efil	e GF	RAPHIC	print - DO NOT PROCESS	As Filed Data -			DI	LN: 93	3493191013160
	99	20	Return of Ore	ganization Exemp	t From	n Income	Тах	ľ	OMB No 1545-0047
Form	33		Under section 501(c), 527, or 4	•				ons)	2018
_				al security numbers on this fo					
Depar Treasi	tment o irv	of the	► Go to <u>www.irs.g</u>	ov/Form990 for instruction	and the	latest inform	ation.		Open to Public Inspection
		enue Servic		·	<u></u>				
			calendar year, or tax year begin C Name of organization	ning 10-01-2018 , and en	aing 09-3	0-2019	D Employe	r ıdentıf	fication number
B Check If applicable □ Address change □ Name change □ Initial return			MOBILE COUNTY EDUCATION ASSO	CIATION			63-0580		
			Doing business as				05 0500	+50	
_		turn m/terminate	-						
		d return	Number and street (or P O box if m 1916 DUVAL STREET	ail is not delivered to street addres	5) Room/su	lite	E Telephone	number	
□ Ap	plicati	ion pendin	Gity or town, state or province, cour	atry, and ZIP or foreign postal code			(251) 47	6-3145	
			MOBILE, AL 36606	itry, and ZIP of foreign postal code			<b>G</b> Gross rece	eipts \$ 2	63.433
			F Name and address of principa	l officer		H(a) Is this			
			HARRY RICHARDSON			subor	dinates?		🗌 Yes 🗹 No
						H(b) Are al includ		s	Yes No
I Ta	ix-exel	mpt status	5 □ 501(c)(3) 🗹 501(c)(6) ◄	(Insert no ) 4947(a)(1) or	527	If "No	," attach a lis		instructions)
J W	ebsi	te: Þ				H(c) Group	exemption r	number	•
						L Year of forma	tion 1986	M State	of legal domicile AL
K For	m of o	organizatio	n 🗹 Corporation 🗌 Trust 🗌 Asso	ciation 🗀 Other Þ					or regar dormone the
P	art I	Sun	nmary						
			escribe the organization's mission o INT PUBLIC SCHOOL TEACHERS	r most significant activities					
юе			INT FODEIC SCHOOL TEACHERS						
Governance									
Ieve	<b>,</b>	Check t	his box $\blacktriangleright$ If the organization dis	continued its operations or dis	posed of n	nore than 25%	of its net as	sets	
ŭ		Number		3	15				
Activities &	4	Number	of independent voting members of	the governing body (Part VI, I	ine 1b) 🛛 .		•	4	15
Mue	5	Total nu	imber of individuals employed in ca	lendar year 2018 (Part V, line	2a)		•	5	0
cti			imber of volunteers (estimate if nee		• •		•	6	
٩			related business revenue from Par		• • •			7a	0
	D	Net unr	elated business taxable income from	n Form 990-1, line 34		 Dri	or Year	<b>7</b> b	Current Year
	8	Contribi	utions and grants (Part VIII, line 1h)					-	0
enu			n service revenue (Part VIII, line 2g)				237,82	22	241,036
enneven	10	Investm	ent income (Part VIII, column (A), I	ines 3, 4, and 7d)				8	13
	11	Other re	evenue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)			3,19	98	22,384
	12	Total re	venue—add lines 8 through 11 (mu	st equal Part VIII, column (A),	line 12)		241,02	28	263,433
			and similar amounts paid (Part IX, o						0
			paid to or for members (Part IX, co				47.2		0
Exp enses			, other compensation, employee be ional fundraising fees (Part IX, colu				47,2	18	48,982
ເພ			draising expenses (Part IX, column (D),		• •			_	
Ä			xpenses (Part IX, column (A), lines	· · · · · · · · · · · · · · · · · · ·			146,00	04	147,540
			penses Add lines 13-17 (must equ	· · ·			193,22	22	196,522
	19	Revenu	e less expenses Subtract line 18 fr	om line 12			47,80	06	66,911
ses Ses						Beginning	of Current Ye	ar	End of Year
Net Assets or Fund Balances	20	Total as	sets (Part X, line 16)				431,98	32	498,893
d B			bilities (Part X, line 26)		•••		451,50		0
Fun			ets or fund balances Subtract line :				431,98	32	498,893
P	art II		nature Block						
			perjury, I declare that I have exam of it is true, correct, and complete						
	nowl		ef, it is true, correct, and complete	Declaration of preparer (othe		cer i is based o	n an mormai		mich preparer has
			**			202	0-07-06		_
Sigr		Signa	ture of officer			 Date			
Here		JUAN	ITA VEALE TREASURER						
			or print name and title						
			Print/Type preparer's name	Preparer's signature	C 2	0ate 020-07-06 Che	ck 🗌 if PT	TN 058680	4

For Paperwork I	Reduction Act Notice, see the separate instructions.	Cat	No 11282Y	Form <b>990</b> (2018)
May the IRS discu	uss this return with the preparer shown above? (see instructions) $\ .$ .			🗹 Yes 🗌 No
	CITRONELLE, AL 36522			
Use Only	Fırm's address ► PO BOX 468		Phone no (251) 866	5-7909
Preparer	Firm's name ANDERSON L MCNEES CPA PC		Firm's EIN 🕨 63-120	05908
Paid			self-employed	

May the IRS discuss this return with the preparer shown above? (see instructions)	•	•	•	•	•	•	•	•	•	•	🗹 Yes
For Paperwork Reduction Act Notice, see the separate instructions.					Cat	: No	o 11	L282	2Y		Fo

orm	990 (2018)					Pag	ge <b>2</b>
Pa	statement	of Program Servic	e Accomplis	hments			
	Check if Sche	edule O contains a respo	nse or note to a	any line in this Part III .		🗆	]
1		organization's mission					
REPR	ESENT PUBLIC SCHOO	OL TEACHERS					
2	Did the organization	undertake any significat	nt program serv	rices during the year whic	h were not listed on		
	the prior Form 990 c	or 990-EZ?				🗌 Yes 🗹 No	
	If "Yes," describe the	ese new services on Sch	edule O				
3	Did the organization	cease conducting, or ma	ake significant o	changes in how it conduct	s, any program		
	services?					🗌 Yes 🗹 No	,
	If "Yes," describe the	ese changes on Schedule	e O				
4	Section 501(c)(3) ar		ns are required	to report the amount of g	gest program services, as measur grants and allocations to others, th		
4a	(Code	) (Expenses \$	196,522	including grants of \$	) (Revenue \$	241,036)	
	See Additional Data						
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)	
							_
							_
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)	
							—
							_
							—
4d	Other program servi	ices (Describe in Schedu	le O )				—
	(Expenses \$		uding grants of	\$	) (Revenue \$	)	
4e	Total program ser	vice expenses <b>&gt;</b>	196,5	22			—
		•				Form <b>990</b> (2)	118)

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Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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	з		No
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		
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 😒	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😒	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> $\mathfrak{B}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 😒	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 😒	11a	Yes	
	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		No
	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		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
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		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🛸	12a		No
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
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		No
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		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		No
		F	orm <b>99</b>	<b>0</b> (2018)

No

Yes

Pai	Checklist of Required Schedules (continued)			
			Yes	No
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? <i>If "Yes," complete Schedule J</i> .	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\ldots$ .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b		
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? <i>If "Yes," complete Schedule L, Part II</i> .	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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? <i>If "Yes," complete Schedule L,</i> Part IV			
		28a		No
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
Ь	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   8		res	
	Enter the number of Forms W-2G included in line 1a <i>Enter -0-</i> if not applicable <b>1b</b> 0			
_				1

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c Yes

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and         Tax Statements, filed for the calendar year ending with or within the year covered by         this return       2a		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a	Did the organization have unrelated business gross income of $1,000$ or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	Зb	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
Ь	If "Yes," enter the name of the foreign country		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$ . $$ .	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds.		
Ŭ	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the 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	
10	Section 501(c)(7) organizations. Enter		
	Initiation fees and capital contributions included on Part VIII, line 12 10a		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>		
11	Section 501(c)(12) organizations. Enter		
а	Gross income from members or shareholders		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
с	Enter the amount of reserves on hand		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule $O$ .	14b	

15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15	
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	16	

No

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Form 990 (2018)	
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Form	990 (2018)			Page <b>6</b>
Par	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI.	o" respo	onse to	lines 🔽
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
Ь	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 15			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$ .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$ .	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	<b>8</b> a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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		No
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
				N
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a 16b		<u>INO</u>
Ь	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
Ь	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
b Se	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			No

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►JUANITA VEALE 1916 DUVAL STREET MOBILE, AL 36606 (251) 476-3145

		Page <b>7</b>
	,	

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

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

Form 990 (2018)

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee "

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

	i ally relaced of	gamzac		omp	CHO	acca c	any	carrent officer, and		
<b>(A)</b> Name and Title	<b>(B)</b> Average hours per week (list any hours	pers	in òn on is	e bo botł	: che x, u n an	eck m nless office ustee	∋r	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) DEDRICK STADMIRE DIRECTOR	1 00	x						390	0	0
(2) SONYA JOHNSON DIRECTOR	1 00	×						360	0	0
(3) MARY C BUSH DIRECTOR	1 00	x						360	0	0
(4) REGINA RENCHER DIRECTOR	1 00	x						360	0	0
(5) MICHELE DOTSON DIRECTOR	1 00	x						360	0	0
(6) LINDA TAYLOR-RUFFIN DIRECTOR	1 00	x						360	0	0
(7) HERBERT V STALLWORTH DIRECTOR	1 00	x						360	0	0
(8) TRACY DAVIS DIRECTOR	1 00	×						360	0	0
(9) DONNA MARSH DIRECTOR	1 00	×						360	0	0
(10) BONITA R ENGLISH DIRECTOR	1 00	x						270	0	0
(11) TARA HUNTER DIRECTOR	1 00	x						240	0	0
(12) BETTY HANNAH DIRECTOR	1 00	x						120	0	0
(13) CLEMENT WILLIAMS DIRECTOR	1 00	x						120	0	0
(14) HARRY RICHARDSON PRESIDENT	4 00			x				1,740	0	0
(15) JUANITA VEALE TREASURER	5 00			x				1,740	0	0
(16) AMIR ENGLISH VICE PRESIDE	3 00			×				720	0	0
(17) DONNA M ROBINSON SECRETARY	2 00			x				576	0	0
										Form <b>990</b> (2018)

Par	art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, u n off or/tr	che nles icer	s pers and a	ion	Repo compe from organiza	<b>D)</b> rtable nsation n the ation (W- D-MISC)	(E) Reportable compensatior from related organizations (1 2/1099-MISC	w-	(F) Estimated amount of other compensation from the organization and	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee				)	organizati relati organiza	∋d		
сΤ	ub-Total	art VII <b>, Section</b>	Α	•			> >			8,796				
2	Total number of individuals (including of reportable compensation from the	ı but not lımıted				oove	e) who	rece	eived mor		00,000			
													Yes	No
3	Did the organization list any <b>former</b> line 1a? If "Yes," complete Schedule 2				ey er			or hig	ghest com	pensated	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization										n the			
5	Individual	· · · · ·	•••	• Jon fi	• • • • •	• anv	• •	ated	organizat	•••	· · · · ·	4		No
	5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>									5		No		
Se	ction B. Independent Contract	ors												
1	Complete this table for your five high from the organization Report compet											mpen	sation	
	Name a	(A) and business addre	255							Desc	(B) ription of services		<b>(C</b> Compen	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Form 990 (20	018)
Part VIII	Statement of Revenue

	Check if Schedu	ile O contains a	respon	ise or note to any	line in this Part VIII			🗆
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaig	ans	1a			revenue		512 - 514
Grants umounts	<b>b</b> Membership dues	- L	1b					
rar		L						
D H	c Fundraising events	L	1c					
ifts ar J	d Related organization	ons	1d					
nii G	e Government grants (o	contributions)	1e					
Contributions, Gifts, Grants and Other Similar Amounts	<ul> <li>f All other contributions and similar amounts r above</li> </ul>	s, gifts, grants, not included	1f					
Contributic and Other	<b>g</b> Noncash contributi in lines 1a - 1f \$ _	ions included						
a C	<b>h Total.</b> Add lines 1a	a-1f	• •	🕨				
Service Revenue	2a MEMBERSHIP DUES			Business		41,036	241,036	
, Be	b ———		_					
исе	с ———		_					
Ser	d ———		_					
เนย	е ———		_					
Program	<b>f</b> All other program se	ervice revenue			44,026			
ά	<b>9 Total.</b> Add lines 2a-3	2f	. )	•	41,036			
	<b>3</b> Investment income (				13	3		13
	sımılar amounts). <b>4</b> Income from ınvestm			nd proceeds				
	<b>5</b> Royalties			• • • •				
	,	(I) Real		(II) Personal	1			
	<b>6a</b> Gross rents			. ,				
	<b>b</b> Less rental expenses				-			
	D Less Tental expenses							
	c Rental income or (loss)							
	<b>d</b> Net rental income o			· · •				
		(ı) Securit	es	(II) Other	-			
	<b>7a</b> Gross amount from sales of assets other than inventory							
	b Less cost or other basis and sales expenses				-			
	<b>c</b> Gain or (loss)							
	<b>d</b> Net gain or (loss)		•	•	]			
an	8a Gross income from f (not including \$ contributions report	(	nts of					
Other Revenue	See Part IV, line 18	· · · ·	a		_			
å	<b>b</b> Less direct expense		Ь		]			
her	c Net income or (loss)			nts 🕨	1			
ot	<b>9a</b> Gross income from See Part IV, line 19		es					
			a					
	<b>b</b> Less direct expense <b>c</b> Net income or (loss)		b activitie					
	10aGross sales of inven returns and allowan	ntory, less	Γ					
			a		-			
	<b>b</b> Less cost of goods		Ь	<b>&gt;</b>	]			
	c Net income or (loss) Miscellaneous		invento	Business Code	[			
	11aMISCELLANEOUS II				22,384	1		22,384
	b							
	с							
	-							
	<b>d</b> All other revenue		— t					
	<b>e Total.</b> Add lines 11a	a-11d	• •	· · •	22,384	1		
	12 Total revenue. See	e Instructions	• •		263,433		036	22,397
	L				203,433	′I <sup>∠41</sup> ,		Z2,397

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

	Check if Schedule O contains a response or note to any	line in this Part IX $$ .			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21			5	
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	8,796	8,796		
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	Other salaries and wages	40,186	40,186		
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
i	a Management				
I	) Legal				
	Accounting	4,800	4,800		
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	JOther (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	6,458	6,458		
14	Information technology	813	813		
15	Royalties				
16	Occupancy	25,499	25,499		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	43,617	43,617		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,247	11,247		
23	Insurance	13,810	13,810		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
	a REPAIRS AND MAINTENANCE	13,843	13,843		
		0.472	0.472		
	b PUBLIC RELATIONS	8,473	8,473		
	c EQUIPMENT LEASING	7,914	7,914		
	d PROPERTIES	7,757	7,757		
	e All other expenses	3,309	3,309		
25	Total functional expenses. Add lines 1 through 24e	196,522	196,522	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► □ if following SOP 98-2 (ASC 958-720)				
	······································				1

Form 990 (2018)

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	• •		92,506	1	110,026
	2	Savings and temporary cash investments .		[	133,068	2	176,046
	3	Pledges and grants receivable, net	· _		3		
	4	Accounts receivable, net	•			4	
	5 6	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio	ated er fied pe	nployees Complete		5	
its	7	contributing employers and sponsoring organiza voluntary employees' beneficiary organizations Part II of Schedule L Notes and loans receivable, net	of section 501(c)(9) istructions) Complete		6		
Assets	8	Inventories for sale or use		-		8	
Ą	9	Prepaid expenses and deferred charges	·		9		
	-	Land, buildings, and equipment cost or other		, · · · F			
	104	basis Complete Part VI of Schedule D	10a	600,422			
	Ь	Less accumulated depreciation	<b>10</b> b	387,601	206,408	10c	212,821
	11	Investments—publicly traded securities .				11	
	12	Investments-other securities See Part IV, line	11 .	Г		12	
	13	Investments—program-related See Part IV, line	e 11 .	. [		13	
	14	Intangible assets		[		14	
	15	Other assets See Part IV, line 11		[		15	
	16	Total assets.Add lines 1 through 15 (must equ	ial line	34)	431,982	16	498,893
	17	Accounts payable and accrued expenses			17		
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
ŝ	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
ab		persons Complete Part II of Schedule L				22	
Ξ	23	Secured mortgages and notes payable to unrela	ated th	Ird parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		s to related third parties,		25	
	26	Total liabilities.Add lines 17 through 25 .			0	26	0
Balances	27	Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33 Unrestricted net assets	58), c and 3	heck here ► 🗹 and 4.	383,349	27	450,260
3al 6	28	Temporarily restricted net assets		+	48,633	28	48,633
dΕ	29	Permanently restricted net assets		-		29	
Fund		Organizations that do not follow SFAS 117	(ASC	958),			
or	30	check here ► □ and complete lines 30 th Capital stock or trust principal, or current funds	rough	34.		30	
ets	31	Paid-in or capital surplus, or land, building or ec				31	
Assets	32	Retained earnings, endowment, accumulated in				32	
	33	Total net assets or fund balances			431,982	33	498,893
Net	34	Total liabilities and net assets/fund balances			431,982	34	498,893
			•			- •	Earm 000 (2019)

Form	990	(2018)
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	556 (2010)				raye <b>1</b> 2
Pa	t XI Reconcilliation 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			263,433
2	Total expenses (must equal Part IX, column (A), line 25)	2			196,522
3	Revenue less expenses Subtract line 2 from line 1	66,91			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\ .$ .			431,982	
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			498,893
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 🛛 🗆 Cash 🗹 Accrual 🗔 Other				
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red	Зb		

# **Additional Data**

### Software ID: Software Version:

#### software version:

# EIN: 63-0580498 Name: MOBILE COUNTY EDUCATION ASSOCIATION

Form 990 (2018)

### Form 990, Part III, Line 4a: REPRESENT PUBLIC SCHOOL TEACHERS

	ile GRAPHIC pr	rint - DO NOT PROCESS As Fi			4 4		D		o 1545-0047
	rm 990)	Supplemen	ntal Financia	il Sta	itements			7	018
	urtment of the Treasury				Оре	n to Public			
	nal Revenue Service ame of the organ		<u>100/Form990</u> 10F ti	ne lates	it information.		olover id	entification	spection number
	BILE COUNTY EDUCA						)580498		
P	art I Organi	zations Maintaining Donor Advi	sed Funds or Ot	her Sir	milar Funds o				
		te if the organization answered "Ye	es" on Form 990, F	Part IV,	line 6.				
			(a) Donor	advised	funds		(b)Fund	ls and other	accounts
1	Total number at								
2		of contributions to (during year)							
3 4	Aggregate value	of grants from (during year)							
		·					6		
5	organization's p	ation inform all donors and donor adviso roperty, subject to the organization's ex	clusive legal control	?					Yes 🗌 No
6		ation inform all grantees, donors, and do oses and not for the benefit of the donor						rmissible	Yes 🗌 No
Pa	art III Conser	vation Easements. Complete if th	he organization an	iswered	"Yes" on Forr	n 990	), Part I\	/, lıne 7.	
1	Purpose(s) of co	onservation easements held by the orga	nızatıon (check all th	at apply	·)				
	Preservation	on of land for public use (e g , recreation	n or education)	Pr/	eservation of an	histor	ically imp	ortant land	area
	Protection	of natural habitat		🗌 Pr	eservation of a o	certifie	d historic	structure	
	Preservation	on of open space							
2		2a through 2d if the organization held a e last day of the tax year	qualified conservation	on contri	bution in the foi	rm of a		ation at the End o	of the Year
а	Total number of	conservation easements				2a			
b	Total acreage re	stricted by conservation easements				2b			
С	Number of conse	ervation easements on a certified histori	ic structure included	ın (a)		2c			
d		ervation easements included in (c) acqu n the National Register	red after 7/25/06, a	ind not c	on a historic	2d			
3		ervation easements modified, transferre	ed, released, extingu	ished, or	r terminated by	the or	ganızatıo	n during the	
			an accoment is locate	od 🕨					
4		es where property subject to conservation				<i>c</i> 1			
5	and enforcemen	zation have a written policy regarding t it of the conservation easements it hold	s?					🗌 Yes	
6	Staff and volunt	eer hours devoted to monitoring, inspec	cting, handling of vio	lations,	and enforcing co	onserv	ation eas	ements durır	ng the year
7	Amount of expe ► \$	nses incurred in monitoring, inspecting,	handling of violation	ns, and e	enforcing conser	vation	easemer	nts during the	e year
8	Does each conse	ervation easement reported on line 2(d)	) above satisfy the re	equireme	ents of section 1	70(h)(	4)(B)(I)		
	and section 170	(h)(4)(B)(II)?	·					🗌 Yes	
9	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the i's accounting for conservation easemen	e footnote to the orga						
Pa		zations Maintaining Collections		l Trea	sures, or Oth	er Si	milar A	ssets.	
	Comple	te if the organization answered "Ye	es" on Form 990, F	Part IV,	line 8.				
<b>1</b> a	art, historical tre	on elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finar	public exhibition, ed	lucation,	or research in f				
b	If the organizati historical treasu	on elected, as permitted under SFAS 11 ires, or other similar assets held for pub its relating to these items	L6 (ASC 958), to rep	ort in its	revenue statem				
	-	led on Form 990, Part VIII, line 1					▶ \$		
		in Form 990, Part X					` ⊅ ∢		
2	If the organizati	in Form 990, Part X on received or held works of art, histori hts required to be reported under SFAS				ncial g	, P ain, prov	ide the	
а	-	ed on Form 990, Part VIII, line 1					▶ \$		
b		ın Form 990, Part X					• • •		
	. issues menaded						· •		

Schedule D (Form 990) 2018

e Other

							011	<u></u>			Fage
	tIII	Organizations Maintaining Co									
3		the organization's acquisition, accessio (check all that apply)	n, and other reco		any of th	e following	that are a	a sıgnıfıcant	use of its co	llection	
а		Public exhibition		d	L	oan or excl	nange pro	grams			
b		Scholarly research		е	□ c	)ther					
С		Preservation for future generations									
4	Provid Part X	de a description of the organization's co	llections and expl	ain how th	ey furthe	r the organ	ızatıon's e	exempt purpo	ose in		
5	Durin	g the year, did the organization solicit o						nılar			
	asset	s to be sold to raise funds rather than t	o be maintained a	s part of th	ne organi	zation's col	lection?		🗌 Yes	- I I	lo
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.	wered "Yes" on		·		-		unt on For	m 990,	Part
1a		e organization an agent, trustee, custod led on Form 990, Part X?	ian or other interr	nediary for	- contribu	tions or oth	ner assets	not	🗌 Yes		10
b	If "Ye	s," explain the arrangement in Part XII	I and complete th	e following	table			4	mount		
c		ning balance	and complete th	e ronowing	LUDIC		1c				
d	-	ions during the year					1d				_
e		butions during the year					1e				_
f							1f				_
•		g balance									_
2a	Did th	ne organization include an amount on Fo	orm 990, Part X, I	ne 21, for	escrow o	r custodial	account li	ability?	∐ Yes		lo
b	If "Ye	s," explain the arrangement in Part XII									
Pa	rt V	Endowment Funds. Complete in	-								
	-		(a)Current year	(b)F	rior year	(c)Two	years back	(d)Three ye	ars back <b>(e</b>	)Four yea	irs back
	-	Ing of year balance									
		putions									
		estment earnings, gains, and losses									
		or scholarships				_					
e		expenditures for facilities ograms									
f	Admini	strative expenses									
g	End of	year balance									
2	Provid	de the estimated percentage of the curr	ent year end bala	nce (line 1	g, columı	n (a)) held	as				
а	Board	designated or quasi-endowment 🕨									
b	Perma	anent endowment 🕨									
с	Temp	orarily restricted endowment 🕨									
	The p	ercentages on lines 2a, 2b, and 2c show	uld equal 100%								
3a		nere endowment funds not in the posse	ssion of the organ	ization tha	t are held	d and admi	nistered fo	or the			
	-	lization by							2-()	Yes	No
	• •	nrelated organizations		• • •	• • •				3a(i 3a(ii	-	<u> </u>
Ь	• •	elated organizations			 dule R2	• • •			3a(11 3b	<u>'</u>	<u> </u>
4		be in Part XIII the intended uses of the				• • •	• •	••••	50		
	rt VI	Land, Buildings, and Equipme	-		lando						
r a		Complete if the organization answ		Form 990	), Part I\	V, line 11a	a. See Fo	orm 990, Pa	art X, line	10.	
	Descri	ption of property (a) Cost or ot (investm	her basis (b) (	Cost or other				depreciation		Book valu	le
12	Land				49	150					49,15
	Buildin				411,			265,117			146,20
		gs			,,			200,117			1.0,20
					105,	731		105,506			22
a	⊂quipm	nent			103,	1.71		102,200			223

17,240

212,821

16,978

۲

.

34,218

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

Schedule D (	Form 990) 2018					Page <b>3</b>
Part VII	<b>Investments—Other Securities.</b> Complete if the organ See Form 990, Part X, line 12.	inizat	ion answ	vered "Yes" or	i Form 990, Pa	rt IV, line 11b.
	(a) Description of security or category (including name of security)		<b>(b)</b> Book value	Cos	(c) Method of v t or end-of-year	
<ul> <li>(1) Financial</li> <li>(2) Closely-H</li> <li>(3)Other</li> </ul>	neld equity interests	•				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H) 						
Total. (Columr Part VIII	n (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related. Complete if the organization answered 'Yes' on Form 99	▶ 90, P	art IV, lu	ne 11c. See Fo	orm 990, Part	X, line 13.
	(a) Description of investment (	<b>b)</b> Bo	ook value	Cos	(c) Method of v t or end-of-year	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column Part IX	n (b) must equal Form 990, Part X, col (B) line 13 ) Other Assets. Complete if the organization answered 'Yes' o	n Fori	m 990, Pa	rt IV, line 11d	See Form 990, P	art X, line 15
(1)	(a) Description					(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	nn (b) must equal Form 990, Part X, col (B) line 15 )	•				
	Other Liabilities. Complete if the organization answere See Form 990, Part X, line 25.				tv, line IIe or	117.
1. (1) Federal II	(a) Description of liability		( <b>d</b> ) B	ook value		
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						

Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

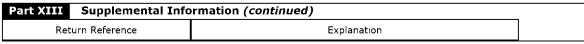
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered 'Yes' on Form 990, Part		eturn	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	1	
с	Recoveries of prior year grants	2c	1	
d	Other (Describe in Part XIII )	2d	1	
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$			
а	Investment expenses not included on Form 990, Part VIII, line 7b 🛛 .	4a		
b	Other (Describe in Part XIII )	4b	7	
с	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue $\mbox{ Add}$ lines ${\bf 3}$ and ${\bf 4c.}$ (This must equal Form 990, Part I, line 12 )		5	
Par	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part		Retur	n.
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	1	
с	Other losses	2c	1	
d	Other (Describe in Part XIII )	2d	1	
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 🛛 .	4a		
b	Other (Describe in Part XIII )	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses Add lines ${\bf 3}$ and ${\bf 4c.}$ (This must equal Form 990, Part I, line 18	)	5	
Par	t XIII Supplemental Information		-	

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation	









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(Form 990 or 990- EZ)	Complete to prov	ide information for	n to Form 990 or 990-l responses to specific questions of ide any additional information.		2018
Department of the Treasury	► Go to <u>w</u>	Attach to Form ww.irs.gov/Form99	n 990 or 990-EZ. <u>90</u> for the latest information.		Open to Public Inspection
Mannel Betherorganization MOBILE COUNTY EDUCATION			Empl	oyer identi	fication number
MOBILE COUNTY EDUCATION	ASSOCIATION		63-05	580498	

Return Reference	Explanation
	PUBLIC SCHOOL CERTIFIED EMPLOYEES COMPRISE THE COMPLETE MEMBERSHIP OF THE ORGANIZATION TH E ENTIRE MEMBERSHIP ELECTS THE 15 MEMBERS OF THE GOVERNING BODY, INCLUDING THE OFFICER POS ITIONS, TO TWO-YEAR TERMS ON A STAGGERED, BIANNUAL BASIS THE GOVERNING BODY MANAGES THE D AY-TO-DAY OPERATIONS OF THE ORGANIZATION CERTAIN DECISIONS REQUIRE THE APPROVAL OR RATIFI CATION OF THE MEMBERSHIP, INCLUDING THE ANNUAL BUDGET, ANY INCREASES IN MEMBERSHIP DUES, C HANGES TO THE CONSTITUTION, AND LARGE EXPENDITURES OUTSIDE OF THE ANNUAL BUDGET

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	SEE PART VI, SECTION A, QUESTION 6

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7B	SEE PART VI, SECTION A, QUESTION 6

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE EXECUTIVE DIRECTOR, BOOKKEEPER, AND FINANCE COMMITTEE REVIEW THE 990 BEFORE FILING

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	OTHER GOVERNING DOCUMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST