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

OMB No 1545-0047

20**18** 

X Yes No Form 990 (2018)

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 Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection 2018, and ending For the 2018 calendar year, or tax year beginning June 1 2019 31 D Employer identification number C Name of organization Junior League of Mobile, Check if applicable Address change Doing business as 63-0461447 Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Initial return 57 N. Sage Avenue (251)471-3348City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Mobile, AL 36607 G Gross receipts \$ Amended return 553,187 F Name and address of principal officer Megan Barnett, President Application pending H(a) is this a group return for subordinates? Yes X No H(b) Are all subordinates included? Yes No 57 N. Sage Ave, Mobile, AL 36607 X 501(c)(3) \_\_ 4947(a)(1) or If "No," attach a list (see instructions) 501(c) ( Website: ▶ www.juniorleaguemobile.org H(c) Group exemption number ▶ Form of organization X Corporation Trust Association L Year of formation 1932 M State of legal domicile AL Part I Briefly describe the organization's mission or most significant activities: Organization of women committed to promoting volunteerism, developing the potential of women, and improving Activities & Governance communities through the effective action and leadership of trained volunteers. Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 3 Total number of volunteers (estimate if necessary) 6 400 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T. line 38 7b Pnor Year **Current Year** 8 Contributions and grants (Part VIII, line 1h). 161,272 167,037 9 Program service revenue (Part VIII, line 2g) 53,210 48,254 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . (35, 287)56,519 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 226,091 260,506 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 497,092 440,510 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3). 76,380 70,782 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 114,178 99,680 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 280,062 271,146 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18 470,620 441,608 Revenue less expenses. Subtract line 18 from line 12. (1,098)19 26,472 Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) 664,797 1,660,313 21 Total liabilities (Part X, line 26) 157,778 154,392 22 Net assets or fund balances. Subtract line 21 from 507,019 1,505,921 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including companying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and compare Declaration of preparer (other than officer) is based on all unformation of the best of my knowledge. Sian OGDEN, UT Here Type or print name and title Print/Type preparer's name **Paid** Check X if 9/26/19 Preparer Steve Chiepalich self-employed P01277684 Firm's name ▶ S.W. Chiepalich, CPA, P. C. Firm's EIN ▶ 63-1110081 Firm's address ▶ 3800 Airport Blvd., Suite 101 Mobile, AL 36608 Phone no (251) 610-3792

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	· · · <u>u</u>
	The Innier League of Mobile is an excapitation of women committed to promoting	
	volunteerism, developing the potential of women, and improving communities through	
	the effective action and leadership of trained volunteers.	
	Chief Officerio Goldon and Isaacronip of Cluthod Volumecelly	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		es 🗵 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	
		es 🗵 No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	
	the total expenses, and revenue, if any, for each program service reported	o to others
	the total expenses, and recentle, it any, to each program control reported	
4a	(Code ) (Expenses \$ 21,089 including grants of \$ ) (Revenue \$	
,,,	Jubilee Bargains - A large annual rummage sale that provides low-cost quality	'
	clothing and various household furnishings to many low-income families in and	
	around the Mobile community.	
	•••••••••••••••••••••••••••••••••••••••	
4b	(Code ) (Expenses \$ 17,144 including grants of \$ ) (Revenue \$	)
	Communty Outreach - Community outreach is one of our ongoing program activities	
	which provides funding for a wide variety of charitable community organizations	
	and projects such as Leadership Mobile, Boys & Girls Club, Mobile	
	County Public Schools, Youth Leadership Mobile, and many others.	
	<u> </u>	
	***************************************	
	(O.d., \0.000)	
4c	(Code: ) (Expenses \$ 178,948 including grants of \$ ) (Revenue \$	
	Focus Areas - Our current five year focus area is Healthy Children, which is	
	subdivided into the following three categories:	
	Hunger	
	Nutrition	
	Fitness	
	This focus area provides volunteers and financial support for various projects which	
	educate children about proper nourishment and maintaining appropriate levels of	
	physical activity in order to maintain healthy layer	
	Collectively, we annually invest over \$200,000 and more than 25,000 volunteer hours	
	into these and other community based programs which impact the lives of over 18,000	
	men, women, and children.	•••••
44	Other program convece (Decembe in Schodule O.)	<del></del>
40	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses >	217.181

Part	Checklist of Required Schedules			
	le the constitution described as a time 504(5)(2) as 40.47(5)(4) (4) has the constitution of 50.44 has 20.45 (1) (1)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? <i>If "Yes,"</i> complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
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	1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
a	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		х
Ç	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		х
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
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	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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	х	

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		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
c	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		x
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		X
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
Ь	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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>x</u>
	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	Х	
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	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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? If "Yes," complete Schedule R, Part I	33		<u> </u>
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		<u> </u>
	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		<u>x</u>
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? Note. All Form 990 filers are required to complete Schedule O.	38	х	
Part	Olivia Markard La Original and Architecture and Architect			
	Check if Schedule O contains a response or note to any line in this Part V	<del>.</del>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   15	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			]
	reportable gaming (gambling) winnings to prize winners?	1c		Х
		Fom	990	(2018)

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  If all least one is reported on line 2a, did the organization file all required feeder employment tax returns?  Note, if the sum of lines 1 and 2 a is greater than 250, you may be required to e-file (see instructions)  Bit the organization have unrelated business gross income of 51,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature of other authority over, a financial account in a foregron country (such as a brief account, securities account, or other financial account)?  If "Yes," enter the name of the foregron country. See restrictions for filing requirements for Find Pote Form 114, Report of Foregri Bank and Financial accounts (FBAR)  Was the organization a party to a proribited tax shelter transaction at any time during the tax year?  Did any stazoble party notify the organization that I'was or is a party to a proribited tax shelter transaction of the organization have annual gross receipt that are rormally greater than \$100,000, and did the organization she warm annual gross receipt that are rormally greater than \$100,000, and did the organization she warm annual gross receipt that are rormally greater than \$100,000, and did the organization she warm annual gross receipt that are rormally greater than \$100,000, and did the organization she warm annual gross receipt that are rormally greater than \$100,000, and did the organization she annual to the payor?  If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  If "Yes," did the organization notify the donor of the value of the goods or servi	Part				age 9
Statements, filed for the calendar year ending with or within the year covered by this return 2 3 2 b X Note. If the sum of lines 2, and the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2 ais greater than 250, you may be required to e-file (see instructions).  2a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a If "Yes," has it filed a Form 990-1 for this year? If "No" to line 30, provide an explanation in Schedule O.  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; or forganization as a brain account, secuntes account, or other financial account; or forganization applies of the foreign county. See See instructions for filing requirements for finiceNF form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shetter transaction of the very solicitation at any time during the tax year?  5a Does the organization aparty to a prohibited tax shetter transaction of the organization solicit any contributions that it was or is a party to a prohibited tax shetter transaction of the organization solicit any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  8 If "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9 Sponsoring organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? give a promise property of the organization fellower and success business holdings at any time during the year.	,			Yes	No
Statements, filed for the calendar year ending with or within the year covered by this return 2 3	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 3		Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
3a   X   1f 'ves,' has if filled a Form 8282?  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 barik account, securities account, or other financial account)?  If 'ves,' enter then ame of the foreign country. Fe See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Sa Was the organization aparty to a prohibited tax shelet transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelet transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelet transaction?  c If 'ves' it line 5a or 5b, did the organization file Form 8886-17?  C 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?  b If 'ves,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  b If 'ves,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deaductible?  Organizations that may receive deductible as charitable contribution and partly for goods and services provided to the payor?  If I'ves,' did the organization include with every solicitation and express statement that such contributions or gifts were not tax deaductible?  Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  If I'ves,' did the organization receive any payment in excess of \$75 made partly as a contribution and partly for goods and services provided to file partly as a contribution of	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b If "Yes," has it field a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time dump 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)?  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)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Dos and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that it was or is a party to a prohibited tax shelter transaction.  b If "Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization receive any tunds, directly or indirectly, to pay premiums on the premium of the premium		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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)?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Sa Was the organization aparty to a prohibited tax shelet remascation at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelet transaction?  cit "Yes" to line 5a or 5b, did the organization file Form 8886-17?  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?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization to the payor?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gift were not tax deductible?  7 Organizations that may receive deductible as contribution and partly for goods and services provided to the payor?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gift if yes, indicate the number of Forms 8282 filed during the year  c Did the organization receive any funds, directly or indirectly, to pay premitum, on a personal benefit contract?  If the organization receive any funds, directly or indirectly, to pay premitum, on a personal benefit contract?  7 Did the organization receive any funds, directly or indirectly, to pay premitum, on the payor.  17 If the organization received a contribution of cars, boats, aniplanes, or other wheles, did the organization file a form 1899 are required?  18 If the organization recei	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  b if "Yes," center the name of the foreign country,  See instructions for filing requirements for FinCRN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  Vas the origanization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Vas the origanization aparty notify the organization that it was or is a party to a prohibited tax shelter transaction?  c if "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  c if "Yes," and the organization include with every solicitation and express statement that such contributions or grifts were not tax deductible?  7 Organizations shat may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  1 if "Yes," did the organization notify the donor of the value of the goods or services provided?  2 if "Yes," indicate the number of Forms 8282 filed during the year  2 bid the organization seceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  5 bid the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 bid the organization received a contribution of carb, boats, aniphes, or other vehicles, did the organization file or payment in the payment of the very service of the organization file or payment of the very service or indirectly, on a personal benefit contract?  8 Sponsoring organization was discussed funds.  10 If the organization received a contribution of carb, boats, aniphes, or other vehicles, did the organization file or miles.  10 If the organization received a contribution of any boats, and the organization file form 1084°C?  10 Section 501(c)(7) organizations. Enter:  11 organization secure of the section 4966 organization f	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		<u> </u>
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)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6b If "Yes is time 5a or 5b, did the organization file form 8886-17  5a 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 X  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 bif "Yes," did the organization into the payor or otherwise dispose of tangible personal property for which it was required to file Form 8282?  8 if "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  9 If the organization receive a contribution of qualified intellectual property, did he organization for the payor.  9 Sponsoring organization maintaining donor advised funds. Did the organization flee Form 8082 filed during the year?  9 Sponsoring organization maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Dut the sponsoring organization make any taxable distributions under section 4966?  b Dut the sponsoring organization make any taxable distributions under section 4966?  10 Section 501(c)(7) organizations. Enter:  a Gross income from members or shareholders.  b Gross receipts, included on F	4a		42		v
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If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   Th.   X	_		<del></del>		Х
If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   7h   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   8   9   Sponsoring organization make any taxable distributions under section 4966?   9a   Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   9b   9b   9c   9b   9c   9b   9c   9c			7g		Х
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?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter  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  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.					Х
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O			15		ļ
If "Yes," complete Form 4720, Schedule O					
	16	· · · · · · · · · · · · · · · · · · ·	16		<del> </del>
		it "Yes," complete Form 4720, Schedule U	<u> </u>	, gan	(2019)

Part								
	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		ee ins	itructi	_			
Section	on A. Governing Body and Management	· · · · · · · · · · · · · · · · · · ·	:	• •	<u>X</u>			
Occin	A. Coverning 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> 9	r					
	If there are material differences in voting rights among members of the governing body, or	· · · · · · · · · · · · · · · · · · ·			' l			
	if the governing body delegated broad authority to an executive committee or similar				. 1			
	committee, explain in Schedule O.		ľ l		İ			
b	Enter the number of voting members included in line 1a, above, who are independent .	<b>1b</b> 9						
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 supervision of officers, directors, or trustees, or key employees to a management company or other		3		х			
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		X			
5	Did the organization become aware during the year of a significant diversion of the organization		5		Х			
6	Did the organization have members or stockholders?		6	х				
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 approva	by) members,	i i	1				
	stockholders, or persons other than the governing body?		7b	X				
8	Did the organization contemporaneously document the meetings held or written actions ur	dertaken during						
_	the year by the following:  The governing body?		8a	×				
a h	Each committee with authority to act on behalf of the governing body?		8b	X				
9								
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		х			
Section	on B. Policies (This Section B requests information about policies not required by the	e Internal Reven	ue Co	ode.)				
			,	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 o affiliates, and branches to ensure their operations are consistent with the organization's exemption.		10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef		11a		X			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				]			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	<del></del>			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	Х.				
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	describe in Schedule O how this was done.  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 of							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation							
	The organization's CEO, Executive Director, or top management official	•	15a		X			
b	Other officers or key employees of the organization	•	15b		X			
4.5	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?		16a		X			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization				1			
	participation in joint venture arrangements under applicable federal tax law, and take steps							
	organization's exempt status with respect to such arrangements?	<u> </u>	16b					
	on C. Disclosure	<del> </del>						
17								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable (3)s only) available for public inspection. Indicate how you made these available. Check all that		(Sec	tion 5	01(c)			
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Sc							
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.	ents, conflict of int	erest	policy	, and			
20	State the name, address, and telephone number of the person who possesses the organization	on's books and re	cords	<b>•</b>				
-•	Melissa Hughes, 57 N. Sage Avenue, Mobile, AL 36607 (251)471-3348							

1	Page	. 7
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Part VII	Compensation of Officers, Directors,	Trustees, Key Employees	s, Highest Compensated E	imployees, 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 employees."
- 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 no	r any relate	d orga	aniz	atio	n co	ompe	nsa	ted any curren	t officer, director	, or trustee.		
(A) Name and Title	(B) Average hours per	(do n box, i	ot ch	Pos neck ss pe d a d	c) ition more	than o	one an ee)	(D) Reportable compensation from	(E) (F) e Reportable Estimated on compensation from amount of			
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
(1) Megan Barnett												
President	30	х		x								
(2) Lucy Pryor Slaton							-					
President-Elect	20	х		х								
(3) Rebecca Satterwhite												
Executive Vice-President	8	х		Х								
(4) Krista Harrell												
Recording Secretary		х		Х								
(5) Amanda Gonzales												
Treasurer	8	Х	<u> </u>	Х			<u> </u>					
(6) Sarah Bumgarner	ļ			ŀ								
Public Relations Director	8	Х	<u> </u>	Х	ļ							
(7) Sabrına Alexander					ŀ							
Planning Director	8	Х	<u> </u>	X	ļ							
(8) Renie Kennemer	ļ											
Nominating Director	8	X	<u> </u>	X	ļ		ļ					
(9) Alison Herlihy	<b>_</b>						į					
Governance Director	8	Х	-	X	-		<u> </u>			· · · · · · · · · · · · · · · · · · ·		
(10)	<b></b>								:			
(11)												
(12)	<b></b>											
(13)				-								
(14)												

	(A) Name and title		box, office	unles er and	Pos eck s pe	rson	than one of the thick the	an (ee)	(D)  Reportable compensation from	(E) Reportable compensation f related	n from amount of other			
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		composition from compos	ensation in the nization related izations	1
(15)								<u> </u>						
(16)														
(17)												•		<del>- ,</del>
(18)								-				<u>.</u>	-	
(19)								-				<u></u>		
(20)												·· -·		
(21)				-		 		-						
(22)								-						<del></del>
							-	-						
(24)														
						_					-			
(25)											0			0
1b c d	Sub-total  Total from continuation sheets to Part  Total (add lines 1b and 1c)			•	•		٠	>	. 0		0			0
2	Total number of individuals (including but reportable compensation from the organic		to th	nose	e list	ed	above	e) w		ore than \$10		of		
	Did the organization list any former of		tor (		net	90	kov e	amr	ployee or high	est compen	hates		Yes	No
3	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ivid	ual				•	3		Х
4	For any individual listed on line 1a, is the organization and related organizations											- <u></u> -		
5	individual Did any person listed on line 1a receive of									 zatıon or indi	vidual	4		Х
Section	for services rendered to the organization on B. Independent Contractors	? If "Yes," (	comp	lete	Scl	ned	ule J	for .	such person	<u> </u>	•	5		Х
1	Complete this table for your five highest compensation from the organization. Rep	compensat	ed in	dep	end or th	ent ne c	contralend	act lar	ors that receive	ed more than h or within th	\$100,0 ne orga	000 of	on's ta	ax
	year. (A) Name and business add	Iress							(B) Description of s	ervices	С	(C)		
				_				Ė					•	
	N/A. None over \$100,0	000												
								-						
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab	ove) who				
	received more than \$100,000 or compens	anon nom		yaı	al	.011		-				For	m <b>990</b>	(2018

Form **990** (2018)

Par	t VIII	Statement of Revo		······				
		Check if Schedule C	contains a res	ponse or note to		Part VIII	· · · · · ·	· · · · · · ·
					(A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	s 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	· · · · · · · · · · · · · · · · · · ·	151,461		J- J		
ts, ( Am	С	Fundraising events .			ļ			
Gif ilar	d	Related organizations		<u> </u>	Ì			
ns, Sim	е	Government grants (cor			-	1		
er S	1	All other contributions, g		]	į			
i S		and similar amounts not inc		15,576				
a at	9	Noncash contributions include			1.65 005			
	h h	Total. Add lines 1a-1	<u> </u>	Business Code	167,037	<del></del>	<del></del>	<del> </del>
Ĕ	20	Tubiles Deves			40 254	40 254	-	<del> </del>
ě	2a b	Jubilee Bargains		448000	48,254	48,254		<del> </del>
e E	C			<del> </del>		· <del>-</del>		<del> </del>
ĒΞ	d			<del></del>				· · · · · · · · · · · · · · · · · · ·
Š	e							ļ
grai	f	All other program ser						<del>                                     </del>
Program Service Revenue	g	Total. Add lines 2a-2		<b>. .</b>	48,254	···	<del></del>	
	3	Investment income		ends, interest,	13,233			<u> </u>
		and other similar amo		. ▶	(35, 287)			(35, 287
	4	Income from investmen	it of tax-exempt be	ond proceeds ▶				
	5	Royalties		▶				
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses				1		[
	С	Rental income or (loss)	0	0				
	d	Net rental income or		🕨	0			
	7a	Gross amount from sales of	(i) Secunties	(ii) Other	1			
		assets other than inventory						
	b	Less cost or other basis	1		ĺ	ļ		
		and sales expenses		ļ				
	C	Gain or (loss)	0				<del></del>	
	d	Net gain or (loss)			0	<del></del>		<u> </u>
Other Revenue	8a	Gross income from fu events (not including \$						
er Re		of contributions reporte See Part IV, line 18	ed on line 1c).  a	331,722				1
돋	b	Less: direct expenses	s . <b>b</b>		}			_
•	С	Net income or (loss) f	from fundraising	events . >	219,045			219,045
	9a	Gross income from ga	aming activities.	[				
		See Part IV, line 19 .	· a					
		Less direct expenses						
		Net income or (loss) f	•	ivities ▶	0		·	<u></u>
	10a	Gross sales of in						
		returns and allowance	_		i			
		Less. cost of goods s						
	С	Net income or (loss) f		<del>,                                      </del>	0			
	<u> </u>	Miscellaneous R	Revenue	Business Code				
	11a							
	b							<del> </del>
	ı	Community speake		611430	22,427	22,427		ļ
		All other revenue .		L	19,034	19,034	<del></del>	<del> </del>
	12	Total Add lines 11a-		🟲	41,461	89 715	<del></del>	183 758
	11	INTRI PROPRIES NOO!	USRCHOUG	- ·	44H 517H	gu 7141		1 184 /50

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete col	umn (A)
	Check if Schedule O contains a respon	se or note to any lin	e in this Part IX .		🗆
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	70,782	70,782		
2	Grants and other assistance to domestic individuals. See Part IV, line 22		1		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16		,	-	
<b>4 5</b>	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	83,936	20,292	63,644	
9	Other employee benefits	8,146		8,146	
10	Payroll taxes	7,598		7,598	
11	Fees for services (non-employees).				
а	Management				
b	Legal				<u> </u>
C	Accounting	8,750	· · · · · · · · · · · · · · · · · · ·	8,750	·
d	Lobbying				· <del>···</del> ···
е	Professional fundraising services See Part IV, line 17				
1 ~	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)			1 440	
42		1,440	1 750	1,440	
12 13	Advertising and promotion Office expenses (including postage)	1,753 9,258	1,753	9,258	
14	Information technology	9,230	· · · · · · · · · · · · · · · · · · ·	9,236	<del></del>
15	Royalties			<del></del>	
16	Occupancy	66,835	5,443	61,392	
17	Travel	00,033	3,113	01,332	<del></del>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	27,749	27,749		
20	Interest		2,7,		
21	Payments to affiliates				<del></del>
22	Depreciation, depletion, and amortization	20,441		20,441	
23	Insurance	15,388	1,199	14,189	
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.)				
а	Due to national	51,442	51,442		
b	Security game	17,018	5,067	11,951	
C	Bank changes	759	759		· · · · · · · · · · · · · · · · · · ·
d	Membership education & development	17,494	12,797	4,697	
e	All other expenses Misc.	32,819	19,898	12,921	
25	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	441,608	217,181	224,427	<del></del>
26	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)				

Form 990 (2018)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 726,963 1 682,872 1 341,118 2 350,463 2 Savings and temporary cash investments . 3 Pledges and grants receivable, net . . . 3 4 8,875 4 12,190 Loans and other receivables from current and former officers, directors. 5 trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 6 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 6 7 7 8 8 Inventories for sale or use . 9 Prepaid expenses and deferred charges 2,627 242 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 602,791 235,084 10c 214,642 10b 388,149 **b** Less accumulated depreciation . . . 11 Investments—publicly traded securities 394,221 11 355,813 Investments—other securities. See Part IV, line 11 . . . 12 12 13 13 Investments—program-related. See Part IV, line 11 . . . . 14 14 Other assets See Part IV, line 11 . . . . . 15 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,664,797 1,660,313 17 Accounts payable and accrued expenses . . . 2,327 17 6,930 18 18 Grants payable. 155,451 19 147,462 19 Deferred revenue 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, 22 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 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 157,778 154,392 Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets . . . 1,507,019 27 1,505,921 27 28 28 Temporarily restricted net assets . . . . . . . 29 Net Assets or Fund 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 32 Retained earnings, endowment, accumulated income, or other funds. 1,505,921 1,507,019 33 33 1,660,313 1,664,797

Total liabilities and net assets/fund balances

Page	1	1

					<u> </u>
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		440	,510
2	Total expenses (must equal Part IX, column (A), line 25)	2		441	, 608
3	Revenue less expenses. Subtract line 2 from line 1	3		(1	,098
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	<u>, 5</u> 07	,019
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1	<u>, 505</u>	,921
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u> </u>		<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990.   Cash   Accrual   Other	<del> </del>			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain in			
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled or			1
	reviewed on a separate basis, consolidated basis, or both:		ı		
	☐ 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 audite	d on a			
	separate basis, consolidated basis, or both:				ŀ
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth in	2-		.,,
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the	3b		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	Jaits.		- 000	(2018)
			Fort	n フラU	(2018)

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

**Public Charity Status and Public Support** 

OMB No 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

Name	of the organization					Employer Identification	number
	unior League of Mobile, Inc. 63-0461447						
Pai		<del></del>				<del></del>	ns.
The c	organization is not a private founda		,		•		•
1	A church, convention of churc						ł
2							
3	A nospital or a cooperative no						l IIII) Entartha
4	hospital's name, city, and state		onjunction with a nosp	pitai desc	inbed in s	section 170(b)(1)(A)	in). Enter the
5	An organization operated for		college or university	owned c	r operate	ed by a government	al unit described in
	section 170(b)(1)(A)(iv). (Com						
6	A federal, state, or local govern						
7	☐ An organization that normally described in section 170(b)(1)			роп топ	i a gover	nmental unit or from	the general public
8	A community trust described in	n section 170(b	)(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organ	zation described	d in <b>section 170(b)(1)</b>	(A)(ix) op	erated in	conjunction with a l	and-grant college
	or university or a non-land-gra	nt college of agr	riculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
10	university:  An organization that normally i	-0001100: (1) mor	o than 331,0% of its si	upport fre	m contri	hutions membershi	fees and gross
10	receipts from activities related	to its exempt fu	inctions—subject to c	ertain exc	ceptions.	and (2) no more that	n 33¹/₃% of its
	support from gross investment	t income and un	related business taxal	ble incon	ne (less si	ection 511 tax) from	businesses
11	acquired by the organization a  An organization organized and		•				
12	☐ An organization organized and	•	-	-			rv out the purposes
	of one or more publicly suppo						
	Check the box in lines 12a thro	ugh 12d that de	scribes the type of sup	porting o	rganızatı	on and complete line	s 12e, 12f, and 12g.
а	☐ Type I. A supporting organ	ization operated	l, supervised, or contr	rolled by i	ts suppo	rted organization(s),	typically by giving
	the supported organization					he directors or trust	ees of the
	supporting organization Ye	•					
b	_ ,,						
	control or management of organization(s) You must				persons	that control or man	age the supported
_	☐ Type III functionally integ	•			annostio	n with and functions	ally intograted with
С	its supported organization(						iny integrated with,
d	☐ Type III non-functionally i	, ,	•				orted organization(s)
_	that is not functionally integ	_		•			• , ,
	requirement (see instruction						
е	☐ Check this box if the organ	zation received	a written determinate	on from t	he IRS th	at it is a Type I, Type	e II, Type III
	functionally integrated, or	Type III non-fund	ctionally integrated sup	pporting	organizat	ion.	
f	Enter the number of supported of						
<u>g</u>	Provide the following information			1		T:	<del></del>
	(i) Name of supported organization	(ii) EIN	(lii) Type of organization (described on lines 1–10		organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))		ment?	instructions)	instructions)
				Yes	No		
	· · · · · · · · · · · · · · · · · · ·			<del> </del>			
(A)			j				
(B)							
					_		
(C)				}			
				ļ	<u> </u>		· · · · · · · · · · · · · · · · · · ·
(D)							
				<del>                                     </del>			
(E)				1	[		
Total		· · · · · · · · · · · · · · · · · · ·		<del> </del>			

_	
Page	4
· ugc	-

_Part	Support Schedule for Organiza	tions Descr	ibed in Sect	ions 170(b)(1	I)(A)(iv) and 1	170(b)(1)(A)(v	i) /
•	(Complete only if you checked th						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.) /	/ 
	on A. Public Support				·		
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 201/8	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants")					/	
2	Tax revenues levied for the					/	
	organization's benefit and either paid to or expended on its behalf				/		
2	The value of services or facilities				/		
3	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3				/		
-	<u> </u>	-		·	<del>  /                                   </del>	··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·	
5	The portion of total contributions by each person (other than a				/		
	governmental unit or publicly				y		
	supported organization) included on			/	1		
	line 1 that exceeds 2% of the amount			/			
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Secti	on B. Total Support				· · · · · · · · · · · · · · · · · · ·		
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4			<b> </b>	<del> </del>		
8	Gross income from interest, dividends,			1/			
	payments received on securities loans,			y			
	rents, royalties, and income from similar sources		/	1			
•			/				
9	Net income from unrelated business activities, whether or not the business		/	1			
	is regularly carried on		/				
10	Other income Do not include gain or		/ /		· · · · · · · · · · · · · · · · · · ·		
10	loss from the sale of capital assets		/				
	(Explain in Part VI )		/		:		
11	Total support. Add lines 7 through 10		/				
12	Gross receipts from related activities, etc	. (see instructi	ons)			12	
13	First five years. If the Form 990 is for the	ne organizatio	y's first, secor	nd, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he			· · · · ·			🕨 🗀
Secti	on C. Computation of Public Suppor					<del>,</del>	
14	Public support percentage for 2018 (line	<i>V</i> .				14	%
15	Public support percentage from 2017 Scl	hedule A, Part	II, line 14			15	%
16a	33 <sup>1</sup> / <sub>3</sub> % support test—2018. If the organ box and stop here. The organization qua						check this
							ore check
b	33 <sup>1</sup> / <sub>13</sub> % support test—2017. If the organiths box and stop here. The organization						
4	10% -facts-and-circumstances test—2	• /	• • • • •	-			dline 14 is
1/a	10% -racts-and-circumstances test—20 10% or more, and if the organization me	olo; il lile org	anization did i -and-circumst	tances" test c	heck this hox :	and stop here	Explain in
	Part VI how the organization meets the "						
	organization	7.					▶ ┌
L	10%-facts-and-circumstances test—2	/ 017 If the are	anization did i	not check a he	nx on line 13	16a 16b or 17	Ta and line
b	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization of	neets the "fac	ts-and-circum	stances" test.	The organizat	on qualifies as	s a publicly
	supported organization						. ▶ □
18	Private foundation. If the organization di	id not check a	box on line 13	3, 16a, 16b, 17	a, or 17b, chec	k this box and	see
	instructions /.			<u></u>	<u> </u>	<u></u>	🕨 🗀

## Part-III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II if the organization fails to qualify under the tests listed below, please complete Part II.)

<u>Secti</u>	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	262 022	258,539	105 600	101 212	101 500	1 000 764
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	263,822 404,822	440,669	195,690	181,213 411,411	181,500	1,080,764 2,063,850
3	Gross receipts from activities that are not an unrelated trade or business under section 513	101,022	440,003	101) 313	411, 411	102, 103	270037030
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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	668,644	699,208	600,235	592,624	583,903	3,144,614
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 8	Add lines 7a and 7b  Public support. (Subtract line 7c from line 6)						3,144,614
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	668,644	699,208	600,235	592,624	583,903	3,144,614
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(11,947)	(6,612)	48,944	56,217	(33,663)	52,939
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	(11,947)	(6,612	48,944	56,217	(33, 663)	52,939
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.)	(2,341)	3,302	2,102	(3,037)	2,947	2,973
13	Total support. (Add lines 9, 10c, 11, and 12.)	(2,311)	37302	2,202	(3/33/		3,200,526
14	First five years. If the Form 990 is for the organization, check this box and stop her	re			or fifth tax ye	ear as a section	
	on C. Computation of Public Suppor				<del></del>		
15	Public support percentage for 2018 (line 8		-	• • • •		15	98.25%
16 Saati	Public support percentage from 2017 Sch			<u> </u>	· · · · ·	16	96.02 %
	on D. Computation of Investment Inc Investment Income percentage for 2018 (			v line 13 colu	mp (fl)	17	2 %
17 18	Investment income percentage from 2017		• •	-		18	4 %
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2018. If the organi						
	17 is not more than 331/3%, check this box						
þ	331/3% support tests—2017. If the organiz line 18 is not more than 331/3%, check this b						3¹/з% , and
20	Private foundation. If the organization did	d not check a b	ox on line 14,	19a, or 19b, c	heck this box	and see instruc	ctions 🕨 🗌

# 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.)

	ion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported	1		
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	  -  -  -		
_	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		ļ
D	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?	5b	<del> </del>	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or	! !		
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
8	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).  Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7	-	
•	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 <b>Part VI</b> .			
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a	<del> </del>	
_	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
100	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
ıva	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	10a		
	Did the organization have any excess husiness holdings in the tax year? (Use Schedule C. Form 4720, to	· · · · ·		

determine whether the organization had excess business holdings.)

10b

Pa	_	_	į

Part_	V Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
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			
	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,			
	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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	<b></b>	
<u> </u>			لـــــا	
Section	on C. Type II Supporting Organizations		Ves	A
			Yes	No
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 organization's supported organization(s)? If "No," describe in Part VI how control		1	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	<u> </u>	
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			-
_	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			•
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			1
	supported organizations played in this regard.	3		
Casti	on E. Type III Functionally Integrated Supporting Organizations			L
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	inetru	ction	e)
1		. 13tl U	J.IUII	<del>.,</del>
а	The organization satisfied the Activities Test Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below	laca i-	ota4	ional
С	☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (	see III		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1	1	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		i	
	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		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			ļ
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement.	2b		
•	-		<del>                                     </del>	t
3	Parent of Supported Organizations. Answer (a) and (b) below.	1		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20	<del> </del>	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<b></b>	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		<b> </b> -	<b> </b> -
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		İ

<u>Part V. Type III Non-Functionally Integrated 509(a)(3) Supporting Org</u>	anı	zations	
1 ` Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	tru: izati	st on Nov 20, 1970 (expli ions must complete Secti	ain in Part VI). <b>See</b> ons A through E
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
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)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount		:	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
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 instructions).	y in	tegrated Type III supporti	ng organization (see

	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	Page /	
	ion D—Distributions	or outporting organi	izations (commuca)	Commont Vaca	
	on D—Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish	exempt purposes			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted		
	organizations, in excess of income from activity				
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations		
_4	Amounts paid to acquire exempt-use assets			<u> </u>	
5	Qualified set-aside amounts (prior IRS approval required)		· · · · · · · · · · · · · · · · · · ·		
6_	Other distributions (describe in Part VI). See instructions.				
	Total annual distributions. Add lines 1 through 6.		- <del></del>		
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions	h 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 <b>Part VI</b> ). See instructions				
3	Excess distributions carryover, if any, to 2018	1	<u> </u>		
	From 2013				
<u>-</u> _b	From 2014				
	From 2015				
d	From 2016				
е	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)				
<u>j</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f.			<u></u>	
4	Distributions for 2018 from				
	Section D, line 7:				
	Applied to underdistributions of prior years				
	Applied to 2018 distributable amount				
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.				
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 <b>Part VI.</b> See instructions.			0	
7	Excess distributions carryover to 2019. Add lines 3j and 4c.	0			
8	Breakdown of line 7				
а	Excess from 2014				
b	Excess from 2015 .				
c	Excess from 2016				
d	Excess from 2017				
е	Excess from 2018				

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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 12 - Various small, inconsequential receipts.
	·
• 	· · · · · · · · · · · · · · · · · · ·
	·
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## SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

OMB No 1545-0047 2018

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

Employer identification number Name of the organization Junior League of Mobile, Inc. 63-0461447 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (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 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No **Conservation Easements.** Part II 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. Total number of conservation easements . 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c 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? 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 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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. 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

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

b Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

_Part	Organizations Maintaining	Collections of A	Art, Historical	Treasures, or	Other Similar Ass	sets (continued)
3 .	Using the organization's acquisition, a collection items (check all that apply).	ccession, and oth	ner records, chec	ck any of the fo	lowing that are a si	gnificant use of its
а	☐ Public exhibition		d 🗌 Loan	or exchange pr	ograms	
b	☐ Scholarly research		e 🗌 Othe	r		
С	☐ Preservation for future generations					
4	Provide a description of the organizati XIII.	on's collections a	nd explain how t	hey further the	organization's exem	pt purpose in Part
5	During the year, did the organization sassets to be sold to raise funds rather to		•		•	
Part	IV Escrow and Custodial Arra	ngements.				
	Complete if the organization	answered "Yes"	on Form 990,	Part IV, line 9,	or reported an am	ount on Form
	990, Part X, line 21.					
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or othe	_			t □ Yes □ No
ь	If "Yes," explain the arrangement in Pa	rt XIII and comple	te the following t	able.		
	in 155, Oxplain the analysiment in 14				An	nount
С	Beginning balance				1c	
ď	-				1d	
e					1e	
f	Ending balance				1f	•
2a	Did the organization include an amoun		rt X, line 21, for e	escrow or custo	dial account liability?	Yes No
b	If "Yes," explain the arrangement in Pa					
	V Endowment Funds.		•			<del></del>
	Complete if the organization	answered "Yes"	on Form 990, I	Part IV, line 10		
		(a) Current year	(b) Pnor year	(c) Two years bac	k (d) Three years back	(e) Four years back
1a	Beginning of year balance	610,609	552,550	502,59	497,867	
b	Contributions	4,601	1,540	2,38	10,033	
С	Net investment earnings, gains, and					
	losses	(28,553)	63,080	53,73	289	
	Grants or scholarships					
е	Other expenditures for facilities and programs				5,591	
f	Administrative expenses .	6,733	6,561	6,17	2	
g	End of year balance	579,924	610,609	552,55	0 502,598	
2	Provide the estimated percentage of th	e current year end	d balance (line 1g	, column (a)) he	ld as	
а	Board designated or quasi-endowment	t <b>&gt;</b>	%			
b	Permanent endowment ▶	%				
C	Temporarily restricted endowment ▶	%				
	The percentages on lines 2a, 2b, and 2					
3a	Are there endowment funds not in the	possession of the	e organization th	at are held and	administered for the	
	organization by:					Yes No
	(i) unrelated organizations					3a(i) X
	(,					3a(ii) X
b	If "Yes" on line 3a(ii), are the related org					3b
4	Describe in Part XIII the intended uses		n's endowment t	unds	· · · · · · · · · · · · · · · · · · ·	
Part			on Form 000	Doct IV line 11	a Saa Farm 000	Port Y Juno 10
	Complete if the organization					
	Description of property	(a) Cost or oth (investme	1 ' '	or other basis (other)	c) Accumulated depreciation	(d) Book value
1a	Land					
b	Buildings			506,820	298,279	208,541
C	Leasehold improvements					
d	Equipment			95,971	89,870	6,101
е	Other					
Total	Add lines 1a through 1e. (Column (d) m	ust equal Form 99	00 Part X columi	n (B), line 10c )		214,642

_Par(_VII_	Investments—Other Securion Complete if the organization		rm 990, Part IV. lir	ne 11b. See Form	990, Part X, line 12
	(a) Description of security or cal	tegory	(b) Book value	(c) Met	hod of valuation of-year market value
(1) Financial	derivatives			<del>                                     </del>	
	neld equity interests				
(3) Other					
(B)					
(C)					
(D)			-	ļ	
(E)			-	ļ	
(F) (G)				<del> </del>	
( <del>U</del> ) (H)			<del></del>		
	b) must equal Form 990, Part X, col. (B) line 12	1 &			
Part VIII	Investments—Program Rel		<u> </u>	<u>.  </u>	
art viii	Complete if the organization		rm 990 Part IV lir	e 11c. See Form	990 Part X line 13
· · · · · · · · · · · · · · · · · · ·	(a) Description of investme		(b) Book value	T	hod of valuation
	<b>(,</b>		,,,		of-year market value
(1)_		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
(2)		······································			
(3)	,				
(4)					
(5)					
(6)		<u> </u>			
(7)					
(8)					
(9)			<u> </u>		<u></u>
	b) must equal Form 990, Part X, col (B) line 13	) <b>&gt;</b>		<u> </u>	
Part IX	Other Assets.  Complete if the organization	answered "Yes" on Fo	rm 990, Part IV, lir	ne 11d. See Form	990, Part X, line 15
<del></del>		(a) Description			(b) Book value
(1)					
(2)					
(3)					·
(4)		· · · · · · · · · · · · · · · · · · ·			
(5)					
(6)		·			
_(7)			<del></del>		
(8)					
(9)	(h)	V cal (D) line (E)			
	mn (b) must equal Form 990, Part Other Liabilities.	X, coi. (B) line 15.)		<u> ▶</u>	<del></del>
Part X	Complete if the organization	anawarad "Vaa" on Ea	rm 000 Dort IV lin	o 110 or 11f Co	Form 000 Bort V
	line 25	answered tes on Fo	ım 990, Part IV, III		: FOITH 990, Falt X,
1	(a) Description of liability	(b) Book value			
(1) Federal ır	icome taxes				
(2)	. <u></u>				
(3)					
(4)					
(4) (5) (6) (7)					
(6)					
(/)		_			
(8)					
(9)	h)	1 .	·		
	b) must equal Form 990, Part X, col. (B) line 25.				

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

_Part	Reconciliation of Revenue per Audited Financial Stateme	ante	With Revenue per	Return	
	Complete if the organization answered "Yes" on Form 990, I		•	ixotarii.	
1	Total revenue, gains, and other support per audited financial statements		v, iiio 12a.	1	553,187
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•			333,107
a	Net unrealized gains (losses) on investments	2a	1		
b	Donated services and use of facilities	2b		1	
C	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIII )	2d	112,677	1	
e	Add lines 2a through 2d		•	2e	112,677
3	Subtract line 2e from line 1	•		3	440,510
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	.			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	·····		
C				4c	(
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	440,510
Part				er Retur	
	Complete if the organization answered "Yes" on Form 990, I				
1	Total expenses and losses per audited financial statements			1 1	554,285
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• •			
– a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c		1	
d	Other (Describe in Part XIII )	2d	112,677		
e	Add lines 2a through 2d			2e	112,677
3	Subtract line 2e from line 1			3	441,608
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1			
a	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			4c	(
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	1	5	441,608
	XIII Supplemental Information.		· · · · · · · · · · · · · · · · · · ·	<del>! - !</del>	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; P	art IV, lines 1b and 2b	o; Part V, I	ine 4, Part X, line
	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part				
	XI, Line 2d - Fund raising expenses per Form 990,				
Part	XII, Line 2d - Fund raising expenses per Form 990	, Pa	art VIII, Line	8b.	
					1
Part	V, Item 4 - The earnings on the Endowment Fund ar	e u	sed to enhance		
	program services after the principal	read	ches a level wh	nere	
	significant program subsidies can be	sust	tained.		
	·				

chedule D (Fo	nm 990) 2018	Page 5
Part XIII	Supplemental Information (continued)	
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#### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

#### 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.lrs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Employer identification number

63-0461447 Junior League of Mobile, Inc. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants ☐ Mail solicitations ☐ Internet and email solicitations f Solicitation of government grants Special fundraising events Phone solicitations ☐ In-person solicitations 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 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 (v) Amount paid to (sii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual or entity (fundraiser) (iv) Gross receipts from activity (or retained by) fundraiser listed in (ii) Activity custody or control of contributions? (or retained by) organization col (i) Yes No 1 2 3 5 6 7 8 9 10 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

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

Part II 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 avente
				Christ Jubilee Shopping	Jubilee Bargains Shopping		(d) Total events (add col (a) through
4				(event type)	(event type)	(total number)	col (c))
Revenue	1	l	Gross receipts	331,722	48,254		379,976
u.	2	2	Less: Contributions				0
	3	3	Gross income (line 1 minus line 2)	331,722	48,254		379,976
	4		Cash prizes				0
	5	5	Noncash prizes				0
S							
euse	6	3	Rent/facility costs .	40,698	5,442		46,140
Direct Expenses	7	,	Food and beverages	9,260	1,131		10,391
Direc	8	3	Entertainment				0
	9	)	Other direct expenses .	62,719	14,516	S AFFA. 11	77,235
	10		Direct expense summary. Ad				133,766
Pa	11 rt l		Saming. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 19,	246,210 or reported more than
			\$15,000 on Form 990-E2	L, lifte da	(b) Bull tab alreaded		(d) Total gaming (odd
nue				(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1		Gross revenue				
	•		Ologo Tevolide				
ses	2	2	Cash prizes				
Expe	3	3	Noncash prizes				
Direct Expenses	4	ı	Rent/facility costs .				
_	5	5	Other direct expenses .				
	6	 3	Volunteer labor	☐ Yes% ☐ No	☐ Yes % ☐ No	☐ Yes% ☐ No	
	7	,	Direct expense summary Ad	d lines 2 through 5 in c	olumn (d)		1
	8		Net gaming income summary	-			
			Trot gammig moonto community	, , , , , , , , , , , , , , , , , , , ,	,,		
	а	ls t	ter the state(s) in which the or the organization licensed to co No," explain	onduct gaming activities	s in each of these states		. Yes No
10			ere any of the organization's g	aming licenses revoked	l, suspended, or termina	ated during the tax year	? Yes No

Jiedui	e G 1/ (0111 830 01 380-LE) 2010		rage 0
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		<u>%</u>
b	An outside facility		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶		
	Address ▶		<del>-</del>
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	☐ No
	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 > \$		
art	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any addition See instructions.		
		·•	

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

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.

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

Open to Publi Inspection 20

OMB No 1545-0047

**Employer identification number** 63-0461447

Junior League of Mobile, Inc. Name of the organization

Serial General Information on Grants and Assistance	on Grants and	Assistance					
1 Does the organization maintain records to substantiate the are the great and the greatest or secretaries?	ain records to subs		int of the grants or	assistance, the g	rantees' eligibility f	nount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	, and
Describe in Part IV the organization's procedures for monitoring	awaru me grams ization's procedur	es for monitoring	ng the use of grant funds in the United States	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 duplicated if additional space is needed	ssistance to Do	mestic Organiz	ations and Dom	estic Governm I can be duplica	ents. Complete in a sted if additional s	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)Bay Area Food Bank 5248 Mobile St., Theodore, AL	63-0821977	501(c)3	20,225				Food bank
I. C.	urch 46-5616361	501 (c) 3	8,000				Family food drives
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)						,	
(11)							
(12)							
<ul> <li>Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ul>	1 501(c)(3) and goving anizations listed	rernment organizat	tions listed in the li	ine 1 table			<b>A A</b>
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	s for Form 990.					Schedule I (Form 990) (2018)

Schedule I (Fo	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 dublicated if additional space is needed.

ישור וויי ספון אם מקבום של יויים ו	a space to troods in				
(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					
n					
4					
\$					
9					
7					
Part W Supplemental Information. Provide the Informati	the information i	equired in Part I, lin	ie 2; Part III, column	ion required in Part I, line 2; Part III, column (b), and any other additional information.	onal information.
Our community service volunteers perform field investigations to ensure that our grants	rform field i	nvestigations t	to ensure that	our grants are used for	d for their
intended purposes and not improperly diverted	y diverted to	to other uses.			
	: :				
		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			
			7		
					Schedule I (Form 990) (2018)

### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No 1545-0047

2018

Open to Public

Department of the Treasury Internal Revenue Service ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Inspection

Name of the organization **Employer identification number** 63-0461447 Junior League of Mobile, Inc. Part I Types of Property (c) (a) (b) (d) Noncash contribution Method of determining Check if Number of contributions or amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art Art---Historical treasures . 2 3 Art—Fractional interests 4 Books and publications 5 Clothing and household goods See page 2. |Selling price Х 6 Cars and other vehicles . . . 7 Boats and planes 8 Intellectual property 9 Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, 11 or trust interests 12 Securities-Miscellaneous 13 Qualified conservation contribution-Historic structures. 14 Qualified conservation contribution—Other 15 Real estate—Residential . . 16 Real estate—Commercial . . 17 Real estate—Other . . 18 Collectibles . . 19 Food inventory 20 Drugs and medical supplies . . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . 24 Archeological artifacts . Other ► ( 25 26 Other ► (\_\_\_\_\_) 27 Other ► (\_\_\_\_\_) 28 Other ▶ ( Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . . 29 No Yes During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . . . . . . 30a Х b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 31 Х contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . 32a X b If "Yes," describe in Part II 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II

Part II	the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information
Revenue	recognition for contributed clothing is based on actual resale value.
Noncash	contributions of clothing, household and other items are received by Jubilee
Bargain	s and our Christmas Jubilee fund-raisers immediately prior to when
these e	vents are held (March for Jubilee Bargains and November for Christmas Jubilee.)
Since t	he holding period for all noncash contributions is very short and
no inve	ntory of these items exists at year end, they are recorded at the time
of sal	e. The revenue from the Jubilee Bargains donations is included in Part VIII,
Line 2a	and the revenue from the Christmas Jubilee donations is included in Part VIII,
Line 8a	<u>:</u>
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#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# 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

2018

Open to Public Inspection

Employer Identification number

Junior League of Mobile, Inc.	63-0461447
Part VI, Line 12c - The conflict of interest policy is	monitored and enforced by
management through close oversight of	of, and frequent interaction
with, employees and Board members.	Also, periodic written
certificates are required.	
Part VI, Line 19 - The organizationo is not required to	, and does not, make its
governing documents or conflict of in	nterest policy available
to the public. Its form 990, however	r, is prepard from its
annual audited financial statements	and, as much, its annual
financial statements are available to	o the public through review
of its annual tax return.	
Part VI, Sec B, Line 11 - The form 990 is reviewed in de	etail by the Treasurer or
Vice President of Finance before	ore filing. The form 990
is signed by the Treasurer, V	ice President of Finance
or the President. It is subs	equently circulated during
a Board meeting and discussed	on a cursory basis with
the Board by the organization	's auditor.
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chedule O (Form 990 or 990-EZ) (2018)	, Dans
ame of the organization	Page Employer identification number
unior League of Mobile, Inc.	63-0461447
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