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Form **990-EZ** 

## **Short Form Return of Organization Exempt From Income Tax**

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

OMB No 1545-1150

2009

Open to Public Inspection

	partmer ternal Re		Treasury Service		asse ► The organization			at the end of the y of this return to				ents			nspect	ion
_				ar year.	or tax year begi			tober 1			ending		embe	r 30	, 20	10
_	Check			Please	C Name of organ							<u>-</u>			cation num	ber
	٦.	ess cha		use IRS label or	Alabama Counc	cil on Econo	mic Edu	cation					2	3 704	48024	
	₹	e chan	~	print or	Number and stree	t (or P.O. box,	ıf maıl ıs n	ot delivered to s	treet address)	Ro	om/surte	E Telep	hone n	umbe	г	
Ļ		l return unated		type. See	205 North 20th	Street				1	908		20	5-32	6-0585	
F	7	nded re	<del>-</del>	Specific	City or town, state	or country, an	d ZIP + 4					F Grou	p Exe	mptic		
<u> </u>	₹		pending	instruc- tions.	Birmingham, A	L 35203-470	3						ber I	-		
=				organiz	ations and 4947	(a)(1) nonex	empt cha	aritable trusts	must attac	:h	G Accou	nting Me	ethod:	V	Cash 🔲	Accrual
	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00 . (0)(0)		npleted Schedu						1	(specify)				
_											H Check	<b>▶</b> □	if the c	organ	zation is n	not
	Wel	bsite	: www	.alcee.o	rg						- require	ed to att	ach S	ched	ule B (Forn	n 990,
J				check or	nly one) — 🗹 50	1(c)( 3 ) ◀	l (insert r	io.) 🗌 4947(a	a)(1) or 🔲	527	990-E	Z, or 990	O-PF)			
K	Che				zation is not a sec					ss re	ceipts are n	ormally	not m	ore th	nan \$25,00	0. A
					turn is not require											
ī					9 to determine g								\$			
	Part		Revenu	е, Ехр	enses, and C	Changes ir	Net A	ssets or Fu	ınd Balar	ces	(See the	instru	ction	s for	Part I.)	
		1	Contribution	ons, gift	s, grants, and	similar amo	unts rec	eived					1			227,970
				_	evenue includii				ts				2			21,514
	;	3	Membersh	ip dues	and assessme	ents							3			0
	.   .	4	Investmen	t incom	e								4			820
		5a	Gross amo	ount fro	m_sale of asset	s other than	invento	ory	. 5a	ı		0				
		b	Less: cost	or othe	r basis and sal	es expense	<i>S</i> )		. 5t			0				
		С	Gain or (lo	ss) from	n sale of assets	otherthan	inventor	y (Subtract I	ine 5b from	line	5a)		5c			0
Ş	<u>₽</u>	6	Special event	s and act	ivities complete ap	plicable parts	of Schedu	e G). If any amo	unt is from ga	ming,	check here	▶ 🗀				
0	ē	а	Gross reve	enue (no	ot including \$R	1 7 201		of contribu	tions							
0 8 2011	Ž		reported o	n line 1	)   凶		ે ડિટ		. 6a	<u> </u>		0				
		b	Less: direc	ct exper	nses other than	fundlaising	rexpens	es	. <u>6</u> t			0				
~		С	Net incom	e or (los	ss) from spēdia	events and	activiti	es (Subtract	line 6b fron	n line	6a)		6c			0
MAR		7a	Gross sale	s of inv	entory, less ret	urns and all	owance	s	<u>7</u> 8	<u> </u>		0				
	- 1	b	Less: cost	of goo	ds sold				. 7t			0				
Q		C	Gross prof	fit or (lo	ss) from sales o	of inventory	(Subtra	ct line 7b fro	m line 7a)				7c			0
2	ĺ		Other reve									>	8			0
SCANNED					dd lines 1, 2, 3,								9_			250,304
	1	0	Grants and	d simila	r amounts paid	(attach sch	edule)						10			0
Š		1			r for members								11			4,575
	န္တ   1				mpensation, ar								12			110,026
	ā !				and other payr		•	nt contractor	·				13			8,727
	Ř 1		•	• • •	utilities, and m								14			14,737
	_   '	5			ons, postage, a								15			40,732
	- 1				describe ▶ <u>W</u>								16			52,697
_					Add lines 10 th								17			231,494
	윤 ]	8			for the year (S								18			28,916
	SS	9			nd balances at e reported on p											20 620
	Net Assets		•	•	•	•	-						19			29,630
	2 2				net assets or f								20			
		21 3 T = 1	Net assets	or fund	d balances at e	end of year.	Compin	e lines 18 th	ougn 20	· ·	ro file Fo	m 990	21	ad of	f Form 90	0-E7
	Par	C II	Dalanc	e Silee	(See the inst				1,230,000 (	<i>n</i> 1110		o grinning		10 0	(B) End of	
	~~	_	ah a <i>a</i> :3= :		•		•				<u> </u>	<u> </u>	3,051	22	(D) Little 01	58,129
	22				vestments .							4		23		30,129
	23			_										24		0
	24				e ►						1		3,051	$\rightarrow$		58,129
	25 26		tal assets		 cribe ▶ _payre					• •	, <del> </del>		3,421	-		9,713
	26 27				payre payre payre alances (line 2				h line 21)		' <del>                                    </del>		9,630			46,802
		146	. 4335 W			_, _, _,,		www. UV TTIL	11			_	-,			,

Cat. No. 10642I

Form **990-EZ** (2009)

Part	III Statement of Program Service Accomp	olishments (See the Instru	ections for Part III	l.)		Expenses
What		Training for K-12 teachers in				ired for section
	ribe what was achieved in carrying out the orga					(3) and 501(c)(4) zations and section
manr	ner, describe the services provided, the number of	f persons benefited, and o	ther relevant info	mation for		a)(1) trusts, optional
each	program title.				for otl	hers)
28	The Stock Market Game: 2-10 week on-line trading ga	me enjoyed by more than x	students in 2009-10	). Teams		
	invest a virtual \$10,000 and compete! The program el	ncourages kids to take an int	erest in their financ	cial future.		
	SMG is endorsed by NYSE & Alabama Securities Cor					
		includes foreign grants, che		. ▶ 🗆	28a	53,178
29	The Master Teacher Program: A year long intensive of			ious ones)		
	so that they may teach workshops to other teachers					
	reach of teaching economics and financial concepts					
		includes foreign grants, che		. ▶ □	29a	56,773
30	Color the Concepts, A Drawing Contest: Students illu			γ.		
-	Children learn the concepts through reading stories,					
	trained x teachers at x schools thereby reaching app					
	(Grants \$ 15,000 ) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	30a	14,932
31	Other program services (attach schedule)					
		includes foreign grants, che	eck here	. ▶ 🗆	31a	60,720
32	Total program service expenses (add lines 28a t			▶	32	185,603
Par	List of Officers, Directors, Trustees, and Key	Employees. List each one ev	en if not compensa	ted. (See the i	nstruc	tions for Part IV.)
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit		(e) Expense account and
	(a) Name and address	devoted to position	enter -0)	deferred compen		other allowances
see a	attached Schedule J for Board Members					
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	! !=	<b>\</b>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	-		-
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	1	Ĭ
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	ļ		
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			;
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			- '
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			,
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	:		,
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>√</b>
41	List the states with which a copy of this return is filed. ► Alabama			
42a	The organization's books are in care of ▶ Alabama Council on Economic Education Telephone no. ▶	205-32	6-058	5
	Located at ▶ 205 North 20th Street, Suite 908, Birmingham, AL ZIP + 4 ▶	35203	-4708	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		<b>✓</b>
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
_		10-	-	
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		_ <b>√</b> _
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	• •	. ! 	<u>► ⊔</u>
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	-	1
		m <b>99</b> 0	)-EZ	(2009)

Part V	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 are	section 4947(a)(1) none 47(a)(1) nonexempt char nd 51.	exempt chari itable trusts r	table trusts only. A nust answer question	II sec ins 40	tion 5-49l	
	Did the organization engage in direct or indirect					Yes	No
	candidates for public office? If "Yes," complete				46		1
	Did the organization engage in lobbying activitie				47	-	<b>√</b>
	Is the organization a school as described in section				48		<b>V</b>
	Did the organization make any transfers to an ex	-	_		49a		<b>V</b>
	If "Yes," was the related organization a section of Complete this table for the organization's five h		waaa (athar th		49b	00.00	d kov
	employees) who each received more than \$100,						
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensa		(e)	Expension allows	nse and
None							
	<del>_</del> ,						
			<del> </del>		-		
		-					
			<del>- </del>				
		-	1				
f	Total number of other employees paid over \$10	0.000	0	<u> </u>			
None	(a) Name and address of each independent contractor	paid more than \$100,000	(	b) Type of service	(c) Co	mpens	ation
d	Total number of other independent contractors	each receiving over \$100.0	000 ▶				
	Under penalties of penjury, I declare that I have examin	ned this return, including accompa	nying schedules ar	nd statements, and to the be	st of my	knowl	ledge
٥.	and belief, it is true, correct, and complete Declaration	n of preparer (other than officer) is	based on all inform	nation of which preparer has	any kn	owledg	e
Sign Here	Signature of officer  Type or print name and title	Exogutive	Direct	Date Date	//		
Paid	Preparer's signature	Date	Check if self- employed	Preparer's identifying nu	nber (Se	— e instruc	ctions)
Prepar	er's Firm's name (or		employed	EIN ►			
Use Or	yours if self-employed), address, and ZIP + 4			Phone no ►			
May th	e IRS discuss this return with the preparer show	n above? See instructions		<b></b> [	Yes		No (2009)

### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Mid	Dalli	a Council of	Economic Edu	Cation					23 ,		046024	_
Pa	rt I	Reason	for Public Ch	arity Status (All or	ganizatio	ons mus	t comple	ete this	part.) Se	e instruc	ctions.	_
The	orga	anization is no	ot a private foun	dation because it is	(For lines	1 through	h 11, ch	eck only	one box.	.)		
1			· · · · · ·	rches, or association	-	-		-		-		
2				on 170(b)(1)(A)(ii). (Att						71.7		
3				nospital service organ			ın sectio	n 170(h)	(1)/ <b>Δ</b> \(iii)			
4		•	•	tion operated in conj							\(A\(iii\) Enter th	_
7	ш		me, city, and sta	-			-			1 1/0(0)(1	And the state of t	_
_		•	•	ate:the benefit of a colle								
5	ш	•	•		ge or uni	versity ov	viled or c	perateu	by a gov	erimenta	i unit described	Н
_	_		(b)(1)(A)(iv). (Cor	•								
6	닏		_	ernment or governme								
7	$\Box$			receives a substantia		its suppo	ort from a	governm	nental uni	t or from	the general publ	IC
	_			1)(A)(vi). (Complete F								
8		A community	y trust described	I in section 170(b)(1)	<b>(A)(vi).</b> (C	complete	Part II.)					
9	<b>✓</b>			receives: (1) more that								
				ed to its exempt funct								
		support from	n gross investm	ent income and unre	lated bus	siness tax	xable inc	ome (les	s section	1 511 tax)	from businesse	98
		acquired by	the organization	after June 30, 1975.	See sec	tion 509(	<b>a)(2).</b> (Co	omplete f	Part III)			
10	П	An organizat	ion organized ar	nd operated exclusive	elv to test	t for publ	ic safety.	See sec	tion 509	(a)(4).		
1	$\overline{\Box}$	_	_	nd operated exclusiv							r to carry out th	16
	_	_	•	olicly supported organ	•					-	•	
				it describes the type								•
		a Type				e III–Fund			•		Type III-Other	
_		• •		• •			-	_			• •	
е	Ш			ify that the organizat								
			section 509(a)(2)	n managers and other	r than one	e or more	publicly	supporte	o organiz	zations de	escribed in section	ווכ
_		, ,, ,	```									
f		_		a written determinati	on from	the IRS t	that it is	а Туре	l, Type II	, or Type	III supporting	
			, check this box								[	
g				the organization acce	epted any	gift or c	ontributio	on from a	iny of the	;		
		following per	rsons?								r	_
				indirectly controls, e				th persor	ns descril	oed in (ii)	Yes No	<u> </u>
		and (iii) b	elow, the gover	ning body of the supp	ported or	ganızatıo	n? .				11g(i)	_
		(ii) A family	member of a pe	rson described in (i) a	above?						11g(ii)	
				of a person described							11g(iii)	_
h		Provide the	following informa	ation about the suppo	orted orga	anization(	(s).					
(1)	Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did y	ou notify	(vi)	s the	(viii) Amount of	
	org	ganızatıon		(described on lines 1–9		sted in your		nization in		ion in col	support	
				above or IRC section (see instructions))	governing	document?		of your port?		zed in the		
				,	Yes	No	Yes	No	Yes	No		
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Par	Support Schedule for Org (Complete only if you chec					and 170(b)(	(1)(A)(vi) 
	tion A. Public Support	,.				1	
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						-
5 6	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4.						
	tion B. Total Support	·	1.				•
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	-		•		_	
11	Total support. Add lines 7 through 10 .	L					
12	Gross receipts from related activities, etc.	. (see instructi	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<del></del>				
	tion C. Computation of Public Su					44	
14	Public support percentage for 2009 (line		-			14	<u>%</u>
15 16a	Public support percentage from 2008 Sc 33% % support test—2009. If the organiand stop here. The organization qualifies	zation did not	check the box		line 14 is 331/3	% or more, ch	eck this box
b	331/3 % support test—2008. If the organi box and stop here. The organization qua	zation did not	check a box on	line 13 or 16a,	and line 15 is		e, check this
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circu	mstances" test,	check this box	and stop here	. Explain in Pa	rt IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstance foundation. If the organization did	facts-and-circur ances" test The	nstances" test, e organization qu	check this box alifies as a publi	and <b>stop here.</b> cly supported or	Explain in Parganization	t IV how the ▶ [

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	210,703	239,163	358,269	212,314	227,970	1,248,419
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		6,695	17,835	17,158	21,514	63,202
3	Gross receipts from activities that are not an unrelated trade or business under section 513			-			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	240 702	245 050	270 404	220 472	240 404	4 244 524
6	Total. Add lines 1 through 5	210,703	245,858	376,104	229,472	249,484	1,311,621
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	192,278	115,000	0	0	0	307,278
	Add lines 7a and 7b	192,278	115,000	0	0	0	307,278
8	Public support (Subtract line 7c from line 6)				<del></del>		1,004,343
	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		210,703	245,858	376,104	229,472	249,484	1,311,621
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans,	210,100	210,000	0.0,104		210,101	1,011,021
	rents, royalties and income from similar sources	837	997	960	57	820	3,671
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	837	997	960	57	820	3,671
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)	211,540	246,855	377,064	229,529	250,304	1,315,292
14	First five years. If the Form 990 is for to organization, check this box and stop		n's first, secor			ear as a section	n 501(c)(3) ▶ □
Sec	tion C. Computation of Public Su	pport Percei	ntage				
15	Public support percentage for 2009 (lin			e 13, column	(f))	15	76.36 %
16	Public support percentage from 2008 S			•		16	70.27 %
Sec	ction D. Computation of Investmen	nt Income Pe	ercentage				
17	Investment income percentage for 200	•		-	• • • •	17	0.003 %
18	Investment income percentage from 20				•	18	0.002 %
19a	33% % support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the support tests – 2009. If the organization of the support tests – 2009. If th	ox and <b>stop h</b> e	<b>ere.</b> The organi	zatıon qualifies	as a publicly s	supported orga	ınızatıon 🕨 🗵
b	33\% % support tests - 2008. If the organ line 18 is not more than 33\% %, check this						
20	Private foundation. If the organization	did not check	a box on line 1	14, 19a, or 19b	, check this bo	x and see inst	ructions ▶ □

Schedule A (Fo	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Informa	ation. Complete this and Part III, line 12	s part to provide the 2. Provide any other a	explanations required by Paradditional information. See in	rt II, line 10; structions.
			**	^ • • • • • • • • • • • • • • • • • • •	
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#### SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization **Compensation Information** 

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

Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

7048024 23 The Alabama Council on Economic Education **Questions Regarding Compensation** Part I No Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . 4c c Participate in, or receive payment from, an equity-based compensation arrangement?..... If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a The organization? 5b Any related organization? . . . . . . If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 . . . . . . . . . . Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 

#### **SCHEDULE 0** (Form 990 or 990-EZ)

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

23-7048024

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Alabama Council on Economic Education

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

Open to Public Inspection

The Alabama Council does many other projects throughout the year, from The Economics Challenge to the Economics Extravaganza (an all day workshop for teachers). We train teachers around the state offering free materials with the training so they can better incorporate financial responsibility and economics into their classrooms. Most of the salaries are expended through direct work on our projects and not through administration. In regards to Part V, Line 35., our program service revenue stated on Part I, Line 2 consists of activities regularly carried out as one of it substantial exempt purposes. ACEE is pleased to cooperate with Centers for Economic Education at University of Alabama Birmingham, Troy University at Dothan, and Auburn University at Montgomery. Our partners and major sponsors include among others: State Farm, Sterne Agee, BlueCross BlueShield, Council for Economic Education, Alabama State Department of Education, Vulcan Materials, Alabama Power Foundation, Malone Family Foundation, Adams Family Enterprises, Alabama Jump\$tart Coalition, Alabama Securities Commission, Future Business Leaders of America, Federal Reserve Bank of Atlanta - Birmingham Branch, University of Alabama in Huntsville, Alabama public school systems and private and parochial schools across Alabama

Form 990	Schedule J-2		LIST OF CURRENT TRUSTEES AND KE	OFFICERS, DIRECTORS Y EMPLOYEES	6,	
NAME AND ADDRESS		TITLE	AVG. HRSJWK	COMPENSATION	EMPLOYEE BEN. PLAN CONTRIB	EXPENSE ACCT.
Sam Adams, President Adams Insurance and Adams Family Foundatio P.O. Box 4562 Montgomery, AL 36103		Director	.12	0	0	0
Nelson Bean, President First Commercial Bank P. O. Box 11746 Birmingham, AL 35202		Director	12	0	0	0
Young Boozer, III, Philan 3136 Jamestown Drive Montgomery, AL 36111	thropist	Director	.12	0	0	0
Joseph Borg, Commissio Alabama Securities Com 770 Washington Ave, Su Montgomery, AL 36130-4	mission ite 570	Director	12	0	0	0
Richard Britt, Financial A Merrill Lynch 100 Grandview Place Birmingham, AL 35243	dvisor	Director	.12	0	0	0
The Hon Jim Carns, Cor Jefferson County Commi Jefferson County Courtho 716 Richard Amngton Jr. Birmingham, AL 35203	ssion ouse, Suite 210	Director	.12	0	0	0
Stephen Chazen, Preside Unus Foundation 2 Rockledge Road Birmingham, AL 35213	ent	Director	.12	0	0	0
James Creamer, Jr., Sen Wachovia Securities 420 20th Street North, 7t Birmingham, AL 35203		Director	.12	0	0	0
Russell Cunningham, Pro Bham Regional Chambe 505 20th Street North #2 Birmingham, AL 35203	r of Comm.	Director	.12	0	0	0

J. Mason Davis, Partner Sirotte & Permutt 2311 Highland Avenue, South Birmingham, AL 35205	Director	.12	0	0	0	
Rick D'Andrea, President Bottle Rocket Post 1827 1st Ave North, Suite 103 Birmingham, AL 35203	Director	.12		0	0	0
J Randy DeRieux, Asst Treasurer Corp Planning & Finance Alabama Power Company 600 North 18th Street Birmingham, AL 35202	Director	.12		0	0	0
C. H Dunn, Executive BE&K. Inc., Retired 313 Golf Drive Birmingham, AL 35226	Director	.12		0	0	0
Randolph Fowler, Equal Employ. Officer ACIPCO P. O Box 2727 Birmingham, AL 35202	Director	12		0	0	0
Dr. Phil Hammonds, Superintendent Jefferson Co. Board of Education 2100 South 18th Street Birmingham, AL 35209	Director	.12		0	0	0
Paxton Heath, CFP, Wealth Managemen Merrill Lynch SouthTrust Tower 420 North 20th Street, Suite 2600 Birmingham, AL 35203	t Director	.12		0	0	0
James Holbrook, Jr., CEO Sterne Agee 800 Shades Creek Parkway, Suite 700 Birmingham, AL 35209	Director	.12		0	0	0
J. Wayne Houston, Senior VP HR Vulcan Materials, Inc. Post Office Box 385014 Birmingham, AL 35238-5014	Director	.12		0	0	0
Kay Ivey, State Treasurers State Treasurer's Office Room S-106 State Capitol Building Montgomery, AL 36130	Director	.12		0	0	0
Bob Johnson, Regional Director Mid-South Region Merrill Lynch 100 Grandview Place Birmingham, AL 35243	Director	.12		0	0	0

J Whitfield King, Jr., Sr. VP AmSouth Bank (retired) 3712 Rockhill Road Birmingham, AL 35223	Director	.12	0	0	0
Griffin Lassiter, Liaison Metropolitan Development Board City of Birmingham 500 Beacon Parkway West Birmingham, AL 35209	Director	.12	0	0	0
Sherrie LeMier, CFO & Sr. VP of Finance BlueCross BlueShield of Alabama 450 Riverchase Parkway, East Birmingham, AL 35244	Director	.12	0	0	0
Rep. Richard Lindsey, Representative State of Alabama & Chair House Educ. Finance & Appropriations C 14160 County Road 22 Centre, AL 35960	Director comm.	.12	0	0	0
Dr. Susan Lockwood, Executive Director School Superintendents of Alabama 400 South Union Street, Suite 495 Montgomery, AL 36104	Director	.12	0	0	0
Leah McKinney, VP Public Relations Steme Agee 800 Shades Creek Parkway, Suite 700 Birmingham, AL 35209	Director	.12	0	0	0
Randy McRae, Jr., Regional Mgr International Paper Company 4770 A Woodmere Blvd. Montgomery, AL 36106	Director	.12	0	0	0
Morgan Murphy, Media Consultant 3620 Country Club Road Birmingham, AL 35213	Director	.12	0	0	0
Martha Pierce, Senior VP New South Federal Savings Bank 2000 Crestwood Blvd. Birmingham, AL 35210	Director	.12	0	0	0
Van Richey, CEO American Cast Iron and Pipe Company P. O. Box 2727 Birmingham, AL 35202-2727	Director	.12	0	0	0
Dr. Betsy Rogers School Improvement Spec. Jefferson County BOE 5700 Old Leeds Road Birmingham, AL 35210	Director	12	0	0	0

John Rucker, Financial Advisor Sterne Agee 800 Shades Creek Parkway, Suite 700 Birmingham, AL 35209	Director	.12	0	0	0
Terri Sewell, Shareholder Maynard, Cooper & Gale 1901 Sixth Avenue North AmSouth/Harbert Plaza, Suite 2400 Birmingham, AL 35203	Director	.12	0	0	0
Barrett Shelton, Jr., Publisher The Decatur Daily 201 1st Ave. SE P.O. Box 2213 Decatur, AL 35609	Director	.12	0	0	0
Dr. Carlton Smith, Supt. (Retired) Vestavia Hills Schools and Advisor to the Governor on Education F 236 Branchwater Lane Birmingham, AL 35216	Director inance	.12	0	0	0
Clyde Smith, CFO BE&K 2318 Twelve Oaks Drive Hoover, AL 35244	Director	.12	0	0	0
Ashanti Slone, Tax Compliance Mgr. Energen Corporation 605 21st Street North Bırmıngham, AL 35203-2702	Director	.12	0	0	0
Dr Beck A. Taylor, Dean Business School Samford University 800 Lakeshore Drive Birmingham, AL 35229	Director	.12	0	0	0
Joyce Toney, Admin. Service Mgr. State Farm Insurance 100 State Farm Parkway Birmingham, AL 35297	Director	.12	0	0	0