

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: SOUTHERN ENVIRONMENTAL LAW CENTER RETIREMENT & EMPLOYEE SAVINGS PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/08/1996
2a Plan sponsor's name, mailing address, city, state, and ZIP: SOUTHERN ENVIRONMENTAL LAW CENTER, 120 GARRETT ST., SUITE 400, CHARLOTTESVILLE, VA 22902-5613
2b Employer Identification Number (EIN): 52-1436778
2c Plan Sponsor's telephone number: 434-977-4090
2d Business code (see instructions): 541190

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	274
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	212
	<b>6a(2)</b>	219
	<b>6b</b>	0
	<b>6c</b>	69
	<b>6d</b>	288
	<b>6e</b>	0
	<b>6f</b>	288
	<b>6g(1)</b>	234
<b>6g(2)</b>	239	
<b>6h</b>	0	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2G 2L

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>2</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>SOUTHERN ENVIRONMENTAL LAW CENTER RETIREMENT &amp; EMPLOYEE SAVINGS PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>001</b></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SOUTHERN ENVIRONMENTAL LAW CENTER</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>52-1436778</b></p>	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**THE LINCOLN NATIONAL LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	CR29347	1	01/01/2024	12/31/2024

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid <b>1080</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**LINCOLN FINANCIAL ADVISORS** **PO BOX 2239**  
**FORT WAYNE, IN 46801**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1080	0	SALES AND BASE COMMISSIONS	4

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier .....

**c** Premiums due but unpaid at the end of the year .....

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

<b>6b</b>	
<b>6c</b>	
<b>6d</b>	

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	47658
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	0
	<b>7c(3)</b>	1111
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	(6) Total additions .....	<b>7c(6)</b>
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	48769
<b>e</b> Deductions:		
	<b>7e(1)</b>	48761
	<b>7e(2)</b>	8
	<b>7e(3)</b>	
	<b>7e(4)</b>	
(5) Total deductions .....	<b>7e(5)</b>	48769
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>SOUTHERN ENVIRONMENTAL LAW CENTER RETIREMENT &amp; EMPLOYEE SAVINGS PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>001</b></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SOUTHERN ENVIRONMENTAL LAW CENTER</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>52-1436778</b></p>	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**THE LINCOLN NATIONAL LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	EX29347	0	01/01/2024	12/31/2024

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
10	0

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**LINCOLN FINANCIAL ADVISORS** PO BOX 2239  
FORT WAYNE, IN 46801

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10	0	SALES AND BASE COMMISSIONS	4

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>		0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>		
	<b>7c(2)</b>	0	
	<b>7c(3)</b>		
	<b>7c(4)</b>		
	<b>7c(5)</b>		
(6) Total additions .....	<b>7c(6)</b>		0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>		0
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>		
	<b>7e(2)</b>		
	<b>7e(3)</b>		
	<b>7e(4)</b>		
	(5) Total deductions .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>		0

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan SOUTHERN ENVIRONMENTAL LAW CENTER RETIREMENT & EMPLOYEE SAVINGS PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 SOUTHERN ENVIRONMENTAL LAW CENTER	<b>D</b> Employer Identification Number (EIN) 52-1436778	

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)...  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

LINCOLN NATIONAL CORPORATION

35-1140070

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY INVESTMENTS

04-2647786

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

THE VANGUARD GROUP, INC.

23-1945930

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65	RECORDKEEPER	2733	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

LINCOLN NATIONAL CORPORATION

35-0472300

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	125	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS

245 SUMMER ST.  
BOSTON, MA 02210

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65	RECORDKEEPER	65	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>SOUTHERN ENVIRONMENTAL LAW CENTER RETIREMENT &amp; EMPLOYEE SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SOUTHERN ENVIRONMENTAL LAW CENTER</b>	<b>D</b> Employer Identification Number (EIN) <b>52-1436778</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	15
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	15	0
<b>(3)</b> Other .....	<b>1b(3)</b>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	2147922	3272962
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	126750	86836
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	40298117	48255046
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	47658	0
<b>(15)</b> Other .....	<b>1c(15)</b>		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	42620462	51614859
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	42620462	51614859

**Part II Income and Expense Statement**

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1723735	
(B) Participants.....	2a(1)(B)	1527885	
(C) Others (including rollovers).....	2a(1)(C)	947363	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		4198983
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	20639	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	4927	
(F) Other.....	2b(1)(F)	1111	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		26677
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1535545	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		1535545
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		5558000
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		11319205

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	2315100	
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other .....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		2315100
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)	125	
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)		
(5) Investment advisory and investment management fees .....	2i(5)		
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses .....	2i(11)	9583	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		9708
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		2324808

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k		8994397
<b>l</b> Transfers of assets:			
(1) To this plan .....	2l(1)		
(2) From this plan .....	2l(2)		

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **GRF CPAS AND ADVISORS**

(2) EIN: **52-1392008**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>SOUTHERN ENVIRONMENTAL LAW CENTER RETIREMENT &amp; EMPLOYEE SAVINGS PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>SOUTHERN ENVIRONMENTAL LAW CENTER</u>	<b>D</b> Employer Identification Number (EIN) <u>52-1436778</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

1		0
---	--	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 23-1945930 04-2647786

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 

3	
---	--

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline?.....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....  Yes  No  N/A

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock?.....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market?.....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	<b>16b</b>	

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500385A.

**FINANCIAL STATEMENTS**

**SOUTHERN ENVIRONMENTAL LAW CENTER  
RETIREMENT & EMPLOYEE SAVINGS PLAN**

**FOR THE YEARS ENDED  
DECEMBER 31, 2024 AND 2023**

**SOUTHERN ENVIRONMENTAL LAW CENTER  
RETIREMENT & EMPLOYEE SAVINGS PLAN**

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**CPAs & ADVISORS**

## **INDEPENDENT AUDITOR'S REPORT**

To the Board of Trustees  
Southern Environmental Law Center  
Retirement & Employee Savings Plan  
Charlottesville, Virginia

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**

We have performed audits of the accompanying financial statements of the Southern Environmental Law Center Retirement & Employee Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a State or Federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from the qualified institutions as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### **Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section -

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by qualified institutions agrees to or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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MEMBER OF CPAMERICA INTERNATIONAL, AN AFFILIATE OF CROWE GLOBAL  
MEMBER OF THE AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS' PRIVATE COMPANIES PRACTICE SECTION

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not absolute assurance; therefore, it is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### **Supplemental Schedule Required by ERISA**

The supplemental schedule is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion -

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



September 16, 2025

**SOUTHERN ENVIRONMENTAL LAW CENTER  
RETIREMENT & EMPLOYEE SAVINGS PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
AS OF DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
<b>INVESTMENTS</b>		
Registered investment companies, at fair value	\$ 48,255,046	\$ 40,298,117
Money market funds, at fair value	3,272,962	2,147,922
Fixed annuity contract, at contract value	<u>-</u>	<u>47,658</u>
Total investments	<u>51,528,008</u>	<u>42,493,697</u>
<b>RECEIVABLES</b>		
Employer contributions receivable	15	-
Employee contribution receivable	-	15
Notes receivable from participants	<u>86,836</u>	<u>126,750</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b><u>\$ 51,614,859</u></b>	<b><u>\$ 42,620,462</u></b>

**SOUTHERN ENVIRONMENTAL LAW CENTER  
RETIREMENT & EMPLOYEE SAVINGS PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
<b>ADDITIONS</b>		
Investment return:		
Net appreciation in fair value of investments	\$ 5,558,000	\$ 5,881,966
Interest and dividends	<u>1,557,295</u>	<u>766,706</u>
Total investment return	<u>7,115,295</u>	<u>6,648,672</u>
Contributions:		
Employee contributions	1,527,885	1,389,454
Employer contributions	1,723,735	1,497,679
Rollover contributions	<u>947,363</u>	<u>226,788</u>
Total contributions	<u>4,198,983</u>	<u>3,113,921</u>
Participant loan interest	<u>4,927</u>	<u>6,955</u>
Total additions	<u>11,319,205</u>	<u>9,769,548</u>
<b>DEDUCTIONS</b>		
Benefits paid to participants or their beneficiaries	2,315,100	422,981
Administrative fees	<u>9,708</u>	<u>8,849</u>
Total deductions	<u>2,324,808</u>	<u>431,830</u>
Increase in net assets available for benefits	8,994,397	9,337,718
Net assets available for benefits, beginning of year	<u>42,620,462</u>	<u>33,282,744</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR</b>	<b><u>\$ 51,614,859</u></b>	<b><u>\$ 42,620,462</u></b>

**SOUTHERN ENVIRONMENTAL LAW CENTER  
RETIREMENT & EMPLOYEE SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**1. DESCRIPTION OF THE PLAN**

The following description of the Southern Environmental Law Center Retirement & Employee Savings Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General -

The Plan is a defined contribution Plan covering substantially all employees of the Southern Environmental Law (the Company or Employer). The Plan was established on July 7, 1996 to provide certain retirement and other benefits for employees eligible to participate. The Plan was most recently restated effective March 31, 2020. The Plan is subject to the provisions of the Employee Retirement Income Security Act.

In December 2022, Securing a Strong Retirement Act (Secure 2.0) was passed into law. The provisions of SECURE 2.0 continue the themes and reforms that began with the 2019 SECURE Act Secure Act 2.0. Most of the provisions will become effective in 2024 and forward, therefore there is no current impact to the Plan. Since the provisions include both required and optional elements, the Plan administrator will determine the optional provisions to elect.

Eligibility -

Employees who work over 1,000 hours per year are eligible to participate in the Plan at the entry date coinciding with the beginning of their employment. Employees may begin elective deferrals at their employment start date and may receive employer contributions after two years of employment.

Contributions -

Each pay period, the Company contributes to the Plan a salary deferral amount elected by each participant. Each participant may elect to contribute a portion of their salary, either pre-tax and /or Roth up to 100% of their paid incentive compensation bonuses, subject to Federal limitations. The Plan also allows for catch up contributions for participants who are 50 and older. All contributions are subject to certain IRS limitations.

The employer may make a discretionary contribution subject to approval by the Board of Trustees. For the years ended December 31, 2024 and 2023, the employer made a 9% discretionary contribution to participants on a semi-monthly basis.

Participants may also contribute amounts representing distributions from other qualified plans (rollover).

Vesting -

Participants are fully vested in their elective deferral contributions, employee rollover contributions, and employer contributions, plus actual earnings thereon.

Participant accounts -

Each participant's account is credited with (a) the participant's salary reduction contributions, (b) investment earnings and losses and (c) the employer's contributions. Participants accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations of investment earnings and losses, and administrative expenses, are based on participant earnings or account balances, as defined in the Plan document.

**SOUTHERN ENVIRONMENTAL LAW CENTER  
RETIREMENT & EMPLOYEE SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**1. DESCRIPTION OF THE PLAN (Continued)**

Investment elections -

Contributions to the Plan are invested with Fidelity Management Trust Company, Lincoln National Life Insurance Company, Ascensus, LLC, the custodians, according to participant instructions.

Payment of benefits -

Benefits provided by the Plan are paid from net assets available for benefits. The benefit to which a Plan participant is entitled is the benefit that can be provided by the contributions and net earnings thereon allocated to such participant's account. Benefit payments are made in the form of participant directed lump sum or installment upon separation, retirement, total and permanent disability, or death, as applicable. Benefits are recorded when paid whether directly to or on behalf of a participant.

If the total vested value is below \$1,000 in a participant's account at the time of termination, then a distribution will be made to the participant regardless of whether they consent to receive it. If the total vested value is greater than \$1,000, but less than \$5,000, the participant has the option of either 1) rolling over their balance into a qualified individual retirement account, or 2) receiving a distribution. If the vested value is greater than \$5,000, the participant may remain in the Plan.

Hardship distributions to employees are permitted if certain conditions are met.

The Plan also provides for minimum required distributions per IRS regulations by April 1 of the calendar year following the later of the calendar year in which the participant reaches age 73 or the calendar year the participant retires. In addition, participants may elect in-service withdrawals of their vested account balances after reaching age 59½.

Notes receivable from participants -

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Principal and interest is paid ratably directly to the asset custodian by the Plan participant. All notes receivable from participants are secured by the balance in the participant's account and bear interest at the prime interest rate plus 1%. Interest rates on loans to participants range from 4.25% to 9.50%.

Plan termination -

Although it has not expressed any intent to do so, the employer has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the participants would become 100% vested in their accounts.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of accounting -

The financial statements are prepared on the accrual basis of accounting and in accordance with FASB ASC 962, *Plan Accounting Defined Contribution Pension Plans*.

**SOUTHERN ENVIRONMENTAL LAW CENTER  
RETIREMENT & EMPLOYEE SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

Use of estimates -

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Fair value measurement -

The Plan applies the provisions of FASB ASC 820, *Fair Value Measurement*. FASB ASC 820 defines fair value, establishes a framework for measuring fair value, establishes a fair value hierarchy based on the quality of inputs (assumptions that market participants would use in pricing assets and liabilities, including assumptions about risk) used to measure fair value, and enhances disclosure requirements for fair value measurements. The Plan accounts for a significant portion of its financial instruments at fair value or considers fair value in their measurement.

Valuation of investments -

Investments are stated at their fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 8 for discussion on fair value measurement.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains on investments bought and sold as well as held during the year.

Contract value is the relevant measurement attributable to the fully benefit-responsive investment contract because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statements of Net Assets Available for Benefits present, for the fully benefit-responsive contracts held by the Plan, the investments at contract value.

Notes receivable from participants -

Notes receivable from participants are measured at their unpaid principal balance, plus accrued interest.

Benefit payments -

Benefits are recorded when paid.

Administrative expenses -

Certain expenses of maintaining the Plan are paid directly by the Company and some are paid out of the Plan, which are included in these financial statements. Investment-related expenses are included as a reduction in the net appreciation of fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits. Expenses that are paid by the Company are excluded from these financial statements.

**SOUTHERN ENVIRONMENTAL LAW CENTER  
RETIREMENT & EMPLOYEE SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**3. INCOME TAX STATUS**

The Company has adopted a pre-approved Plan document that has received an opinion letter from the Internal Revenue Service dated March 31, 2017, stating that the form of the pre-approved Plan document was in compliance with applicable requirements of the Internal Revenue Code (IRC). Although, the Plan has been amended since adopting the pre-approved Plan document, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore, believes that the Plan is qualified.

The Plan is required to operate in conformity with the Internal Revenue Code (IRC) to maintain its tax exemption. Management believes the Plan is currently designed and operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service.

The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**4. INFORMATION CERTIFIED BY CUSTODIANS**

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan's Administrator instructed the Plan's independent auditors not to perform, and they did not perform, such auditing procedures with respect to the information certified by Fidelity Management Trust Company, Lincoln National Life Insurance Company, and Ascensus, LLC. The Custodians issued Certification Statements, certifying the information presented in the Schedule of Assets (Held at End of Year) and the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2024 and 2023.

**5. PARTY-IN-INTEREST TRANSACTIONS**

The Plan investments are managed by Fidelity Management Trust Company, Lincoln National Life Insurance Company, and Ascensus, LLC (collectively, the custodians). The custodians provide recordkeeping, Plan management, and day-to-day support to the Plan; therefore, these transactions qualify as party-in-interest.

**6. RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rates, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

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RETIREMENT & EMPLOYEE SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**7. FIXED ANNUITY CONTRACT**

The Plan maintained an investment in a fixed annuity contract, Lincoln Fixed Account with Lincoln Financial Group (Lincoln). Lincoln maintained the contributions in a general account. The account was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer was contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The fixed annuity contract is presented on the face of the statement of net assets available for benefits at contract value. Contract value, as reported to the Plan by Lincoln, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants could ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There were no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract was \$47,658 as of December 31, 2023 (no balance as of December 31, 2024). The crediting interest rate was based on a formula agreed upon with the issuer and varies by contract. Such interest rates are reviewed quarterly with a minimum interest rate of 1.75%.

Certain events limit the Plan's ability to transact at contract value with Lincoln. Such events include the following: (a) amendments to the Plan documents (including complete or partial Plan termination or merger with another Plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Company or other Company events (for example, divestitures or spinoffs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from Federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1974. The Plan Administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring.

**8. FAIR VALUE MEASUREMENT**

In accordance with FASB ASC 820, *Fair Value Measurement*, the Plan has categorized its financial instruments, based on the priority of the inputs to the valuation technique, into a three-level fair value hierarchy. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). If the inputs used to measure the financial instruments fall within different levels of hierarchy, the categorization is based on the lowest level input that is significant to the fair value measurement of the instrument. Investments recorded in the Statements of Net Assets Available for Benefits are categorized based on the inputs to valuation techniques as follows:

**Level 1.** These are investments where values are based on unadjusted quoted prices for identical assets in an active market the Plan has the ability to access.

**Level 2.** These are investments where values are based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, or model-based valuation techniques that utilize inputs that are observable either directly or indirectly for substantially the full-term of the investments.

**Level 3.** These are investments where inputs to the valuation methodology are unobservable and significant to the fair value measurement.

**SOUTHERN ENVIRONMENTAL LAW CENTER  
RETIREMENT & EMPLOYEE SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**8. FAIR VALUE MEASUREMENT (Continued)**

Following is a description of the valuation methodology used for investments measured at fair value. There have been no transfers or changes in the valuation methodologies used as of December 31, 2024 and 2023.

- *Mutual Funds* - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily value and to transact at that price. Mutual funds held by the Plan are deemed to be actively traded.
- *Money Market Funds* - The money market funds are open-end mutual funds that are registered with the Securities and Exchange Commission and are deemed to be actively traded.
- *Fixed Annuity Contract* - The fixed annuity contract is reported at contract value. Contract value is the relevant measurement attribute for fixed annuity contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The contract value of the fixed annuity contract represents contributions plus earnings, less participant withdrawals and administrative expenses. In determining the reasonableness of the methodology, a number of factors are considered, such as economic conditions, industry and market developments and overall credit ratings. Certain unobservable inputs are assessed through review of contract terms, while others are substantiated utilizing available market data.

Certain investments that are measured at contract value have not been categorized in the fair value hierarchy; however, the contract value amounts presented in the tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

The table below summarizes, by level within the fair value hierarchy, the Plan's investments as of December 31, 2024:

<b>Asset Class:</b>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Investments Measured at Contract Value</u>	<u>Total</u>
Registered investment companies, at fair value	\$ 48,255,046	\$ -	\$ -	\$ -	\$ 48,255,046
Money market funds, at fair value	<u>3,272,962</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>3,272,962</u>
<b>TOTAL INVESTMENTS</b>	<b><u>\$ 51,528,008</u></b>	<b><u>\$ -</u></b>	<b><u>\$ -</u></b>	<b><u>\$ -</u></b>	<b><u>\$ 51,528,008</u></b>

The table below summarizes, by level within the fair value hierarchy, the Plan's investments as of December 31, 2023:

<b>Asset Class:</b>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Investments Measured at Contract Value</u>	<u>Total</u>
Registered investment companies, at fair value	\$ 40,298,117	\$ -	\$ -	\$ -	\$ 40,298,117
Money market funds, at fair value	<u>2,147,922</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>2,147,922</u>
Fixed annuity contract, at contract value	<u>-</u>	<u>-</u>	<u>-</u>	<u>47,658</u>	<u>47,658</u>
<b>TOTAL INVESTMENTS</b>	<b><u>\$ 42,446,039</u></b>	<b><u>\$ -</u></b>	<b><u>\$ -</u></b>	<b><u>\$ 47,658</u></b>	<b><u>\$ 42,493,697</u></b>

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RETIREMENT & EMPLOYEE SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**9. SUBSEQUENT EVENTS**

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through September 16, 2025, the date the financial statements were issued.

Effective January 1, 2025, the Plan was amended to reduce the eligibility requirement for employer non-elective contributions from two years to one year and changed entry date for employer contributions to first of the month following meeting the one year service requirement. In addition, the Plan amendment includes a provision to exclude fringe benefits from eligible compensation.

## **SUPPLEMENTAL INFORMATION**

**SOUTHERN ENVIRONMENTAL LAW CENTER  
RETIREMENT & EMPLOYEE SAVINGS PLAN**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
FOR THE YEAR ENDED DECEMBER 31, 2024**

EIN: 52-1436778

Plan Number: 001

(a) Party-in- Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
<b><u>Money Market Funds:</u></b>				
*	Fidelity Management Trust Company	Fidelity Government Money Market Fund	N/A	\$ 461,880
*	Fidelity Management Trust Company	Fidelity Government Cash Reserve	N/A	6,357
		Vanguard Cash Reserves Federal Money		393,540
*	Ascensus, LLC	Market Fund	N/A	
*	Ascensus, LLC	Vanguard Federal Money Market Fund	N/A	1,121,450
*	Ascensus, LLC	Vanguard Treasury Money Market Fund	N/A	1,289,735
<b><u>Registered Investment Companies:</u></b>				
*	Lincoln Financial Group	American Funds Growth	N/A	68,379
*	Lincoln Financial Group	American Funds International	N/A	16,491
*	Lincoln Financial Group	Delaware VIP Small Cap Value	N/A	209
*	Lincoln Financial Group	Fidelity VIP Contrafund	N/A	81,104
*	Lincoln Financial Group	LVIP Delaware Mid Cap Value	N/A	14,339
*	Lincoln Financial Group	LVIP Mondrian International Value	N/A	10,926
*	Ascensus, LLC	Vanguard Balanced Index Adm	N/A	205,016
*	Ascensus, LLC	Vanguard Lifestrategy Consv Growth Inv	N/A	464,311
*	Ascensus, LLC	Vanguard Lifestrategy Growth Inv	N/A	13,014
*	Ascensus, LLC	Vanguard Lifestrategy Income Inv	N/A	112,536
*	Ascensus, LLC	Vanguard Lifestrategy Moderate Gr Inv	N/A	7,077
*	Ascensus, LLC	Vanguard Star Inv	N/A	165,972
*	Ascensus, LLC	Vanguard Wellesley Income Adm	N/A	153,543
*	Ascensus, LLC	Vanguard Wellington Admiral	N/A	634,904
*	Ascensus, LLC	Vanguard Long-Term Bond Index Adm	N/A	24,283
*	Ascensus, LLC	Vanguard Inflation-Protected Sec Adm	N/A	86,034
*	Ascensus, LLC	Vanguard Interm-Term Bond Index Adm	N/A	35,560
*	Ascensus, LLC	Vanguard Interm-Term Invst Grade Adm	N/A	200,809
*	Ascensus, LLC	Vanguard Short-Term Invest Grade Adm	N/A	60,769
*	Ascensus, LLC	Vanguard Total Bond Market Index Adm	N/A	483,037
*	Ascensus, LLC	Vanguard Total Intl Bond Index Adm	N/A	39,130
*	Ascensus, LLC	Vanguard Ultra-Short-Term Bond Adm	N/A	99,546
*	Ascensus, LLC	Vanguard Gnma Adm	N/A	141,811
*	Ascensus, LLC	Vanguard S-T Infl-Prot Sec Idx Adm	N/A	87,665
*	Ascensus, LLC	Vanguard Mid-Cap Value Index Adm	N/A	223
*	Ascensus, LLC	Vanguard Value Index Adm	N/A	210,142
*	Ascensus, LLC	Vanguard Short-Term Federal Adm	N/A	66,693
*	Ascensus, LLC	Vanguard Short-Term Treasury Adm	N/A	203,405
*	Ascensus, LLC	Vanguard Developed Mkts Index Adm	N/A	419,147
*	Ascensus, LLC	Vanguard Emerging Mkts Stock Idx Adm	N/A	276,659
*	Ascensus, LLC	Vanguard Ftse All-World Ex-US Idx Adm	N/A	269,725
*	Ascensus, LLC	Vanguard Global Minimum Volatility Adm	N/A	139,506
*	Ascensus, LLC	Vanguard International Growth Adm	N/A	47,070
*	Ascensus, LLC	Vanguard International Value Inv	N/A	24,276
*	Ascensus, LLC	Vanguard Total Intl Stock Index Adm	N/A	196,667
*	Ascensus, LLC	Vanguard Total World Stock Index Adm	N/A	84,361
*	Ascensus, LLC	Vanguard 500 Index Adm	N/A	1,879,172
*	Ascensus, LLC	Vanguard Dividend Apprec Index Adm	N/A	64,424
*	Ascensus, LLC	Vanguard Dividend Growth Inv	N/A	301,678
*	Ascensus, LLC	Vanguard Equity Income Adm	N/A	155,331
*	Ascensus, LLC	Vanguard Ftse Social Index Adm	N/A	2,819,054
*	Ascensus, LLC	Vanguard Growth Index Adm	N/A	1,083,718
*	Ascensus, LLC	Vanguard Large Cap Index Adm	N/A	80,899
*	Ascensus, LLC	Vanguard Primecap Core Inv	N/A	294,569

**SOUTHERN ENVIRONMENTAL LAW CENTER  
RETIREMENT & EMPLOYEE SAVINGS PLAN**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
FOR THE YEAR ENDED DECEMBER 31, 2024**

EIN: 52-1436778  
Plan Number: 001

(a) Party-in- Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
<b><u>Registered Investment Companies</u></b>				
<b><u>(Continued):</u></b>				
*	Ascensus, LLC	Vanguard Total Stock Market Index Adm	N/A	\$ 2,482,459
*	Ascensus, LLC	Vanguard Windsor II Adm	N/A	637,871
*	Ascensus, LLC	Vanguard Extended Market Index Adm	N/A	169,555
*	Ascensus, LLC	Vanguard Mid Cap Index Adm	N/A	1,248,676
*	Ascensus, LLC	Vanguard Mid-Cap Growth Index Adm	N/A	565,250
*	Ascensus, LLC	Vanguard Explorer Adm	N/A	110,434
*	Ascensus, LLC	Vanguard Small-Cap Growth Index Adm	N/A	88,591
*	Ascensus, LLC	Vanguard Small-Cap Index Adm	N/A	1,126,907
*	Ascensus, LLC	Vanguard Small-Cap Value Index Adm	N/A	5,144
*	Ascensus, LLC	Vanguard Strategic Small-Cap Equity Inv	N/A	12,822
*	Ascensus, LLC	Vanguard European Stock Index Adm	N/A	37,638
*	Ascensus, LLC	Vanguard Pacific Stock Index Adm	N/A	3,446
*	Ascensus, LLC	Vanguard Energy Adm	N/A	52,718
*	Ascensus, LLC	Vanguard Health Care Adm	N/A	50,514
*	Ascensus, LLC	Vanguard Real Estate Index Adm	N/A	28,106
*	Ascensus, LLC	Vanguard Target Retirement 2025 Fund	N/A	15,210
*	Ascensus, LLC	Vanguard Target Retirement 2030 Fund	N/A	155,024
*	Ascensus, LLC	Vanguard Target Retirement 2035 Fund	N/A	1,794,474
*	Ascensus, LLC	Vanguard Target Retirement 2040 Fund	N/A	238,477
*	Ascensus, LLC	Vanguard Target Retirement 2045 Fund	N/A	647,509
*	Ascensus, LLC	Vanguard Target Retirement 2050 Fund	N/A	217,194
*	Ascensus, LLC	Vanguard Target Retirement 2055 Fund	N/A	541,721
*	Ascensus, LLC	Vanguard Target Retirement 2060 Fund	N/A	422,839
*	Ascensus, LLC	Vanguard Target Retirement 2065 Fund	N/A	12,743
*	Fidelity Management Trust Company	Fidelity Fund	N/A	20,212
*	Fidelity Management Trust Company	Fidelity 500 Index	N/A	6,502,905
*	Fidelity Management Trust Company	Fidelity GNMA	N/A	454
*	Fidelity Management Trust Company	Fidelity Magellan	N/A	109,930
*	Fidelity Management Trust Company	Fidelity Contrafund	N/A	1,221,533
*	Fidelity Management Trust Company	Fidelity Contrafund	N/A	126,557
*	Fidelity Management Trust Company	Fidelity Growth Company	N/A	1,931,434
*	Fidelity Management Trust Company	Fidelity Select Biotechnology Fund	N/A	109,628
*	Fidelity Management Trust Company	Fidelity Government Income Fund	N/A	440
*	Fidelity Management Trust Company	Fidelity Select Healthcare	N/A	38,481
*	Fidelity Management Trust Company	Fidelity Select Brokerage	N/A	44,830
*	Fidelity Management Trust Company	Fidelity OTC Portfolio	N/A	42,749
*	Fidelity Management Trust Company	Fidelity Overseas Fund	N/A	6,191
*	Fidelity Management Trust Company	Fidelity Blue Chip Growth Fund	N/A	137,707
*	Fidelity Management Trust Company	Fid Blue Chip Value	N/A	7,976
*	Fidelity Management Trust Company	Fidelity Equity Dividend Income Fund	N/A	48,114
*	Fidelity Management Trust Company	Fidelity Equity Dividend Income Fund	N/A	106,464
*	Fidelity Management Trust Company	Fidelity Emerging Markets	N/A	139,661
*	Fidelity Management Trust Company	Fidelity Emerging Markets	N/A	11,498
*	Fidelity Management Trust Company	Fidelity Growth Strategies Fund	N/A	43,111
*	Fidelity Management Trust Company	Fidelity Diversified International Fund	N/A	148,034
*	Fidelity Management Trust Company	Fidelity Diversified International Fund	N/A	13,723
*	Fidelity Management Trust Company	Fidelity Dividend Growth Fund	N/A	46,826

**SOUTHERN ENVIRONMENTAL LAW CENTER  
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**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
FOR THE YEAR ENDED DECEMBER 31, 2024**

EIN: 52-1436778  
Plan Number: 001

(a) Party-in- Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
<b><u>Registered Investment Companies</u></b>				
<b><u>(Continued):</u></b>				
*	Fidelity Management Trust Company	Fidelity New Markets Income Fund	N/A	\$ 135,828
*	Fidelity Management Trust Company	Fidelity New Markets Income Fund	N/A	15,381
*	Fidelity Management Trust Company	Fidelity Focused Stock Fund	N/A	21,303
*	Fidelity Management Trust Company	Fidelity Large Cap Stock Fund	N/A	22,562
*	Fidelity Management Trust Company	Fidelity Small Cap Stock Fund	N/A	37,350
*	Fidelity Management Trust Company	Fidelity Multi-Asset Index Fund	N/A	11,902
*	Fidelity Management Trust Company	Fidelity High Income Fund	N/A	768,749
*	Fidelity Management Trust Company	Fid Value	N/A	133,940
*	Fidelity Management Trust Company	Fid Value	N/A	171,443
*	Fidelity Management Trust Company	Fidelity Select Communication Services Portfolio	N/A	1,093
*	Fidelity Management Trust Company	Fid St Tr BD IDX	N/A	469,711
*	Fidelity Management Trust Company	Fid Intm Tr BD Idx	N/A	657,952
*	Fidelity Management Trust Company	Fid Low Priced Stk	N/A	35,420
*	Fidelity Management Trust Company	Fid Intl Cap Apprec	N/A	7,727
*	Fidelity Management Trust Company	Fid Mid Cap Stock	N/A	3,525
*	Fidelity Management Trust Company	Fid Corporate Bond	N/A	709,290
*	Fidelity Management Trust Company	Fid Emrg Mkts Idx	N/A	1,046,089
*	Fidelity Management Trust Company	Fid Emrg Mkts Idx	N/A	72,552
*	Fidelity Management Trust Company	Fidelity Natural Resources Fund	N/A	40,088
*	Fidelity Management Trust Company	Fidelity Natural Resources Fund	N/A	8,462
*	Fidelity Management Trust Company	Fidelity Total Bond Fund	N/A	358,319
*	Fidelity Management Trust Company	Fidelity NASDAQ Composite Index® Fund	N/A	5,864
*	Fidelity Management Trust Company	Fidelity Small Cap Growth Fund	N/A	15,691
*	Fidelity Management Trust Company	Fid Capital & Income	N/A	3,577
*	Fidelity Management Trust Company	Fid Emerging Asia	N/A	1,981
*	Fidelity Management Trust Company	Fid Env Alt Energy	N/A	10,160
*	Fidelity Management Trust Company	Fid Europe	N/A	1,689
*	Fidelity Management Trust Company	Fid Extd Mkt Idx	N/A	2,559
*	Fidelity Management Trust Company	Fid Fdm Idx 2050 lpr	N/A	228
*	Fidelity Management Trust Company	Fid Fdm Idx 2055 lpr	N/A	18,061
*	Fidelity Management Trust Company	Fid Fdm Idx 2055 lpr	N/A	228
*	Fidelity Management Trust Company	Fid Fdm Idx 2065 lpr	N/A	23,751
*	Fidelity Management Trust Company	Fid Float Rt Hi Inc	N/A	2,129
*	Fidelity Management Trust Company	Fid Freedom 2025 K	N/A	28,196
*	Fidelity Management Trust Company	Fid Freedom 2030 K	N/A	292,406
*	Fidelity Management Trust Company	Fid Freedom 2035 K	N/A	9,266
*	Fidelity Management Trust Company	Fid Freedom 2040 K	N/A	867,620
*	Fidelity Management Trust Company	Fid Freedom 2045 K	N/A	623,255
*	Fidelity Management Trust Company	Fid Freedom 2050 K	N/A	229,103
*	Fidelity Management Trust Company	Fid Freedom 2055 K	N/A	151,804
*	Fidelity Management Trust Company	Fid Freedom 2060 K	N/A	14,254
*	Fidelity Management Trust Company	Fid Freedom 2065 K	N/A	9,847
*	Fidelity Management Trust Company	Fid US Bond Idx	N/A	226
*	Fidelity Management Trust Company	Fid Global Eq Income	N/A	82,346
*	Fidelity Management Trust Company	Fid Growth Disc	N/A	15,478
*	Fidelity Management Trust Company	Fid Intl Index	N/A	2,477
*	Fidelity Management Trust Company	Fid Intermed Bond	N/A	37,939
*	Fidelity Management Trust Company	Fid Intl Small Cap	N/A	869
*	Fidelity Management Trust Company	Fid Small CapValue	N/A	847

**SOUTHERN ENVIRONMENTAL LAW CENTER  
RETIREMENT & EMPLOYEE SAVINGS PLAN**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
FOR THE YEAR ENDED DECEMBER 31, 2024**

EIN: 52-1436778  
Plan Number: 001

(a) Party-in- Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
<b><u>Registered Investment Companies</u></b>				
<b><u>(Continued):</u></b>				
*	Fidelity Management Trust Company	Fid Small Cap Stock	N/A	\$ 178,663
*	Fidelity Management Trust Company	Fid Pacific Basin	N/A	864
*	Fidelity Management Trust Company	Fid New Millen	N/A	2,911
*	Fidelity Management Trust Company	Fid Sel Hth Care Svc	N/A	2,677
*	Fidelity Management Trust Company	Fid Sel Semiconduct	N/A	196,135
*	Fidelity Management Trust Company	Fid Sel Technology	N/A	9,627
*	Fidelity Management Trust Company	Fid Sm Cap Discovery	N/A	1,804
*	Fidelity Management Trust Company	Fid Worldwide	N/A	9,173
*	Fidelity Management Trust Company	Fid Strategic Income	N/A	22,700
*	Fidelity Management Trust Company	Fidelity Global ex U.S. Index Fund	N/A	1,154,778
*	Fidelity Management Trust Company	Fidelity Mid Cap Index Fund	N/A	2,886,482
*	Fidelity Management Trust Company	Fidelity Small Cap Index Fund	N/A	2,380,797
*	Fidelity Management Trust Company	Fidelity Total Market Index Fund	N/A	330,689
*	Fidelity Management Trust Company	Fidelity Inflation-Protected Bond Index Fund	N/A	150,757
*	Fidelity Management Trust Company	Fidelity US Sustainability Index Fund	N/A	273,700
*	Fidelity Management Trust Company	Fidelity Freedom Index 2030 IPR	N/A	54,093
*	Fidelity Management Trust Company	Fidelity Freedom Index 2035 IPR	N/A	38,648
*	Fidelity Management Trust Company	Fidelity Global Commodity Stock	N/A	4,158
*	Fidelity Management Trust Company	Fidelity Select Energy	N/A	21,564
*	Fidelity Management Trust Company	Fidelity Trend	N/A	7,325
<b>Notes Receivable from Participants:</b>				
*	Fidelity Management Trust Company and Ascensus LLC	Participant Loans - Interest rates ranging from 4.25% - 9.50%	N/A	86,836
				<b><u><u>\$ 51,614,844</u></u></b>

\* Denotes Party-in-Interest

N/A - Cost information not required for participant directed investments.

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: Southern Environmental Law Center Retirement & Employee Savings Plan
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/08/1996
2a Plan sponsor's name (employer, if for a single-employer plan): Southern Environmental Law Center
2b Employer Identification Number (EIN): 52-1436778
2c Plan Sponsor's telephone number: 434-977-4090
2d Business code (see instructions): 541190

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: Calvin Brondyke, 9/22/2025. Row 2: Signature of employer/plan sponsor. Row 3: Signature of DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	274
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6a(1)</b>	212
	<b>6a(2)</b>	219
	<b>6b</b>	0
	<b>6c</b>	69
	<b>6d</b>	288
	<b>6e</b>	0
	<b>6f</b>	288
	<b>6g(1)</b>	234
<b>6g(2)</b>	239	
<b>6h</b>	0	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2G 2L

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1)  **R** (Retirement Plan Information)
- (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached 2
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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**SOUTHERN ENVIRONMENTAL LAW CENTER  
RETIREMENT & EMPLOYEE SAVINGS PLAN**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
FOR THE YEAR ENDED DECEMBER 31, 2024**

EIN: 52-1436778

Plan Number: 001

(a) Party-in- Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
<b><u>Money Market Funds:</u></b>				
*	Fidelity Management Trust Company	Fidelity Government Money Market Fund	N/A	\$ 461,880
*	Fidelity Management Trust Company	Fidelity Government Cash Reserve	N/A	6,357
		Vanguard Cash Reserves Federal Money		393,540
*	Ascensus, LLC	Market Fund	N/A	
*	Ascensus, LLC	Vanguard Federal Money Market Fund	N/A	1,121,450
*	Ascensus, LLC	Vanguard Treasury Money Market Fund	N/A	1,289,735
<b><u>Registered Investment Companies:</u></b>				
*	Lincoln Financial Group	American Funds Growth	N/A	68,379
*	Lincoln Financial Group	American Funds International	N/A	16,491
*	Lincoln Financial Group	Delaware VIP Small Cap Value	N/A	209
*	Lincoln Financial Group	Fidelity VIP Contrafund	N/A	81,104
*	Lincoln Financial Group	LVIP Delaware Mid Cap Value	N/A	14,339
*	Lincoln Financial Group	LVIP Mondrian International Value	N/A	10,926
*	Ascensus, LLC	Vanguard Balanced Index Adm	N/A	205,016
*	Ascensus, LLC	Vanguard Lifestrategy Consv Growth Inv	N/A	464,311
*	Ascensus, LLC	Vanguard Lifestrategy Growth Inv	N/A	13,014
*	Ascensus, LLC	Vanguard Lifestrategy Income Inv	N/A	112,536
*	Ascensus, LLC	Vanguard Lifestrategy Moderate Gr Inv	N/A	7,077
*	Ascensus, LLC	Vanguard Star Inv	N/A	165,972
*	Ascensus, LLC	Vanguard Wellesley Income Adm	N/A	153,543
*	Ascensus, LLC	Vanguard Wellington Admiral	N/A	634,904
*	Ascensus, LLC	Vanguard Long-Term Bond Index Adm	N/A	24,283
*	Ascensus, LLC	Vanguard Inflation-Protected Sec Adm	N/A	86,034
*	Ascensus, LLC	Vanguard Interm-Term Bond Index Adm	N/A	35,560
*	Ascensus, LLC	Vanguard Interm-Term Invst Grade Adm	N/A	200,809
*	Ascensus, LLC	Vanguard Short-Term Invest Grade Adm	N/A	60,769
*	Ascensus, LLC	Vanguard Total Bond Market Index Adm	N/A	483,037
*	Ascensus, LLC	Vanguard Total Intl Bond Index Adm	N/A	39,130
*	Ascensus, LLC	Vanguard Ultra-Short-Term Bond Adm	N/A	99,546
*	Ascensus, LLC	Vanguard Gnma Adm	N/A	141,811
*	Ascensus, LLC	Vanguard S-T Infl-Prot Sec Idx Adm	N/A	87,665
*	Ascensus, LLC	Vanguard Mid-Cap Value Index Adm	N/A	223
*	Ascensus, LLC	Vanguard Value Index Adm	N/A	210,142
*	Ascensus, LLC	Vanguard Short-Term Federal Adm	N/A	66,693
*	Ascensus, LLC	Vanguard Short-Term Treasury Adm	N/A	203,405
*	Ascensus, LLC	Vanguard Developed Mkts Index Adm	N/A	419,147
*	Ascensus, LLC	Vanguard Emerging Mkts Stock Idx Adm	N/A	276,659
*	Ascensus, LLC	Vanguard Ftse All-World Ex-US Idx Adm	N/A	269,725
*	Ascensus, LLC	Vanguard Global Minimum Volatility Adm	N/A	139,506
*	Ascensus, LLC	Vanguard International Growth Adm	N/A	47,070
*	Ascensus, LLC	Vanguard International Value Inv	N/A	24,276
*	Ascensus, LLC	Vanguard Total Intl Stock Index Adm	N/A	196,667
*	Ascensus, LLC	Vanguard Total World Stock Index Adm	N/A	84,361
*	Ascensus, LLC	Vanguard 500 Index Adm	N/A	1,879,172
*	Ascensus, LLC	Vanguard Dividend Apprec Index Adm	N/A	64,424
*	Ascensus, LLC	Vanguard Dividend Growth Inv	N/A	301,678
*	Ascensus, LLC	Vanguard Equity Income Adm	N/A	155,331
*	Ascensus, LLC	Vanguard Ftse Social Index Adm	N/A	2,819,054
*	Ascensus, LLC	Vanguard Growth Index Adm	N/A	1,083,718
*	Ascensus, LLC	Vanguard Large Cap Index Adm	N/A	80,899
*	Ascensus, LLC	Vanguard Primecap Core Inv	N/A	294,569

**SOUTHERN ENVIRONMENTAL LAW CENTER  
RETIREMENT & EMPLOYEE SAVINGS PLAN**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
FOR THE YEAR ENDED DECEMBER 31, 2024**

EIN: 52-1436778  
Plan Number: 001

(a) Party-in- Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
<b><u>Registered Investment Companies</u></b>				
<b><u>(Continued):</u></b>				
*	Ascensus, LLC	Vanguard Total Stock Market Index Adm	N/A	\$ 2,482,459
*	Ascensus, LLC	Vanguard Windsor II Adm	N/A	637,871
*	Ascensus, LLC	Vanguard Extended Market Index Adm	N/A	169,555
*	Ascensus, LLC	Vanguard Mid Cap Index Adm	N/A	1,248,676
*	Ascensus, LLC	Vanguard Mid-Cap Growth Index Adm	N/A	565,250
*	Ascensus, LLC	Vanguard Explorer Adm	N/A	110,434
*	Ascensus, LLC	Vanguard Small-Cap Growth Index Adm	N/A	88,591
*	Ascensus, LLC	Vanguard Small-Cap Index Adm	N/A	1,126,907
*	Ascensus, LLC	Vanguard Small-Cap Value Index Adm	N/A	5,144
*	Ascensus, LLC	Vanguard Strategic Small-Cap Equity Inv	N/A	12,822
*	Ascensus, LLC	Vanguard European Stock Index Adm	N/A	37,638
*	Ascensus, LLC	Vanguard Pacific Stock Index Adm	N/A	3,446
*	Ascensus, LLC	Vanguard Energy Adm	N/A	52,718
*	Ascensus, LLC	Vanguard Health Care Adm	N/A	50,514
*	Ascensus, LLC	Vanguard Real Estate Index Adm	N/A	28,106
*	Ascensus, LLC	Vanguard Target Retirement 2025 Fund	N/A	15,210
*	Ascensus, LLC	Vanguard Target Retirement 2030 Fund	N/A	155,024
*	Ascensus, LLC	Vanguard Target Retirement 2035 Fund	N/A	1,794,474
*	Ascensus, LLC	Vanguard Target Retirement 2040 Fund	N/A	238,477
*	Ascensus, LLC	Vanguard Target Retirement 2045 Fund	N/A	647,509
*	Ascensus, LLC	Vanguard Target Retirement 2050 Fund	N/A	217,194
*	Ascensus, LLC	Vanguard Target Retirement 2055 Fund	N/A	541,721
*	Ascensus, LLC	Vanguard Target Retirement 2060 Fund	N/A	422,839
*	Ascensus, LLC	Vanguard Target Retirement 2065 Fund	N/A	12,743
*	Fidelity Management Trust Company	Fidelity Fund	N/A	20,212
*	Fidelity Management Trust Company	Fidelity 500 Index	N/A	6,502,905
*	Fidelity Management Trust Company	Fidelity GNMA	N/A	454
*	Fidelity Management Trust Company	Fidelity Magellan	N/A	109,930
*	Fidelity Management Trust Company	Fidelity Contrafund	N/A	1,221,533
*	Fidelity Management Trust Company	Fidelity Contrafund	N/A	126,557
*	Fidelity Management Trust Company	Fidelity Growth Company	N/A	1,931,434
*	Fidelity Management Trust Company	Fidelity Select Biotechnology Fund	N/A	109,628
*	Fidelity Management Trust Company	Fidelity Government Income Fund	N/A	440
*	Fidelity Management Trust Company	Fidelity Select Healthcare	N/A	38,481
*	Fidelity Management Trust Company	Fidelity Select Brokerage	N/A	44,830
*	Fidelity Management Trust Company	Fidelity OTC Portfolio	N/A	42,749
*	Fidelity Management Trust Company	Fidelity Overseas Fund	N/A	6,191
*	Fidelity Management Trust Company	Fidelity Blue Chip Growth Fund	N/A	137,707
*	Fidelity Management Trust Company	Fid Blue Chip Value	N/A	7,976
*	Fidelity Management Trust Company	Fidelity Equity Dividend Income Fund	N/A	48,114
*	Fidelity Management Trust Company	Fidelity Equity Dividend Income Fund	N/A	106,464
*	Fidelity Management Trust Company	Fidelity Emerging Markets	N/A	139,661
*	Fidelity Management Trust Company	Fidelity Emerging Markets	N/A	11,498
*	Fidelity Management Trust Company	Fidelity Growth Strategies Fund	N/A	43,111
*	Fidelity Management Trust Company	Fidelity Diversified International Fund	N/A	148,034
*	Fidelity Management Trust Company	Fidelity Diversified International Fund	N/A	13,723
*	Fidelity Management Trust Company	Fidelity Dividend Growth Fund	N/A	46,826

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EIN: 52-1436778  
Plan Number: 001

(a) Party-in- Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
<b><u>Registered Investment Companies</u></b>				
<b><u>(Continued):</u></b>				
*	Fidelity Management Trust Company	Fidelity New Markets Income Fund	N/A	\$ 135,828
*	Fidelity Management Trust Company	Fidelity New Markets Income Fund	N/A	15,381
*	Fidelity Management Trust Company	Fidelity Focused Stock Fund	N/A	21,303
*	Fidelity Management Trust Company	Fidelity Large Cap Stock Fund	N/A	22,562
*	Fidelity Management Trust Company	Fidelity Small Cap Stock Fund	N/A	37,350
*	Fidelity Management Trust Company	Fidelity Multi-Asset Index Fund	N/A	11,902
*	Fidelity Management Trust Company	Fidelity High Income Fund	N/A	768,749
*	Fidelity Management Trust Company	Fid Value	N/A	133,940
*	Fidelity Management Trust Company	Fid Value	N/A	171,443
*	Fidelity Management Trust Company	Fidelity Select Communication Services Portfolio	N/A	1,093
*	Fidelity Management Trust Company	Fid St Tr BD IDX	N/A	469,711
*	Fidelity Management Trust Company	Fid Intm Tr BD Idx	N/A	657,952
*	Fidelity Management Trust Company	Fid Low Priced Stk	N/A	35,420
*	Fidelity Management Trust Company	Fid Intl Cap Apprec	N/A	7,727
*	Fidelity Management Trust Company	Fid Mid Cap Stock	N/A	3,525
*	Fidelity Management Trust Company	Fid Corporate Bond	N/A	709,290
*	Fidelity Management Trust Company	Fid Emrg Mkts Idx	N/A	1,046,089
*	Fidelity Management Trust Company	Fid Emrg Mkts Idx	N/A	72,552
*	Fidelity Management Trust Company	Fidelity Natural Resources Fund	N/A	40,088
*	Fidelity Management Trust Company	Fidelity Natural Resources Fund	N/A	8,462
*	Fidelity Management Trust Company	Fidelity Total Bond Fund	N/A	358,319
*	Fidelity Management Trust Company	Fidelity NASDAQ Composite Index® Fund	N/A	5,864
*	Fidelity Management Trust Company	Fidelity Small Cap Growth Fund	N/A	15,691
*	Fidelity Management Trust Company	Fid Capital & Income	N/A	3,577
*	Fidelity Management Trust Company	Fid Emerging Asia	N/A	1,981
*	Fidelity Management Trust Company	Fid Env Alt Energy	N/A	10,160
*	Fidelity Management Trust Company	Fid Europe	N/A	1,689
*	Fidelity Management Trust Company	Fid Extd Mkt Idx	N/A	2,559
*	Fidelity Management Trust Company	Fid Fdm Idx 2050 lpr	N/A	228
*	Fidelity Management Trust Company	Fid Fdm Idx 2055 lpr	N/A	18,061
*	Fidelity Management Trust Company	Fid Fdm Idx 2055 lpr	N/A	228
*	Fidelity Management Trust Company	Fid Fdm Idx 2065 lpr	N/A	23,751
*	Fidelity Management Trust Company	Fid Float Rt Hi Inc	N/A	2,129
*	Fidelity Management Trust Company	Fid Freedom 2025 K	N/A	28,196
*	Fidelity Management Trust Company	Fid Freedom 2030 K	N/A	292,406
*	Fidelity Management Trust Company	Fid Freedom 2035 K	N/A	9,266
*	Fidelity Management Trust Company	Fid Freedom 2040 K	N/A	867,620
*	Fidelity Management Trust Company	Fid Freedom 2045 K	N/A	623,255
*	Fidelity Management Trust Company	Fid Freedom 2050 K	N/A	229,103
*	Fidelity Management Trust Company	Fid Freedom 2055 K	N/A	151,804
*	Fidelity Management Trust Company	Fid Freedom 2060 K	N/A	14,254
*	Fidelity Management Trust Company	Fid Freedom 2065 K	N/A	9,847
*	Fidelity Management Trust Company	Fid US Bond Idx	N/A	226
*	Fidelity Management Trust Company	Fid Global Eq Income	N/A	82,346
*	Fidelity Management Trust Company	Fid Growth Disc	N/A	15,478
*	Fidelity Management Trust Company	Fid Intl Index	N/A	2,477
*	Fidelity Management Trust Company	Fid Intermed Bond	N/A	37,939
*	Fidelity Management Trust Company	Fid Intl Small Cap	N/A	869
*	Fidelity Management Trust Company	Fid Small CapValue	N/A	847

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(a) Party-in- Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
<b><u>Registered Investment Companies</u></b>				
<b><u>(Continued):</u></b>				
*	Fidelity Management Trust Company	Fid Small Cap Stock	N/A	\$ 178,663
*	Fidelity Management Trust Company	Fid Pacific Basin	N/A	864
*	Fidelity Management Trust Company	Fid New Millen	N/A	2,911
*	Fidelity Management Trust Company	Fid Sel Hth Care Svc	N/A	2,677
*	Fidelity Management Trust Company	Fid Sel Semiconduct	N/A	196,135
*	Fidelity Management Trust Company	Fid Sel Technology	N/A	9,627
*	Fidelity Management Trust Company	Fid Sm Cap Discovery	N/A	1,804
*	Fidelity Management Trust Company	Fid Worldwide	N/A	9,173
*	Fidelity Management Trust Company	Fid Strategic Income	N/A	22,700
*	Fidelity Management Trust Company	Fidelity Global ex U.S. Index Fund	N/A	1,154,778
*	Fidelity Management Trust Company	Fidelity Mid Cap Index Fund	N/A	2,886,482
*	Fidelity Management Trust Company	Fidelity Small Cap Index Fund	N/A	2,380,797
*	Fidelity Management Trust Company	Fidelity Total Market Index Fund	N/A	330,689
*	Fidelity Management Trust Company	Fidelity Inflation-Protected Bond Index Fund	N/A	150,757
*	Fidelity Management Trust Company	Fidelity US Sustainability Index Fund	N/A	273,700
*	Fidelity Management Trust Company	Fidelity Freedom Index 2030 IPR	N/A	54,093
*	Fidelity Management Trust Company	Fidelity Freedom Index 2035 IPR	N/A	38,648
*	Fidelity Management Trust Company	Fidelity Global Commodity Stock	N/A	4,158
*	Fidelity Management Trust Company	Fidelity Select Energy	N/A	21,564
*	Fidelity Management Trust Company	Fidelity Trend	N/A	7,325
<b>Notes Receivable from Participants:</b>				
*	Fidelity Management Trust Company and Ascensus LLC	Participant Loans - Interest rates ranging from 4.25% - 9.50%	N/A	86,836
			<b><u>\$ 51,614,844</u></b>	

\* Denotes Party-in-Interest

N/A - Cost information not required for participant directed investments.