX, Line 11g - Other Fees f Total Expenses \$ 225, 416 \$ 225, 416 \$ \$	Form 990, Part IX, Line 24e - All Total Total Expenses \$ 48, 876 \$ 39, 399 35, 731 30, 855 26, 774 12, 303 6, 610 1, 609 475 \$ 202, 632
10687 Southface Energy Institute, Inc. 58-1357547 FYE: 12/31/2023	Forr Description PROFESSIONAL FEES TOTAL	Description REPAIRS AND MAINTENANCE STAFF DEVELOPMENT SUPPLIES AND EQUIPMENT UTILITIES EQUIPMENT & FACILITY RENT BANK AND CREDIT CARD FEES TAXES POSTAGE AND DELIVERY DONATIONS TOTAL

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
	\$ 8,720,020	\$ 8,197,068
TOTAL	\$ 8,720,020	\$ <u>8,197,068</u>

10687 Southface Energy Institute, Inc. 58-1357547 FYE: 12/31/2023

Federal Statements

Schedule A, Part II, Line 9(e)

Description

VISIONARY DINNER LESS: DEDUCTIONS

TOTAL

 Amount

 \$ -25,251

 -1,000

 \$ -26,251