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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545 0047

2016

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Δ	For the	e 2016 cale	endar year, or tax year begin	ning		nd ending		<u> </u>	. 20		
=-			واستعداد والمستعدد والمستعد والمستعدد والمستعد والمستعدد والمستعد		سند سند	id ending		D Employer identification number			
В		f applicable	C Name of organization Mobil	Le Arts Council,	Inc.			-∤ ' '			
닏		s change	Doing business as				.63-0417538 #/suite E Telephone number				
	Name c	hange	Number and street (or PO box	of mail is not delivered to stre	et address)	Room/suite		E felephone	number		
	Initial re	eturn	Post Office Box 3 City or town, state or province,					251-432	2-9796		
	Fina- retu	um/terminated									
	Amende	ed return	Mobile, AL 36601					G Gross rec	eipts \$ 380,320		
	Applica	tion pending	F Name and address of prencipal	officer Debbie Steve	ens		H(a) is this a g	oup return for su	condinates? Yes X No		
			318 Dauphin Stree				1		ncluded? Yes No		
1	Tax-exe	empt status:		1(c)() ◀ (insert no.)		527			st. (see Instructions)		
j			learts.org		=		H(c) Group	exemption n	umber ▶		
K				scciation ☐ Other ►	L Year	of formation			f legal domicile: AL		
P	arti	Summ		***	······································						
	1		escribe the organization's r	nission or most signific	ant activities:	The Or	ganizat	ion was	s formed for		
ø		the ou	rpose of coordinat	and develop	ing litera	acv and	l edroat	ion act	rivities of the		
930	1		erts and sciences i						TATCICS OF CHE		
Ē	2		nis box ▶ ☐ if the organizat						c not accord		
Š	3		of voting members of the g			poseu oi	more man	7 1			
ڻ مح	4							3	20		
88	4		of independent voting men				•	4	20		
ŧ	5		mber of individuals employe		6 (Part V, line	Za) .		5	3		
Activities & Governance	6		mber of volunteers (estimat			- •		6	350		
⋖	1	total uni	related business revenue fro	om Part VIIII column (6	Wine Ter	,		7a			
	Ь	Net unre	elated business taxable inco	ome from Form, 990-T.	ine 941 V. □.(_	<u>/ · </u>	·	7b			
				line 1h). $\begin{vmatrix} \infty \\ 0 \end{vmatrix} \cdot 00$	0 2 2017	, 78	Prior Ye		Current Year		
\$	8		itions and grants (Part VIII,	35	9,858	312,692					
Ē	9	_	service revenue (Part VIII		2017	100		0	0		
Revenue	10	Investme	ent income (Part VIII, colum	in (A), lines 3, 4, and 7d	<u>}</u>	- 1001		0	0		
_	13		venue (Part VIII, column (A)					0	67,628		
	12		enue add lines 8 through 1			e_12).	35	9,858	380,320		
	13		and similar amounts paid (P		-			1,137	41,137		
=	14		paid to or for members (Pa					C	0		
	15	Salanes,	other compensation, employ	yee benefits (Part IX, coli	umn (A), lines 5	i–10) [<u> </u>	13	2,847	82,882		
, is	16a	Profession	onal fundraising fees (Part I	X, column (A), line 11e)	[0	0		
Expenses	b	Total fun	ndraising expenses (Part IX,	column (D), line 25) >	32,	119 🎦			机合整铁矿 的复数		
' W	17	Other ex	penses (Part IX, column (A)), lines 11a-11d, 11f-24	le)			2,801	143,554		
	18	Total exp	penses. Add lines 13–17 (m	iust equal Part IX, colur	nn (A), line 25)) . [6,785	267,573		
	19	Revenue	e less expenses. Subtract lin	ne 18 from line 12		\Box		3,073	112,747		
5	ê					Be	ginning of Cu		End of Year		
it Assets or	20	Total ass	sets (Part X, line 16)				12	3,689	217,900		
88	21		oilities (Part X, line 26)			. '		3,484	14,948		
2	22		ets or fund balances. Subtra	act line 21 from line 20		. —	·	0,205	202,952		
Р	art II		ture Block								
_		alties of perju	ury, I declare that I have examined	this return, including accomp	anying schedules	and stateme	ents, and to the	ne best of my	knowledge and belief it is		
			lete Declaration of preparer (other								
		1	10 phile officer	7			9	/25/201	7		
Si	gn	Sign	rature of officer				Da				
He	ere	▶ Del	bble Stevens, Trea	surer							
			e or print name and little								
		PontiTy	ype preparer's name	Preparer's signature		Date			PTIN		
	aid			Kin K &	L .u	ì	5/2017	Check X	yed P00989337		
	•	paid:							5-4292196		
U:	se On		address > Post Office		AT, 36689				-591-1357		
M	ay the i		s this return with the prepa			, , .			· · X Yes No		
_			uction Act Notice, see the se				·		Form 990 (2018)		
170	· · chc	WAIV UCHE	******** LIANGO, 200 DIC 26	Parato Histinghondiis.					10000 000 (4010)		

Part I	Statement of Program Service Accomplishments	٦
•	Check if Schedule O contains a response or note to any line in this Part III	_
1	Briefly describe the organization's mission:	
	The Organization was formed for the purpose of coordinating and developing literacy	
	and education activities of the fine arts and sciences in the metropolitan area of	
	Mobile, Alabama.	
	5 at an analysis design the year which were not listed on the	_
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	
	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?	١
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured b	y
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	S,
	the total expenses, and revenue, if any, for each program service reported	
		_
4a	(Code.) (Expenses \$ 129,814 including grants of \$ 41,137) (Revenue \$)	
	Services for member organizations - members include theatrical, musical, artistic	
	and historical preservation groups. Approximately 450 programs are sponsored	
4b	(Code:) (Expenses \$ 6, 631 including grants of \$) (Revenue \$)	
4b	(Code:)(Expenses \$ 6,631 including grants of \$)(Revenue \$) Cultural calendar - calendar of cultural events in the Mobile area distributed to	
4b		
4b	(Code:)(Expenses \$ 6,631 including grants of \$)(Revenue \$) Cultural calendar - calendar of cultural events in the Mobile area distributed to approximately 1,800 member organizations and community members electronically.	
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4c	(Code:)(Expenses \$ 6,631 mcluding grants of \$)(Revenue \$) Cultural calendar - calendar of cultural events in the Mobile area distributed to approximately 1,800 member organizations and community members electronically. (Code:	

,			Yes	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	Х	
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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	_ -		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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	la Marie Dié
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12b		Х
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
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		X
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		Х
		Forn	n 990	(2016)

Part	Checklist of Required Schedules (continued)			<u> </u>
•			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ļ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			1
	\$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 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a	-	X
b	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		_	
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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,		1	
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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	1	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		,	
-4	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			
32	Part I	31	 	X
JŁ	complete Schedule N, Part II	32	}	x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-	 	<u> </u>
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		Х
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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	- -		
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

arı	V	Check if Schedule O contains a response or note to any line in this Part V					
` -		Check it Schedule O contains a response of flote to any line in this raix v				Yes	No
1a	Ente	er the number reported in Box 3 of Form 1096 Enter -0- if not applicable .	1a	15	7 7	ا المال المالة	
_		er the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		7 4	1	1
þ	Did	the organization comply with backup withholding rules for reportable payments t		ndors and	1.8	清礼	* F.
C		ortable gaming (gambling) winnings to prize winners?			1c	X	استست
2-		er the number of employees reported on Form W-3, Transmittal of Wage and Tax		·	1' 150	A	250
2a			20	3			
	Stat	tements, filed for the calendar year ending with or within the year covered by this return	2a	J.	2b	λ. 15 A	
b	If at	least one is reported on line 2a, did the organization file all required federal employment t	ax iei	ullisr .	20		10 224 2
•		e. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instr		1S) .	3-	<u>1737</u> 21	× 1
3a		the organization have unrelated business gross income of \$1,000 or more during the year			3a		X
b		es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sc			3b		
4a	At a	any time during the calendar year, did the organization have an interest in, or a signature o	rotne	er authority			
		r, a financial account in a foreign country (such as a bank account, securities account, o	n oune	er imanciai			
		ount)?	•	•	4a	. 227.7	X
b		res," enter the name of the foreign country. ▶			27.73	A STATE OF	
		instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fir	nancia	1 Accounts			
	(FB/		_		الشين		18 C.
5a		s the organization a party to a prohibited tax shelter transaction at any time during the tax			5a		X
Ь		any taxable party notify the organization that it was or is a party to a prohibited tax shelte	r trans	saction	5b		X
С		Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a		es the organization have annual gross receipts that are normally greater than \$100,00		na ala the			
		anization solicit any contributions that were not tax deductible as charitable contributions			6a		X
þ		Yes," did the organization include with every solicitation an express statement that such	contr	ibutions or			
		s were not tax deductible?			6b	, , , , , , , , , , , , , , , , , , , 	102
7	Org	ganizations that may receive deductible contributions under section 170(c).			3376	11.00 E	3
а		the organization receive a payment in excess of \$75 made partly as a contribution and	partiy	ior goods		7 x2.	
		services provided to the payor?		•	7a		X
b		Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C		the organization sell, exchange, or otherwise dispose of tangible personal property f	Of WI	iich it was			.,
		uired to file Form 8282?	7-4	I	7c	\$	X
ď		Yes," indicate the number of Forms 8282 filed during the year	7d	1 10			407777,577
e		the organization receive any funds, directly or indirectly, to pay premiums on a personal barrely in the control of the contro			7e		X
f		the organization, during the year, pay premiums, directly or indirectly, on a personal bene			7f		X
9		ne organization received a contribution of qualified intellectual property, did the organization file Form			7g		X
h		ie organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file onsoring organizations maintaining donor advised funds. Did a donor advised fund m			7h	* * * * * * * * * * * * * * * * * * *	X
8			idiiilai	ned by the	200	2000	
_	•	onsoring organization have excess business holdings at any time during the year?	•	•	8		1. 2. 2.
9_	•	onsoring organizations maintaining donor advised funds. I the sponsoring organization make any taxable distributions under section 4966?			Section 1		الشاشد .
a		i the sponsoring organization make a distribution to a donor, donor advisor, or related pers	2002	•	9a 9b		
b 10		i the sponsoring organization make a distribution to a dorior, dorior advisor, or related pers ction 501(c)(7) organizations. Enter:	3011		30 203	1 m	200
10		iation fees and capital contributions included on Part VIII, line 12	10a	l		1.00 m	
a		oss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
ь 11		ction 501(c)(12) organizations. Enter:	100	ſ	NO. 1		
		oss income from members or shareholders	11a	1		15 74	
a b		oss income from other sources (Do not net amounts due or paid to other sources	114	 			
-	aga	ainst amounts due or received from them)	11b		1		
12a	_	ction 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu		m 10412	12a		
b		Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		5.27	\$ a. (~)_	25.
13		ction 501(c)(29) qualified nonprofit health insurance issuers.		L		29	
a		the organization licensed to issue qualified health plans in more than one state?			13a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
a		te. See the instructions for additional information the organization must report on Schedul	 e Ω			- Table	1 X 1 1
þ		ter the amount of reserves the organization is required to maintain by the states in which	. .		8502.31		1
_		e organization is licensed to issue qualified health plans	13b	1			
С		ter the amount of reserves on hand	13c	 			
14a		the organization receive any payments for indoor tanning services during the tax year?.			14a	onis - "	X
		You " has it filed a Form 720 to report these payments? If "No." provide an explanation in	School	lulo O	14h		1

<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI				
Section	on A. Governing Body and Management		 -	Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year	1a 20		Print.	15
ı a	If there are material differences in voting rights among members of the governing body, or		1.3		
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rany other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other	er person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets? .	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	elect or appoint	7a	 	X
b	Are any governance decisions of the organization reserved to (or subject to approva	i by) members,			
-	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during		N. 18	13140
	the year by the following:				35
а	The governing body?		8a	_X_	<u> </u>
þ	Each committee with authority to act on behalf of the governing body?		8b	X	
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C)	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the			ode l	
	on bit onote time cooler bioquete information and personal and by in-			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of	f such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of the		11a	X	534 1 2 4
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	•	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	ve rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done.		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?		en int	
a	The organization's CEO, Executive Director, or top management official		15a	X	<u> </u>
b	Other officers or key employees of the organization		15b		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim	ilar arrangement			
	with a taxable entity during the year?		16a	28.21	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organizatio			Sept 184	12.00
	participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to safeguard the	165		Sto Ber
Sect	ion C. Disclosure		16b		L
17	List the states with which a copy of this Form 990 is required to be filed None				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	and 990-T (Section	n 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply				
40	Own website Another's website Upon request Other (explain in Sc	,			
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.	ents, conflict of int	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization		cords	>	
	Debbie Stevens, 318 Dauphin Street, Mobile, AL 36601 (251)-432	-0706			

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rage	- 4

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highes	st Compensated Employees, and
•	Independent Contractors	

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

Section A.	Officers, Directors,	Trustees, Key	y Employees,	, and Highest Com	pensated 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	d orga	anız			ompe	nsa	ted any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	VIIICO and a director reduces						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)			Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Jeff Marcus	5					}				
President		Х		X]	}	0	0	0
(2) Marianne Terry	5	 			-	<u> </u>		 	 	
Vice President		X		X			}	0	0	0
(3) Debbie Stevens	5	1		1			T	1	,	
Treasurer		X		X	}	Ì	}	0	0	0
(4) Chappell Williams Brady	5						Γ		1	
Secretary		X		X	1	1		0	0	O
(5) Bunky Ralph	5						\Box			
Immediate Past President		X		X				0	0	0
(6) Mary Cousar	5		T	T						
Director		<u> </u>		X	<u> </u>	<u> </u>	L	0	0	0
(7) Kate Seawell	5	}								
Director		<u> </u>	L	X	L	<u> </u>		0	0	0
(8) Janetta Whitt-Mitchell	5		1		Ì	ł	1			
Director		1	_	X	<u> </u>			0	0	0
(9) Russ Adams	5]			1	ļ				
Director		<u> </u>	1_	X	<u> </u>	<u> </u>	_	0	0	0
(10)Lakeshia Dotson	5	.}		}		}				
Director			↓_	X	<u> </u>	<u> </u>	<u> </u>	0	0	0
(11)Devin Ford	5	.]		ł		}				
Director		 	 	X	<u> </u>	<u> </u>	↓_	0	0	0
(12)Leslie Holberg	5					}				
Director		↓	┼	X	 	 	↓_	0	0	0
(13) Justine Herlihy	5	.]			{					
Director		ļ	-	X	├-	ļ	<u> </u>	0	0	0
(14)Ben Jernigan	5		}				}	_	}	
Director		<u> </u>	<u></u>	X	Ц.	<u> </u>	<u></u>	0	0	0

(A) Name and title	(B) Average hours per week (list any	box, office	Position o not check more than one x, unless person is both an incer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related	om	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compensation from the organization and related organizations
(15) John Mims Director	5	Х						0		0	0
(16) Luke Peavy Director	5							0		0	0
(17) Harriet Shade Director	5	x						0		0	0
(18) Richard Shields Director	5	+			,			0	-	0	0
(19) Maggle Smith Director	5	X						0		0	0
(20) Sally Adams Trufant Director	5	Х	!					0		0	0
(21) Hillary Anaya Executive Director	40			Х				37,480		0	4,341
(22)											
(23)											
(24)											
(25)		-									
1b Sub-total c Total from continuation sheets to Pa d Total (add lines 1b and 1c)		on A					> > >	37,480		0	4,341
Total number of individuals (including be reportable compensation from the organization)						above	e) w				4,341 of
3 Did the organization list any former employee on line 1a? If "Yes," complet	officer, direc						emp	oloyee, or high	nest compens	ated	Yes No
4 For any individual listed on line 1a, is to organization and related organization individual											
5 Did any person listed on line 1a receive for services rendered to the organization									zation or ındıv	idual	
Section B. Independent Contractors											-
 Complete this table for your five highes compensation from the organization. R year. 											
(A) Name and business a	address		_			-		(B) Description of s	services	C	(C) Compensation
				-							
2 Total number of independent contract received more than \$100,000 of compe) th	nose listed ab	ove) who		

Part	VIII	Check if Schedule O		a resn	onse or note to	any line in this	Part VIII .		🗆
		One of the original original of the original o	Sar Ellin			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s, Grants Amounts	1a b c	Federated campaigns Membership dues Fundraising events.		1a 1b 1c	•				
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Related organizations Government grants (cont All other contributions, gri		1d 1e	68,750				
Contributions, Gift and Other Similar	g	and similar amounts not incl Noncash contributions includ Total. Add lines 1a–11	uded above ed in lines 1a	1f -1f \$	243,942	312,692			
	2a b	Total. Add lines is			Business Code				
Program Service Revenue	c d e								
Prog	g g	All other program sen Total. Add lines 2a–2 Investment income	f		D	0			
	3 4 5	and other similar amo income from investment Royalties	ounts) .		. •				
	6a	Gross rents Less: rental expenses	(i) Rea		(ii) Personal				
	c d 7a	Rental income or (loss) Net rental income or Gross amount from sales of	(loss) .	0 ities	0 ▶ (ii) Other	0			
	b	assets other than inventory Less cost or other basis and sales expenses							
o.	d	Gain or (loss) . Net gain or (loss) .			▶	0			
Other Revenue	8a	events (not including \$ of contributions report							
Other	b	Net income or (loss) i	from fundr			0			
	9a b	See Part IV, line 19 Less direct expense	s	· a					
	10a	Gross sales of in returns and allowance	less a						
	b c	Net income or (loss)	from sales Revenue		entory ► Business Code				
	11a b c		ceeds,	net	900099	67,628			
	d e 12	All other revenue Total. Add lines 11a- Total revenue. See I		s.		67,628			

Part IX Statement of Functional Expenses

	n 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respons	se or note to any lin	e in this Part IX	•	<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	41,137	41,137		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	36,134	24,933	3,613	7,588
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)	35,778	24,687	3,578	7,513
9 10	Other employee benefits	4,541 6,429	3,133	454	954
11 a b c	Fees for services (non-employees) Management Legal Accounting	2,444 4,250		2,444	
d e f	Lobbying	.,,550			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,000			7,000
12 13 14	Advertising and promotion	7,714 17,504 2,547		17,504 2,547	7,71
15 16 17	Royalties Occupancy Travel	28,375		28,375 513	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20 21	Conferences, conventions, and meetings Interest Payments to affiliates	641		641	
22 23	Depreciation, depletion, and amortization Insurance	852 4,917	agent to feet the sea of the season of the s	852 4,917	J. 3. 25 1 5 (d 3
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 Miscellaneous	66,299	66,299	498	
d e 25	All other expenses Total functional expenses. Add lines 1 through 24e	267,573	164,625	70,829	32,119
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 Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 202,792 85,084 Cash-non-interest-bearing 2 2 Savings and temporary cash investments . 33,310 3 3 Pledges and grants receivable, net . Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other 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) Complete Part II of Schedule L Assets Notes and loans receivable, net . . . 7 8 Inventories for sale or use Prepaid expenses and deferred charges 305 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 28,234 10b Less accumulated depreciation 4,990 10c 11 Investments—publicly traded securities 11 12 12 Investments—other securities. See Part IV, line 11 Investments—program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 123,689 217,900 16 3,059 17,190 17 17 Accounts payable and accrued expenses 18 Grants pavable . . 8,280 18 8,280 Deferred revenue 19 19 20 20 Tax-exempt bond liabilities . 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . 22 23 23 Secured mortgages and notes payable to unrelated third parties 8,014 Unsecured notes and loans payable to unrelated third parties 3,609 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 Total liabilities. Add lines 17 through 25 33,484 14,948 Organizations that follow SFAS 117 (ASC 958), check here ▶ **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 76,176 27 Unrestricted net assets 27 28 Temporarily restricted net assets . . . 14,029 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. Net Assets or Capital stock or trust principal, or current funds 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 . 90,205 33 202,952 Total liabilities and net assets/fund balances . 123,689 217,900

Part	XI Reconciliation of Net Assets				
•	Check if Schedule O contains a response or note to any line in this Part XI			_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		380,	320
2	Total expenses (must equal Part IX, column (A), line 25)	2		267,	573
3	Revenue less expenses. Subtract line 2 from line 1	3		112,	747
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4		90,	205
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	2	202,	952
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	_ •		X
				Yes	No
1	Accounting method used to prepare the Form 990		7,75	-3.75°	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ın			
	Schedule O			4 1. S. Mary	1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or		(F. 12.	
	reviewed on a separate basis, consolidated basis, or both				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			1.11	ادنكا
þ	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	13.3		
	separate basis, consolidated basis, or both.			i yeri	4-30-3
	Separate basis Consolidated basis Both consolidated and separate basis		2 1 2 1	7: , 2	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, ex		2c	X	
	Schedule O	piain in	子全		
٥	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	1 76		liki
3a	the Single Audit Act and OMB Circular A-133?	101111111	2-		37
L	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ran the	3a		<u>X</u>
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
	Toquiros dadit of dadito, explain with the content of and december any stope taken to distoly business			990	(2016)
			Form	330	(2016)

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

dol:	le	Arts Council,	Inc.				[63-0417538	
Pai				ity Status (All	organizations must	comple	te this pa	art.) See instructio	ns
The o	orga	nization is not a privi	ate founda	tion because it is	(For lines 1 through	12, chec	k only on	e box.)	
1		A church, conventio	n of church	nes, or association	on of churches descri	bed in se	ction 17	D(b)(1)(A)(i).	
2		A school described i	in section	170(b)(1)(A)(ii). (Attach Schedule E (Fo	orm 990 (or 990-EZ	<u>(</u>))	
3		A hospital or a coop	erative hos	pital service orga	anization described ir	section	170(b)(1)(A)(iii).	
4		A medical research	organizatio	n operated in co	njunction with a hosp	ital desc	ribed ın s	ection 170(b)(1)(A)(iii). Enter the
		hospital's name, city							
5		An organization operation 170(b)(1)(A)			college or university	owned o	r operate	d by a government	al unit described in
6 7			normally	receives a subst	mental unit described antial part of its supp e Part II)				the general public
8		A community trust d	lescribed in	section 170(b)	(1)(A)(vi). (Complete F	Part II)			
9					In section 170(b)(1)(culture (see instruction				
10		receipts from activit support from gross	ies related investment	to its exempt fur income and unr	e than 331/3% of its sunctions—subject to corelated business taxab 75. See section 509(a	ertain exc ole incom	ceptions, ie (less se	and (2) no more that ection 511 tax) from	n 331/3% of its
11					sively to test for public				
12					ively for the benefit of				ry out the purposes
					ns described in secti				
		Check the box in line	es 12a thro	ugh 12d that des	scribes the type of sup	porting c	rganizatio	on and complete line	s 12e, 12f, and 12g
а	i	the supported o	rganization	(s) the power to	, supervised, or contr regularly appoint or e	lect a ma	jority of t		
		., .		•	ete Part IV, Sections				
Ł	•	control or mana	gement of	the supporting o	ed or controlled in co rganization vested in V, Sections A and C.	the same			
c	:	☐ Type III function	nally integ	rated. A support	ting organization oper	ated in c			ally integrated with,
C	ı	that is not functi	onally inte	grated The orga	pporting organization nization generally mu omplete Part IV, Sec	st satisfy	a distribi	ition requirement an	
€	•				a written determination				e II, Type III
f		Enter the number of s							. [
	j F	Provide the following	informatio	n about the supp	orted organization(s)			,	
	(i)	Name of supported organi	zation	(ii) EIN	(iii) Type of organization (described on lines 1~10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				!		Yes	No		
(A)									
(B) 									
(C)						ļ			
(D)									
(E)									
Tota	.1				THE COURT OF THE PROPERTY AND AND ADDRESS OF THE PROPERTY ADDRESS OF THE P		Olympia 13		

supported organization

instructions

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Schedule A (Form 990 or 990-EZ) 2016 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total grants, contributions, membership fees received. (Do not include any "unusual grants.") . 359,858 312,692 1,793,798 397,465 397,641 326,142 levied revenues the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 465 397,641 359,858 312,692 1,793,798 Total. Add lines 1 through 3. 326,142 The portion of total contributions by person (other than each governmental unit publicly O٢ 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 1,793,798 Section B. Total Support (c) 2014 (d) 2015 (a) 2012 **(b)** 2013 (e) 2016 (f) Total Calendar year (or fiscal year beginning in) 397,641 312,692 326,142 397,465 359,858 1,793,798 7 Amounts from line 4 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) . . . Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . 14 96.37% Public support percentage from 2015 Schedule A, Part II, line 14 15 15 100 % 331/3% support test-2016. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 331/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . b 10%-facts-and-circumstances test-2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Part III Support Schedule for Organizations Described in Section 509(a)(2)

	• • • •	
(Complete only if you checked the box on line 10 of	f Part I or if the organization faile	d to qualify under Part II
If the organization fails to qualify under the tests list	ted below, please complete Part	II)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees		j	}			
	received (Do not include any "unusual grants")			<u> </u>			
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		}	ļ			
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		ļ				
4	Tax revenues levied for the						
	organization's benefit and either paid			ł			
	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		 	†			
D	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				ļ		
С	Add lines 7a and 7b			 			
8	Public support. (Subtract line 7c from	27 Tel 182 - 184	Para de Califer	1636-4225-074	H ELBERAR		
_	line 6.)						
Secti	on B. Total Support	J. (0.0. 0.2.7)/2.0.7.4	1 4 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	New November With the Total	1 2 2 4 4 4 5 2 2 4 4 5 5 5 5 5 5 5 5 5 5	[_48K.	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,				T		
	payments received on securities loans, rents,						
	royalties and income from similar sources						
b	Unrelated business taxable income (less				ļ		
	section 511 taxes) from businesses						
	acquired after June 30, 1975 .)		}	
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included 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 VI)						
13	Total support. (Add lines 9, 10c, 11,]					
	and 12.)						
14	First five years. If the Form 990 is for t	_	n's first, secor	nd, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			· .	· · · · ·	·	_ · ▶ 🗀
	ion C. Computation of Public Suppo					11	
15	Public support percentage for 2016 (line					15	%_
16	Public support percentage from 2015 Sc			·····		16	%
	ion D. Computation of Investment In			ay line 12 only	mp (f))	17	
17 40	Investment income percentage for 2016				mm (i <i>j)</i>		<u></u> %_
18 19a	Investment income percentage from 201 331/3% support tests—2016. If the organ				 nd line 15 is m	18	% and kno
19a	17 is not more than 331/3%, check this box						
b	331/3% support tests—2015. If the organi					-	
D	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	-	=	-		• • •	
_20	i ilvate iounication. Il the organization u	I TIOL CITECK &	DOX OIT HITE 14	, 10a, Oi 13D, t	SHOOK THIS DUX	and see monut	7110113 P

Supporting Organizations

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

Se	ction	A. All	Supporting	Organizations
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ecti	on A. All Supporting Organizations		V	T N 1 -
4	Are all of the organization's supported organizations listed by name in the organization's governing	[<u>#</u>	Yes	
1	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		ii.
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	in a	** · · ·
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	្នំ(ដ 4a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		11.3	75.07 75.07
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		Î.
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	ł	31.7
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	经验	رد المحياة

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

10a

10b

	CA (1 01111 000 01 000 EZ) 2010			raye 😎
₽art	V Supporting Organizations (continued)			
,	the three seconds are the transfer of the following a second 2	F -1.	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		i,	37
а	below, the governing body of a supported organization?	11a	i	استئش
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		-
	on B. Type I Supporting Organizations	1	L	<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	[\] \[\frac{1}{2} \]	17.5	234 6
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			2
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		182	74. 574
	controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year			and the same of
_		1		1 7 5 5 F g
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		持续	3.364 3.75
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1	36	
	supervised, or controlled the supporting organization	2	se wilkers	1
Secti	on C. Type II Supporting Organizations		L	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1 3 mg		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	-35		* * * * * * * * * * * * * * * * * * *
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	ESS M	
Soot	ion D. All Type III Supporting Organizations	1		<u> </u>
Sect	on D. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	. 3	(2, <u>)</u>	55325
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1 404 12 C		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	37.7		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	, <u>L.</u>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		F 3
3	significant voice in the organization's investment policies and in directing the use of the organization's	\$ F 44.	100	32.44 3.47 A
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	عد تشکید	ائتندنا
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s)
а	☐ The organization satisfied the Activities Test Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below			
C	☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see ın	struct	ıons)
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	2795	7 (13) A	华、,
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		145
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1. The Late	
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	المعالمة ا		لتنا
	•	2a	1 64	7, 3 7
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			2
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	نا شدند	
3	Parent of Supported Organizations Answer (a) and (b) below.	3.54	**************************************	Ŷ∂15 I
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		AAA ? Kiri	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	***************************************	
b				1.2
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3h		1 -

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1. Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	tru uzat	st on Nov 20, 1970 (explai ions must complete Sectio	n in Part VI) See ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2	<u></u>	
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	ALIEN CONTRACT	
2 Enter 85% of line 1	2	THE PERSON NAMED IN	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	在10世紀代表的12年前的1982	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functiona instructions).	lly in	itegrated Type III supporting	g organization (see

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	n the organization is res	sponsive	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
			(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6		PARTICLES	
			an eller without the to the to the to the to	
•	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required—explain in Part VI) See instructions.			
3	Excess distributions carryover, if any, to 2016.		Little of the company	
	Excess distributions carryover, it any, to 2010.	Bayya Maria a kasa 1884 a		
<u>a</u> b				
	From 2013			
<u>C</u>	From 2014			
<u>d</u>	From 2015			
e				
<u>f</u>	Total of lines 3a through e	ON PARTICIPATION	LANGUE SEED DESCRIPTION AND A SECULAR AND A	
<u>g</u> _	Applied to underdistributions of prior years Applied to 2016 distributable amount			
<u>h</u>				
_ <u>-</u> :	Carryover from 2011 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f.	o Cornida Tambido, Allen School		
	Distributions for 2016 from			
4	Section D, line 7:			
<u>a</u>	Applied to underdistributions of prior years Applied to 2016 distributable amount		######################################	
<u>b</u>	Remainder. Subtract lines 4a and 4b from 4			Ellen, de Lart et a rode
<u>c</u>			Largers and Thirth and The Control	
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions		,	
	_ 			1 4 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			,
	Part VI See instructions.			
7	Excess distributions carryover to 2017 Add lines 3 _j and 4c	_	医性心理 数的数 值	
		0	THE PROPERTY OF THE PARTY OF TH	
	Breakdown of line 7	TO THE RESERVE OF THE PARTY OF	CONTRACTOR OF THE STATE OF THE	
a			THE PART OF THE PARTY OF THE PA	THE SET OF TAXABLE TO
<u>b</u>	Excess from 2013	THE RESTRICT STREET STREET STREET	THE REAL PROPERTY OF THE PARTY	A Description of the second of
<u>c</u>	Excess from 2014 .	Concession of the	A STATE OF THE STA	Participation of the second
d	Excess from 2015		STATE OF THE STATE	
e	Excess from 2016	The state of the s	SE VINEE CO.	

·	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)
Part II,	Line 10 - Other income consists of settlement proceeds net of legal fees.

*	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name o	the organization		Employer identification number
Mobi.	le Arts Council, Inc.		63-0417538
Par	Organizations Maintaining Donor Adv	ised Funds or Other Similar Fun	nds or Accounts.
	Complete if the organization answered '		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the	e organization's exclusive legal contr	ol? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, a	ind donor advisors in writing that gra	nt funds can be used
	only for charitable purposes and not for the bene-		
	conferring impermissible private benefit?		· · · · · · 🔲 Yes 🗀 No
Par	Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	☐ Preservation of land for public use (e.g., recrea		
	☐ Protection of natural habitat	Preservation of	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement		
С	Number of conservation easements on a certified l		
d	Number of conservation easements included in		
	historic structure listed in the National Register .		
3	Number of conservation easements modified, tran	sferred, released, extinguished, or ter	minated by the organization during the
	tax year ▶		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re		· ·
_	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
_	<u></u>	I Burnet Salah a sadarat	
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
_	>\$	Old above action the requirements of	f paction 170(h)(4)(D)(i)
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?		
_			
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easem		naticial statements that describes the
Dav	Organizations Maintaining Collection		r Other Similar Assets
rai	Complete if the organization answered		
1a	works of art, historical treasures, or other simila		
	public service, provide, in Part XIII, the text of the	footnote to its financial statements that	at describes these items
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other simila	r assets held for public exhibition, e	ducation, or research in furtherance of
	public service, provide the following amounts relati		,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art		· · · · · · · · · · · · · · · · · · ·
_	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990. Part X		\$

Part					
3,	Using the organization's acquisition, access collection items (check all that apply):	sion, and other reco	ords, check any of th	e following that are a s	significant use of its
а	☐ Public exhibition	d	☐ Loan or exchange	je programs	
ь	Scholarly research	е	☐ Other		
С	☐ Preservation for future generations		*		
4	Provide a description of the organization's	collections and expl	ain how they further	the organization's exer	mpt purpose in Part
	XIII.	·	•	•	
5	During the year, did the organization solicit	t or receive donation	ns of art, historical tr	reasures, or other simil	ar
_	assets to be sold to raise funds rather than	to be maintained as	part of the organizati	on's collection?	☐ Yes ☐ No
Part				·	
	Complete if the organization ansv		rm 990. Part IV. line	e 9. or reported an ar	mount on Form
	990, Part X, line 21.		,		
1a	Is the organization an agent, trustee, custo	odian or other inter	mediary for contribut	tions or other assets n	ot
	included on Form 990, Part X?				
b	If "Yes," explain the arrangement in Part XII				
	Tres, explain the arrangement in rate Air	rana complete the t	onouning table.	A	mount
С	Beginning balance			1c	
d	Additions during the year			1d	
e	Distributions during the year			1e	
f	Ending balance			1f	
2a	Did the organization include an amount on				v2 □ Ves □ No
	If "Yes," explain the arrangement in Part XII				
	V Endowment Funds.	1. Offect field if the t	explanation has been	provided on rait Am.	<u> </u>
rai	Complete if the organization answ	wered "Ves" on Fo	rm 990 Part IV line	a 10	
			nor year (c) Two yea		k (e) Four years back
4	 -	Current your (b):	(e) The year	(a) Third your du	(e) rear years back
_	Beginning of year balance				
b	Contributions				
C	Net investment earnings, gains, and losses				
	 				
	Grants or scholarships Other expenditures for facilities and				
е	programs				
	· ·			·	
f	Administrative expenses				
g	End of year balance		(lune de estume (e		
2	Provide the estimated percentage of the cu	=	ice (iine 1g, column (a	a)) neid as:	
a	Board designated or quasi-endowment	%			
D	Permanent endowment ► % Temporarily restricted endowment ►	0/			
C					
0-	The percentages on lines 2a, 2b, and 2c sh Are there endowment funds not in the pos		sization that are hold	and administered for t	h •
За	organization by:	session of the organ	nzation that are new	and administered for the	
	•				Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
b	If "Yes" on line 3a(ii), are the related organize				3b
4	Describe in Part XIII the intended uses of the		Jownent lunds.		
Par			000 Ded IV II.	- 44- O F 000	David V. Brand O
	Complete if the organization ans				
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
	Lond	,	(
1a	Land		 		.
b	Buildings		4,448	2,541	1 007
۲ 0	Leasehold improvements	<u> </u>	23,786	21,555	1,907
d e	Other		23,700	21,333	2,231
	Add lines 1a through 1e. (Column (d) must e	agual Form 990 Pari	Y column (R) line 1	001	4,138
i vial.	Add inted to uniough te. (Column (a) must e	rquari onn 330, Fait	A, COLUMN (D), INTO T		4,130

Part VII	Complete if the organization answ	ered "Yes" on For	m 990. Part IV lin	e 11h See Form	990 Part X June 12
	(a) Description of security or category	ered res orrion	(b) Book value	(c) Meth	nod of valuation
(4) E	(including name of security)			Cost or end-	-of-year market value
(1) Financial	. 1-1 9 - 5 - 1				
• •	· ·			 	
(A)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			 	
(B)					·
(C)				 	
(D)					· ——
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col (B) line 12.) ▶			4.12.14.14	
Part VIII	Investments - Program Related				
	Complete if the organization answ	rered "Yes" on For			
	(a) Description of investment		(b) Book value		hod of valuation -of-year market value
(1)					
(2)					
_(3)					
(4)					
(5)					
(6)					
(7)				 	
(8)					
	b) must equal Form 990, Part X, col. (B) line 13)				
Part IX	Other Assets.			French Control of the	<u>૮ ૧ ઉપયો ૧૧ છે પૈયુ કે ફોઇઇ ઉજવા કે તથા</u>
	Complete if the organization answ	ered "Yes" on For	m 990, Part IV, lir	ne 11d. See Form	990, Part X, line 15.
		Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
_(7)					
(8)					
Total (Colu	mn (b) must equal Form 990, Part X, co	1 (R) line 15)		· · · · •	
Part X	Other Liabilities.	1. (b) iiiie 10.)	· · · · · · · ·		
raitA	Complete if the organization answ	vered "Ves" on For	m 990 Part IV lie	ne 11e or 11f See	Form 990 Part Y
	line 25.				or orm 550, rarra,
1.	(a) Description of liability	(b) Book value			
(1) Federal II	ncome taxes				
(2)			2000 31 mg - 200 Mg		
(3)					
(4)					
(5)					
(6)					
(7)			Liver to a		
(8)		 			
•	(b) must equal Form 990, Part X, col (B) line 25.) ▶				
	r uncertain tax positions. In Part XIII, provid	to the text of the foote	oto to the executation	n'e financial etatomo	nta that ran the the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Page	•

Part	Reconciliation of Revenue per Audited Financial Statements with Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.	
	Total revenue, gains, and other support per audited financial statements	4	390 330
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	SELE	380,320
2	Net unrealized gains (losses) on investments		
a	Donated services and use of facilities		
b	Recoveries of prior year grants		
ч С	Other (Describe in Part XIII.)		
d	Add lines 2a through 2d	2e	0
е 3	Subtract line 2e from line 1	3	380,320
_	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	300,320
4	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a	Other (Describe in Part XIII.)		
b	Add lines 4a and 4b	4c	0
С 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	1 1	380,320
Part			
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n netum.	
	Total expenses and losses per audited financial statements	1	267,573
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:	V. 13	201,313
2	Donated services and use of facilities		
a	Prior year adjustments		
b	Other losses		
c d	Other losses		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	267,573
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	N. 19	201,313
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	267,573
	XIII Supplemental Information.		
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	formation.	
		·	
			·
			·

Schedule D (Fo	m 990) 2016	Page 3
Part XIII	Supplemental Information (continued)	
•		
		*
		
•		

SCHEDULE (Form 990)

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

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

2016

OMB No 1545-0047

Open to Public Inspection

Employer identification number

63-0417538

Mobile Arts Council, Inc. Part

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ► Attach to Form 990.

□ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance

°N Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance? Part II

990, Part IV, line 21, for any recipient that received i	, tor any recipient	that received m	ore than \$5,000.	Part II can be d	uplicated it addition	more than \$5,000. Part II can be duplicated it additional space is needed	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(e) Amount of non- cash assistance (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Gulf Coast Ethnic and Jazz P.O. Box 40404, Mobile, AL	63-1219788		6,409				Jazz Program
(2) Mobile Opera 257 Dauphin St., Mobile, AL	63-6045261		18,027				Opera
(3) Mobile Symphonic Pops 257 Dauphin St., Mobile, AL	63-1053495		5,462				Concerts
(4) Mobile Symphony 257 Dauphin St., Mobile, AL	23-7070234		11,239				Concerts
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	n 501(c)(3) and gov organizations listed	ernment organizat in the line 1 table	ions listed in the lin	e 1 table			4

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

Schedule I (Form 990) (2016)

Part III can be duplicated if additional space is needed	l space is needec	•			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
2					
6					
4					
S					
ထ					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	the information re	equired in Part I, lin	e 2, Part III, column	(b); and any other additi	onal information.
The Organization requires that the grant recipient	rant recipien		ess reports wh	submit progress reports which have supporting documentation	r documentation
regarding expenditures and outcomes. Such reports	Such report		to the origin	are compared to the original grant requests	and significant variances
are reviewed.		1			
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		. c c c c c c c c c c c c c c c c c c c	**		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
					Schedule I (Form 990) (2016)

SCHEDULE O (Form 990 or 990-EZ)

4 1 1

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
Mobile Arts Council, Inc.	63-0417538
Form 990, Part VI, Line 11a - The Form 990 and the required sched	ules were provided to
the Board of Directors electronically for their review prior to t	he return being filed.

Form 990, Part VI, Line 12c - The Organization, on an annual basi	s, 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 D	Director was reviewed by
the Budget and Finance Committee and approved by the Board of Dir	ectors as part of the
annual budget.	
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.	
1. Control of the later of the	
Form 990, Part VI, Line 19 - The Organization's governing document	nts, Conflict of Interest
Policy, the annual Audited Financial Statements and the Form 990	are made available to
anyone who requests the documents.	

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
Mobile Arts Council, Inc.	63-0417538
MODITE(ATES COUNCIL, INC.	
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