(Rev January 2020)

Return of Organization Exempt From Income Tax OMB No. 1545-0047

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

2019

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Inte	ernal Reve	nue Service	► Go to www.irs	.gov/Form9	90 for instructions	and the late	est inf	ormation.		Inspection			
A	For the	2019 calen	dar year, or tax year beginnir	ng	, 2	019, and en	ding			, 20	-		
B	Check if	applicable	C Name of organization Mobi.	le Area	Interfaith	Confere	nce,	Inc.	D Emp	loyer identification numbe	r		
	Address	change	Doing business as							689049			
	Name cl	hange	Number and street (or P.O. box	of mail is not d	alivered to street add	lress)	Room	v/sulte		phone number			
	Initial ret	urn	901 Butler Drive,			·			251-	-450-3345			
$\bar{\Box}$	Final retu	ım/terminated	City or town, state or province,			ode	· · · · · · · · · · · · · · · · · · ·				_		
$\Box$	Amende	d return	Mobile, AL 36693-	-				I	G Gros	s receipts \$ 434,40	17		
$\overline{\sqcap}$	Applicati	ion pending	F Name and address of principal of		dolyn Darry		_	H(a) is this a cro	up return for subordinates?   Yes X No				
	• •		Same as item C abo			A/1	, ,			ites included? Yes			
ī	Tax-exer	mpt status:	X 501(c)(3) 501(c) (	)∢ (inser	t no ) 4947(a	(1) of [7] 527	-	• •		ist (see instructions)			
J	Website	: > www.m	obileinterfaith.or	ar	1		·	H(c) Group ex					
K			Corporation Trust Assoc		er▶	L Year of for		<del></del>		e of legal domicile: AL	_		
Ρ	art I	Summa	У				<del></del>						
	1	Briefly des	cribe the organization's mis	sion or mos	st significant acti	vities: The	Org	anizatio	n's	mission is to	_		
8		empower the marginalized and build bridges in our community through advocacy,											
Governance			on, and service.			********							
ē			box ▶ ☐ if the organization	n discontinu	led its operation	s or dispose	ed of r	nore than 2	5% of	fits net assets.			
é	1		voting members of the gov						3	1	.2		
•	5		independent voting member			•			4		2		
les			er of individuals employed						5	`	4		
Activities &	1		er of volunteers (estimate if						6	15	ō		
Act			ated business revenue from						7a		_		
	I		ed business taxable income						7b		_		
	1	<u> </u>				······································		Prior Year		Current Year	_		
m	8	Contributio	ns and grants (Part VIII, line	1h)				447	,474	413,53	5		
ž	1		rvice revenue (Part VIII, line						0		ō		
Revenue	1	-	income (Part VIII, column (/		, and 7d)				0	15	3		
œ	11	Other rever	ue (Part VIII, column (A), lin	es 5, 6d, 8d	c, 9c, 10c, and 1	1e)		7	,777	12,51	6		
	ł .		ue—add lines 8 through 11 (					455	,251	426,20	4		
			similar amounts paid (Part	112	652	161,46	6						
			id to or for members (Part I		0		ō						
땨			er compensation, employee	70,	707	117,37	3						
Expenses	t .		I fundraising fees (Part IX, o	0		ō							
be	l .		ising expenses (Part IX, co										
ΔÎ	17	Other expe	nses (Part IX, column (A), lir	nes 11a-110	i, 11f-24e) .			226,	332	191,01	3		
	18	Total expen	ses. Add lines 13-17 (must	equal Part	IX,-column-(A), li	ne 25) —	~[	409,	691	469,85	2		
	19	Revenue les	ss expenses. Subtract line '	18 from line	12 RECEI			45,	560	(43,64	8		
5 Š					» [	2020 .C	Begir	ning of Currer	nt Year	End of Year			
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)		P 'APR'10	2020 · J.Č		110,	278	56,53			
¥ ₩	21	Total liabilit	es (Part X, line 26)		MIN IV	2020	2		783	8,68	_		
2 =	22	Net assets	or fund balances Subtract	line 21 from	line 20		1	91,	495	47,84	<u>7</u>		
	rf li	Signatur		1	UGDEN	<u>, UI</u>					_		
Und	der penalt e, correct,	ies of perjury, and complete	declare that I have examined this Declaration of preparer (other than	retum includir n officer) is bas	ng accompanying sch ed on all information	edules and sta of which prepa	atement arer has	s, and to the b any knowledg	est of m e.	ny knowledge and belief, it i	8		
		X	endown Davis	<u> </u>	··········	······		4/1	/202	0			
Sig	ın		e of officer					Date					
He		Gwen	dolyn Darty, Execut	tive Dir	ector						_		
			print name and title										
	<u>.</u>	Print/Type	preparer's name	Preparer's si	gnature		Date		Check 2				
Pai		Kim En	ikeieff	ا لاست ا	L Contri		4/1/	2020 5	elf-emp	loyed P00989337			
	parer	Firm's some		f, CPA						6-4292196	-		
US	e Only		ess ▶ Post Office Box		obile, AL 3	6689		Phone r	ю. 25:	1-591-1357			
Mav	the IR		is return with the preparer						•	. ⊠Yes □ No	_		
			on Act Notice, see the separa				M	7)_	21	Form 990 (2019	<del>)</del> )		
							75						
										$\supset$			

### 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	X	NO
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) 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		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		
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? <i>If</i> "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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	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		
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
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		X
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		X
2a	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
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
5	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
6	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
7	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
8	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	
9	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		X
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
:1	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

Part	Checklist of Required Schedules (continued)			
22	Did the examination report more than CE 000 of example or other constants to or for demands and and other	•	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		<u> </u>
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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del> </del>
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		Х
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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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)	1		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	Х	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1.0	Enter the number reported in Poy 3 of Form 1006 Enter 0 if not englishle		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a 6  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			Page
	- sale in the responsibility of the responsibility (some set)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 4		73.750 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	51.50
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3~~~`` 30.22~``r		ا المستقدمات
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 on 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, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country ▶			), (%)
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			il ii
	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		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			200
-	and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	1.39.8×	X
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		latitut.
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	1 0 Asi-	₽* <u>} 16</u>
	Section 501(c)(7) organizations. Enter	The state of the s	1	Salahita Salahita
	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			E STE
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]  Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders .   11a			1. (7 1. (1)
	Gross income from other sources (Do not net amounts due or paid to other sources			ál.
	against amounts due or received from them )	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1:32:43	{^ .*%
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	420	1618	14. Z
	Is the organization licensed to issue qualified health plans in more than one state?	13a	ZZZ	**
	Note: See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which		經驗機	

the organization is licensed to issue qualified health plans

If "Yes," see instructions and file Form 4720, Schedule N.

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

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

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

c Enter the amount of reserves on hand

excess parachute payment(s) during the year?

If "Yes," complete Form 4720, Schedule O

14a

15

16

14a

14b

13b

13c

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change									
	Check if Schedule O contains a response or note to any line in this Part VI		·,	01.00						
Section	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	<b>1a</b> 12	31,750	Paris .						
	If there are material differences in voting rights among members of the governing body, or									
	if the governing body delegated broad authority to an executive committee or similar			200						
	committee, explain on Schedule O			A Time						
b	Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b> 12								
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?	relationship with	2		X					
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, trustees, or key employees to a management company or o	under the direct	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior For		4		X					
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets?	5		Х					
6	Did the organization have members or stockholders?		6		Х					
7a										
b	Are any governance decisions of the organization reserved to (or subject to approva	l by) members,	76		v					
_	stockholders, or persons other than the governing body?	dodokon diin	7b	38.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	X					
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken duning	14.							
_	the year by the following		8a	X						
a	The governing body?  Each committee with authority to act on behalf of the governing body?		8b	X						
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann	ot he reached at	00		<del>                                     </del>					
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule	O .	9		X					
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Rever	iue C		) 					
			40.	Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	6 la la	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple of the control of the	pt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef	ore filing the form?	11a	X ADri	1 U Val					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		+ +	***************************************	<b>三</b> .酒					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	<b>├</b> ──					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	Χ	<del> </del>					
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done $$ .	policy? If "Yes,"	12c	Х						
13	Did the organization have a written whistleblower policy?		13	Х	<u> </u>					
14	Did the organization have a written document retention and destruction policy?		14	X	. 505021. 88					
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 approval by on and decision?								
а	The organization's CEO, Executive Director, or top management official		15a	Х						
b	Other officers or key employees of the organization .		15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?	ılar arrangement	16a		X					
b		n to evaluate its	7		12.1					
	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	16b		15 vi i					
Secti	on 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	e), 990, and 990-	T (Sec	tion :	501(c)					
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on S	t apply chedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing doc and financial statements available to the public during the tax year	uments, conflict o	of inter	est p	olicy,					
20	State the name, address, and telephone number of the person who possesses the organization	on's books and re	cords	<b>&gt;</b>						
	Gwendolyn Darty, 901 Butler Drive, Suite A, Mobile, AL 36693-5									

	(2019)	

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

Cfleck 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. See instructions for the order in which to list the persons above

Check this box if neither the organization n	T .				C)			,		
(A) Name and title	(B) Average hours per week	box office	unles er an	Pos neck ss pe d a d	more rson lirect	e than o is both or/trust	an tee)	(D)  Reportable compensation from the	(E)  Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) J. McM. Backes, Jr.	2									
President		Х		Х				0	0	0
(2) Sandy Delchamps	2									
Vice President		X		Х				0	0	0
(3) Kenyen R. Brown	2	]			ļ					
Secretary		X		Χ				0	0	0
(4) James E. Sandıfer	2									
Treasurer		X		X				0	0	0
(5) Demetrius Semien	2									
Immediate Past President		X		Х				0	0	0
(6) Eddie Burrow	2									
Member		X						0	0	0
(7) Rev. Trey Doyle	2	Ì								
Member		Χ						0	0	0
(8) Paul McLendon	2									
Member		X						0	0	0
(9) Felecia Prince	2									
Member		Х						0	0	0
(10) Patricia Rotella Silverman	2	ļ								
Member	<u> </u>	Х	<u>_</u>					0	0	0
(11) Sherman C. Williams, Sr.	2									
Member		Х						0	0	0
(12) Susan B. Young	2									
Member		Х						0	0	0
(13) Gwendolyn Darty	40									
Executive Director	_			Χ				36,000	0	0
(14) Frank P. D'Alonzo	40									
Executive Director				Χ				12,501	0	0

(15)  Name and title  Name an	Part	VII Section A. Officers, Directors,	rustees,	Key I	Em	ploy	yee	s, an	ıd F	lighest Compe	nsated Emplo	yees (	continued)			
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Compensation   Comp		Name and title	_	box,	unles	ss pe	rson	is both	n an	'						
Section   Sect				-	$\overline{}$			1	<del></del>							
(15)  (16)  (17)  (19)  (20)  (21)  (22)  (24)  (25)  10 Subtotal  10 Total (add lines 1b and 1c).  11 Total (add lines 1b and 1c).  12 Total number of indvaluals (including but not limited to those itsted above) who received more than \$100,000 of reportable compensation from the organization in line 1a, site sum of reportable compensation and other compensated employee on line 1a? If "Yes," complete Schedule I for such individual  2 Total number of indvaluals and on line 1a, is the sum or reportable compensation and other compensated employee on line 1a? If "Yes," complete Schedule I for such individual sets of line 1a, is the sum or reportable compensation from the organization in line 1a, is the sum or reportable compensation and other compensated employee on line 1a receive or accrue compensation from any unrelated organization or for services rendered to the organization or for "Yes," complete Schedule I for such individual for services rendered to the organization or for "Yes," complete Schedule I for such profition or accrue compensation from any unrelated organization or for services rendered to the organization or for "Yes," complete Schedule I for such profition is the organization or for "Yes," complete Schedule I for such profition or in the organization or for "Yes," complete Schedule I for such profition or individual sets of the organization or for "Yes," complete Schedule I for such profition or individual sets of the organization or for "Yes," complete Schedule I for such profition or individual sets of the organization or for "Yes," complete Schedule I for such profition or individual sets of the organization or for "Yes," complete Schedule I for such profition or individual sets of the organization or for "Yes," complete Schedule I for such profition or individual sets of the organization or for "Yes," complete Schedule I for such profition or individual sets of the organization or for "Yes," complete Schedule I for such profition or individual sets of the organization or individual sets of t			(list any	or d	Inst	윷	e e	High emp	F			fr	om the			
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Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spor	nse or note to a	ny line in this Pa	art VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts nts	1a	Federated campaig	ns		1a			phipallia in the state of the s		A, Arrange (da
Contributions. Gifts, Grants and Other Similar Amounts	b	Membership dues			1b			and the second second		
ě,	С	Fundraising events			1c	6,250		to the state of	188	
ii ii	d	Related organizatio			1d				100	
% <del>E</del>	е	Government grants			1e	250,303				TO MANAGE TO SERVICE STATE OF THE SERVICE STATE OF
Sign	f	All other contribution					man a piri	topos cario de al Milano de Malona de la companione		
he të		and similar amounts no			1f	156,982				
神な	g	Noncash contribution	ons in	icluded in	١.					
in Si		lines 1a–1f	40		1g	\$	410 505			
	h	Total. Add lines 1a-	<u>-1†</u>			Business Code	413,535	3,4440000000000000000000000000000000000		
o o	20					Business Code				
is z	2a									
gram Ser Revenue	b		•	··						<u> </u>
E S	C d									
gra Re	u									
Program Service Revenue	f	All other program se								
_	g	Total. Add lines 2a-				<b></b>	0	vale of a cons		
	3	Investment income other similar amount income from investr	ıts)			<b>&gt;</b>		A CONTRACTOR OF THE CONTRACTOR		
	5	Royalties				<u> </u>				
				(i) Real		(ii) Personal			Control of the contro	441743
	6a	Gross rents	6a						GT of the first	national Resident
	b	Less rental expenses	6b				in a military of the			
	C	Rental income or (loss)			0	0	Francisco Company			
	d	Net rental income o	r (loss	<del></del>		<u> </u>	0	The CENTRAL CONTINUES CONSIDER THE CONTINUES C	ZYC. J. SZAZZZZKOTROWSKINI Z. NAN	. L
	7a	Gross amount from		(i) Securit	ies	(ii) Other				
,		sales of assets	l _				i Pikira			
		other than inventory	7a_			1,000				
ĭue	b	Less cost or other basis	l :			0.17				
Revenue		and sales expenses	7b			847		14.00		Light of Francis Lab
Re		Gain or (loss) Net gain or (loss)	7c		0	153	150	**************************************		
Je.	8a	Gross income from	f	ndrowna			153 ####################################		16.2 m = 5.3 m : \$16.2	**************************************
Other	oa	events (not including of contributions rep 1c) See Part IV, line	\$ ported	6,250	8a	20,719				
	b	Less direct expens			8b	8,203				
	c	Net income or (loss)		fundraisin			12,516		sorteliaria habanansa ayan	2.300026.95-4074.000004
	9a	Gross income f activities See Part I	rom	gaming	9a		Linearing and a graph of			
	b	Less direct expense			9b					
	С	Net income or (loss)	) from	gaming ac	tivitie	s . <b>&gt;</b>	0			
	10a	Gross sales of in		ory, less						
	_	returns and allowan			10a		The state of the s			Office of the state of the stat
	b	Less cost of goods			10b					
-	С	Net income or (loss)	irom	sales of in	vento		O literative and the control of the	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\$151.6197688888888888888888888888888888888888	in a second
Miscellaneous Revenue	11a					Business Code			UB CHIEF TO THE TOTAL	
scellaneo Revenue	i i a b		<del>-</del>							_
Ver Sa	C									
SC.	d	All other revenue								
Ξ	e	Total. Add lines 11a	a–11d				n		100 July 100	51"11"" " #44 % #46 # gles #2 #41" }
	12	Total revenue. See				<b>•</b>	426,204	revens continued in relationships (1988) 4	manumumanturah pada pada pada pada pada pada pada pa	n -mar-a-salirentensii illingii hii illingii ill

#### 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 response or note to any line in this Part IX X (D) ' Fundraising (C) Management and (A) Total expenses (B) Program service Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 161,466 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees 36,000 12,501 48,501 Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 60,518 33,800 26,718 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 8,354 5,371 2,983 10 Payroll taxes 11 Fees for services (nonemployees) Management þ Legal 4,000 4,000 Accounting C d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees f Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 104,695 95,815 8,880 12 Advertising and promotion 29,119 26,845 2,274 Office expenses 13 14 Information technology 15 Royalties 16 Occupancy 24,613 24,613 7,693 7,693 Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 509 509 20 Interest 21 Payments to affiliates 4,598 4,598 Depreciation, depletion, and amortization 22  $5,3\overline{23}$ 2,446 23 Insurance 2,877 Other expenses Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) Equipment and supplies 9,681 9,681 а 782 782 b C d е All other expenses 60,233 409,619 Total functional expenses. Add lines 1 through 24e 469,852 25 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

	<u> </u>	Check if Schedule O contains a response or	note to any lin	e in this Pa	art X		
	•				- (A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			68,124	1	46,873
	2	Savings and temporary cash investments				2	"
	3	Pledges and grants receivable, net			25,917	3	3,733
	4	Accounts receivable, net				4	,
	5	Loans and other receivables from any current of	or former officer	director.	YOUR THE PROPERTY OF THE	11111	EFFILL STATE OF THE
		trustee, key employee, creator or founder, subst				- 17/258 17/258	
		controlled entity or family member of any of thes		,		5	3.72
	6	Loans and other receivables from other disqua under section 4958(f)(1)), and persons described	•			6	The state of the s
Ø.	7	Notes and loans receivable, net		. , , , ,		7	
Assets	8	Inventories for sale or use		8			
As	9	Prepaid expenses and deferred charges			6,202	9	1,335
	10a	Land, buildings, and equipment cost or other	-				
	100	basis Complete Part VI of Schedule D	10a	18,378			PARAGRAPHA AND AND AND AND AND AND AND AND AND AN
	b	Less accumulated depreciation	10b	13,788	10,035	10c	4,590
	11	Investments—publicly traded securities		207,700	10,030	11	1,330
	12	Investments—other securities See Part IV, line 1	11			12	
	13	Investments—program-related See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)		110,278	16	56,531
	17	Accounts payable and accrued expenses	,		5,783	17	8,684
	18	Grants payable			18	,,,,,,	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability Complete F	Part IV of Sched	ule D		21	
Ø	22	Loans and other payables to any current or			19. 28.25 T. (C) 3 -	353	
itie		trustee, key employee, creator or founder, subst			Control of the contro	¥44	The state of the s
Liabilities		controlled entity or family member of any of thes	.,		22		
Ë	23	Secured mortgages and notes payable to unrela	-			23	
	24	Unsecured notes and loans payable to unrelated	•		13,000	24	
	25	Other liabilities (including federal income tax,	•	ated third	,		
		parties, and other liabilities not included on lines					
		of Schedule D	, ,			25	
	26	Total liabilities. Add lines 17 through 25			18,783	26	8,684
S.		Organizations that follow FASB ASC 958, che	ck here ▶ 🏻			746	
ဦ		and complete lines 27, 28, 32, and 33.	_			446	
<u>a</u>	27	Net assets without donor restrictions			91,495	27	47,847
m	28	Net assets with donor restrictions				28	
틸		Organizations that do not follow FASB ASC 9	58, check here	▶ □			
<u>ال</u>		and complete lines 29 through 33.		-			
0	29	Capital stock or trust principal, or current funds				29	***************************************
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq	uipment fund		-	30	
\ss	31	Retained earnings, endowment, accumulated ind		ınds		31	
it/	32	Total net assets or fund balances			91,495	32	47,847
ž	33	Total liabilities and net assets/fund balances			110,278	33	56,531

n	. 47
Page	9 I Z

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		71	426,	204		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1		469,	, 852		
3	Revenue less expenses Subtract line 2 from line 1	3			(43,	, 648		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			91,	, 495		
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 on Schedule O)	9						
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))	10			47,	,847		
Part	XII Financial Statements and Reporting					_		
	Check if Schedule O contains a response or note to any line in this Part XII				1	<u> </u>		
			F	/×	Yes	No 1800		
1	Accounting method used to prepare the Form 990   Cash   Accrual   Other		l"	(Taligram				
-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were co	mpiled	ior 🖁			では、		
	reviewed on a separate basis, consolidated basis, or both		2	24-11. 11.				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		_		- 40/3 - 1/3/38			
b	Were the organization's financial statements audited by an independent accountant?		<b>—</b>	2b	Χ	<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both	ited o	na 🤾	: : (i)	: ### :::##			
	<ul> <li>☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis</li> </ul>		L					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent account			2c	x			
	If the organization changed either its oversight process or selection process during the tax year, e		-		11			
	Schedule O			: C				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for Single Audit Act and OMB Circular A-133?	orth in		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un-							
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits		3b		Щ_		
				Forn	n <b>990</b>	(2019		

#### 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 Inspection

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.

Employer identification number Name of the organization Mobile Area Interfaith Conference, Inc. 42-1689049 Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II ) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives. (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

18

instructions

Part	(Complete only if you checked to	he box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qu	
Sacti	Part III If the organization fails to on A. Public Support	o quality unde	er the tests iis	sted below, p	ease comple	te Part III )	•
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	161,830	, .		447,474		1,472,717
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	161,830	190,400	259,478	447,474	413,535	1,472,717
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	3. 2. A.			<b>- 1</b>	1 1/6	1,472,717
	on B. Total Support			( ) 0047	(1) 0040	(-) 0040	15 T-1-1
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018 447, 474	(e) 2019	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	161,830	190,400	259,478	447,474	413,333	1,4/2,/11/
9	Net income from unrelated business activities, whether or not the business is regularly carried on		,	,			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				7,777	12,516	20,293
11	Total support. Add lines 7 through 10	\$37 <b>4</b> 5		To a second			1,493,010
12	Gross receipts from related activities, etc	,	•			12	
13	First five years. If the Form 990 is for to organization, check this box and stop he	ere		d, third, fourth	ı, or fifth tax y	ear as a sectio	on 501(c)(3) ▶
	on C. Computation of Public Suppo			1 column (f)		14	00 64 9/
14 15	Public support percentage for 2019 (line			i, coluitiii (i))		15	98.64 <b>%</b> 99.35 <b>%</b>
16a							
b	201 01 11 11 11 11 11 11 11 11 11 11 11 1						
17a	10% -facts-and-circumstances test—2 10% or more, and if the organization m Part VI how the organization meets the organization	eets the "facts	-and-circumst	ances" test, ch	neck this box a	and stop here.	. Explain in
b	10% -facts-and-circumstances test—2 15 is 10% or more, and if the organize Explain in Part VI how the organization supported organization	ation meets th	e "facts-and-o	circumstances'	" test, check	this box and s	stop here.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

	ele A (Form 990 or 990-EZ) 2019						Page
Part							
	(Complete only if you checked t						der Part II
<u> </u>	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II <u>)</u>	
	on A. Public Support	1 ( ) 0045		,			<del></del>
	idar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise						
_	sold or services performed or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		<u> </u>				
	unrelated trade or business under section 513			-		r	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			-			
8	Public support. (Subtract line 7c from line 6)						
	on B. Total Support	1 () 00/5					
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends,		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
iva	payments received on securities loans, rents, royalties, and income from similar sources		· ·				
b	Unrelated business taxable income (less 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 the organization, check this box and stop he	re		d, third, fourth	, or fifth tax yề	ar as a section	501(c)(3)
Secti	on C. Computation of Public Support						
15	Public support percentage for 2019 (line	• • • • • • • • • • • • • • • • • • • •	•	13, column (f))		15	%
16	Public support percentage from 2018 Sci					16	%
	on D. Computation of Investment In  Investment Income percentage for 2019 (				(0)	17	%
17	invesiment income percentage for 2019 (	ime iuc. colun	in iti alvided b	IV IIDE 13 COIII	mn (1))	17/1	%

17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 331/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3% and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

331/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 331/3% and line

Investment income percentage from 2018 Schedule A, Part III, line 17

18

20

#### 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
- 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
- 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?
- Old 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)
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 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)

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11 Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  b A family member of a person described in (a) no (b) above?  c A 35% controlled entity of a person described in (a) no (b) above?  c A 35% controlled entity of a person described in (a) no (b) above? If Yes' to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations  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 and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees at all times during the tax year? If You, 'describe in Part VI how the supported organization organization and what conditions or restrictors, if any, applied to such powers during the supported organization organization organization operate for the organization accordance in the supporting organization organization of the supporting organization organization organization organization organization organization organization organization or the supporting organization or the supporting organization or the supporting organizations.  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the gapinization appointed organization and the supporting organization and the surporting organization or the surporting organization was vested in the same persons that controlled or manager the supported organization and the supporting organization and manufolication organization and the surported organization is	Part	Supporting Organizations (continued)			-3
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	a			F#16-5	1178.5

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>gan</u>	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.			
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		· <del>-</del> ·
Section B—Minimum Asset Amount	-	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	10.74	the state of the second party with the property of the second	The state of the s
instructions for short tax year or assets held for part of year)	1.4	31 44 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	<del></del>	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			Part Street Towns of The Control of
factors (explain in detail in Part VI)	213		
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		
2 Enter 85% of line 1	2		
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		
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-functional	ly in	tegrated Type III supporting	organization (see
instructions)			·

Part	V Type III Non-Functionally Integrated 509(a)(	3) Supporting Organ	izations (continued)	
Sect	ion D—Dįstributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
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)	)	<del>, , , , , , , , , , , , , , , , , , , </del>	
6	Other distributions (describe in Part VI) See instructions		<del>-</del>	
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ) See instructions	ch the organization is re	sponsive	
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ) See instructions			
3	Excess distributions carryover, if any, to 2019	Fig. 15. Sec. Sec. Sec. Sec. Sec. Sec. Sec. Sec		
а	From 2014			
b	From 2015		#Definition of the Page 1	
С	From 2016			TOWN ACTOR ASSESSED.
d	From 2017			The state of the s
<u>e</u>	From 2018			である。近日の大学の大学で
f	Total of lines 3a through e		THE SECTION PROPERTY.	
g	Applied to underdistributions of prior years			ethermal manufacture of high profits and
<u>h</u>	Applied to 2019 distributable amount	100 cm   100	Signaturate serial più sella	
<u>    i                                </u>	Carryover from 2014 not applied (see instructions)		neth Brown and Land	
<u>j</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f		Principal dina di propi	
4 	Distributions for 2019 from Section D, line 7 \$	PERCHEPOLOGICAL	7) 3338640000000000000000000000000000000000	
a	Applied to underdistributions of prior years			海水体的海流的
<u> </u>	Applied to 2019 distributable amount	Para de la constanta de la con	range i sakan mangan na sakani cadar Kalaya, anga i man ba vi sakana saka	
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions			
6	Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2020. Add lines 3j and 4c	A STATE OF THE STA		
8	Breakdown of line /			ATT. UNGERMANNEN STATE OF THE S
a	Excess from 2015			
b	Excess from 2016 .			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019	THE PERSON NAMED IN	and the state of the state of	and a Million of the State of t

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Page	1

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 fundraising income.
	·
	·
	·
	·

#### **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.

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name o	of the organization		Employer identification number
Mobi	le Area Interfaith Conference, Inc		42-1689049
Par			ds 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	ne organization's exclusive legal contro	ol? ☐ Yes ☐ No
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or f	or any other purpose
	conferring impermissible private benefit?		Yes 🗌 No
Par			
	Complete if the organization answered	<u> </u>	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example, recr		· · · · · · · · · · · · · · · · · · ·
	Protection of natural habitat	☐ Preservation of	f a certified historic structure
2	Preservation of open space	ald a sublified assessment as sentuctivities	an in the form of a consequent
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year	eid a quaimed conservation contribution	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	te .	2b
C	Number of conservation easements on a certified		2c
d	Number of conservation easements included in	· , ,	
_	historic structure listed in the National Register	(e) dequired diter 112eree, and not	2d
3	Number of conservation easements modified, tran	sferred, released, extinguished, or tern	
	tax year ▶		, ,
4	Number of states where property subject to conse	rvation easement is located >	
5	Does the organization have a written policy re		pection, handling of
	violations, and enforcement of the conservation ea	sements it holds?	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing	g conservation easements during the year
	<b>)</b>		
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
	<b>&gt;</b> \$	2(4) =	
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of	
9			·
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of		•
	organization's accounting for conservation easeme		ancial statements that describes the
Part			Other Similar Assets
	Complete if the organization answered	•	
1a	If the organization elected, as permitted under FA		ue statement and balance sheet works
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote	•	•
b	If the organization elected, as permitted under FA	SB ASC 958, to report in its revenue	statement and balance sheet works of
	art, historical treasures, or other similar assets held	d for public exhibition, education, or re	
	provide the following amounts relating to these item	ms.	
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	<ul><li>(i) Revenue included on Form 990, Part VIII, line 1</li><li>(ii) Assets included in Form 990, Part X</li><li>If the organization received or held works of art</li></ul>	, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under F	ASB ASC 958 relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		<b>▶</b> \$

Part								
3	Using the organization's acquisition, collection items (check all that apply)	accession, and otl	her recor	ds, chec	k any of the	follow	ing that make si	gnificant use of its
а	☐ Public exhibition		d	☐ Loan	or exchange	e progr	am	•
b	☐ Scholarly research		е	Other	r			
С	☐ Preservation for future generations	5						
4	Provide a description of the organizat	tion's collections a	and expla	un how t	hey further t	the orga	anızatıon's exem	npt purpose in Part
5	During the year, did the organization							
	assets to be sold to raise funds rather		ined as p	art of the	e organizatio	on's co	llection?	☐ Yes ☐ No
Part	Complete if the organization 990, Part X, line 21	answered "Yes"		_				
1a	Is the organization an agent, trustee, included on Form 990, Part X?	, custodian or oth	er interm	ediary fo	or contributi	ons or	other assets no	t 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing ta	able			mount
							Ar	nount
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		<del></del>
f	Ending balance					1f	1	
2a	Did the organization include an amoun							? ∐ Yes ∐ No
Pari	If "Yes," explain the arrangement in Part Endowment Funds.	art XIII Check here	e if the ex	cpianatio	n nas been j	provide	o on Part XIII	
Fai	Complete if the organization	answered "Ves"	on For	m 000 F	Part IV line	10		
	Complete if the organization	(a) Current year		or year	(c) Two years		(d) Three years back	(e) Four years back
4-	Paginging of year halance	(u) content year	(2) 1	-	(0) 1110 yours	-	(2)	(c) / car yours such
1a	Beginning of year balance							
b b	Contributions  Net investment earnings, gains, and			*****				
	losses					_		
d	Grants or scholarships	•						
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance					Ī	•	
2	Provide the estimated percentage of t	he current year en	d balanc	e (line 1g	, column (a)	) held a	is	
а	Board designated or quasi-endowmen	nt ▶	%					
b	Permanent endowment ▶	%						
С	Term endowment ► %							
	The percentages on lines 2a, 2b, and	2c should equal 10	00%					
3a	Are there endowment funds not in the	e possession of th	ie organi	zation tha	at are held a	and adr	ministered for th	e
	organization by							Yes No
	(i) Unrelated organizations .							3a(i)
	(ii) Related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related o							3b
4	Describe in Part XIII the intended uses	s of the organization	n's endo	wment fo	unds			
Part								
	Complete if the organization	answered "Yes'	on For	m 990, F	Part IV, line	11a S	See Form 990,	Part X, line 10
	Description of property	(a) Cost or ot (investme		` '	or other basis ther)		Accumulated preciation	(d) Book value
1a	Land							
b	Buildings							
С	Leasehold improvements .							
d	Equipment				18,378		13,788	4,590
е	Other							
Total.	Add lines 1a through 1e (Column (d) n	nust equal Form 9	90, Part	K, columr	n (B), line 10	c)	<b>•</b>	4,590

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" on Foi	rm 990 Part IV lin	e 11h See Form	1990 Part X line 12
	(a) Description of security or category	(b) Book value	(c) Met	hod of valuation
· ·	(including name of security)	-	Cost or end	-of-year market value
(1) Financial	derivatives neld equity interests			<del></del>
	· · ·			
(A)				
(B)				
(C)				
(D)		- "		
(E)		-		
(F)				
(G)				
(H)				
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 12) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	e 11c See Form	990, Part X, line 13
	(a) Description of investment	(b) Book value		hod of valuation -of-year market value
(1)				,
(2)				
(3)				
(4)				
_(5)				
_(6)				
_(7)				
(8)				
(9)	(1) (5 000 0 (1) (10) (10)			
	mn (b) must equal Form 990, Part X, col (B) line 13)  Other Assets.			
Part IX	Complete if the organization answered "Yes" on Foi	rm 000 Part IV lin	o 11d. Soo Form	990 Part Y June 15
	(a) Description	illi 990, Fait IV, illi	e ilu See ioim	(b) Book value
(1)	(a) Description			(b) Book Value
(1) (2)				
(3)				
(4)				
(5)				
(6)	" <del>-</del> "			
(7)				
(8)			ı	
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11e or 11f See	e Form 990, Part X,
	line 25			
1.	(a) Description of liability			(b) Book value
(1) Federal in	icome taxes			<u> </u>
(2)				
(3)				. <u>.</u>
(5)				
(6)				<del></del>
(7)			-	
(8)	<del></del>			<u> </u>
(9)	<del></del>			
	mn (b) must equal Form 990, Part X, col (B) line 25)		<b>•</b>	<del></del>
	uncertain tax positions In Part XIII, provide the text of the footn	ote to the organization	- 1	nts that reports the
	s liability for uncertain tax positions under FASB ASC 740 Check			

Part			-	
	Complete if the organization answered "Yes" on Form 99		<u>2a</u>	
1	Total revenue, gains, and other support per audited financial statemen	ts	1	426,204
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		<b>1637</b>	•
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII ) .	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1	1 1	3	426,204
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	G com	
C	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, II		5	426,204
Part				
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 12	2a	
1	Total expenses and losses per audited financial statements .	•	1	469,852
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		7,7	
а	Donated services and use of facilities	2a		
b	Prior year adjustments .	2b		
С	Other losses	2c		,
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	469,852
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		1- 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b .		4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.	line 18 )	5	469,852
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this p			e 4, Part X, line
			·	· 
	. <u>:</u>			
			- ,	
	•		·	<del></del>
			·	

Schedule D (For	m 990) 2019	Page \$
Part XIII	Supplemental Information (continued)	
	•	
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#### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Moha						1	
11001	Mobile Area Interfaith Conference, Inc. 42-1689049  Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17						)
Par	Fundraising Activities. Form 990-EZ filers are n				vered "Yes" on f	orm 990, Part IV,	line 17
1	Indicate whether the organizatio	n raised funds t	• .		_		
а	Mail solicitations		e 🛚		on of non-govern	•	
b	Internet and email solicitation	าร	f [		on of government	=	
С	Phone solicitations		g∟	」Special f	fundraising events	•	
đ	☐ In-person solicitations						
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?   Yes No  by If "Yes" list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be							
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization							
	(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
••		-	Yes	No		<u></u>	-
1							
2						•	
3							
4							
5							
6	,						
7		-					
8							
9							
10							
Total				<b>&gt;</b>			
Total  List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing							
<b></b>		•••••					
		•••••••••••			***************************************		

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Christmas Gala (event type)	Luncheon (event type)	(total number)	(add col (a) through col (c))
e			(010111 1) F 0	(COUNTY)	(color manne or)	
Revenue	1	1 Gross receipts	13,638	10,085	3,246	26,969
Œ	2		3,250	3,000		6,250
		Gross income (line 1 minus line 2)	10,388	7,085	3,246	20,719
	4	4 Cash prizes				. 0
	5	5 Noncash prizes				0
enses	6	6 Rent/facility costs				0
Direct Expenses	7	7 Food and beverages	2,500	1,183	1,655	5,338
Direc	8	8 Entertainment				0
	9	9 Other direct expenses	340	429	2,096	2,865
	10	Direct expense summary Act	dd lines 4 through 9 in c	olumn (d)	<b>&gt;</b>	8,203
	11	1 Net income summary. Subtr	act line 10 from line 3, c	olumn (d)	<b>&gt;</b>	12,516
Pa	rt l	Gaming. Complete if th \$15,000 on Form 990-E		ered "Yes" on Form 9	990, Part IV, line 19,	or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	1 Gross revenue .				
ses	2	2 Cash prizes .				
Direct Expenses	3	3 Noncash prizes				
Jirect	4	4 Rent/facility costs .				· · · · · · · · · · · · · · · · · · ·
)	5	5 Other direct expenses				
	6		☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	7 Direct expense summary Ad	dd lines 2 through 5 in c	olumn (d)	•	
	8	8 Net gaming income summar	y Subtract line 7 from li	ne 1, column (d)	<b>&gt;</b>	
			rganization conducts ga onduct gaming activities			
10		Were any of the organization's of the work of the organization's organ		l, suspended, or termina	_	

chedu	le G (Form 990 or 990-EZ) 2019		Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	□ No
13	Indicate the percentage of gaming activity conducted in		
а	The organization's facility		%_
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party		
	Name ▶		
	Address►	· ·	
16	Gaming manager information		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	□No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		_
Part			
	· · · · · · · · · · · · · · · · ·		

# SCHEDULE (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.

2019

OMB No 1545-0047

Open to Public Inspection

Employer identification number

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

Mobile 1	Mobile Area Interfaith Conference, Inc.	onference, I	nc.				42-1689049	9049	
Part	Part I General Information on Grants and Assistance	on Grants and	Assistance						
1 Doe	Does the organization maintain records to substantiate the	In records to sub	stantiate the amou	unt of the grants or	assistance, the g	rantees' eligibility f	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	and	
the	the selection criteria used to award the grants or assistance?	award the grants	or assistance?					⊠ Yes	<b>ջ</b> □
2 Des	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ızatıon's procedur	res for monitoring	the use of grant fu	nds in the United	States			
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 displicated if additional space is needed.	ssistance to Do	mestic Organiz	ations and Dom	nestic Governm	ents. Complete	janizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 are than \$5,000. Part II can be displicated if additional space is peopled.	red "Yes" on f	orm 990
				- m - 000'00 imi	יים ממלים מיים		obaco lo condo		
1 (a) Name	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section	(d) Amount of cash	(d) Amount of cash (e) Amount of non- (f) Method of valuation of cash assistance (book, FMV appraisal, cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant	f grant
			(alcoholidge ii)	20.6	Sasil assistance	other)	וסווספטון מסטוסומווספ	0 63313161	בַּב
<del>(</del> 1									
(2)									

(10)	
(11)	
(12)	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	•
3 Enter total number of other organizations listed in the line 1 table	<b>A</b>
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule I (Form 990) (2019)

(2)

4

3

(2)

(9)

6

8

Schedule I (F	schedule I (Form 990) (2019)
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

	Part III call be duplicated II additional space is freeded	space is lieeded	_			1
	(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
1 Darec	1 Direct Assistance	302	19,701			
2 Leası	2 Leasing and Utility Expenses	49	141,765			
ო						
4						
ທ						
9						
7						
Part IV	Supplemental Information. Provide the information	he information r	equired in Part I, lin	e 2; Part III, column	n required in Part I, line 2; Part III, column (b), and any other additional information	onal information

Part I, Line 2

The Organization conducts interviews with client's requesting aid. If the individual meets the Organization's criteria for assistance, assistance is provided to the individual through a cash disbursement for the benefit of the individual made payable to a vendor, bank, or hospital. For example, individuals needing assistance with utility bills who meet

the Organization's criteria have a check disbursed by the Organization to the utility company on their behalf.

Schedule I (Form 990) (2019)

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

Department of the Treasury Internal Revenue Service

#### 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.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Mobile Area Interfaith Conference, Inc. 42-1689049 Form 990, Part VI, Line 11a - The Form 990 and the required schedules were provided to the Board of Directors electronically for their review prior to the return being filed. Form 990, Part VI, Line 12c - The Organization, on an annual basis, asks each member of the Board of Directors to review the Conflict of Interest Policy to verify that they do not have any conflicts of interest with the Organization. Form 990, Part VI, Line 15a - The compensation of the Executive Director was reviewed by the Budget and Finance Committee and approved by the Board of Directors as part of the annual budget. Form 990, Part VI, Line 18 - The Organization's Form 990 will be mailed to anyone who requests a copy of the form. Form 990, Part VI, Line 19 - The Organization's governing documents, Conflict of Interest Policy, the annual Audited Financial Statements and the Form 990 are made available to anyone who requests the documents. Part IX, Line 11g: Contract labor \$ 74,695 Payments to other organizations for contract labor 30,000 \$104,695

chedule O (Form 990 or 990-EZ) (2019)	Page 2
ame of the organization	Employer identification number
Mobile Area Interfaith Conference, Inc.	42-1689049
	•
•	
·	
	,