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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2011

Open to Public

Department of the Treasury

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

Inspection Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements For the 2011 calendar year, or tax year beginning 2011, and ending . 20 C Name of organization Mobile Arts D Employer identification number Check if applicable Inc. Doing Business As Address change 63-0417538 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Post Office Box 372 251-432-9796 Initial return City or town, state or country, and ZIP + 4 Terminated Mobile, AL 36610 334,761 Amended return G Gross receipts \$ F Name and address of principal officer Robert B. Burnett, Application pending H(a) Is this a group return for affiliates? Yes No 318 Dauphin Street, Mobile, AL 36602 H(b) Are all affiliates included? Yes ... No If "No," attach a list (see instructions) 501(c)(3) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status Website: ▶ mobilearts.org H(c) Group exemption number ▶ L Year of formation 1960 Form of organization X Corporation Trust Association Other ${f M}$ State of legal domicile ALPart I Briefly describe the organization's mission or most significant activities The Organization was formed for the purpose of coordinating and developing literacy and education Activities & Governance activities of the fine arts and sciences in the metropolitan area of Mobile, Alabama. Check this box ► ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 370 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year 348**,**863 Contributions and grants (Part VIII, line 1h) . 334,761 0 Program service revenue (Part VIII, line 2g) 0 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 0 11 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 348,863 334**,**761 13 71,531 63,046 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 0 14 0 Benefits paid to or for members (Part IX, column (A), line 4) 147,137 157,987 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e). Total fundraising expenses (Part IX, column (D), IRE 25 VED 39, 681 108,891 17 Other expenses (Part IX, column (A), lines 11a=11d, 11f=24e) 120,836 Total expenses. Add lines 13–17 (must equal Part IX, column (A) dine 25)
Revenue less expenses. Subtract line 18 from line 12–1 327**,**559 18 341**,**869 21,304 (7<u>, 108</u>) 19 Beginning of Current Year **End of Year** OGDEN, UT 20 Total assets (Part X, line 16) 131,436 171,628 19,226 66<u>,</u>526 21 Total liabilities (Part X, line 26) . 105, 22 Net assets or fund balances Subtract line 21 from line 20 210 102 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer other than officer) is based on all information of which preparer has any knowledge. 07/09/12 Sign ature of officer Here Robert B. Burnett Executive Director Type or print name and title Print/Type preparer's name Preparer's signature **Paid** Check X if KIM K ENIKEIEFF 07/09/12 self-employed P00989337 **Preparer** Firm's name ► KIM K. ENIKEIEFF Firm's EIN ▶ **Use Only** Firm's address ▶ POST OFFICE BOX 8754 MOBILE. Phone no 251-460-2972 36689

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

Part	·	-	_
	Check if Schedule O contains a response to any question in this Part III		<u> </u>
1	Briefly describe the organization's mission	•	
	The Organization was formed for the purpose of coordinating ar	1d 	
	developing literacy and education activities of the fine arts	and	
	sciences in the metropolitan area of Mobile, Alabama.		
2	Did the organization undertake any significant program services during the year which were not listed on the	<u>-</u> .	
	prior Form 990 or 990-EZ?	☐ Yes 🗵	No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
·	services?	□ v □	7 M -
		☐ Yes 🏻	NO
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services,		
	expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report	t the amou	nt of
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 162,644 including grants of \$ 63,046) (Revenue \$	<u>, , , , , , , , , , , , , , , , , , , </u>	
	Services for member organizations - members include theatrical	/	
	musical artistic and historical procentation groups. Approvi	mataly	
	musical, artistic and historical preservation groups. Approxi	matery	
	450 programs are sponsored annually.		

	10 620		
4b	(Code)(Expenses \$ 12,639 including grants of \$)(Revenue \$ Cultural calendar - calendar of cultural events in the Mobile)	
	Cultural calendar - calendar of cultural events in the Mobile	area	
	distributed to member organizations and community members.		
	Approximately 450 calendars are mailed bi-monthly.		
	······		
			- -
			 -
4c	(Code)(Expenses \$ 17,378 including grants of \$)(Revenue \$ Information services - information about art organizations and)	
	Information services - information about art organizations and	ltheir	
	programs over the phone.		
	programs over the phone.		
	`		
			•
4 -	Other program convece (Departs in Schodule O.)		
4d	Other program services (Describe in Schedule O.) (Expenses \$ 36,337 including grants of \$) (Revenue \$)		
4e	Total program service expenses ▶ 228,998		

Part IV Che	cklist of	Required	Schedules
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	•		res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		Λ
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b		11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d		11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	\neg	<u>x</u>
f		11f		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>х</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>х</u> х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	\dashv	$\frac{\hat{x}}{x}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	1. 100 to 1110 200, and the organization attach a copy of its addited infalloral statements to this fetuin.		990	(2011)

Part IV	Checklis	t of Required	Schedules	(continued)
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	·		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	х	-
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		х
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		X
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a 28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i> .	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35a 35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			, -
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note . All Form 990 filers are required to complete Schedule O	37	х	_ <u>x</u>
		Forn	990	(2011)

Form 99	90 (2011)			F	age
Part	V Statements Regarding Other IRS Filings and Tax Compliance		_		
	Check if Schedule O contains a response to any question in this Part V				
			`	res	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1a	6			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendereportable gaming (gambling) winnings to prize winners?	ors and	. : :	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		\top		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? 2I	o [:	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions))			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3	$\overline{}$		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	. 31)		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		İ		
	over, a financial account in a foreign country (such as a bank account, securities account, or other account)?	I			
L	·	4	3		X
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Account				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	l ~	.	ŀ	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?	-			$\frac{\Delta}{X}$
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. 50	-		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and	L	+	\dashv	
	organization solicit any contributions that were not tax deductible?	6	a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions or			
	gifts were not tax deductible?	61)		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for and services provided to the payor?	-	-	ı	
.		78	-	{	X
b c	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	h it was)		
	required to file Form 8282?	70	,		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year		-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract? 7e	,		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	· · · · · · · · · · · · · · · · · · ·	F		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as r	equired? 7	,		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1	098-C? 7 1	1		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) sup	1		l	
	organizations. Did the supporting organization, or a donor advised fund maintained by a spo				
^	organization, have excess business holdings at any time during the year?	. 8	+	\dashv	
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	رم ا			
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	98			
10	Section 501(c)(7) organizations. Enter:	31	+	\dashv	
а	Initiation fees and capital contributions included on Part VIII, line 12			l	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them)			-	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041? 12	a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			-	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	_	_	
а	Is the organization licensed to issue qualified health plans in more than one state?	13.	d	+	
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans				
c	Enter the amount of reserves on hand				

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

Check if Schedule O contains a response to any question in this Part Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the to the second of the governing body delegated broad authority to an executive committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independed any officer, director, trustee, or key employee have a family relationship any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily persupervision of officers, directors, or trustees, or key employees to a management of the organization make any significant changes to its governing documents since Did the organization become aware during the year of a significant diversion of Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who have one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subjective).	tax year . rning body, or tee or similar bendent or a business erformed by or company or oth the prior Form 9 of the organizati d the power to ect to approva	under the direct der person? 290 was filed? don's assets? delect or appoint dal by) members,	2 3 4 5 6 7a	Yes	X X X X
 1a Enter the number of voting members of the governing body at the end of the toll there are material differences in voting rights among members of the governif the governing body delegated broad authority to an executive committed committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are indeped in 2 Did any officer, director, trustee, or key employee have a family relationship any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily persupervision of officers, directors, or trustees, or key employees to a management of the organization make any significant changes to its governing documents since. 5 Did the organization become aware during the year of a significant diversion of Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subjective) 	rning body, or tee or similar bendent or a business erformed by or company or oth the prior Form 9 of the organization of the power to ect to approvanten actions uniten actions united to similar to the power to th	1b 17 relationship with under the direct er person? 990 was filed? ion's assets? elect or appoint al by) members,	3 4 5 6	Yes	X X X X
If there are material differences in voting rights among members of the gover if the governing body delegated broad authority to an executive committed committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are indeped in 2 Did any officer, director, trustee, or key employee have a family relationship any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily persupervision of officers, directors, or trustees, or key employees to a management of Did the organization make any significant changes to its governing documents since. 5 Did the organization become aware during the year of a significant diversion of Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who have one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subjective).	rning body, or tee or similar bendent or a business erformed by or company or oth the prior Form 9 of the organization of the power to ect to approvanten actions uniten actions united to similar to the power to th	1b 17 relationship with under the direct er person? 990 was filed? ion's assets? elect or appoint al by) members,	3 4 5 6		X X X X
 b Enter the number of voting members included in line 1a, above, who are independed any officer, director, trustee, or key employee have a family relationship any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily pended supervision of officers, directors, or trustees, or key employees to a management of Did the organization make any significant changes to its governing documents since. 5 Did the organization become aware during the year of a significant diversion of Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subjective) 	erformed by or company or oth the prior Form 9 of the organization did the power to ect to approve the actions united actions united the power to the actions united the power to the actions united the actions united the power to the actions united the actions actions are actions as a second the actions actions actions are actions as a second the action action actions are actions as a second the action action actions are actions as a second the action action action actions are actions as a second the action action action action actions are actions as a second the action action actions actions are actions as a second the action actio	relationship with under the direct her person? 990 was filed? hon's assets? helect or appoint hal by) members,	3 4 5 6		X X X X
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 5 Did the organization become aware during the year of a significant diversion of 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subjection) 	of the organization of the power to dect to approve the control of	ion's assets? elect or appoint al by) members,	5 6 7a		X X
 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subjection) 	d the power to ect to approva ntten actions u	elect or appoint al by) members,	6 7a		X
 7a Did the organization have members, stockholders, or other persons who had one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subjection) 	ect to approva	al by) members,	7a		Х
b Are any governance decisions of the organization reserved to (or subje	itten actions ui				
stockholders, or persons other than the governing body /		ndertaken during	7b		
8 Did the organization contemporaneously document the meetings held or wri	on A, who cann				X
the year by the following: a The governing body?	on A, who cann		8a	Х	
b Each committee with authority to act on behalf of the governing body?	on A, who cann		8b	Х	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section the organization's mailing address? If "Yes," provide the names and addressed		0	9		х
Section B. Policies (This Section B requests information about policies not	required by th	ne Internal Rever	iue C		
				Yes	No
 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing 			10a		Х
affiliates, and branches to ensure their operations are consistent with the organization provided a complete copy of this Form 990 to all members of its gov			10b 11a	Х	
b Describe in Schedule O the process, if any, used by the organization to review	• •	•	1 la	^_	
12a Did the organization have a written conflict of interest policy? If "No," go to line		,	12a	Х	
b Were officers, directors, or trustees, and key employees required to disclose annually interest		ve rise to conflicts?	12b	Х	
C Did the organization regularly and consistently monitor and enforce compliand describe in Schedule O how this was done	_		12c	х	
13 Did the organization have a written whistleblower policy?			13	X	
14 Did the organization have a written document retention and destruction policy	?		14	Х	
Did the process for determining compensation of the following persons inclindependent persons, comparability data, and contemporaneous substantiation of					
a The organization's CEO, Executive Director, or top management official			15a	Х	
b Other officers or key employees of the organization			15b		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instruction 16a Did the organization invest in, contribute assets to, or participate in a joint with a taxable entity during the year?	•	ular arrangement	16a		x
b If "Yes," did the organization follow a written policy or procedure requiring to participation in joint venture arrangements under applicable federal tax law, a			102		
organization's exempt status with respect to such arrangements?	•		16b		
Section C. Disclosure	7				
 List the states with which a copy of this Form 990 is required to be filed ► No. Section 6104 requires an organization to make its Forms 1023 (or 1024 if approximately available for public inspection. Indicate how you made these available. Check 		ind 990-T (Section	501(0)(3)s	only)
 ☐ Own website ☐ Another's website ☑ Upon request 19 Describe in Schedule O whether (and if so, how), the organization made its and financial statements available to the public during the tax year. 		uments, conflict o	f inter	est p	olicy,
State the name, physical address, and telephone number of the person who programization ► Robert B. Burnett, Jr., 318 Dauphir 251-432-9796			L 3		

orm	990	(2011)	

Form **990** (2011)

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or									r, or trustee.	
(A) Name and Title	(B) Average hours per week (describe hours for related lorganizations	box, of lindividua	unles er an	Pos heck ss pe	more erson	e than of the state of the stat	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	in Schedule O)	rustee	al trustee		уее	mpensated				organizations
(1) Henry T. Morrissette										
President	1 2	x					1	0	0	0
(2) John Gwin							\vdash	, ,	<u> </u>	
Vice-President	2	x						0	l 0	0
(3) Matt Singleton					╁┈		 			
Treasurer	2	x						0	l o	0
(4) Lakeshia Dotson			\vdash		\vdash					
Secretary	2	x						0	0	0
(5) Bunky Ralph				_						
Immediate Past-President	2	х						0	0	0
(6) Bebe Barnard										
Member	1	х						0	0	0
(7) Zach Bolden										
Member	1	Х						0	0	0
(8) Jerome Carter								_	_	_
Member	1	Х						0	0	0
(9) Jennifer Hataway										
Member	1	Х	_				_	0	0	0
(10)Alison Herlihy										0
Member	1	Х			L.,			0	0	0
(11)Jeff Lawrence	4 ,									_
Member	1	X	<u> </u>		<u> </u>			0	0	0
(12)Tom Loehr Member								_		^
(13) John McCall	1	Х	\vdash	\vdash				0	0	0
Member	1	v						0	О	0
(14) Danette Richards	 	X	\vdash	<u> </u>	-		 	 		
Member	1	х		l				0	0	0
		4.7	ı	I	ı	I	1 1	1	ı	ı

Part VII Section A. Officers, Directors, Trus	stees, Key	Empl	oye	es, a	and	High	est	Compensated	Employees (cont	nued)		
•					C)							
(A)	(B)	(do n	not ch		ition more	e than o	one	(D)	(E)		(F)	
Name and title	Average	box,	unles	s pe	rson	is both	n an	Reportable	Reportable		timated	
	hours per week	office	er and	dad	irect	or/trus	, 	compensation	compensation from related		nount o other	f
	(describe	유필] <u>F</u>	읔	ē	g g	Form	the	organizations		pensati	on
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	ples	J. J.	organization	(W-2/1099-MISC)		om the	
	related	용표	g	ļ .	뤛	8 2	~	(W-2/1099-MISC)			anızatıd d relate	
	organizations in Schedule	\ \f	<u>a</u>		ŏ.	ğ	ļ	1			anizatio	
	O)	l ë	Į Š		"	ens						
		-	8			Highest compensated employee						
(15) Brad Robertson		-	├	\vdash		<u> </u>						
Member	-		1						ام			0
	1	X	ļ		_			0	0			
(16) Kate Seawell			ł									^
Member	1	X	<u> </u>					0	0			0
(17) Sally Adams Trufant	<u> </u>											
Member	1	Х						0	0			0
(18) Robert B.Burnett, Jr.												
Executive Director	40			\mathbf{x}				57,320	0		13,	380
(19)			\vdash	-			 	,				
<u> </u>	1							}	1			
(20)			 						-			
(20)	-											
(0.4)			├									
(21)	4											
			<u> </u>									
(22)]		ì									
			<u> </u>									
(23)												
]											
(24)							\vdash					
S=:/	1											
(25)			 	-								
	1		ł									
1b Sub-total	L	<u> </u>			L		_	57,320	0		13	380
			•			•		37,320			10,	300
c Total from continuation sheets to Part	vii, Sectio	n A		•				F7 200			13	200
d Total (add lines 1b and 1c)			<u></u>				<u> </u>	57 , 320	0]		13,	380
2 Total number of individuals (including but							e) w	ho received me	ore than \$100,00	0 of		
reportable compensation from the organi	zation >					0						
***************************************											Yes	No
3 Did the organization list any former of	ficer, direc	tor, c	or tr	uste	ee,	key e	emp	loyee, or high	est compensate	d 🗍		
employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ındı	vidu	ıal			•	3	1	x
4 For any individual listed on line 1a, is the	sum of re	nortal	hle i	com	ner	esatio	n a	nd other comp	ensation from th		1	†
organization and related organizations												
individual	g.outo. tin	ω ψ	.00,	-			Ο,	<i>50p.</i> 1010 0011		4	İ	x
5 Did any person listed on line 1a receive of	r 2001110 00		2001		fra	m anı		rolated organiz	ration or individue		+	1
for services rendered to the organization									ation of individue			
	: 11 163, 0	Jonipi	CIC	307	,cut	110 3 1	0, 3	acii persori	· · · · · · · · · · · · · · · · · · ·	5		X
Section B. Independent Contractors												
1 Complete this table for your five highest of												
compensation from the organization. Rep	ort compe	nsatio	on fo	or th	ie c	alend	ar y	ear ending wit	h or within the or	ganızat	ion's 1	ax
year												
(A)								(B)		(C		
Name and business add	ress							Description of se	ervices	Comper	isation	
					•							
								 				
							\vdash	-				
					_		 		-			
2 Total number of independent and the	G1:	- I-	.4 -			- A A-	41	and hated at	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
2 Total number of independent contracto							, un	use listed abt	ove) who			
received more than \$100,000 of compens	ation from	ine o	gar	ıızat	เดม				<u> </u>		00	<u> </u>
										Fo	rm 99 1	(2011)

Par	VIII	Statement of Revenue				
	•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Grants	1a b	Federated campaigns				
ıs, Gifts, imilar A	d e	Related organizations . 1d Government grants (contributions) 1e 172,796	, 4			
Contributions, Gifts, Grants and Other Similar Amounts	f g	All other contributions, gifts, grants, and similar amounts not included above 161, 965 Noncash contributions included in lines 1a-1f \$				
a Co	h	Total. Add lines 1a–1f	334,761			
		Business Code				
Program Service Revenue	2a		- *		~ -	
Se e	b		-			
- 8	c			· , .	-	
Ξ	ď					
Š					-	
ם	e	All sales				
ō	f f	All other program service revenue			<u> </u>	<u> </u>
	g	Total. Add lines 2a–2f ▶	0	*		
	3	Investment income (including dividends, interest,				
		and other similar amounts) ▶				
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
	_	(i) Real (ii) Personal				
	6a	Gross rents	′ ′	1	,	
	_		., ,	*	`	
	b	Less: rental expenses	*			
	С	Rental income or (loss) 0 0		· · · · · · · · · · · · · · · ·		
	d	Net rental income or (loss) ▶	0			
	7a	Gross amount from sales of (i) Securities (ii) Other assets other than inventory	3.5		,	, ,
	b	Less cost or other basis and sales expenses	y ·			
	С	Gain or (loss) .	** * * * * * * * * * * * * * * * * * * *		Agent to the	
	d	Net gain or (loss)	0			
enne	8a	Gross income from fundraising events (not including \$				
Other Reven		of contributions reported on line 1c) See Part IV, line 18				
捶	b	Less direct expenses . b				
0	С	Net income or (loss) from fundraising events	0		_	
		Gross income from gaming activities. See Part IV, line 19 a	^	······································		
	b	Less direct expenses b	ļ			
		Net income or (loss) from gaming activities .	01			
		Gross sales of inventory, less				
		returns and allowances a	ļ			
	b c	Less cost of goods sold . b Net income or (loss) from sales of inventory .	0	*****		
}		Miscellaneous Revenue Business Code				
}	11a	- Business Code		1800 TO 10		
	_					
	b					
	C					
i	d	All other revenue				
	е	Total. Add lines 11a–11d . ▶	0	<u></u>		
	12	Total revenue. See instructions . ▶	334,761			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a respor	se to any question	in this Part IX .		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	63,046	63,046		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	03,040	03,040		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	57,320	39,551	5,732	12,037
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	69,250	47,781	6,925	14,544
9 10	Other employee benefits	21,729 9,688	14,993 6,685	2,173 969	4,563 2,034
11 a b	Fees for services (non-employees): Management Legal				
c d	Accounting	2,800		2,800	
e f g	Professional fundraising services See Part IV, line 17 Investment management fees Other				
12 13	Advertising and promotion	6,503 15,610		15,610	6,503
14 15 16	Information technology Royalties Occupancy	1,817		1,817 29,120	
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	598		598	-
19 20	Conferences, conventions, and meetings Interest	439		439	
21 22 23	Payments to affiliates Depreciation, depletion, and amortization Insurance	1,849 5,158		1,849 5,158	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			,	
a b c	Program expenses	56,942	56,942		
d e 25	All other expenses Total functional expenses. Add lines 1 through 24e	341,869	228,998	73,190	39,681
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** (A) (B) Beginning of year End of year Cash—non-interest-bearing 34.391 1 46,670 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 87,663 3 116,325 4 Accounts receivable, net . . . 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 8 q Prepaid expenses and deferred charges 9 Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 29,229 20,596 9,382 Less accumulated depreciation 10b 10c 8,633 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 . 12 13 Investments—program-related See Part IV, line 11. 13 Intangible assets . 14 . . 14 15 Other assets. See Part IV. line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) . 16 131,436 16 171**.**628 17 Accounts payable and accrued expenses 11,726 17 13,823 18 Grants payable . . 21,140 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D. 21 Payables to current and former officers, directors, trustees, key 22 iabilities employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 7,500 10,000 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 66,526 26 Organizations that follow SFAS 117, check here ▶ 🗵 and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 104,023 27 Unrestricted net assets 27 79,259 28 Temporarily restricted net assets 8,187 28 25,843 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 112,210 105,102 33 34 Total liabilities and net assets/fund balances 131,436 171,628

Page	1	2

Par	Check if Schedule O contains a response to any question in this Part XI				
				2.4	7.61
1	Total revenue (must equal Part VIII, column (A), line 12)	<u> </u>			761
2	Total expenses (must equal Part IX, column (A), line 25)		3		869
3	Revenue less expenses. Subtract line 2 from line 1				108
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1	1	12,	210
5	Other changes in net assets or fund balances (explain in Schedule O)	<u>; </u>			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	; ;	1	05,	102
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explains Schedule O.	in in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		х
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs of the audit, review, or compilation of its financial statements and selection of an independent accounta	_	2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	ın ın			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year vissued on a separate basis, consolidated basis, or both	иеге			
32	Separate basis Consolidated basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	-		
Ja	the Single Audit Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit		3b		
			Forn	n 990	(2011)
					. ,

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.

4947(a)(1) nonexempt charitable trust.

Oper

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Mobile Arts Council, Inc.

Employer identification number

63-0417538

Part	Reason	or Public Cha	rity Status (All orga	anization	<u>is must c</u>	omplete	this par	t) See i	nstructio	ns.		
The org	ganization is not	a private founda	ition because it is (Fo	or lines 1	through 1	1, check	only one	box.)				
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
			spital service organiza									
4 [A medical res	earch organization	on operated in conjun	ction with	a hospita	al describ	ed in sec	tion 170	(b)(1)(A)(iii). Ente	r the	
	hospital's nam	ne, city, and state):									
5												
6 [☐ A federal, stat	e, or local govern	nment or government	al unit de:	scribed in	section	170(b)(1)(A)(v).				
			receives a substantia						t or from	the gene	eral pi	ublic
	described in s	ection 170(b)(1)(A)(vi). (Complete Pa	art II.)	• •		•			_	•	
8 [section 170(b)(1)(A		mplete Pa	art II)						
9 [∃ An organizatio	on that normally	receives (1) more the	an 33¹/₃%	6 of its su	pport fro	m contrib	outions, n	nembersh	p fees,	and g	ross
	receipts from support from	activities related gross investment	I to its exempt function in the income and unrelated the June 30, 1975. See	ons—sub ated bus	ject to ce iness tax	ertain exc able inco	ceptions, ome (les	and (2) is section	no more t	han 33	1/3% C	of its
10 [☐ An organizatio	on organized and	l operated exclusively	to test fo	or public s	safety Se	e sectio	n 509(a)	4).			
			nd operated exclusive							to carr	v out	the
_			licly supported organi									
			lescribes the type of s									
	a 🗍 Type		Type II c		oe III–Fun		-		d [_	: III–O	ther
a 5			that the organization	• •		•	•		_	_ ,,		
0 12			rs and other than one									
	or section 509		is and other than one	oi illole	publicity	supporte	u organiz	alions ut	socibed ii	i Section	1 303(a)(1)
f			written determination	n from t	ha IDS t	hat it is	a Type i	Tuno I	l or Type	. III cue	nodin	
'	organization, o		willen determination	ni iioni t	ile ins i	וומנ ונ ו	а туре і	i, Type i	i, oi Type	in Sup	porum	_
			ne organization accep	vad anv	aift or co	ntribution	· · · ·	of the	•		•	. []
g	following person		ie organization accep	oleu any	giit or co	minbullor	i iioni an	y or are				
	(i) A person	who directly or II	ndirectly controls, eith	er alone	or togeth	er with p	ersons d	escribed	ın (ıı) and	i	Yes	No
	(III) below,	the governing bo	ody of the supported o	organizati	on?					11g(i	,	
	(ii) A family m	ember of a perso	on described in (i) abo	ve?						11g(II		
		-	person described in						_	11g(III	1	<u> </u>
h			on about the supporte								1	
(i) Na	me of supported	(ii) EIN	(iii) Type of organization		organization		ou notify	(vi) t	s the	(vii) A	mount	of
(organization		(described on lines 1–9		sted in your document?		nization in of your		ion in col zed in the	SL	pport	
			above or IRC section (see instructions))	governing	document.		ort?		S ?			
			. "	Yes	No	Yes	No	Yes	No			
AYout	h Empowered											
for	Success	63-1285189	9		x	x		x			41,	907
	Coast Ethnic											
and	Heritage Jazz	63-1219788	9		×	x		×			1.	602
(O)Mob1	le Opera				<u> </u>							
(C)		63-6045261	9	1	x	x		x			4.	506
- Moba	le Pops	77.70	-	<u> </u>	 		-	 -				
(D)	F	l	ام		1	l	I	1				~

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

63-1053495 9

23-7070234

Schedule A (Form 990 or 990-EZ) 2011

4,916

10,115

63,046

Total

(E) Mobile Symphony

Part	(Complete only if you checked th	e box on line	e 5, 7, or 8 of	Part I or if the	organization	failed to qua	• •
	Part III If the organization fails to	qualify unde	er the tests lis	ted below, pl	ease comple	te Part III)	
	on A. Public Support	(-) 0007	#1,0000	4-10000	(4) 2040	(2) 2044	(6) Takal
1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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	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)		The second secon			. ·	
6	Public support. Subtract line 5 from line 4.		. *** *.*		`î,`		
	on B. Total Support		1	T	T		
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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	*	J. 8 .				
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re .		d, third, fourth,	or fifth tax ye	ar as a sectior	501(c)(3) ►
<u>5ecti</u> 14	on C. Computation of Public Support Public support percentage for 2011 (line 6)			1 column (fi)		14	%
15 16a	Public support percentage from 2010 Sch 331/3% support test—2011. If the organization	edule A, Part l zation did not	II, line 14 check the box	on line 13, and	d line 14 is 33	15	neck this
•-	box and stop here. The organization qua	•		-	. 40	4E = 001:00	. ▶ 🗆
b 	33½% support test—2010. If the organ check this box and stop here. The organ	ızatıon qualıfie	es as a publicly	supported orga	anızatıon	•	▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization meet Part IV how the organization meets the "fa organization	ets the "facts-a	and-circumstan	ces" test, chec	k this box and	stop here. E	xplaın ın
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	ion meets the	facts-and-circ	cumstances" te	est, check this	box and ste	op here
18	Private foundation. If the organization did	d not check a	box on line 13,	16a, 16b, 17a,	or 17b, check	this box and s	ee

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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")				L		
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the		1				
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an			-			
	unrelated trade or business under section 513		1	-			
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5.						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified	-					
	persons that exceed the greater of \$5,000	1					
	or 1% of the amount on line 13 for the year				_		
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		, \$,				
	line 6)	12.1			**		
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	1					
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
4.0	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.)						
12	Total support. (Add lines 9, 10c, 11,	88 300 × 8 ⁴⁰ ×	8 . 200				
13	and 12)	74 M. E. MAN	, , , , , , , , , , , , , , , , , , , ,	, .			
1.4	•	o organization	'o first sees	l third fourth	or fifth toy you	ar as a sastion	501(a)(2)
14	First five years. If the Form 990 is for the organization, check this box and stop he		ıs msı, secono	i, iriira, tourth,	or murtax yea	ai as a section	501(0)(3) ► □
Section	on C. Computation of Public Suppo		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>		<u> </u>
15	Public support percentage for 2011 (line 8			3. column (fl)		15	%
16	Public support percentage from 2010 Sch		-			16	%
	on D. Computation of Investment In			<u> </u>		1	
17	Investment income percentage for 2011			y line 13. colun	nn (f)) .	17	%
18	Investment income percentage from 2010	•				18	%
19a	331/3% support tests—2011. If the organ				id line 15 is m	ore than 331/39	
	17 is not more than 331/3%, check this box a						
ь	331/3% support tests—2010. If the organi	•	-	•		_	_
-	line 18 is not more than 331/3%, check this t						
20	Private foundation. If the organization di	-	_				_

	Form 990 or 990-EZ) 2011	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)	
	······	
	······································	*
	······································	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization Employer identification number Mobile Arts Council, Inc. 63-0417538 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements . . . 2a Total acreage restricted by conservation easements. 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Я (i) and section 170(h)(4)(B)(ii)? . . ☐ Yes ☐ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 . . (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X

Parl	III Organizations Maintaining Col	lections of A	Art, His	storic	cal T	reasures,	or Ot	her Similar As	sets (con	tinued)
3	Using the organization's acquisition, acce collection items (check all that apply)	ession, and otl	her reco	ords,	check	any of the	follov	ving that are a s	gnificant u	ise of its
а	☐ Public exhibition		d		Loar	or exchan	ge pro	grams		
b	☐ Scholarly research		е							
С	☐ Preservation for future generations									
4	Provide a description of the organization's	s collections a	ınd exp	laın h	ow th	ey further ti	he org	anızation's exem	pt purpos	e ın Part
	XIV									
5	During the year, did the organization solid									
	assets to be sold to raise funds rather than			•		-				□No
Pari	IV Escrow and Custodial Arrange					anization a	nswe	red "Yes" to Fo	rm 990, F	art IV,
	line 9, or reported an amount on	•								
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?				-	r contribution	ons or	other assets no		
	-						•		∐ Yes	☐ No
b	If "Yes," explain the arrangement in Part X	IV and comple	ete the 1	ollow	ıng ta	ble	Γ-		nount	
_	Danimum halama						-	· 	riourit	
C	Beginning balance			•		• •	1c			
d	Additions during the year		•				1e			
e f	Distributions during the year Ending balance	•	•			•	1f			
2a	Did the organization include an amount on	 Form 990 Pa	nt X lin	م 212 م	,			<u>-l</u>	☐ Vac	□No
b	If "Yes," explain the arrangement in Part XI		ai t 🔼, iii i	C Z I :		•	•			
	Endowment Funds. Complete		ation a	nswe	ered "	Yes" to Fo	orm 9	90. Part IV. line	10	
		Current year		nor yea		(c) Two years		(d) Three years back		ars back
1a	Beginning of year balance .									
b	Contributions								 	··········
С	Net investment earnings, gains, and					<u> </u>				
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance								<u> </u>	
2	Provide the estimated percentage of the cu			e (lin	e 1g,	column (a))	held a	as		
а	Board designated or quasi-endowment ▶		_ %							
b		6								
С	Temporarily restricted endowment		20/							
3a	The percentages in lines 2a, 2b, and 2c she Are there endowment funds not in the pos			zation	that	are held an	nd adn	ninietared for the		
Ja	organization by	session of the	organi	Zalioi	ıııaı	are rielu ar	iu auri	minstered for the	Y	es No
	(i) unrelated organizations .								3a(i)	03 110
	(ii) related organizations .		•	•	•		•		3a(ii)	+
b	If "Yes" to 3a(II), are the related organization	ns listed as re	aured :	on Sc	hedul	e R?		•	3b	
4	Describe in Part XIV the intended uses of the									
Part								-		
-	Description of property	(a) Cost or oth	er basis	1	Cost or	other basis ner)		Accumulated preciation	(d) Book v	alue
1a	Land			1						
b	Buildings			1						
С	Leasehold improvements					4,448		317		4,131
d	Equipment				2	4,781		20,279		4,502
е	Other									
Total	Add lines 1a through 1e. (Column (d) must	equal Form Of	an Pad	Y co	dumn	(R) line 10	(c))			8 633

Part VII	Investments—Other Securities	. See Form 990, Part X,	line 12	
. (a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year n	
	ıl derivatives			
· · · · · · · · · · · · · · · · · · ·	held equity interests .			
(3) Other	·			
(A)				
(B)	•			
(C)	•			
(D) (E)			-	
(F)				
(G)				
(H)				
(l)				. <u> </u>
	(b) must equal Form 990, Part X, col (B) line 12)			AAA
Part VIII	Investments—Program Related	J. See Form 990. Part X.	line 13	
	(a) Description of investment type	(b) Book value	(c) Method of va	luation
	., .	,,	Cost or end-of-year n	narket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)				
(10)	A) must a well Form 2000 Part V and (R) (m. 42) b			
Part IX	(b) must equal Form 990, Part X, col (B) line 13) ► Other Assets. See Form 990, Part X	urt V line 15		
Pailix	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	int A, line 15 i) Description		(b) Book value
(1)	(6	, Decomption		(4) 20011 18182
(1)				
(3)				
(4)				
(5)		.,		
(6)				
(7)				
(8)				
(9)				
(10)				
	ımn (b) must equal Form 990, Part X, co		<u>.</u> . ▶	
Part X	Other Liabilities. See Form 990,	·		
1. (1) Federal	(a) Description of liability	(b) Book value	ď	
	income taxes			
(2)		· · · · · · · · · · · · · · · · · · ·		
(4)				
(5)				
(6)				
(7)		** ** ** ** ** ** ** ** ** ** ** ** **		
(8)				
(9)	-			
(10)				
(11)				
	(b) must equal Form 990, Part X, col (B) line 25) ▶			
2. FIN 48 (A	SC 740) Footnote In Part XIV, provide	the text of the footnote to	the organization's financial stater	nents that reports the
organization	n's liability for uncertain tax positions ui	nder FIN 48 (ASC 740).		

Par	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	334,761
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	341,869
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(7,108)
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	(7,108)
Pari			
1	Total revenue, gains, and other support per audited financial statements	1	334,761
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		,
а	Net unrealized gains on investments		
b	Donated services and use of facilities	1	
C	Recoveries of prior year grants	1	
d	Other (Describe in Part XIV.)	\dashv	
e	Add lines 2a through 2d		.
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	⊢	331,701
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV.)	-	
c	Add lines 4a and 4b	40	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p		
1	Total expenses and losses per audited financial statements	1	341 060
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<u> </u>	1 3127303
- а	Donated services and use of facilities		
b	Prior year adjustments	┨	
C	Other losses	┪	
d	Other (Describe in Part XIV)	\dashv	
e	Add lines 2a through 2d	-	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	 	311,003
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV.)	\dashv	
c	Add lines 4a and 4b	ءً∡ ا	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	341,869
Part			311,003
Comp Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, /, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also con		
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Schedule D (For		Page 5
Part XIV	Supplemental Information (continued)	
•		

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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047 201

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2 □ Program (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II **Employer identification number** ⊠ Yes Concerts Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" 63-0417538 Jazz Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 10,115 (d) Amount of cash 41,907 grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable General Information on Grants and Assistance the selection criteria used to award the grants or assistance? can be duplicated if additional space is needed 63-1285189 23-7070234 (p) EIN (1) Youth Empowered for Success Mobile Arts Council, 1 (a) Name and address of organization 257 Dauphin St., Mobile, AL 465 Dexter Ave., Mobile, AL or government (2) Mobile Symphony Part II Part **3** ~ 8 (12) ල 3 9 € <u></u> 9 Ξ

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

Schedule I (Form 990) (2011)

Page 2

Schedule I (Form 990) (2011)

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV Part III ~ က 4 S 9

Schedule I (Form 990) (2011)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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

Name of the organization Employer identification number MOBILE ARTS COUNCIL, INC. 63-0417538 Form 990, Part VI, Line 11a - A copy of the final form of the Form 990 and the required schedules were provided to the Board of Directors electronically for their review prior to the return being filed. Form 990, Part VI, Line 12c - The Organization, on an annual basis, asks each member of the Board of Directors to review the Conflict of Interest Policy to verify that they do not have any conflicts of interest with the Organization. Form 990, Part VI, Line 15a - The compensation of the Executive Director was reviewed by the Budget and Finance Committee and approved by the Board of Directors as part of the approval of the annual budget. Form 990, Part VI, Line 18 - The Organization's Form 990 will be mailed to anyone who requests a copy of the form. Form 990, Part VI, Line 19 - The Organization's governing documents, Conflict of Interest Policy, the annual Audited Financial Statements and

the Form 990 are made available to anyone who requests the documents.

Name of the organization	Employer identification number
MOBILE ARTS COUNCIL, INC.	63-0417538
	•••••
	•••••