### EXTENDED TO AUGUST 15, 2023

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	ror the	2021 calendar year, or tax year beginning 00	r 1, 2021 and	enaing S.	EP 30, 2022		
В	Check if applicable	C Name of organization			D Employer ide	entifica	ation number
	Addres	THE MOUNTAIN BROOK LIBRARY FOUNDA	TION				
	Name change	Doing business as			58-2094	1979	
	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone nu	ımber	
Ē	Final return/	50 OAK STREET	,		(205) 87		9
	termin ated	City or town, state or province, country, and 2	IP or foreign postal code		G Gross receipts \$		342,173.
Г	Ameno		3 1		H(a) Is this a gro	oup ret	turn
F	Applic		Y GARDNER		for subordi	-	
	pendir	g SAME AS C ABOVE			H(b) Are all subording		·····= =
$\overline{}$	Ταν.αν	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	1		st. See instructions
<u> </u>	Weheit	e: HTTPS://ONEALLIBRARY.ORG/SUPPORT-I		01 021	H(c) Group exer		
			sociation Other	I Vear	of formation: 1993		State of legal domicile: AL
	art I	Summary	Journal Carlot P	<b>L</b> 10ai	or formation,	IN	State of legal dofficite,
	1	Briefly describe the organization's mission or most:	significant activities: THE PU	RPOSE OF	THE MOUNTAIN		
Governance	'	BROOK LIBRARY FOUNDATION IS TO SUPPORT					
nar	2	Check this box 🕨 🔲 if the organization discon	tinued its operations or dispos	sed of more	than 25% of its no	et asse	ets.
Ver	3	Number of voting members of the governing body (				3	19
Ô	4	Number of independent voting members of the gov				-	19
∞	5 5	Total number of individuals employed in calendar ye				5	0
ţį	6	Total number of volunteers (estimate if necessary)				6	0
Activities &	72	Total unrelated business revenue from Part VIII, coli				7a	0.
A	l 'a	Net unrelated business taxable income from Form 9				7b	0.
	<del>                                     </del>	Net unrelated business taxable income nonn onn s	90-1, 1 art 1, iii e 11		Prior Year	175	Current Year
	8	Contributions and grants (Part VIII, line 1h)			300,1	175	189,381.
ne	9				300,1	0.	0.
Revenue	40	· · · · · · · · · · · · · · · · · · ·	and 7d\		194,6		152,767.
Be	10	Investment income (Part VIII, column (A), lines 3, 4,		151,	0.	25.	
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			494,8		342,173.
		Total revenue - add lines 8 through 11 (must equal I	· · · · · · · · · · · · · · · · · · ·		454,0	0.	0.
	1	Grants and similar amounts paid (Part IX, column (A				0.	0.
		Benefits paid to or for members (Part IX, column (A)			0.	0.	
es	15	Salaries, other compensation, employee benefits (P			0.	0.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), lin					0.
X	D	Total fundraising expenses (Part IX, column (D), line	, <u> </u>	679.	153,0	100	102 120
_	''	Other expenses (Part IX, column (A), lines 11a-11d,			153,0		193,130. 193,130.
		Total expenses. Add lines 13-17 (must equal Part IX			341.7		149,043.
	19	Revenue less expenses. Subtract line 18 from line 1	2		,		· · · · · · · · · · · · · · · · · · ·
Net Assets or	3	- · · · · · · · · · · · · · · · · · · ·		Ве	ginning of Current		End of Year
SSE	현 <b>20</b>	Total assets (Part X, line 16)			7,545,7	0.	6,377,019.
et A	21	Total liabilities (Part X, line 26)			7 545 7		0.
	∄ 22 art II	Net assets or fund balances. Subtract line 21 from l Signature Block	ine 20		7,545,7	//3.	6,377,019.
						af I	manuladas and haliaf it is
		Ities of perjury, I declare that I have examined this return,				-	knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer	) is based on an information of wi	licii preparer	nas any knowledge.		
٠.		Signature of officer			I Date		
Sig					Date		
He	re	LINDSY GARDNER, DIRECTOR Type or print name and title					
_		,		Гг	Date Cho		TI PTIN
			Preparer's signature		- /10 /00 if		<b>-</b>
Pai		JESSICA WOODS	0	<u> </u>	f-employed		
	parer	Firm's name HALEY & WOODS, LLP			Firm's EI	N 🕨	84-4049075
Use	Only	Firm's address 4220 CAHABA HEIGHTS COURS	SUITE 201				\ 000 450C
_		BIRMINGHAM, AL 35243			Phone no	).(205	) 277-1529
Ма	y the IF	RS discuss this return with the preparer shown above	e? See instructions				. X Yes No

58-2094979

Га	Charlette Control of C			
_		response or note to any line in this Part III		
1	Briefly describe the organization's mis	sion: BROOK LIBRARY FOUNDATION IS TO SU	IPPORT THE	
		RY BY DELIVERING FINANCIAL SUPPOR		
		ED IN THE LIBRARY STRATEGIC PLAN,		
	GOMES THE OPERATION TO STATE	ID IN THE BIDAMIT DIMITIBLE THAN	•	
	Did the ergenization undertake any si	gnificant program services during the year wh	aigh were not listed on the	
2				Yes X No
	If "Yes," describe these new services	on Sahadula O		res No
2	•	on scriedule O. g, or make significant changes in how it cond	luota any program conjecc?	Yes X No
3	· · · · · · · · · · · · · · · · · · ·		lucts, any program services?	tes A NO
4	If "Yes," describe these changes on S		largest program convices, as massures	d by ovnonces
4		ervice accomplishments for each of its three zations are required to report the amount of o		
	revenue, if any, for each program serv		grants and anocations to others, the tot	ai experises, ariu
40		127,056. including grants of \$	) (0	
4a		TION IS TO DEFINE THE SCOPE AND	) (Revenue \$	<i>)</i>
		S; TO PRESERVE AND BUILD THE ASSI	TTS OF THE	
		URCHASING POWER OF DONOR'S GIFTS;		
		HE FOUNDATION'S ANNUAL GRANTMAKIN		
		TO THE FOUNDATION'S SPENDING FOR		
		RATIVE FEES, AND ANY OTHER EXPENS	·	
	· · · · · · · · · · · · · · · · · · ·	INT OF THE FOUNDATION AND ITS ASSE		
	INDUCTION WITH THE IMMINESTER			
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	
40	(Code: ) (Expenses \$	Including grants of \$	) (Hevenue \$	,
4-	(- )		) /-	
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program services (Describe on S	Schedule O.)		
	(Expenses \$	including grants of \$	) (Revenue \$	)
4e	Total program service expenses	127,056.		000 ()

Form 990 (2021) THE MOUNTAIN BROOK LIBRARY FOUNDATION

Part IV 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
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			۱,,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   If	00-		х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		x
31	contributions? If "Yes," complete Schedule M	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	<del></del>		
JZ		32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- JZ		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	

	990 (2021) THE MOUNTAIN BROOK LIBRARY FOUNDATION 58-209497	9	Р	age
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
	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 at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		_
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
	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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		├
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_		v
	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		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		$\vdash$
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x
	to file Form 8282?	7c		A
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7-		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		$\vdash$
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		$\vdash$
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/11		
	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		
	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	-		
	Did the second in the second in the second second in the second second in the second second in the second s	9a		
	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?	9b		
	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 10b			
	Section 501(c)(12) organizations. Enter:			
	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.)			
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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	ı		
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	ı		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		ĺ

If "Yes," complete Form 6069.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Sec	tion A. Governing Body and Management					Δ				
000	tion 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	1a	1	9	103	140				
	If there are material differences in voting rights among members of the governing body, or if the governing	1								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	9						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		anv other							
_	officer, director, trustee, or key employee?			2		х				
3	Did the organization delegate control over management duties customarily performed by or under the			_						
Ū			c dapor violon	3		x				
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		х				
5	Did the organization become aware during the year of a significant diversion of the organization's ass			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?									
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			7a						
-	persons other than the governing body?			7b		x				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			1.5						
а	The governing body?	-	-	8a	х					
h	Each committee with authority to act on behalf of the governing body?			8b	х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			0.0						
·	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re									
	(This deciron b requests information about policies not required by the internal ric	venue	0046./		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such ch									
			,	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	•	Ü							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "									
	on Schedule O how this was done	,		12c	Х					
13	Did the organization have a written whistleblower policy?			13	Х					
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approva									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		•							
а	The organization's CEO, Executive Director, or top management official			15a		х				
b	Other officers or key employees of the organization			15b		Х				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a							
	taxable entity during the year?			16a		х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	ı's							
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶AL									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	-T (section 501(c)(3	s only)	availa	ole				
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website X Another's website X Upon request Other (explain	n on Sc	chedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	d finan	cial					
	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 body	oks an	d records							
	LINDSY GARDNER - 205-879-0459									
	50 OAK STREET , MOUNTAIN BROOK, AL 35213									

Form 990 (2021)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				200	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	ruste	l trus		ee (ee	ubeu		1099-NEC)	1099-NEC)	organization and related
	below	dual t	rtio na	_	nploy	st cor	_	1033 (420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALICIA B. LEWIS	1.00		_	_						
BOARD MEMBER		Х						0.	0.	0.
(2) RICHARD SPRAGUE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(3) PATTI CALLAHAN HENRY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) MARY F. SAMUELS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) LORI WEIL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) LIZY L. MATTHEWS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) VICKI S. DANIELS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) W. DAVID JERNIGAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) JIM NOLES, JR.	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) J. BRYAN BOUDREAUX	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) GARY M. LONDON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) D.A. TYNES	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) JULIA M. GOYER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) LINDSY GARDNER	1.00									
DIRECTOR		Х		Х				0.	0.	0.
(15) LAUREN HAYES	1.00									
FRIENDS PRESIDENT		Х		Х				0.	0.	0.
(16) DAVID E. ROTH	1.00									
IMMEDIATE PAST PRESIDENT		Х						0.	0.	0.
(17) KURT HOPPER	1.00									
PRESIDENT		Х		Х				0.	0.	0.

132007 12-09-21 Form **990** (2021)

Form 990 (2021) THE MOUNTAIN	BROOK LIBR	ARY	FO	UND	ATI	ON			58-20	9497	9	Р	age 8
Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	st C	Compensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck			one	Reportable	Reportable		Es	stimate	ed
	hours per	box	, unle	ss per	rson i	is botl	h an	compensation	compensatio			nount	of
	week (list any		T	T	10010	T	T	from	from related			other	tion
	hours for	directo				_		the organization	organization (W-2/1099-MIS			pensa om th	
	related	9 0 L C	stee			satec		(W-2/1099-MISC/	1099-NEC)			anizat	
	organizations	truste	al tru		yee	n be		1099-NEC)	,			d relat	
	below	Individual trustee or director	Institutional trustee	Je ,	Key employee	Highest compensated employee	ner				orga	anizati	ons
	line)	lndi	Insti	Officer	Key	E Eigh	Former						
(18) PATSY D. DREHER	1.00	ļ.,											0
(19) EDWARD CASSADY, III	1.00	Х		Х		┢		0.		0.			0.
TREASURER	1.00	x		x				0.		0.			0.
(20) SUSAN W. DULIN	1.00												
VICE-PRESIDENT		х		х				0.		0.			0.
		-											
						$\vdash$							
		1											
		_											
							_						
		1											
1b Subtotal			<u> </u>	<u> </u>		<u> </u>		0.		0.			0.
to Total from continuation sheets to Part VI								0.		0.			0.
							<b>•</b>	0.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	)			
compensation from the organization													0
												Yes	No
3 Did the organization list any <b>former</b> officer,											_		.,,
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su											4		Х
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>											4		Λ
rendered to the organization? If "Yes." com											5		х
Section B. Independent Contractors	proto corredan	<i>.</i>	0, 0.	<u> </u>	0010	<u> </u>							
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs tl	hat received more than \$	100,000 of comp	ensat	tion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thir		ear.				
(A) Name and business	address	NO	NE					(B) Description of s	ervices	C	(Compe	<b>))</b> nsatio	n
- Name and Submisse	444,000	NO	1415					Boomption or a	101 11000		- Cimpo	- Ioatio	••
2 Total number of independent contractors (ii \$100,000 of compensation from the organize		ot lir	nite	d to		se lis 0	ted	d above) who received me	ore than				

### 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 respon-	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	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	Other salaries and wages				
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 (nonemployees):				
а	Management				
b	Legal				
С	Accounting	8,600.		8,600.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	39,794.		39,794.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	270.			270.
13	Office expenses	36,615.	28,206.		8,409.
14	Information technology	4,990.		4,990.	
15	Royalties				
16	Occupancy	5,735.	5,735.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM & SPECIAL EVENT	51,166.	51,166.		
b	REPAIRS AND MAINTENANCE	41,949.	41,949.		
c	GRAPHIC DESIGN	3,300.	,	3,300.	
d	MISCELLANEOUS	711.		711.	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	193,130.	127,056.	57,395.	8,679.
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)				
					200

# Form 990 (2021) Part X Balance Sheet

		Check if Schedule O contains a response or no	te to an	v line in this Part X			
				,	<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	57,650.
	2	Savings and temporary cash investments			119,458.	2	36,462.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
		controlled entity or family member of any of the		· ·		5	
	6	Loans and other receivables from other disquali	-				
		under section 4958(f)(1)), and persons described		6			
w	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
As	9					9	
		Land, buildings, and equipment: cost or other	1				
		basis. Complete Part VI of Schedule D	10a	552,610.			
	l b	Less: accumulated depreciation		,	552,610.	10c	552,610.
	11	Investments - publicly traded securities	,	11	,		
	12	Investments - other securities. See Part IV, line	6,873,705.	12	5,730,297.		
	13	Investments - program-related. See Part IV, line		13	170007=000		
	14				14		
	15	Intangible assets Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ		1	7,545,773.	16	6,377,019.
	17	Accounts payable and accrued expenses			.,010,	17	0,011,022.
	18				18		
	19	Grants payable		19			
	20	Deferred revenue				20	
	21	Tax-exempt bond liabilities		at Calaaduda D			
		Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs		· ·			
<u>[a</u>		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	•	·		0.5	
		of Schedule D		·····	0.	25	0.
	26	Total liabilities. Add lines 17 through 25		- <b>V</b>	0.	26	0.
တ္က		Organizations that follow FASB ASC 958, che	eck ner	e 🟲 🖾			
JCe		and complete lines 27, 28, 32, and 33.			4,195,885.	07	3,014,219.
<u>a</u>	27				3,349,888.	27	
Ö	28	Net assets with donor restrictions			3,349,000.	28	3,362,800.
Ĕ		Organizations that do not follow FASB ASC 9	958, che	eck here  L			
Net Assets or Fund Balances		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current funds			29		
SSe	30	Paid-in or capital surplus, or land, building, or ed				30	
ŤÀ	31	Retained earnings, endowment, accumulated in			9 FAE 882	31	C 388 040
Š	32	Total net assets or fund balances			7,545,773.	32	6,377,019.
	33	Total liabilities and net assets/fund balances			7,545,773.	33	6,377,019.

Form **990** (2021)

58-2094979

Pai	t 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		342,	173.		
2	Total expenses (must equal Part IX, column (A), line 25)	2			130.		
3	Revenue less expenses. Subtract line 2 from line 1	3		149,	043.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7				
5	Net unrealized gains (losses) on investments	5	-1	,317,	797.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	6	,377,	019.		
Pai	t 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: X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate						
	consolidated basis, or both:						
	Separate basis X 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		Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit					
Act and OMB Circular A-133?							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2021)		

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** THE MOUNTAIN BROOK LIBRARY FOUNDATION 58-2094979 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No Yes above (see instructions)) O'NEAL LIBRARY 63-6001325 6 Х 127,056

0.

127,056

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")										
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
_	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3										
	The portion of total contributions										
Ŭ	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
6	Public support. Subtract line 5 from line 4.										
_	etion B. Total Support										
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
	Amounts from line 4	(4) 2011	(6) 2010	(0) 2013	(4) 2020	(6) 2021	(i) rotai				
	Gross income from interest.										
•	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources										
9	Net income from unrelated business										
9	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
10	or loss from the sale of capital										
	assets (Explain in Part VI.)										
44	Total support. Add lines 7 through 10										
	Gross receipts from related activities,	ata (aaa inatuustis				12					
	First 5 years. If the Form 990 is for th			fourth or fifth toy			-				
13	organization, check this box and <b>stop</b>	· ·		·	•	. , . ,	ightharpoonup				
Sec	ction C. Computation of Public										
	Public support percentage for 2021 (li			column (fl)		14	%				
	Public support percentage from 2020					15	<del></del>				
	<b>33 1/3% support test - 2021.</b> If the o										
	<b>stop here.</b> The organization qualifies a										
b	33 1/3% support test - 2020. If the o		•								
-											
17a	and stop here. The organization qualifies as a publicly supported organization  7a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,										
		_									
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization										
h	10% -facts-and-circumstances test	-	•	* ''	-	 17a. and line 15 is 1					
-	more, and if the organization meets th	_					. = , <b>v · v</b> .				
	organization meets the facts-and-circu				-						
18	<b>Private foundation.</b> If the organization			•							
		:=::::::::::::::::::::::::::::::::::::		,,,	,						

## 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,
	check this box and stop here						<b>&gt;</b>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020	·				16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2021. If the	organization did n	not check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ition	
k	33 1/3% support tests - 2020. If the	•			•	•	
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1	Х	
	2		х
	3a		Х
	3b		
	3с		
	4a		Х
	4b		
	4c		
	70		
	5a		Х
	5b		
	5с		
	6		Х
	7		Х
	8		Х
	9a		Х
	9b		Х
	9с		Х
	10a		Х
	10b		
ulo	A (Form	n 000)	2021

Pa	rt IV Supporting Organizations (continued)			J
`			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described on line 11a above?	11b		Х
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the	1	х	
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  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		Х
Sec	tion C. Type II Supporting Organizations			
			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			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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 on line 2, above, 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 <b>Part VI</b> the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in:	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, 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 reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	O.L.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> 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 0.015 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 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-function	ally integrated	d Type III supporting orga	inization (see
	instructions).			

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ed)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021
_1_	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
<u>a</u>	From 2016				
b	From 2017				
<u>C</u>	From 2018				
<u>d</u>	From 2019				
	From 2020				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
<u> </u>	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.  Remaining underdistributions for 2021. Subtract lines 3h				
6	S .				
	and 4b from line 1. For result greater than zero, explain in				
7	Part VI. See instructions.  Excess distributions carryover to 2022. Add lines 3j				
′	•				
8	and 4c. Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

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.)
	(See Instructions.)
-	

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

Inspection

Name of the organization

THE MOUNTAIN BROOK LIBRARY FOUNDATION

**Employer identification number** 58 - 2094979

		(a) Donor advised funds	(1	b) Funds and other accounts
1	Total number at end of year		<u> </u>	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w		dvised fund	ls
	are the organization's property, subject to the organization's e	_		
6	Did the organization inform all grantees, donors, and donor ad			
_	for charitable purposes and not for the benefit of the donor or			
	• •			
Pa	t II Conservation Easements. Complete if the organization			
1	Purpose(s) of conservation easements held by the organization		,	
	Preservation of land for public use (for example, recreating		n of a histo	orically important land area
	Protection of natural habitat	· —		fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the fo	orm of a cor	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Yes
а				2a
b				2b
c	Number of conservation easements on a certified historic structure.			2c
	Number of conservation easements included in (c) acquired af			
_	listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			<u> </u>
	year >	acca, examplification, or terminated by	ino organiz	tation daming the tax
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		of	
_	violations, and enforcement of the conservation easements it	·		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
_	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conse	ervation eas	sements during the year
	<b>▶</b> \$			Jennes danning and year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1	170(h)(4)(B)(	(i)
_	and section 170(h)(4)(B)(ii)?	•	. , . , . , .	
9	In Part XIII, describe how the organization reports conservatio			
-	balance sheet, and include, if applicable, the text of the footnot	•		
	organization's accounting for conservation easements.			
	t III Organizations Maintaining Collections of			
Pa	t iii   Organizations Manitanning Conections or	Art, Historical Treasures, or	Other Si	ımılar Assets.
Pa	Complete if the organization answered "Yes" on Form 9		Other Si	ımılar Assets.
		990, Part IV, line 8.		
	Complete if the organization answered "Yes" on Form 9.  If the organization elected, as permitted under FASB ASC 958	990, Part IV, line 8. 3, not to report in its revenue stateme	nt and bala	ince sheet works
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8. 3, not to report in its revenue stateme lic exhibition, education, or research	nt and bala	ince sheet works
1a	Complete if the organization answered "Yes" on Form 9.  If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publ service, provide in Part XIII the text of the footnote to its finance.	990, Part IV, line 8.  B, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these	ent and bala in furtheran items.	unce sheet works uce of public
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958	990, Part IV, line 8.  B, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these B, to report in its revenue statement a	ent and bala in furtheran items. nd balance	nnce sheet works ace of public sheet works of
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publiservice, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public or the provided in the organization elected.	990, Part IV, line 8.  B, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these B, to report in its revenue statement a	ent and bala in furtheran items. nd balance	nnce sheet works ace of public sheet works of
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	990, Part IV, line 8.  3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is, to report in its revenue statement a exhibition, education, or research in the	ent and bala in furtheran items. nd balance furtherance	ance sheet works use of public sheet works of of public service,
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1	990, Part IV, line 8.  3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is, to report in its revenue statement a exhibition, education, or research in the	nt and bala in furtheran items. nd balance furtherance	sheet works sheet works of of public service,
1a b	Complete if the organization answered "Yes" on Form 9  If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X	990, Part IV, line 8.  3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is, to report in its revenue statement a exhibition, education, or research in the	nt and bala in furtheran items. nd balance furtherance	ance sheet works use of public sheet works of of public service,
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures.	990, Part IV, line 8.  3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is to report in its revenue statement a exhibition, education, or research in the light statement and the statement are statement as the	nt and bala in furtheran items. nd balance furtherance	ance sheet works use of public sheet works of of public service,
1a b	Complete if the organization answered "Yes" on Form 9  If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X	990, Part IV, line 8.  3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is, to report in its revenue statement a exhibition, education, or research in the statement and exhibition, education, or research in the statement and statement and statement are statement and stat	ent and bala in furtheran items. nd balance furtherance	ance sheet works use of public sheet works of of public service,

Sche	dule D (Form 990) 2021 THE MOUNTAI	N BROOK LIBRARY	FOUNDATION			58-209	4979	Р	age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	r Simila	r Assets	(conti	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's exe	mpt purpo	se in Part 2	XIII.		
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's col	llection?			Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	te if the organizatio	n answered "Yes" o	n Form 990	0, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other assets not	included				
	on Form 990, Part X?						Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
							Amoun	ıt	
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	istodial account liab	ility?		Yes		_ No
	If "Yes," explain the arrangement in Part XIII.							L	
Par	t V Endowment Funds. Complete i		swered "Yes" on Fo						
		(a) Current year	(b) Prior year	(c) Two years back	` '	years back	<b>(e)</b> Fou		
1a	Beginning of year balance	5,921,600.	4,687,330.	4,385,199.	4,2	286,473.	4	,062,	
b	Contributions	150.	2,661.	8,100.		3,170.			,175.
	Net investment earnings, gains, and losses	-1,204,832.	1,231,609.	294,031.		95,556.		207,	,504.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	4,716,918.	5,921,600.	4,687,330.	4,3	385,199.	4	,286,	<u>,473.</u>
2	Provide the estimated percentage of the curr	•	(line 1g, column (a)	) held as:					
	Board designated or quasi-endowment	49.0000	_%						
b	Permanent endowment  51.0000	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered for t	he organiz	ation			
	by:							Yes	
	(i) Unrelated organizations						3a(i)		Х

by:			Yes
(i)	Unrelated organizations	3a(i)	
(ii)	Related organizations	3a(ii)	
lf "\	Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<u>.</u>		<u> </u>	<u> </u>	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		552,610.		552,610.
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total, Add lines 1a through 1e. (Column (d) must equa	I Form 990 Part X colun	on (R) line 10c )	•	552,610.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.			J
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) CHARLES SCHWAB INVESTMENTS	5,730,297.	END-OF-YEAR MARKET VALUE	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	5 500 005		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	5,730,297.		
Part VIII Investments - Program Related.	Farma 000 Dart IV line 1	11- Con Faura 000 Book V line 10	
Complete if the organization answered "Yes"  (a) Description of investment			l of year market value
	(b) Book value	(c) Method of valuation: Cost or end	-or-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1d See Form 990 Part X line 15	
	Description	17d. 366 F 6111 336, F art X, iii 6 13.	(b) Book value
	Boomption		(b) Book value
(1)			
(2) (3)			
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)	<b>.</b>	
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability	, ,	, ,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25)	<b>&gt;</b>	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

58-2094979

4 7	Complete if the organization answered "Yes" on Form 990, Part IV, lin otal revenue, gains, and other support per audited financial statements			1	-1,015,418
				1	1,013,410
	mounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ما	_1 317 707		
	et unrealized gains (losses) on investments		-1,317,797.	-	
	onated services and use of facilities			-	
	ecoveries of prior year grants	1		-	
	ther (Describe in Part XIII.)	•			_1 317 707
	dd lines 2a through 2d			2e	-1,317,797 302,379
	ubtract line 2e from line 1			3	302,379
	mounts included on Form 990, Part VIII, line 12, but not on line 1:	4-	30 701		
	vestment expenses not included on Form 990, Part VIII, line 7b		39,794.	-	
	ther (Describe in Part XIII.)				20 704
	dd lines 4a and 4b			4c	39,794 342,173
5 To	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  XII   Reconciliation of Expenses per Audited Financial Sta	tomonte With	Evnancae nar E	5 Coturn	342,173
Part A			Expenses per r	returri.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		<del> </del>	
				1	153,336
	mounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
	onated services and use of facilities				
	rior year adjustments				
<b>c</b> 0	ther losses	2c			
	ther (Describe in Part XIII.)				
	dd lines 2a through 2d			2e	0
<b>3</b> S	ubtract line <b>2e</b> from line <b>1</b>			3	153,336
	mounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
<b>a</b> In	vestment expenses not included on Form 990, Part VIII, line 7b	4a	39,794.		
			-		
	ther (Describe in Part XIII.)				
<b>b</b> O		4b		4c	
<b>b</b> O <b>c</b> A <b>5</b> To	ther (Describe in Part XIII.) dd lines <b>4a</b> and <b>4b</b> otal expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 18	4b		4c 5	
b 0 c A 5 To Part 2	ther (Describe in Part XIII.) dd lines <b>4a</b> and <b>4b</b> otal expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18 XIII Supplemental Information.	<b>4b</b>		5	39,794 193,130
b 0 c A 5 To Part 2	ther (Describe in Part XIII.) dd lines <b>4a</b> and <b>4b</b> otal expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 18	<b>4b</b>		5	193,130
b O c A 5 To Part 2	ther (Describe in Part XIII.) dd lines <b>4a</b> and <b>4b</b> otal expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18 XIII Supplemental Information.	3.)	and 2b; Part V, line 4	5	193,130
b O c A 5 To Part 2	ther (Describe in Part XIII.)  dd lines <b>4a</b> and <b>4b</b> otal expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18  XIII Supplemental Information.  the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.)	and 2b; Part V, line 4	5	193,130
b O c A 5 To Part 2	ther (Describe in Part XIII.)  dd lines <b>4a</b> and <b>4b</b> otal expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18  XIII Supplemental Information.  the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.)	and 2b; Part V, line 4	5	193,130
b O c A 5 To Part 2 Provide lines 2d	ther (Describe in Part XIII.)  dd lines <b>4a</b> and <b>4b</b> otal expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18  XIII Supplemental Information.  the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.)	and 2b; Part V, line 4	5	193,130
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b O c A 5 To Part 2 Provide lines 2d	ther (Describe in Part XIII.)  dd lines 4a and 4b  otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  XIII Supplemental Information.  the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	3.)  F; Part IV, lines 1b any additional inform	and 2b; Part V, line 4	5	193,130
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b O c A 5 To Part : Provide lines 2d	ther (Describe in Part XIII.)  dd lines 4a and 4b  ctal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  XIII Supplemental Information.  the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4  and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	4b 3,) 4; Part IV, lines 1b any additional inform	and 2b; Part V, line 4	5	193,130
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b O c A 5 To Part 2 Par	ther (Describe in Part XIII.)  dd lines 4a and 4b  cotal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18  XIII Supplemental Information.  the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an III.  T, LINE 4  ARE TO BE USED AS A SUPPLEMENT TO BASIC SERVICES OF THE	4b 3,) 4; Part IV, lines 1b any additional inform	and 2b; Part V, line 4	5	193,130
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b O c A 5 To Part : Provide ines 2d	ther (Describe in Part XIII.)  dd lines 4a and 4b  cotal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18  XIII Supplemental Information.  the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an III.  T, LINE 4  ARE TO BE USED AS A SUPPLEMENT TO BASIC SERVICES OF THE	4b 3,) 4; Part IV, lines 1b any additional inform	and 2b; Part V, line 4	5	193,130
b O c A 5 To Part : Provide ines 2d	ther (Describe in Part XIII.)  dd lines 4a and 4b  cotal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18  XIII Supplemental Information.  the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an III.  T, LINE 4  ARE TO BE USED AS A SUPPLEMENT TO BASIC SERVICES OF THE	4b 3,) 4; Part IV, lines 1b any additional inform	and 2b; Part V, line 4	5	193,130
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b O c A 5 To Part 2 Par	ther (Describe in Part XIII.)  dd lines 4a and 4b  cotal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18  XIII Supplemental Information.  the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an III.  T, LINE 4  ARE TO BE USED AS A SUPPLEMENT TO BASIC SERVICES OF THE	4b 3,) 4; Part IV, lines 1b any additional inform	and 2b; Part V, line 4	5	193,130
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Schedule D (Form 990) 2021

### **SCHEDULE 0** (Form 990)

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 Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

THE MOUNTAIN BROOK LIBRARY FOUNDATION

**Employer identification number** 58-2094979

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LIBRARY BY DELIVERING FINANCIAL SUPPORT FOR THE GOALS AND OBJECTIVES AS
STATED IN THE LIBRARY STRATEGIC PLAN.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED BY THE BOARD FOR COMPLETENESS AND ACCURACY PRIOR
TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
EACH BOARD MEMBER IS REQUIRED TO ANNUALLY SIGN A STATEMENT WHICH AFFIRMS
THAT THEY HAVE RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAVE
READ AND UNDERSTAND THE POLICY, AND AGREES TO COMPLY WITH THE POLICY.
FORM 990, PART VI, SECTION C, LINE 19:
ALL RELATIVE DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION AT THE
ORGANIZATION'S OFFICE.

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

THE MOUNTAIN BROOK LIBRARY FOUNDATION

PUBLIC LIBRARY

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

58-2094979

501(c)(3))

GOVERNMENT

ENTITY

Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes" o	on Form 990, Part IV, line 33	3.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	( <b>d)</b> r Total incor	me End-of-year	assets Direct of	(f) controlling ntity
O'NEAL LIBRARY LEGACY, LLC - 58-2094979						
50 OAK STREET					THE MOUNTAI	N BROOK
MOUNTAIN BROOK, AL 35213	PURCHASE/OWN REAL PROPERTY	ALABAMA		552	2,610. LIBRARY FOU	NDATION
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	nswered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one	or more related tax-exe	mpt
(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	(g) Section 512(b)(13) controlled entity?

ALABAMA

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

Yes

No

Х

50 OAK STREET

THE O'NEAL LIBRARY - 63-6001325

MOUNTAIN BROOK, AL 35213

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General emanaging partner	(k) Percentage ownership

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		Couriery)						Yes	No
	-								

Part V 1	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 34.	, 35b, or 36.
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Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	lated organizations listed i	n Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>/</i>			1a		Х	
b	Gift, grant, or capital contribution to related organization(s)				1b	Х		
	Gift, grant, or capital contribution from related organization(s)				1c		Х	
	Loans or loan guarantees to or for related organization(s)				1d		Х	
	Loans or loan guarantees by related organization(s)				1e		Х	
f	Dividends from related organization(s)				1f		Х	
g Sale of assets to related organization(s)								
	Purchase of assets from related organization(s)				1h		Х	
i	Exchange of assets with related organization(s)				1i		Х	
j Lease of facilities, equipment, or other assets to related organization(s)  k Lease of facilities, equipment, or other assets from related organization(s)								
k Lease of facilities, equipment, or other assets from related organization(s)								
Performance of services or membership or fundraising solicitations for related organization(s)								
n	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m		Х	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
0	Sharing of paid employees with related organization(s)				10	Х		
р	Reimbursement paid to related organization(s) for expenses				1p		Х	
	Reimbursement paid by related organization(s) for expenses				1q		Х	
r	Other transfer of cash or property to related organization(s)				1r		Х	
r Other transfer of cash or property to related organization(s)  s Other transfer of cash or property from related organization(s)  1s								
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered re	elationships and transaction thresholds.				
(a) (b) (c) (d) Name of related organization type (a·s) (b) Amount involved Method of determining amount involved								
1) (	D'NEAL LIBRARY	В	127,056.	ACTUAL COST				
<u>,</u>			,					
2)								

<u>(4)</u>

<u>(5)</u>

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionat allocatio	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) Percentage ownership