9

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Department of the Treasury

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.

Open to Public

		nal Revenu				v.irs.gov/Form	990 for ins				Ottilla				CCCOTT
	Α	For the		ndar year, or t					2018, and	ending				, 20	
	В	Check if a	applicable	C Name of organ	nization Mobi	le Arts C	Council	, Inc						er identificatio	n number
	_	Address	· · · · · · · · ·	Doing busines								6	3-04:	17538	
	$\overline{\Box}$	Name ch	· · ·			ox if mail is not de	elivered to st	treet addre	ess) Ro	om/suite		Ε	Telepho	ne number	
		Initial retu	· 1	Post Off:								2	51-43	32-9796	
	\exists		n/terminated			e, country, and ZI	P or foreign	postal cod	de						
	\exists		1	Mobile, A		-, -, -, -, -, -, -, -, -, -, -, -, -, -	•	•				G	Gross re	eceipts \$	252,667
		Amended				al officer Lucy	Caffor	rd			H(a) le			subordinates?	
		Application	1											s included?	
						et, Mobil				A	17 0)			alist (see instru	
	<u> </u>		npt status	∑ 501(c)(3)		(01(c)()◀	(insert no)	4947(a)(1) or 🔟	527 ().					otions,
				learts.or					Т					number >	. 7) T
				X Corporation	Trust A	Association C	ther >	!	L Year of	formation	1 196	5U	M State	of legal domici	ie AT
	P	art I	Summa												
		1	_		-	mission or m	_								
	Governance					ting and								ctivitie	s of the
	nar					in the me								·	.
	Υe					ation discontir				osed of	more	than 2	5% of	its net asset	:s
	မွ					governing bo						•	3		13
	್	4	Number o	of independer	nt voting me	mbers of the	governing	g body (i	Part VI, lin	e 1b)			4		13
	Ę.	5	Total num	ber of individ	luals emplo	yed in calenda	ar year 20)1 8 (Part	V, line 2a	2)			5		3
	Activities &	6	Total num	ber of volunt	eers (estima	ate if necessai	ry)	F	RECE	\\ED		7	6		350
	Ä	7a '	Total unre	alated busine	ss revenue i	from Part VIII,	column (¢), ime⊣	2	VEL		Į.	7a		
		b	Net unrela	ated business	s taxable inc	from Part VIII, come from For	rm 990-T,	Ing 38	1114 4 4	A -	7g	Ι.	7b	- 	
							_	171	OF 12	2019	l Br	or Year		Curren	t Year
	ø	8	Contributi	ions and gran	nts (Part VIII	, line 1h)			STATE OF THE PARTY OF		781	225	028		252,667
	ž			service reven		•	. 1	. (GDEN	I. UT			0		0
	Revenue	10	Investmen	nt income (Pa	art VIII, colur	mn (A), lines 3	, 4, and 7	'd)	<u> </u>	-			0		0
	œ					N), lines 5, 6d,	•	•	11e) .				0		
						11 (must equa			•	12)		225	,028		252,667
6						Part IX, colum							137		41,137
2019						art IX, columr		•					0		0
	ý				•	oyee benefits (• •	•	. lines 5–1	0)		92	403		110,138
4	use					IX, column (A				' -			0		
	Expenses					(, column (D),			37,49	95		23/44/13		Mar Daniel	
۲۱۱۲	Ω					A), lines 11a–1				10 48334			366		136,311
						must equal Pa			ine 25)	` -			906		287,586
Ü						line 18 from lii		(),					878		(34,919
SCANNE	es					<u></u>				Beg	inning	of Currer		End of	
Z	Assets or d Balances	20	Total asse	ets (Part X, Iin	e 16)							188,	808		148,833
\ddot{c}	Aga Ba	21		lities (Part X,	•		•		•		_		484		9,428
(V)	Fun				•	ract line 21 fro	m line 20)	•				324	·	139,405
	Pa	rt II		ure Block					<u>-</u>	<u> </u>					100/ 100
	_				have examine	d this return, inclu	ding accom	nanvina se	hedules and	1 stateme	nte and	d to the h	est of m	ny knowledge :	and holief it is
	true	, correct,	and complet	te Declaration o	f preparer (other	er than officer) is t	ased on all	informatio	n of which p	reparer ha	is any k	nowledg	e	ily knowledge a	and belief, it is
	_		7	Cucist	albook	1						16/2	1/20	19	
	Sig	n Ì	Signat	ture of officer	W							Date	1,20		
	Hei		•	•	l. Execut	tive Direc	rtor								
				or print name an		erve biree									
	_	<u> </u>		e preparer's nan		Preparer's	signature			Date		— _T		T PTIN	
	Pa		Vam E	Cnikeieff		Kıni	· ·	``		6/2	1/20		Check [self-emp	XI if bloyed P009	89337
		epare			K Fnik	eleff, CPA				13/2				16-429219	
	Us	e Only				Box 8754		<u> Δ</u> Τ	36689						
	Ma	v the IP				arer shown a						Phone no 251-591-1357 .			
													<u> </u>		m 990 (2018)
	ror	raperw	rork Keauc	JUON ACT NOW	ce, see the s	eparate instru	しいひけら.							1-01	555 (2010)

Part		
	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 lite	racy
	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	
	nrior Form 000 or 000 E72	⊠ 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	
	600/10007	i ⊠ No
	If "Yes," describe these changes on Schedule O	(E2) 140
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	acured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	to others
	the total expenses, and revenue, if any, for each program service reported.	to others,
	, , , , , , , , , , , , , , , , , , ,	
4a	(Code.) (Expenses \$ 117,985 including grants of \$ 41,137) (Revenue \$	
	Services for member organizations - members include theatrical, musical, artist)
	and historical preservation groups. Approximately 450 programs are sponsored	10
	and historical preservation groups. Approximately 450 programs are sponsored	·
	annually.	
4b	(Code) (Expenses \$ 8,811 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.	

	(Code) (Evenence \$ 12,115 including grants of \$ \ \(\mathbb{Povenue \$} \)	
4c	(Code) (Expenses \$ 12,115 including grants of \$) (Revenue \$	/
	Information services - information about art organizations and their programs of	over
	the phone.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 25,332 including grants of \$) (Revenue \$)	
4-		164 243

ABDIC

Part IV Checklist of Required Schedules

			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	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		X
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II 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		Х
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		Х
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, VIII, 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	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII .	11b		X
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		Х
ď	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		_ <u>X</u> _
12a	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		_X_
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		<u>x</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
•	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	ĺ	Х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	· ·	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
		Earr	. 99n	/201R)

Form **990** (2018)

Part	Checklist of Required Schedules (continued)			
			Yes'	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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 \$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		Х
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		
ď	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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 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		Х
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).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		Х
ь	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	 	X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		X
	complete Schedule N, Part II	32		X
33	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		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		Х
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	ļ 	Х
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	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V		Ves	L NIO
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 14	927,917	Yes	No
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	

Part	Statements Regarding Other IRS Fillings and Tax Compliance (Commission)			T
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
La	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3	2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ار المارية المارية	2) 54
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	313	(j. 44	- '
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	ł		1
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country	283	S 1 2 1 1	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		1	7.7.53 2.7.53
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		x
1.	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	0a		<u> </u>
b	gifts were not tax deductible?	6b		(
7	Organizations that may receive deductible contributions under section 170(c).	- FE . E	3 7,0	14 14
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	3	77.	
-	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was] _		
	required to file Form 8282?	7c	122.5	X
d	If "Yes," indicate the number of Forms 8282 filed during the year		<u> </u>	X
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
ı g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		- 32.	7 , 3
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	20° 0120		टेरिस न
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
р	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	22.2 - 	1 7 1 1 1 1 1 1 1 1 1 1	3
a	Initiation fees and capital contributions included on Part VIII, line 12	~ `	-5 .	
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter	1 4.	ر د	1 1
'' a	Gross income from members or shareholders		70,48 2	
b	Gross income from other sources (Do not net amounts due or paid to other sources	2.		
_	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u>~ }*</u>	التغمين
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	F 1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	3.3	, \$2 h	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O		()	- 1
b	Enter the amount of reserves the organization is required to maintain by the states in which	7 7 3	1 14	15 25
_	the organization is licensed to issue qualified health plans			
с 14а	Enter the amount of reserves on hand		3,2,377	Fee . 1
ı4a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		<u>X</u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
. •	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.		**************************************	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		_X
	If "Yes," complete Form 4720, Schedule O			. 1
		Forr	n 99 0	(2018)

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.	See ins	structi	ons
Sacti	Check if Schedule O contains a response or note to any line in this Part VI. on A. Governing Body and Management	·		
Jecki	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		163	140
	If there are material differences in voting rights among members of the governing body, or			i i
	if the governing body delegated broad authority to an executive committee or similar			j
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent . 15			ļ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	.	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Χ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			1
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9 	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode)	
40		-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	420		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	
b		120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 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	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			į
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1		
	organization's exempt status with respect to such arrangements?	16b	1	ļ ,
Sect	ion C. Disclosure			
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 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)	T (Sec	ction	501(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	polic	y, and
20	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and reference of the person who possesses the organization's books and reference of the person who possesses the organization's books and reference of the person who possesses the organization's books and reference of the person who possesses the organization's books and reference organization of the person who possesses the organization's books and reference organization or the person who possesses the organization of the person who person of the person who person of the person of t	cords	>	

-om	990	(2018)	

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest 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 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	on nor any relate	d org	anız			ompe	nsa	ted any curren	t officer, director	, or trustee
(A) Name and Title	(B) Average hours per week (list any	box.	unles er and	Pos ieck is pe	rson	than one than one that is both or/trust	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(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-MISC)	compensation from the organization and related organizations
(1) John Mims	5									
President		X		Х				0	0	0
(2) Debbie Stevens	5		[1	[
Treasurer	}	_ X_	 	Х			_	0	0	0
(3) Lauren Rowser	5							}		
Secretary		Х	l	Х				0	0	0
(4) Russ Adams	5									
Director		Х						0	0	0
(5) Marnee Edwards	5		,]	Į		}	
Director		X					_	0	0	0
(6) Lane Elmore	5	1	['			1		İ		
Director		Х	_					0	0	0
(7) Courtney Harjung	5		ļ		ļ	}	1	1	ļ	
Director		X						0	0	0
(8) Julie Jackson	5									
Director		X				<u></u>	<u>_</u>	0	0	0
(9) Jordan Kosick	5	}	}	j .	ł	}				
Director		Х		L.,				0	0	0
(10) Vincent Paragone	5									
Director		Х	_					0	0	0
(11) Brad Robertson	5									
Director		X			_	<u> </u>		0	0	0
(12) Karen Spaulding	5]			}					
Director		X	1_	_	_	<u> </u>	1	0	0	0
(13) Melody Zeidan	5	· - l						1	`	
Director		X	1_	<u> </u>	ــــ	 	1_	0	0	0
(14) Shellie Teague	40		}	1	}	1	1			1
Executive Director				X	<u>_</u>			45,326	0	000
										Form 990 (2018)

Part	VII Section A. Officers, Directors, Trust (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	o or directo	ot ch	Pos eck s pe	C) ition more rson	than other trust Highest compensated	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organization (W-2/1099-M	e i from	(F) Estimated amount of other compensation from the organization and related organizations
			# 	stee			nsated					
(15)		 	<u>.</u> !					ļ	1			
(16)												
(17)												
(18)				-	-			-			+	
(19)		ļ		_	-	-		-				·
(20)				_	-			-				
(21)				-	-	-						
(22)				-				_				
				_	-	-		-				
(24)				_	-	-		-				
(25)		1		-	-	_		-	 	<u> </u>		
			<u> </u>		L	L		Ĺ				
1b c d	Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A			• . •		▶ ▶	45,326		0	C
2	Total number of individuals (including bur reportable compensation from the organ		to th	ose	list	ed	above	e) w			1 -	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc						emp	oloyee, or high	est compe	nsated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re	porta	bie	con	пре	nsatio					
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or inc	lıvıdua	5 X
	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization Repyear.											
	(A) Name and business add	fress			_				(B) Description of s	ervices		(C) Compensation
					_			_				
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who		

Par	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII											
		Check if Schedule C	contains a	response or note	. (A)	S Part VIII (B) Related or	(C) Unrelated	· (D)				
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514				
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a									
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b									
fts, . An	C	Fundraising events	<u> </u>	1c								
ia ia	d	Related organizations		1d								
Sir	e •	Government grants (con All other contributions, g		1e 97,000								
utic	'	and similar amounts not inc		1f 155,663								
c tib	_	Noncash contributions includ	L_									
Con	h	Total. Add lines 1a-1		· >	252,667							
		1044171441111001441	· · · · · · · · · · · · · · · · · · ·	Business Code								
ven	2a	•					,					
Re	b							·				
vice	С						, ,					
Ser	d,											
ram	e	All										
Program Service Revenue	t	All other program sen			0			Corna Krantin Carlo de				
	3 3	Total. Add lines 2a–2 Investment income and other similar amo	(including d	ividends, interest,		The second second	文明などの一般ないといいます。					
	4	Income from investment	·-	ot hand proceeds	ļ	 	· -	•				
	5	Royalties	t of tax-exemp	bulla proceeds				•				
			(i) Real	(ii) Personal								
	6a	Gross rents										
	b	Less rental expenses		,								
	С	Rental income or (loss)		0 (
ţ	đ	Net rental income or (loss)		▶	0	pro con		F X F 1712 - WIT - 1 (1907)				
	7a	Gross amount from sales of	(i) Securities	(ii) Other								
		assets other than inventory										
	b	Less cost or other basis and sales expenses										
		Gain or (loss)										
	d	Net gain or (loss)	<u></u>	. •	. 0	handa 20.27 Table 2 Transaction of the	And Straight & Properties	。 1. 12.12.12.12.12.12.12.12.12.12.12.12.12.1				
		, , , , , , , , , , , , , , , , , , ,										
Other Revenue	8a	Gross income from fu	ındraısıng	·								
ve	i	events (not including \$		B								
R		of contributions reporte	ed on line 1c)									
hei		See Part IV, line 18		a								
ŏ	b	Less direct expenses Net income or (loss) fi		b	0	THE PARTY OF THE P		HEALT CONTINUES OF THE				
	' с 9а	Gross income from ga			TO AND YOU							
		See Part IV, line 19		a								
	b	Less direct expenses	; .	b								
	С	Net income or (loss) fi		activities . >	0	The state of the s	Total State	The same of the sa				
	10a	Gross sales of in	ventory, les									
		returns and allowance	es . ;	a								
	, b	Less cost of goods s		b								
	С	Net income or (loss) f		0		THE ENGLISHMENT WITH SOLD	SECTION OF THE PROPERTY OF THE					
	11a	Miscellaneous R	evenue	Business Code		Windowski William		TOTAL PROPERTY AND				
	l la l b				 	 						
	C	~			 	 		 _				
	d	All other revenue	··					,				
	е	Total. Add lines 11a-	-11d		0		A TACK WHO					
	12	Total revenue. See II		<u> </u>	252,667							
								Form 990 (2018)				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)									
	Check if Schedule O contains a respor	nse or note to any li	ne in this Part IX	·					
	ot include amounts reported on lines 6b, 7b, o, 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	45,326	31,275	4,533	9,518				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	43,320		4,555	9,310				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	. 56,739	39,149	5,674	11,916				
9 10	Other employee benefits	8,073	5,571	807	1,695				
11 a b	Fees for services (non-employees) Management Legal								
c d	Accounting Lobbying	9,500		9,500					
e f g	Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)								
12 13 14	Advertising and promotion Office expenses Information technology	14,366 22,452		22,452	14,366				
15 16	Royalties Occupancy	29,058		29,058					
17 18	Travel . Payments of travel or entertainment expenses for any federal, state, or local public officials				,				
19 20	Conferences, conventions, and meetings . Interest	707		707 4					
21 22 23	Payments to affiliates Depreciation, depletion, and amortization Insurance	851 4,518	>	851					
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.)	4,510		4,518	The second secon				
а	Miscellaneous	3,669		3,669	The state of the s				
c p	Program expenses Supplies	47,111 4,075	47,111	4,075					
d e	All other expenses								
25 26	Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720) I for through 24e	287,586	164,243	85,848	37,495				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 144,677 84,253 1 Cash-non-interest-bearing 2 2 Savings and temporary cash investments 62,015 39,170 3 Pledges and grants receivable, net 50 130 4 Accounts'receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 7 Notes and loans receivable, net 8 Inventories for sale or use 8. 1,625 9 Prepaid expenses and deferred charges Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D 10a 799 3,286 10c 10b 25, b Less accumulated depreciation 11 11. Investments—publicly traded securities 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 11 188,808 148,833 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses . 6,139 17 5,314 18 8,280 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities . 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key 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 24 Unsecured notes and loans payable to unrelated third parties 65 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 26 14,484 9,428 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . 171,055 27 139,405 28 Temporarily restricted net assets. 3,269 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 174,324 139,405 Total net assets or fund balances 33 188,808 148,833 Total liabilities and net assets/fund balances 34

Paa	e	1	2

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)		252	,667
2	Total expenses (must equal Part IX, column (A), line 25)		287	,586
3	Revenue less expenses Subtract line 2 from line 1		(34	,919
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		174	,324
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments 8			
9	Other changes in net assets or fund balances (explain in Schedule O) . 9	<u> </u>		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1		
_	33, column (B)) . 10	L	139	,405
art	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			ᄆ
_			Yes	No
1	Accounting method used to prepare the Form 990	_	Ι.	
	If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O	ın 🗼		.
2a				<u> </u>
Lu		2a	+,	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled reviewed on a separate basis, consolidated basis, or both	or	'	1 1
	Separate basis Consolidated basis Both consolidated and separate basis		•	
b	Were the organization's financial statements audited by an independent accountant?	2b	X	┦╾┹╾╾┛
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on		1 4	 -
	separate basis, consolidated basis, or both	· a -;	. _	-
		ļ.,	1	
С	if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig	sht sht		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant	? 2c	X	}
	If the organization changed either its oversight process or selection process during the tax year, explain		,	
	Schedule O	<u>.</u>		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	in		
	the Single Audit Act and OMB Circular A-133?	3a	<u> </u>	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo t			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			
		Fo	om 99 ((2018)

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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

Name	of the organization					Employer identificatio	n number
	ile Arts Council, Inc.					63-0417538	·
Pa							ons
_	organization is not a private found		•		-	•	1
1 2	☐ A church, convention of church ☐ A school described in section						07
3	A hospital or a cooperative ho		•				
4	A medical research organizati						(iii). Enter the
•	hospital's name, city, and stat	•				(/ / / /	` '
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned c	r operate	ed by a government	al unit described in
6	A federal, state, or local gover						
7)(A)(vi). (Complet	te Part II.)	-	a gover	nmental unit or fron	n the general public
8	A community trust described						
9	An agricultural research organ or university or a non-land-gra university						
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt full times to its income and un	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ie (less se	and (2) no more tha ection 511 tax) from	in 331/3% of its
11	An organization organized and	•	•				
12	An organization organized and	•	-	•			• • • •
	of one or more publicly support Check the box in lines 12a thro	ough 12d that des	scribes the type of sur	porting c	rganizatio	on and complete line	es 12e, 12f, and 12g
а	Type I. A supporting organization the supported organization supporting organization.	n(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	Type II. A supporting orga control or management of organization(s) You must	the supporting o	rganization vested in	the same			
С	Type III functionally integ						ally integrated with,
d	Type III non-functionally that is not functionally inte requirement (see instructional see instructions)	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an	
е	Check this box if the organ functionally integrated, or						∍ II, Type III
f	Enter the number of supported	• •					
_ g	Provide the following informatio	n about the supp	orted organization(s)				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		<u> </u>		Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
=-		1	7.	1.	ł ==	1	}

	27. (101111 000 01 000 ==)2010						
Part	II Support Schedule for Organiza	tions Descri	bed in Secti	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked th	ne box on line	5, 7, or 8 of	Part I or if the	e organizatior	n failed to qua	alify under
	Part III If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		Ì				
	include any "unusual grants") .	397,641	359,858	312,692	225,028	252,667	1,547,886
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	397,641	359,858	312,692	225,028	252,667	1,547,886
5	The portion of total contributions by	34.47.54					
•	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)						
6	Public support. Subtract line 5 from line 4	ALTERNATION OF	25.14.54.15.E		\$27 45 454		1,547,886
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	397,641	359,858	312,692	225,028	252,667	1,547,886
8	Gross income from interest, dividends,	(
	payments received on securities loans,						
	rents, royalties, and income from					ļ	
	similar sources				,		L
9	Net income from unrelated business				1		
	activities, whether or not the business					•	
	is regularly carried on						
10	Other income Do not include gain or	ĺ					
	loss from the sale of capital assets	ì					
	(Explain in Part VI).			67,628	PRINTED - CONT. TOTAL CONTROL OF	APEDOS STATIONES AND AND A	67,628
11	Total support. Add lines 7 through 10			71/23/2015	对是我们是不		1,615,514
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the		i's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	on 501(c)(3)
C = -4!	organization, check this box and stop he		<u> </u>		<u>-</u>		
	on C. Computation of Public Suppor			4 1 (0)		144	05 01 84
14	Public support percentage for 2018 (line 6) Public support percentage from 2017 Sch		•	i, column (i))		14	95.81%
15 16a	33 ¹ / ₁₃ % support test—2018. If the organi	•	•		nd line 14 is 23	15	96.16 %
iva	box and stop here . The organization qua				id lille 14 15 30	3 /3 /6 OI IIIOI'e,	
b	331/3% support test—2017. If the organi			-	a and line 15	15 331/20% or m	ore check
	this box and stop here . The organization					13 33 /3/0 01 11	lore, check
170	10% -facts-and-circumstances test—20			_		 16h	ا المحمدال
17a	10% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization , .				quaime	ac a publicly	. > 🗀
b	10%-facts-and-circumstances test—20	017 If the oras	anization did n	ot check a ba	v on line 12 1	6a 16h ar 17	_
IJ	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization r						
	supported organization		and and and		organizati	un quannes as	• a publicly ▶ □
18	Private foundation. If the organization di	d not check a l	box on line 13	. 16a. 16b. 17a	or 17b. chec	k this box and	
-	instructions			,,	,, 01100	DON GING	▶ □

Part	Support Schedule for Organiza (Complete only if you checked the	ations Descr	ibed in Sect	ion 509(a)(2)	nization failer	to qualify ur	nder Part II
	If the organization fails to qualify	under the te	ets listed heli	or ir the orga ow please co	mplete Part	ii)	ider Part II
Socti	on A. Public Support	under the tes	sts listed bei	ow, picase of	ompiete i art		
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees	(4)2011	(2) 20 10	(0,500			/
•	received (Do not include any "unusual grants")	[[.	Į.		
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities	1		}			
	furnished in any activity that is related to the organization's tax-exempt purpose	.					
3	Gross receipts from activities that are not an					/	
•	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			/	 		
7a	Amounts included on lines 1, 2, and 3	<u> </u>					
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified) !		X			
	persons that exceed the greater of \$5,000	1					
	or 1% of the amount on line 13 for the year	<u> </u>					
	Add lines 7a and 7b	TISO OF VERY COMM. T. MANNEY	and the same of th	22.200	hadring by the terms	THE SHEET COLORS OF MERCHANISH OF	
8	Public support. (Subtract line 7c from		1//				
Sacti	ine 6). on B. Total Support			Will Street			
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	(a) 2014	(6) 2010	(6) 2010	10/2017	(0) 2010	(1) Total
10a	Gross income from interest, dividends,		-	,			
	payments received on securities loans, rents,					ĺ ,	•
	royalties, and income from similar sources		•				•
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	ł		ł		!	
	acquired after June 30, 1975				``		
	Add lines 10a and 10b						
11	Net income from unrelated business	ļ					
	activities not included in line 10b, whether or not the business is regularly carried on	1					
12	Other income. Do not include gain or	 		 		- 1	
12	loss from the sale of capital assets						
	(Explain in Part VI)	}			}		
13	Total support. (Add lines 9, 10c, 11,			 		1	
	and 12)						
14	First five years If the Form 990 is for the	ne organization	's first, 'secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re .					\ .
	on C. Computation of Public Suppor						-
15	Public support percentage for 2018 (line		-	13, column (f))		15	%
16	Public support percentage from 2017 Sci					16	%
	on D. Computation of Investment In			- , - ;		T	
17	Investment income percentage for 2018	•		by line 13, colu	ımn (f))	17	
18	Investment income percentage from 201			v on line 14 -	nd line 15 is	18 331/29	% and line
19a	331/3% support tests—2018. If the organ 17 is not more than 331/3%, check this box						` `
L	33 ¹ / ₃ % support tests—2017. If the organic						
b	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d						

Part IV 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)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 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
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined 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**.
- c 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**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
ng			
by			
ן עי			
	1		
JS		经行经	
ed	15000	4	
_		-DC-31)	
	2		
er	4000	到多	
	3a		
		7r3557[3.	
nd,			
he			
	3b		
B)			新
-,	_	Take S	330,320
	3c	34.222.14	C.T.A. (Server
If			
	4a		
.n	4:35555	and the	KERREL I
jn			
on		是这	63998
	4b		
วก	40° 000		物學
ed		334	
B)			
1	4C		
5, "	1377		
iN		AL SE	
IIV		1	127000 CT
n,	100		
วท	4		
	5a	for Tales and	Abearmen,
4		18 July 20 19	25/1/2/3
dy		THE	7
	5b		
	5c		
to		2.35	
ed	1	延克工	
		200	
or		100	
	6		1
or	100	200	
_		13/3	
ıty	整	T. Carlotte	5333
	7_		<u> </u>
7?	1	15/0	
	8	· Deckmidder	-
		SEC 2010	1101.00034
re	17.45	1	
ed	NAME OF STREET	13.5	
	9a		
ch			
C11		E. C.	
	9b		#267 WW
efit		49/4	
	9c		
~~	12000	WF G	77032.1
on		Milita	拉勒
ed			
	10a	1	
to		N. W.	
		Prison	Continuid
	10b	<u> </u>	

Part	IV - Supporting Organizations (continued)			
•	,	(\$1.4220	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		郭跋	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		Fig.	No.
	below, the governing body of a supported organization?	11a 11b		
b	A family member of a person described in (a) above?	11c		
c	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.	1116		i
Secti	on B. Type I Supporting Organizations		Yes	No
	The state of the s	- 1 mg	72.70	*******
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			12
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities If the organization had more than one supported organization,	The second		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	3.57. Y. 323	73.27 22
2	Did the organization operate for the benefit of any supported organization other than the supported	THE	312	30
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			23
	VI how providing such benefit camed out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			,
		- Compression	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	100		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	TAKE S	i n	
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)			CONTRACT
Sooti	on D. All Type III Supporting Organizations	1_		<u> </u>
Secti	on b. All Type in Supporting Organizations		Vaa	N-
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1413Z	Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Sea Marie	200
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			37.70
	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)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			11
	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.		A	
Secti	on E. Type III Functionally Integrated Supporting Organizations	3		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see			 -
a	The organization satisfied the Activities Test. Complete line 2 below	เกรเรน	tion	S)
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	see in:	struct	ions)
2	Activities Test. Answer (a) and (b) below.]	Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		1707
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			強調
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these		数制	
	activities but for the organization's involvement.		9442	
3		2b	Wallan	15 miles
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	APPRIES A	nve-i
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		July 2	A STATE OF
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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		
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)	120		
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	1	·新州中华1847年第19	李. 35 25 25 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
factors (explain in detail in Part VI)		一个人,不是一个人,	
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		<u> </u>
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount		为外域中的	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	とこれのないできている。	<u></u>
2 Enter 85% of line 1.	2	1750年第二十五十五十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	10000000000000000000000000000000000000	<u> </u>
4 Enter greater of line 2 or line 3.	4	The same of the same	
5 Income tax imposed in prior year	5	THE THE PARTY.	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	}	13.4. 4. Min 2013	-
emorgancy temporary reduction (see instructions)		The state of the s	<u> </u>
7 Check here if the current year is the organization's first as a non-functional	lly ir	ntegrated Type III supportin	ig organization (see
instructions)			

Part	V Type III Non-Functionally Integrated 509(a)(3)	3) Supporting Organ	izations (continued)	,
Sect	ion D—Distributions	1		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe		orted	·
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	anizations	
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 whice (provide details in Part VI) See instructions.	th the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			-
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014	THE RESERVE OF THE PERSON OF T		
С	From 2015		THE SEPTEMBER THE	YAYAARI M
d	From 2016			
e	From 2017 .			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7 \$			
				
<u>a</u> b	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount Remainder Subtract lines 4a and 4b from 4			THE PARTY OF THE P
<u>c</u>				
5	Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.		0	
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			. 0
, 7	Excess distributions carryover to 2019. Add lines 3j and 4c	/ 0		
8	Breakdown of line 7		The second secon	The state of the s
а	Excess from 2014		The second of th	
b	Excess from 2015			
	Excess from 2016 .			
d	Excess from 2017			The second secon
e	Excess from 2018			
	·			and the second of the second o

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
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.

OMB No 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

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" on Form 990, Part IV, line 6. (a) Donor advised funds 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 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 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? ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on 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 a historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat Preservation of open space 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 2b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)(i) and section 170(h)(4)(B)(ii)? . ☐ Yes ☐ No In Part XIII, 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" on 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 XIII, 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) Revenue included on 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 a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Part	III Organizations Maintaining	Collections of A	Art, Hist	orical T	reasures,	or Otl	ner Similar As	sets (con	:inued)_
3	Using the organization's acquisition, collection items (check all that apply).							ignificant u	se.of its
а	☐ Public exhibition		d (☐ Loan	or exchang	e progr	ams		
b	☐ Scholarly research		e	Other	·				
C	☐ Preservation for future generations	5							
4	Provide a description of the organiza XIII								e in Part
5	During the year, did the organization assets to be sold to raise funds rather							ar <u> </u>	□ No
Part									
	Complete if the organization 990, Part X, line 21						·		-orm
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian or oth	er interm	nediary fo 	or contribut	ions or	other assets no		☐ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing ta	able		A	mount	
С	Beginning balance .					1c			
d	Additions during the year					1d			
е	Distributions during the year .					1e			
f	Ending balance					1f	†		
2a	Did the organization include an amou	nt on Form 990, Pa	art X, line	21, for e	scrow or cu	ustodial	account liability	? 🗌 Yes	□ No
b	If "Yes," explain the arrangement in P								
Par									_=
	Complete if the organization	answered "Yes"	on For	m 990, F	Part IV, line	∋ 10			
		(a) Current year	(b) Pn	or year	(c) Two year	s back	(d) Three years bac	k (e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses .		_						
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses							T	
g	End of year balance								
2	Provide the estimated percentage of	the current year en	d balanc	e (line 1g	, column (a)) held a	as		
а	Board designated or quasi-endowme	nt ▶	%						
b	Permanent endowment ▶	%	_						
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in th	e possession of th	e organi:	zation tha	at are held	and adı	ministered for th	ie	
	organization by							Y	es No
	(i) unrelated organizations						•	3a(i)	
	(ii) related organizations							3a(ii)	
þ	If "Yes" on line 3a(ii), are the related of							3b	
4	Describe in Part XIII the intended use		n's endo	wment fu	unds.				
Part	, , ,								
	Complete if the organization	answered "Yes"	on For	m 990, F	Part IV, line	e 11a 🤄	See Form 990,	Part X, Irr	e 10
	Description of property	(a) Cost or oth		, ,	or other basis ther)		Accumulated preciation	(d) Book	ratue
1a	Land					V. S. S.	Name of		
b	Buildings								
C	Leasehold improvements .				4,448		3,431		1,017
d	Equipment .				23,786		22,368		1,418
<u>e</u>	Other								
Total.	Add lines 1a through 1e (Column (d) r	nust equal Form 99	90, Part)	(column	(B), line 10)c)	•		2,435

(0) (0)	Complete if the organization answ (a) Description of security or category (including name of security)	reled tes off Fo	(b) Book value		1990, Part X, line 12
(2) Closely-h			(b) book value	1 (c) MED	
(2) Closely-h		•		Cost or end-	of-year market value
(0) (0)					
(3) Othar	neld equity interests				
(3) Other				<u>-</u>	
	·				
(B) (C)		~	<u> </u>		
(D)			·		·
- (E)		·			,:
··(F)		·			
(G)				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
(H)	,				1
Total. (Column (b	n) must equal Form 990, Part X, col. (B) line 12.) 🕨 🕟			程序的次生建筑	
Part VIII	Investments—Program Related.				· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answer	ered "Yes" on For			
	(a) Description of investment		(b) Book value	` '	od of valuation of-year market value
(4)					
(1)					
(3)					
(4)		. 		-	
(5)					
(6)					<u> </u>
(7)					
(8)				 	
(9)	n) must equal Form 990, Part X, col. (B) line 13)				
Part IX	Other Assets.	<u> </u>	<u> </u>		
·	Complete if the organization answer	ered "Yes" on For	m 990. Part IV. line	e 11d. See Form	990. Part X. line 15
		Description			(b) Book value
(1)					
(2)					
(3)					
(4)			_ -		
(5)					
(6) (7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col	(B) line 15.)			
Part X	Other Liabilities.	-			•
•	Complete if the organization answer	ered "Yes" on For	m 990,/Part IV, line	e 11e or 11f See	Form 990, Part X,
	line 25	(A) D. (also	Long to Linear Alexandra		
(1) Federal in	(a) Description of liability	(b) Book value			
(2)	Lottle taxes	· · · · · · · · · · · · · · · · · · ·			
(3)					
(4)					
(5)		 			
(6)					
(7)					
(8)					
<u>,-/</u>					
(9)	+		STATE SALE DEPTH AND	SERVICE HARMAN COLORS	
(9) Total. (Column (l	b) must equal Form 990, Part X, col. (B) line 25.) ▶ r uncertain tax positions. In Part XIII, provid				

Part	Reconciliation of Revenue per Audited Financial State			
	Complete if the organization answered "Yes" on Form 99	o, Part IV, line 12		252 667
1	Total revenue, gains, and other support per audited financial statemen	nts .	. 1	252,667
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 - 1		
а	Net unrealized gains (losses) on investments	2a		
þ	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	. 2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d	• •	. 2e	252.663
3	Subtract line 2e from line 1		. 3	252,667
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b	l 40 l	4c	050.66
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, I		5	252,667
Part	Reconciliation of Expenses per Audited Financial State	· · · · · · · · · · · · · · · · · · ·	-	
	Complete if the organization answered "Yes" on Form 99	30, Part IV, line 12		207 500
1	Total expenses and losses per audited financial statements .		. 1	287,586
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 0- 1	()	
a	Donated services and use of facilities .	2a		
b	Prior year adjustments .	2b		•
C	Other losses .	2c		
d	Other (Describe in Part XIII) .	2d		
e	Add lines 2a through 2d	•	2e	007 504
3	Subtract line 2e from line 1		3	287,586
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	4-		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.) Add lines 4a and 4b	4b		
С 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I	line 18	40	287,586
Part		, me 10)	131	261,386
			·	
-				

Schedule D (Fo		Page 🕏
Part XIII	Supplemental Information (continued)	
•		
		·
	· · · · · · · · · · · · · · · · · · ·	
	·	
·		
	· /	

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

► Attach to Form 990.

r the latest information.	
www.irs.gov/Form990 fo	
Go to	

201X	

OMB No 1545-0047

Open to Public Inspection

Name of the organization						Employer	Employer identification number
Mobile Arts Council, Inc.						63-0417538	17538
Part I General Information on Grants and Assistance	on Grants and	Assistance					
1 Does the organization maintain records to substantiate the an	an records to sub	stantiate the amou	int of the grants or	assistance, the g	rantees' eligibility for	nount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	l
the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring.	award the grants ization's procedur	or assistance? es for monitoring	ng the use of grant funds in the United States	nds in the United	States		⊠ Yes □ No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	ssistance to Do	mestic Organiz	ations and Dom an \$5,000 Part	estic Governme	ents. Complete in	f the organization answespace is needed	nizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, a than \$5,000 Part II can be duplicated if 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	(f) Method of valuation (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)							

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

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

(12)

3

(10)

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2018)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed	mestic Individua space is needed	ils. Complete if the	organization answ	ered "Yes" on Form 990,	Part IV, line 22	
	(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	,						
က							
4							
r.							
9							
~							
Parr IV	rantive Supplemental Intormation. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	rovide the information re	equired in Part I, line 2, P	2, Part III, column	art III, column (b); and any other additional information	onal information	
egardıng	, (1)	Such reports	1 1		al grant requests and significant	and significant variances	
re rev	reviewed.						
f 		2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
						Schedule I (Form 990) (2018)	

SCHEDULE O (Form 990 or 990-EZ)

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 2018

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

Mobile Arts Council, Inc.	63-041/538
Form 990, Part VI, Line 11a - The Form 990 and the	required schedules were provided to
the Board of Directors electronically for their rev	new prior to the return being filed.
Form 990, Part VI, Line 12c - The Organization, on a	an annual basis, asks each member of
the Board of Directors to review the Conflict of In	terest Policy to verify that they do
not have any conflicts of interest with the Organiza	ation.
Form 990, Part VI, Line 15a - The compensation of the	ne Executive Director was revrewed by
the Budget and Finance Committee and approved by the	Board of Directors as part of the
annual budget.	
Form 990, Part VI, Line 18 - The Organization's Form	n 990 will be mailed to anyone who
requests a copy of the form.	
·	
Form 990, Part VI, Line 19 - The Organization's gove	erning documents, 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) (2018)	Page 2
Name of the organization	Employer identification number ,
Mobile Arts Council, Inc.	63-0417538
1	
	•
,	

	•
······	
	•••••
•••••••••••••••••••••••••••••••••••••••	
	•••••
\	

······································	
6	